“When I see Tone again, I’m going to pop a cap in his head.” The words came out from his client’s mouth with such vehemence that Masoud was shocked and more than a little perplexed. “I can see that you are very angry with Tone, but why do you want to buy him a cap?” he responded, trying to understand his client’s anger. The client rolled his eyes and said, “He’s the reason I spent two years in the slammer and I ain’t forgiving or forgetting. Now he’s sleeping with my ex-wife. I should do both of them.”

This was Masoud’s third week on the job providing direct services to clients transitioning from a halfway house to full integration into the community. His client, having served his entire sentence, would be free at the end of the week. Masoud recognized that the client was harboring strong feelings toward someone named Tone and perhaps his ex-wife as well. But he was not sure whether to try to talk to his client about the anger, remonstrate with him about the consequences of hurting someone, or just assume the client was blowing off steam. He wanted to be empathetic and not push his values on a client whose language use was a bit confusing. At the same time, he recognized that the client’s anger had been partly responsible for his previous incarceration. Because the client’s outburst came at the end of their session, Masoud decided to talk to his supervisor about the situation and perhaps get some guidance. Although he did not know what to do, he did recognize that he needed to do something.

This case involves some of the most challenging aspects of social work practice, namely the application of professional values and ethics. One mark of a profession is the fact that it is governed by an ethical code that affects every decision we make. This chapter addresses several topics including the roles of personal and professional values, critical social work values that underlie the NASW Code of Ethics, and strategies for dealing with ethical dilemmas.

### The Role of Values in Social Work

**Values** are, by definition, things that we consider good, positive, or important in our lives. For most people, values dictate the decisions we make about our behavior and what we expect from other people. If individuals think that acquiring money and consumer goods is important, that value will drive the actions they take in their daily lives. If others value relationships, this too will color the decisions they make every day.

Everyone holds a set of values, yet there are enormous differences among people with respect to specific values. Value differences are evident in every area of our existence. They show up in the world in the form of hatred and harm directed at others whose values are not the same. They are reflected in decisions made about the activities or services on which
governments spend taxpayer money. If people value acquiring wealth above helping those with less, they will be reluctant to share their resources. If we believe that social problems in the United States such as poverty and illiteracy should be given higher priority than spending on foreign aid, we are reflecting a set of values about the relative importance of these two competing issues. This leads us into a discussion of personal and professional values.

Personal versus Professional Values

Competing values underlie political parties, differentiating, for example, Democrats from Republicans and conservatives from liberals. It should come as no surprise that all of our clients will have values and that we ourselves possess values. Social work, like many professions, recognizes that social workers have a right to their own values. The profession also has a set of values, and ethical standards drawn from those values, that circumscribe how social workers are expected to act. These professional values sometimes set limits on the extent to which social workers are free to exercise their personal values. This is a challenge for many individuals who are considering social work as a career. If you believe, for example, that life begins at conception, you will probably have strong values about abortion. If you believe that life begins at birth, this likely gives you a different set of values about abortion. If you value a woman’s right to control her own body, you will likely have a different take on attempts by others to restrict women’s ability to exercise that right.

All of these differences in values can be interesting and help make us a diverse society and world. However, the decision to become a social worker places most of us in a position of deciding whether we can accept different values. We become acutely aware of this situation when clients have values that differ from ours. When a client seeks our help, we are expected to make every effort to ensure that the assistance we provide is appropriate and effective. A client seeking help for an unplanned pregnancy should be able to expect that her social worker will inform her about options, discuss honestly the advantages and disadvantages of each, and see that she gets the help she needs. Just as a client seeking help from a lawyer expects the attorney to defend him to the best of his ability, social work clients have a similar right to expect that we will do our very best to help them. If attorneys took the position that “I don’t like to defend anyone who might be guilty,” few of us would ever seek legal representation because we would distrust that person’s ability and willingness to help us.

The pregnant client will not be served well by a social worker who decides that she will offer the client only one choice because she does not personally believe in the other alternatives. Again, it would be like an attorney who, after hearing your situation, says, “Well, why don’t you consider pleading guilty?” Most of us would feel, correctly, that the lawyer has not behaved professionally, because she has a duty to inform us about the options from which we can choose. Likewise, if we seek medical help for a problem, we would like the physician to explain to us what our choices are. We would be put off by a doctor who has only one solution: “You will need surgery to cure that infection.” In fact, we would likely accuse the person of malpractice because the doctor failed to explain alternatives and the risks for each option.

Social work clients have the same rights as others to get the best care and service we can provide. This means that we have a profes-
sional obligation to ensure that the services we provide are complete, appropriate to the client's needs, and reflect the best information currently available. The inability to meet this standard should be an indication that the social worker is unsuited for this profession. Although some prospective social workers respond to this challenge with statements like, “Well, I'd just refer the client to another social worker,” this is not always an option. In some cases, you may be the only social worker serving an area. In other situations, clients would need to go through the entire process of explaining their situation to yet another social worker, a step that causes needless delay and inconvenience.

As you can see, it will be a challenge for some social workers to fulfill their ethical obligation to clients when their personal values are different from those of the profession. Having to wrestle with these challenges is a standard component of social work education and one that will confront the social worker at different stages of his or her career.

So far we have talked about social work values in the abstract without delineating what they are. In the following section, we look specifically at critical social work values that undergird practice within this profession.

Critical Social Work Values
The NASW Code of Ethics identifies six core values of the social work profession (NASW, 1999). They include service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. These values are the basis for the ethical principles underlying the ethical standards incorporated in the code. We discuss each of the values and the ethical principle derived from the value. Later in this chapter, we address each of the social worker's ethical responsibilities.

Service
Social workers believe that service to others is the core value that characterizes the work of the entire profession. Service to others trumps self-interest and is an obligation of all social workers. The ethical principle drawn from this value is that “social workers’ primary goal is to help people in need and to address social problems.” Volunteering one's time and energies without expectation of remuneration is also consistent with this value.

Social Justice
The existence of vulnerable groups and populations at risk in society requires that social workers pursue social change activities designed to enhance economic and social justice. The ethical principle growing from this value is that “social workers challenge social injustice” wherever it exists. Goals for social workers include recognition of the importance of cultural diversity, equitable distribution of resources, and elimination of poverty and discrimination, among other social ills.

Dignity and Worth of the Person
Social workers believe in the inherent dignity and worth of every person and demonstrate this in the ways we treat other people. We acknowledge differences and diversity among individuals and groups and seek to ensure that all people have the maximum opportunity to develop their capacities. Social work values self-determination, the right of individuals to make decisions about their lives, even when we disagree with that decision. At the same time, social workers are responsible to both the client and the larger society and are committed to resolution of conflicts between the two
systems. The related ethical principle is that “social workers respect the inherent dignity and worth of the person.”

**Importance of Human Relationships**

*Relationships* among people are important to social workers for several reasons. First, it is from these relationships that people acquire the supports and strengths they need to succeed in life. Second, social work practice is based on the premise of a helping relationship between the client and the social worker. One tenet of practice is that social workers work to enhance the well-being of people by supporting and strengthening human relationships. The ethical principle arising from this value is that “social workers recognize the central importance of human relationships.”

**Integrity**

*Integrity* has to do with basic honesty. Social workers are expected to engage in ethical practice that honors their obligation to the client and to their employer. The ethical principle devolving from this value is that “social workers behave in a trustworthy manner.” A social worker who fails to do so is violating a basic tenet of the profession.

**Competence**

It should come as no surprise that social work values *competence* in its practitioners. By this we mean that social workers have an obligation to acquire and maintain the highest level of knowledge, skills, and values. Whenever possible, social workers should contribute their wisdom in ways that further the knowledge base of the social work profession. This can include evaluating one’s practice and sharing the results with colleagues through conference presentations, workshops, and publications. The related ethical principle is that “social workers practice within their areas of competence and develop and enhance their professional expertise.”

**The Social Work Code of Ethics**

For purposes of this chapter, we look specifically at the Code of Ethics of the National Association of Social Workers. In doing so, we freely acknowledge the existence of other codes of ethics, including the Canadian code and those promulgated by other social work organizations. It is not our intent to suggest that one ethical code is superior to another. Rather, we anticipate that the vast majority of students using this book will be expected to conduct their practice guided by the NASW Code of Ethics. In addition, it is entirely possible that individual agencies or social service organizations will have their own ethical codes and expectations of their employees. Having acknowledged the existence of other codes, however, we note that most such ethical standards have similar provisions and place like obligations on the practitioner.

Within the NASW Code of Ethics are six broad ethical standards, each placing a specific obligation on social work practitioners. These include:

- Social workers’ ethical responsibilities to clients
- Social workers’ ethical responsibilities to colleagues
- Social workers’ ethical responsibilities in practice settings
- Social workers’ ethical responsibilities as professionals
- Social workers’ ethical responsibilities to the profession
- Social workers’ ethical responsibilities to the broader society
Each of these ethical standards has many components, and we address these in the following pages. It should be noted, however, that the first and foremost responsibility is to clients, hence the placement of this item at the start of the list.

**Social Workers’ Ethical Responsibilities to Clients**

This ethical principle is composed of sixteen separate but related areas. Each is discussed in detail, beginning with the social worker’s commitment to clients.

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**Voices from the Field**

I first discovered the complex world of social work ethics in the mid-1970s. At the time, I was a doctoral student at the University of Chicago and was working in the criminal justice field. During those years, I began to understand how clinical and policy decisions that social workers make sometimes involve difficult ethical issues.

During the last quarter century, I have witnessed many dramatic changes in social work ethics, especially the remarkable evolution of the most prominent set of ethical standards in the field—the National Association of Social Workers’ Code of Ethics—from a one-page document (the 1960 code) to the current twenty-nine page code. During my tenure as chair of the committee that wrote the current NASW code, I had the opportunity to wrestle with a wide range of ethical issues that were unimaginable to social work’s earliest pioneers, for example, dilemmas involving social workers’ use of the Internet to provide clinical services, clients who are HIV positive and pose a health threat to third parties, and providing mental health services within strict managed care guidelines.

Today’s social workers have so much more to learn about ethics than did earlier generations of practitioners. My succinct advice is for you to learn as much as you can about (1) core social work values and their relevance to your professional goals (for example, values related to client confidentiality and privacy, self-determination, paternalism, informed consent, conflicts of interest, professional boundaries, social justice); (2) the ways in which social work values and ethical standards sometimes conflict (for example, when a client’s right to confidentiality conflicts with your duty to protect third parties from harm, your client’s right to self-determination conflicts with your client’s wish to engage in self-harming behavior, or your personal values conflict with social work’s values); (3) conceptual frameworks designed to help social workers make difficult ethical decisions; and (4) practical steps that you can take to prevent ethics complaints (filed with state licensing boards or NASW) and lawsuits that allege ethics-related negligence (for example, the violation of clients’ rights).
Commitment to Clients

The Code of Ethics states clearly that the social worker’s primary obligation is to his or her clients and their well-being. All things being equal, the worker’s responsibility to the client supersedes other duties. At the same time, there may well be situations in which other obligations require that the social worker breach this commitment to the client. For example, it is common for states to have laws requiring that social workers and other professionals report suspected cases of child abuse to the proper authorities. In such instances, the legal requirements dictate the social worker’s course of action, and clients are so informed. In the case that opened this chapter, we encountered such a situation. The client tells the social worker about his intent to hurt or kill another individual. In such cases, the social worker has a duty to warn the individual who is threatened and to inform the police of the intended harm. Social workers cannot allow a client to hurt another individual under the guise of obligation to the client.

Our responsibility to the client also means that we sometimes have to advocate for benefits or policies that help clients achieve their goals. For example, we have an ethical obligation to challenge managed care organizations that recommend specific treatments that we believe are either not appropriate or unhelpful to our clients. The first step in such situations is to talk with the managed care organization staff to determine if there is room for compromise. If efforts to get the organization to reconsider its decision are unsuccessful, it follows that social workers should “appeal denials of reimbursement for services they see as necessary” even under the threat of being removed from provider lists (Welfel, 2001b).

Self-Determination

Self-determination is the worker’s obligation to ensure that clients have the right to set their own course in life even if we disagree with the direction. Clients should be assisted to identify their options and choose the one that makes the most sense to them. This does not mean that the client has complete latitude, however. Like all citizens, clients face limitations on their freedoms. Social workers can restrict a client’s right to self-determination if the client’s “actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others” (NASW, 1999, p. 7). Thus, it would be the worker’s responsibility to try to prevent a client from killing herself or another person.

The importance of this exception was illustrated by the 1976 court case, Tarasoff v. Regents of the University of California, which established the therapist’s duty to warn in situations in which danger to the public can be foreseen. In that case, a client had threatened a woman who had rejected his advances, and the therapist reported this fact to the campus police. However, the therapist did not share this information with the intended victim, who was subsequently murdered by the therapist’s client. The court found that the therapist had not fulfilled his duty to warn. A social worker who fails to fulfill this now well-accepted duty is at risk of both civil charges of negligence and disciplinary action by licensing boards and NASW.

Informed Consent

Clients have to be fully informed about such things as their right to accept or decline services and the possible consequences of their decisions. This is called informed consent. Making an informed decision means knowing as much as possible about the risks and re-
wards of specific choices, including any related to things such as health insurance coverage and costs for services. When clients give their consent for treatment, it is always for a predetermined period of time with the understanding that consent can be withdrawn at any time.

One way in which social workers can violate this standard is when they fail “to disclose to clients the extent of disclosure of confidential client information to MCOs [managed care organizations] for fear of scaring them away” (NASW, 1999, p. 496). Clients must be informed about the amount of information the MCO will receive in order to comply with requests for reimbursement.

There may be times when the client’s condition or characteristics may inhibit the ability to make an informed decision. This might occur when a client lacks fluency in the language used in treatment, has diminished capacity to make decisions, or is involuntarily required to participate in a program. Even in these cases, the social worker should do everything possible to ensure that the client is provided sufficient information and understands the risks of participating. In the case of a client mandated by the court to participate in an anger management group, a decision not to attend sessions may result in returning to the court to face further consequences.

If the social worker wishes to record practitioner–client sessions or allow others to view them, the client must give permission. Although the primary purpose may be to aid in helping the client, permission must still be sought.

Competence
Being competent at what you do is the mark of a professional. Social workers have an obligation to the client to have the knowledge and skill necessary to be of assistance. If the client’s problems appear outside of or beyond the social worker’s ability, a referral to a more competent helper is required. At no point should a social worker profess to be competent in areas or with respect to specific approaches unless actually possessing this acumen. Careful use of consultation and supervision can assist the social worker in this area. We have a duty to protect clients from harm, including potential damage that we ourselves may cause.

An ethical problem can arise in situations in which managed care organizations approve only specific treatment approaches and the social worker lacks adequate training or supervision in the use of the approved methods. Providing services using treatment approaches in which one is not competent is unethical (Welfel, 2001b).

Cultural Competence and Social Diversity
One aspect of competence is known as cultural competence, or fluency with cultures different from one’s own. This means that learning as much as possible about the cultures of our clients is critical, particularly in terms of theories, techniques, and skills that are culturally sensitive. It also means learning about all aspects of diversity, including gender, sexual orientation, race, ethnicity, and other characteristics that affect clients.

Conflicts of Interest
A conflict of interest exists when one’s professional judgment is potentially impaired by factors other than concern for the client. For example, a social worker’s need for income should never result in a client receiving services for longer than is required. In such cases, there is a conflict between the private interests of the social worker and those of the client. In the event of such potential conflicts, we should
inform clients and, if needed, refer them to other practitioners.

Another potential area for conflict is dual relationships. Dual relationships exist whenever the social worker and client have relationships that extend beyond that of practitioner–client. An example is a social worker who agreed to serve as a field instructor for a student for whom she had previously provided therapy. The dual relationships of practitioner–client and field instructor–student were potentially at odds. In this particular situation, the conflict was compounded because the social worker, in an ethical lapse that is beyond understanding, hired the ex-client to clean her house. Thus, three separate relationships existed, necessitating elimination of the placement and reporting of the problem to the social worker’s supervisor.

Dual relationships cannot always be avoided, and in some cases may be harmless. For example, social workers practicing in smaller communities may end up sitting next to their clients at the local baseball game or attending the same church. A client’s cultural traditions might require the social worker to accept a small gift from the client or to share a meal. Certain theoretical orientations such as feminist theory tend to encourage a blurring of boundaries as the distance and power differentials between worker and client are reduced from those of traditional male-dominated approaches (Freud & Krug, 2002). Other situations pose questions about the right thing to do. For example, is it a boundary violation for the therapist to attend the graduation of a client whom he helped following the client’s adolescence marked by drug use and self-destructive behavior? Is it wrong to inform a client about an employment opening in a friend’s company when the job opportunity matches the client’s qualifications and interests? Would it be improper to accept as a client an individual you met at a party thrown by a mutual friend? These and other situations arise frequently in the lives of social workers. The real challenge is to decide when an action might endanger the client and when it may be beneficial.

Conflicts of interest can also arise when we provide services to individuals who already have relationships with one another. This could happen in the course of working with a wife and husband separately or when social workers are required to testify in court proceedings affecting one or both parties. Whenever possible, clients should be informed about the potential conflict, and the worker should take steps to eliminate one of the situations.

Any situation in which there is risk of exploiting a client is ripe for a conflict of interest. Consider the social worker providing services to a college admissions counselor who makes decisions about which high school seniors get into her college. The social worker’s own child is seeking admission and the social worker is tempted to mention this to the counselor. To do so creates a potential for exploiting the practitioner–client relationship for the social worker’s benefit, an ethical violation.

Privacy and Confidentiality

Clients have a right to privacy, a right shared by most citizens according to the U.S. Supreme Court. In practice this means that social workers request only information they need in order to assist clients. It also means that whatever information is shared by the client is governed by confidentiality. Releasing confidential client information requires getting the client’s permission and protecting this information whenever possible. Breaches of confidentiality are permissible in situations in which the social worker is responsible for preventing harm to the client or others or when required by law.

When information must be released, the minimum amount of data required should be used, and clients must be informed about this action.
Clients are to be told about the limits of confidentiality at the start of the professional relationship. When multiple clients are involved, as might occur with groups or families, the importance of maintaining confidentiality should be discussed. Clients should be warned, however, that the worker cannot guarantee that each member of the family or group will abide by this expectation.

Ultimately, clients have the right not to agree to release their information, and we should abide by this requirement whenever possible. We are obligated not to share this information with others nor to talk about a case in any setting where the conversation might be overheard. Failure to follow this admonition has resulted in punitive action against many social workers. Breaches of confidentiality “are the most frequently identified form of unethical behavior reported by practicing mental health professionals” (Welfel, 2001a, p. 448).

An important area of confidentiality involves situations in which the social worker is required to testify in court or similar proceedings. In such cases, we are obligated to request that the least amount of information be divulged and provide only such information as is legally required.

Another area in which confidentiality plays a large role is in record keeping. Information recorded in files should be restricted to only what is needed. Records should be protected from access by others who have no such right. This means keeping files locked away and ensuring that electronic files are available only to those with a need to know. The advent of technology has complicated this matter in several ways. First, computerized records can often be accessed by others not involved in a case. Second, messages transmitted by e-mail can be intercepted or read by others, although the risk may be relatively low. Third, answering machines and services can often be accessed by family members, roommates, and others. Leaving any message on these services that identifies the individual as a client or contains confidential information can breach our obligation of confidentiality. Figure 3.1 lists some of the risk factors in using common technology.

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**Figure 3.1**

**Risk Factors in Using Technology**

The use of technology in social work practice is increasing, as it is in other areas of our lives. In many instances, technology has increased the efficiency and productivity of social work practitioners, possibly freeing more time for contact with clients. At the same time, the potential for harm from this technology increases apace. Welfel and Heinlen (2001) point out some of the pitfalls that await unsuspecting or novice users.

**Fax Machines**
1. Common errors include misdialing and sending the document to the wrong fax machine.
2. Unrestricted access to recipient’s fax machine by others.

**Computer Records**
1. Potential vulnerability to “loss, theft, or unauthorized duplication” by hackers (p. 485).
2. Inadvertent access by coworkers and other staff.
3. Risk of deletion of critical information.

**Voice Mail**
1. Unauthorized access to voice mail and message machines by other family members, roommates, etc.
Using client information for teaching or other educational purposes is permitted if no identifying data about the client are revealed. If there is potential for revealing this type of information, the client’s permission must be acquired. Likewise, it is common for the social worker’s supervisor to have access to the client’s file because it is often necessary for supervisors to fulfill their educational and training role with the social worker.

The obligation to protect the client’s records extends after that person’s death. It also requires that social workers ensure that their own health or wellness does not place the client’s records at risk. This suggests that client records not be routinely taken out of the office or otherwise exposed to potential loss. It is also important to avoid having the files of clients on your desk when others are in your office. Client records should not be left lying on the desk when the social worker is out of the office, whether for an evening or a longer period. See also Figure 3.2.

Access to Records
Reasonable access to records should be provided to clients whenever possible. In some cases, it may be necessary to explain records or notes so that clients do not misunderstand the meaning or nature of our assessment. Unless clients may be harmed in some identifiable way by releasing their records to them, we should grant their request. At the same time, we must ensure that no information is available to the client that would breach our duty of confidentiality to others. For example, if we have

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**Figure 3.2**

Privilege and Privileged Communications

We should perhaps distinguish between the concepts of confidentiality and privilege. Privilege is a “legal right of clients to prevent mental health professionals from offering testimony or written documents in a legal proceeding involving the client” (Welfel, 2001a, p. 448). The right to privileged communication can be provided for in laws or granted as a result of court rulings. If a social worker is covered by privileged communication requirements, it is essential to inform the court and attorneys about the inability to discuss any aspect of the case without the client’s specific permission. Normally, courts will recognize the existence of privilege, but this is not always the case. “If a judge ultimately orders that privilege does not hold in the current case, the clinician has three options: to submit the requested testimony or records as ordered, to appeal the order to a higher court, or to risk a contempt-of-court charge” (Welfel, 2001a, p. 448). The wisdom of consulting legal counsel in such cases should be obvious. Although state laws vary considerably in the extent to which they recognize privilege for social workers, the U.S. Supreme Court in *Jaffee v. Redmond* (1996) extended this protection to social workers and psychologists testifying in federal courts.

Claims to privilege are not absolute, and in certain situations information normally covered by privilege can be released. Examples include situations in which the client waives privilege, in which courts order the release of privileged information, in which clients sue the social worker, in which state or federal laws specifically limit privilege (for example, mandatory reporting of child or elder abuse cases), or in which clients are dangerous to others or to themselves (Welfel, 2001a; Danzinger, 2001). In such cases, the social worker is justified in abridging or obligated to abridge privilege to the degree necessary to comply with legal requirements and to meet the challenges they encounter.
recorded information in the client’s file that was provided by others, this information may need to be removed. Requests by clients to see their files and any limitations inherent in that access should be recorded in the files.

**Sexual Relationships**

Although the *prohibition against sexual relationships* with clients should be easily understood by everyone, it remains one of the more problematic aspects of social work practice. The Code of Ethics is clear that “social workers should under no circumstances engage in sexual activities or sexual contact with current clients, whether such contact is consensual or forced” (NASW, 1999, p. 13). This prohibition extends to “clients’ relatives or other individuals with whom clients maintain a close, personal relationship where there is a risk of exploitation or potential harm to the client” (p. 13). It also applies to “former clients” (p. 13).

Social workers are also forbidden to “provide clinical services to individuals with whom they have had a prior sexual relationship” (NASW, 1999, p. 13). This and the preceding prohibitions are based on the premise that any mixing of professional and sexual relationships violates boundaries, produces dual relationships, and has the potential to exploit the client. Many of these provisions of the Code of Ethics are also incorporated in licensing laws and other state regulations. Not only can violations of these prohibitions result in sanctions from NASW (including loss of membership), but they can also lead to termination of one’s license to practice and possibly to criminal charges.

Social workers who do not maintain appropriate boundaries with clients are especially at risk when clients file complaints with state licensing boards or ethics committees. The presumption from the start is that the responsibility for maintaining boundaries rests squarely with the professional social worker. Boundary issues may arise with specific clients, such as those characterized by borderline personalities. They may also occur when the social worker’s own needs become involved in work with a client. Another source of boundary problems is the use of nonsanctioned interventions that are not generally recognized as appropriate or effective. Examples might include holding therapies, use of repressed memory, or other alternative approaches (Welch, 1999).

The prohibition against sexual relationships with clients is part of an overall concern about maintaining appropriate boundaries with clients. It is based on a recognition that engaging in dual or multiple relationships with clients is problematic from several perspectives. First, there are clear power differentials between clients and social workers that place the former in a vulnerable position subject to exploitation. Second, dual relationships can carry mixed messages that confuse the client and create conflicting responsibilities for the social worker. This can lead to hurt feelings and a sense of betrayal (Herlihy, 2001).

**Physical Contact**

**Physical contact** between client and social worker should be avoided when there is any risk of psychological harm to the former. The obligation to maintain appropriate boundaries in this area also rests with the social worker. Physical contact can carry the risk “that a client might misinterpret or sexualize such a gesture,” and social workers “should proceed only after first securing the client’s permission” (Herlihy, 2001, p. 468).

**Sexual Harassment**

**Sexual harassment** “includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a
sexual nature” (NASW, 1999, p. 13). Social workers are prohibited from sexually harassing clients.

**Derogatory Language**

Social workers may not use derogatory language in either written or verbal communication regarding their clients. In all cases, we should use language that demonstrates respect and professional courtesy toward clients.

**Payment for Services**

As fees for service become a relatively common practice in many agencies, social workers must exercise care in their use. For example, fees should be “fair, reasonable, and commensurate with the service performed. Consideration should be given to the client’s ability to pay” (NASW, 1999, p. 14). Clients should know the nature and amount of all fees, and under no circumstances should a social worker accept or solicit fees beyond those imposed by the agency. It is generally unethical to accept goods or services from clients as a means of payment. Such bartering can lead to conflicts of interest, exploitation, or other harm to the client. In rare instances in which bartering is a common practice in the client’s community, special care must be exercised to avoid even the appearance of impropriety. Complete responsibility for obeying this provision rests with the social worker.

**Clients Who Lack Decision-Making Capacity**

In some areas of social work, we will encounter clients with diminished ability to make their own decisions. When clients lack the decision-making ability, it is the social worker’s obligation to ensure that the client’s rights are respected and that all actions taken are in the client’s best interests.

**Interruption of Services**

There may be times when services to clients are in danger of disruption. Interruption of services may occur when the worker is ill or incapacitated or when the client moves to a new community. In such situations, the worker should attempt to ensure “continuity of service” (NASW, 1999, p. 14) to clients.

**Termination of Services**

We have identified termination as one step in the problem-solving process employed by social workers. Termination carries with it several admonitions. First, termination should occur when clients no longer require our services. Second, we should always try to get help for clients for whom services are terminated if a need still exists. Whenever possible, clients should be referred to other helpers, and any potential harm to clients should be minimized.

Third, although clients may be terminated for failure to pay for services, this must be explained to the client at the beginning of the relationship and discussed prior to removal of services. Services should not be terminated when the client poses an imminent threat to self or others.

Fourth, services may not be terminated if the goal is a “social, financial, or sexual relationship with a client” (NASW, 1999, p. 15). Withdrawing services under these circumstances is clearly unethical. Finally, when services must be terminated, it is the obligation of the social worker to notify clients beforehand, offer assistance in transferring the client, and discuss the benefits and risks of continuing services either in the present agency or in another setting.

Welfel (2001b) notes that it is considered unethical to terminate “treatment (without a specific referral to alternative care) when re-
imbursement ends if they believe clients may benefit from additional services but may be unable to pay for them” (p. 496). In such situations, social workers are obligated to provide service themselves or to provide an appropriate referral.

It should be clear by now that the social worker’s obligations and responsibilities to clients are numerous and complex. They cover everything from professional relationships to record keeping to termination of services. They place a clear burden on the social worker to act in ways that are beneficial to the client, professionally sanctioned, and clinically appropriate. They do not allow the needs or wishes of the social worker to take precedence over those of the client, and they limit significantly situations in which client’s rights can be abridged.

Social Workers’ Ethical Responsibilities to Colleagues

As with clients, social workers have an ethical duty to colleagues in social work and other professions. These obligations cover eleven separate areas.

Respect

The social worker’s first obligation to one’s colleagues is to show them respect. The Code of Ethics states, “Social workers should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues” (NASW, 1999, p. 15). It further requires that social workers “avoid unwarranted negative criticism of colleagues in communications with clients” and other professionals (p. 15). Negative criticism includes demeaning a colleague’s competence or other characteristics such as race, ethnicity, disability, sexual orientation, or other factors. The social worker is obligated to cooperate with colleagues from social work and other professions when this serves clients’ well-being.

Confidentiality

Information provided to us by colleagues in the context of professional relationships should be maintained with the same degree of confidentiality as client data. At the same time, it may be necessary to warn colleagues about the limits of our ability to maintain confidential information in specific instances, such as arise when the social worker has a legal or ethical duty to warn or divulge certain information. If another professional informs us, for example, about a case of suspected child abuse, social workers may have no choice but to report this information based on their duty as mandated reporters under state child abuse law.

Interdisciplinary Collaboration

Interdisciplinary collaboration is common for social workers in certain fields. In school and hospital settings, for example, it is typical for social workers to collaborate with psychologists, physicians, nurses, psychiatrists, and many other professionals dealing with specific client situations. In such situations, social workers are obligated to contribute the knowledge, skills, and values of the profession to the deliberations.

Because individual professions have their own ethical standards, there may be times when these are in conflict with the social worker’s ethical obligation. When ethical conflicts occur in interdisciplinary teams and similar settings, the social worker should address these issues within the group. If such disagreements cannot be resolved, and social workers believe the ethical issues are sufficiently serious, social workers “should pursue other
avenues to address their concerns consistent with client well-being” (NASW, 1999, p. 16).

Disputes Involving Colleagues

Having a dispute with a colleague is neither unusual nor unexpected. Differences in perceptions, theories, approaches, and values often arise in the process of working with other professionals, including other social workers. Recognizing this, the NASW Code of Ethics provides some guidance about how best to handle collegial disputes. The social worker’s first obligation is to not exploit or take advantage of disputes in order to further his or her own interests. This obligation also extends to clients and prohibits social workers from inappropriately involving them in disputes between or among practitioners. Such involvement can be detrimental to clients who may come to see the professionals they count on as siblings squabbling over issues that the clients neither understand nor appreciate. It also undermines the profession’s image, a fragile thing in the best of situations.

Consultation

Although colleagues may sometimes be a source of conflict, more often they represent an opportunity for wisdom and sound advice. Seeking the advice and counsel of colleagues in order to benefit clients is a common practice among social workers and is supported by the Code of Ethics. At the same time, social workers should be aware of their colleagues’ areas of expertise and seek consultation only from appropriate sources. If we seek consultation on a case involving child sexual abuse, for example, we would want to talk with those who are experts on this topic. Even then, the amount of information shared with the expert should be limited to only that which is absolutely necessary. Though we are seeking help on behalf of our client, we are not free to divulge unnecessary details of their lives without appropriate permission to do so.

Referral for Services

There may be times when clients can benefit greatly from referral to other professionals, in either social work or other disciplines. This might occur when the other professional has greater knowledge in the client’s area of difficulty, or when the services needed cannot adequately be provided by the social worker’s agency. In some instances, referral may be required when it is clear that the social worker is not helping the client to reach identified goals.

Handling referral situations requires care and involves ethical considerations. For example, the process of facilitating the transfer is the social worker’s responsibility. We are obligated to get the client’s permission to divulge information to the new professional and to carefully explain each step in the process. Ethically, the referring social worker may not accept payment from the client or anyone else for making a referral to another professional. A social worker who receives such a referral may not pay the referring social worker for making the referral. Such payment arrangements give at least the appearance of impropriety and undermine the social work profession’s declared dedication to the client’s best interests.

Sexual Relationships

Because sexual relationships between colleagues can have serious consequences for their well-being, the Code of Ethics contains specific language about such situations. For example, “Social workers who function as supervisors or educators should not engage in sexual activities or contact with supervisees, students, trainees, or other colleagues over whom they exercise professional authority” (NASW, 1999, p. 17). The need for this prohibition
should be clear. The potential conflict of interest in the dual roles of sexual partner and supervisor/educator is obvious. Even if such conflicts could be eliminated, the power differential between social workers in these respective positions is substantial and places one person in a potentially risky situation.

Human nature being what it is, the code also makes provision for situations in which social workers have stepped over the line. In such an event, the social workers have a duty to transfer professional responsibilities to others to eliminate the conflict of interest that has arisen or may arise. Practically speaking, this means that the supervisor must inform his or her superior about the situation, transfer supervisory responsibility to another supervisor, and avoid any appearance of a conflict of interest.

The prohibition against sexual relationships does not apply to two colleagues at equal positions in an organization, nor is it intended to infringe on the freedom of individual social workers. However, the potential damage that can occur to the professional reputations of one or both parties when supervisors and supervisees or educator and student engage in sexual relationships is great. Moreover, the organization or agency environment can experience problems with morale, public respect, and confidence in its ethical standards when such situations are allowed to continue.

**Sexual Harassment**

The frequency with which sexual harassment is discussed in the media should be sufficient guarantee that social work practitioners would avoid this behavior. Organizational consequences such as termination, demotion, and suspension are often coupled with professional loss of license and sometimes financial costs associated with defending or losing court cases. Nevertheless, the Code of Ethics contains a clear statement about this topic: “Social workers should not sexually harass supervisees, students, trainees, or colleagues. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature” (NASW, 1999, p. 17).

Although the items included in the code regarding sexual harassment are limited for purposes of definition, it is common for a much broader definition to be applied within organizations. For example, sexual harassment legally includes creating a hostile or demeaning work environment through such activities as telling sexist jokes, posting pictures that others consider obscene, and/or making comments that demean women. In such situations, the absence of explicit sexual advances or solicitations will not protect the accused individual.

**Impairment and Incompetence of Colleagues**

Impairment of colleagues is one of three areas, along with incompetence and unethical conduct, that requires the social worker to take specific actions toward another professional. Impairment of a colleague may arise from “personal problems, psychosocial distress, substance abuse, or mental health difficulties” (NASW, 1999, p. 17). The ultimate concern regarding a colleague’s impairment is the way it interferes with the ability to practice effectively.

When we believe a colleague is sufficiently impaired so as to prevent the individual from doing his or her best for clients, our first obligation is to try to talk to the person about taking appropriate steps to get help. In an ideal world, this step would be sufficient to prompt the colleague to seek remediation. However, this is not always possible, sometimes due to the nature of the impairment itself. For
example, many substance abusers deny being addicted despite the obvious toll drug use is taking on their lives. In such situations, the social worker is obligated to “take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations” (NASW, 1999, p. 18). This may mean informing the individual’s supervisor or agency director, filing a grievance through NASW, and/or notifying the state social work licensing bureau.

**Incompetence of a colleague** may occur when a social worker offers services to clients while lacking the proper training needed for the kind of problem being experienced by the client. Perhaps the colleague has a higher regard for his own skill than is justified by prior education or experience. Perhaps the social worker felt embarrassed to admit that a client’s problems were beyond her competence. Either way, the problem remains the same—the client is at risk of not getting appropriate assistance.

Incompetence of a colleague can also happen when an agency places assignments on a social worker that are well above his or her level of competence. One would not assign a BSW graduate, for example, to provide psychotherapy to a depressed client. However, some agencies, in an effort to reduce costs, have placed BSW staff in positions for which their education has not prepared them. In such situations, it is the responsibility of both the BSW and MSW staff members to challenge this situation. As in the case with impairment, we begin by talking first to the colleague whose competence is in doubt and then, if needed, to other appropriate authorities.

**Unethical Conduct of Colleagues**

A colleague whose behavior we consider to be unethical presents another situation in which we are obligated to take specific action. The code specifies that “social workers should take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues” (NASW, 1999, p. 18). This poses a special challenge because sometimes a situation creates an ethical dilemma within which two or more ethical obligations collide. We address this issue later in the chapter and provide some recommendations for managing such scenarios. Keep in mind, however, that different people may have divergent views on what is ethical behavior in a given situation.

The first step in attempting to deal with what we believe to be unethical conduct is to become familiar with the policies and procedures that govern our professional behavior. For example, in many states this involves presenting information to the state licensing board for social work. NASW maintains state and national inquiry committees for investigating allegations of unethical conduct by social workers.

The second step is to talk directly with the colleague if such discussions are likely to be effective. In some situations, the colleague will not be open to such a direct intervention and in others may retaliate against the messenger. When talking directly about the matter is not feasible, it is appropriate to follow the steps identified earlier for dealing with the impairment or incompetence of a colleague.

On the other hand, colleagues may sometimes be accused of unethical behavior although they have done nothing improper. This can occur, for example, in situations involving child protective services when parents try to divert attention from their own shortcomings by accusing the social worker of ethical violations. In such situations, social workers should do all in their power to support, defend, and help their colleagues.
Social Workers’ Ethical Responsibilities in Practice Settings

Practice settings are the locations in and auspices under which we conduct our social work activities. These can be a social service agency, educational setting, medical center or hospital, community organization, or private practice, among many others. The social worker’s ethical responsibilities in these settings cover supervision and consultation, education and training, performance evaluation, client records, client billing, client transfer, administration, continuing education and staff development, commitment to employers, and labor-management disputes.

Supervision and Consultation

As you might expect given the importance consistently placed on competence, those who provide supervision and consultation are expected to have the requisite knowledge and skill to assume these responsibilities. It therefore follows that providing consultation or supervision outside of your area of competence is unethical. Not only does it hurt the colleagues you are assisting, but it also does equal disservice to the clients they serve.

When we do provide consultation and supervision, we are obligated to set “clear, appropriate, and culturally sensitive boundaries” (NASW, 1999, p. 19). This is especially important because the opportunity for dual or multiple relationships often exists in these situations. The supervisor is responsible for avoiding these types of relationships that involve “risk of exploitation of or potential harm to the supervisee” (p. 19). It is also the supervisor’s duty to evaluate the work of supervisees fairly and respectfully. Maintaining dual relationships of supervisor and personal friend with another social worker can impair the ability to do both.

Education and Training

The code places an equal burden on those who “function as educators, field instructors for students, or trainers” in that they must operate within the scope of their competence and “provide instruction based on the most current information and knowledge available in the profession” (NASW, 1999, p. 19). Like supervisors, educators and trainers must fairly evaluate the work of their students and avoid the dual or multiple relationships that can harm the student. Also like supervisors, it is the educator or field instructor who has the burden of setting appropriate boundaries.

One other obligation of field instructors and educators is to ensure that clients are aware that the services they receive are being provided by students. Neither agency personnel nor the student should give the impression that the social worker is other than a learner. Rather, they have an active obligation to inform clients of the student’s status.

Performance Evaluation

We have established that fair and respectful evaluation of supervisees and students is an expectation for all social workers. One way of helping to ensure such an outcome is to insist that evaluation systems have “clearly stated criteria” that articulate the expected performance of those being evaluated (NASW, 1999, p. 19). Using vague, nonspecific evaluation methods is inherently unfair to those being evaluated, contributes to confusion and misunderstanding, and increases the likelihood of grievances and other personnel difficulties.

Client Records

Documenting social worker activities and client characteristics in the form of case records is a common expectation in almost
all agencies. MacCluskie (2001) points out that

there are numerous organizational entities that might require documentation to communicate about a client or service processes: insurance companies or other third-party payers (e.g., Medicaid); governing bodies (e.g., County Board of Mental Health); accrediting bodies (e.g., Joint Commission of Accreditation of Healthcare Organizations, JCAHO); and internal agency requirements (i.e., quality assurance) to ensure compliance with the first three groups. (p. 461)

In addition, we have previously addressed the social worker’s responsibility with regard to allowing clients to access their own records. However, providing access to files is only one of several obligations covering the records we keep on our clients. Another requirement is that information contained in the client’s file be “accurate and reflect the services provided” (NASW, 1999, p. 20). This is important because the record is the official repository of information gleaned by the social worker and may be the basis for all kinds of decisions affecting the client. Files that contain inaccurate information can result in a client being considered ineligible for services and cause insurance companies and other third-party payers to deny payment for services rendered. Because files can be subpoenaed into court, they are open to inspection by others who don’t share the social worker’s experience with the client.

In addition, files must be kept current so that another practitioner picking up a client’s case will understand what was occurring and what progress was being made. A supervisor may need to become involved in the case in an emergency, or something could happen to the social worker, necessitating a change in practitioner. Current files help keep people informed in such situations.

Sometimes, failure to keep files accurate and up-to-date is reported in quality assessments completed as part of the agency’s overall program evaluation. Failure to keep accurate and current records can have negative consequences. Wiger (1999) suggests that “without good documentation, there is no clear record of the course and progress of therapy. Sloppy clinical procedures are not only unfair to the client, but they may border on malpractice” (p. 1). Moreover, good record keeping can be of enormous benefit in the event that a client charges a social worker with malpractice. Careful documentation helps reduce a social worker’s liability if a client or family member sues the practitioner or when a regulatory body pursues an investigation into the quality of care provided. MacCluskie (2001) recommends that when social workers must report suspected child abuse, they should enter into the record the actions they took and the individuals to whom they provided relevant information. Any written reports filed should also be included in the client’s record.

Other information should be included in the client’s record. For example, if a managed care company has denied the client treatment that has been recommended by the social worker, this information should be described in the record. Every contact with a client whether by phone or in person should be documented. Cancellations of appointments should also be noted. If at termination the social worker recommends additional treatment, it is essential to record this information along with any referral provided. This is especially important if the client is terminating prematurely.

At the same time, some items should probably not be recorded in the client’s file. These
might include personal revelations that would be unduly embarrassing to the client and are unnecessary to your work with the client. A client’s fantasies, dreams, or private behaviors that are incidental to the situation should be excluded. Putting comments, observations, or other items in the file that are unnecessary can place the client at risk should the file be accessed by other individuals.

Recent changes mandated by the Health Insurance Portability and Accountability Act (HIPAA) place even greater obligations on the social worker to maintain adequate documentation (Welch, 2003a) (See Figure 3.3).

The recommendation to abide by the most stringent requirements also applies in cases in which the social worker has a duty to warn, as when a client threatens harm to self or others. Although state laws may differ on the legal requirement to warn an intended victim, the social worker should err on the side of caution and detail in the record the identified victim and actions taken to warn that person and notify authorities. Clients who are at risk for suicide also should have this information entered into the record, along with steps the social worker took to protect the client. Record keeping should note the “client symptoms, verbalizations, behaviors, and diagnostic impressions” (MacCluskie, 2001, p. 461).

Typical documentation will vary somewhat from agency to agency but will usually include the initial assessment and intervention plan along with periodic progress reports. Copies of correspondence, release-of-information forms, and other pertinent items should also be retained. At the point of termination, a summary of the client’s situation and progress should be prepared for the record. Social workers should focus their comments on client behaviors to the extent possible and avoid broad generalizations or interpretations that go beyond what is evident.

An additional ethical requirement regarding client records involves storage of files. Once services are terminated, client files should be retained in case the client needs help in the future. The length of time records should be retained is often governed by state laws, agency policies, or other guidelines. Although

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**Figure 3.3**

**HIPAA**

The Health Insurance Portability and Accountability Act of 1996 mandated multiple changes in the way information is handled in the health care field. Failure to meet the law’s provisions can lead in extreme cases to fines and potentially imprisonment. In some cases, HIPAA privacy requirements are stricter than state rules with which the practicing social worker will already be familiar. This necessitates learning what the law means for you. If a state law has more stringent requirements than HIPAA, the social worker must adhere to the laws of the state. Some of the more salient requirements of HIPAA (Welch, 2003b) include the following:

- Social workers are required to have written privacy policies.
- Clients must be provided a consent form detailing how information will be used.
- Social workers must keep client process notes separate from the client’s file.
- Social workers must maintain a log of all information released about a client.
Client Billing

Billing clients for services is common in some areas of practice. In others, the worker may never be directly involved in this process. The important consideration here is that billing practices “accurately reflect the nature and extent of services provided” and “identify who provided the services in the practice setting” (NASW, 1999, p. 20). This allows others who do the billing to know precisely what should be charged and who should be paid. Keeping accurate billing information is another way of showing respect for one’s employing organization.

Client Transfer

It is not uncommon to encounter clients who wish to transfer from other agencies or practitioners. Before automatically agreeing to accept a transferring client, carefully consider the client’s needs and whether you or your agency can meet them. Transfers can occur for many reasons and involve both positive and negative elements. Is it in the client’s best interests to transfer? What information, if any, should be sought from the previous service provider? These questions need to be discussed with the client prior to arranging transfer.

Administration

Along with social workers, agency administrators have ethical obligations associated with their responsibilities. For example, they are expected to “advocate within and outside their agencies for adequate resources to meet client’s needs” (NASW, 1999, p. 20). Moreover, the allocations of resources should be fair and known to other staff. Distribution of resources must be “nondiscriminatory and based on appropriate and consistently applied principles” (p. 21).

Of course, financial and similar resources are not the only ones important to social workers and clients. For example, administrators are expected to “provide appropriate staff supervision” (NASW, 1999, p. 21). This obligation is related to the administrator’s duty to create working environments that are in compliance with the NASW Code of Ethics. Conditions, activities, or behaviors that interfere with code compliance should be eliminated. An example would be an agency in which the administrator is billing clients for the work of practicum students while not informing the clients about the students’ learner status.

Continuing Education and Staff Development

A major ethical responsibility of both employers and supervisors is the provision of continuing education and staff development opportunities for their staff. This requirement is intended to ensure that social work staff remain current in their knowledge and skills and capable of providing the best service to clients.

Commitment to Employers

When we agree to accept a position, regardless of the type of agency, there is an implicit agreement with employers that we will meet our commitments to them. This includes fulfilling our job responsibilities, meeting our obligations to our clients, and adhering to organizational policy. At the same time, we are ethically bound to work to improve agency policies or procedures that impair our effectiveness in helping clients. To the extent that we can identify more effective or efficient means of deliv-
ering services, we should share this knowledge with the employer.

You may be thinking about situations in which an agency’s policies need revision. It is well within our ethical obligation to work for changes in policies, procedures, regulations, or other aspects of the agency that interfere with our ethical responsibilities. This can involve advocating for changes in rules or other areas that prevent us from doing our ethical duty. If, for example, our agency has a procedure that discriminates against people with disabilities, we should seek to change these arrangements. Ethically, we cannot tolerate discriminatory practices that conflict with our values about the worth and dignity of human beings, deny social and economic justice to others, or place populations at risk.

Social workers should not accept employment or supervise social work practicum students in agencies that use unfair personnel policies. This not only places the employee at risk, but it also needlessly undermines the learner’s opportunity to observe effective organizational practices.

As employees, we are also obligated to “be diligent stewards of the resources” of our employing agencies (NASW, 1999, p. 22). This means not wasting resources, making wise decisions about cost, and maintaining the fiscal health of the organization.

**Labor–Management Disputes**

Although it is permissible for social workers to “engage in organized action, including the formation of and participation in labor unions to improve services to clients and working condition,” there are guidelines about what is appropriate (NASW, 1999, p. 22). Our actions, for example, while on strike or engaged in job actions must remain consistent with the values and ethical standards of the profession. Because involvement in some of these activities drastically affects services to clients, it is important to recognize that this is an area about which social workers disagree on the best way to resolve various issues. The possible effects on clients should be a consideration as we contemplate an appropriate decision.

**Social Workers’ Ethical Responsibilities as Professionals**

In addition to our responsibilities to clients, to colleagues, and to practice settings, social workers have obligations as members of the social work profession. These obligations are designed to help ensure a positive image of social work professionals and to avoid situations that would cast aspersions on other social workers. These responsibilities cover the areas of competence, discrimination, private conduct, dishonesty, impairment, misrepresentation, solicitation, and acknowledging credit.

**Competence**

**Competence**, the possession of the knowledge and ability needed to meet the demands of a particular position, is a sine qua non for any social worker. Competence is indispensable, and social workers should accept “responsibility or employment only on the basis of the existing competence or the intention to acquire the necessary competence” (NASW, 1999, p. 22). Competence, however, is a condition that is never fully met in the sense that social workers must continually upgrade their knowledge and skill to deal with emerging issues. This entails keeping abreast of literature in the field, attending conferences and workshops, and participating in in-service training opportunities.

By extension, this requirement means that the activities we carry out in practice with client systems should be based on “recognized
knowledge, including empirically based knowledge, relevant to social work and social work ethics” (NASW, 1999, p. 22). Consequently, we are not permitted to include in our practice untested theories or ideas, particularly those that have the potential to harm our clients. Doing so undermines our ethical obligation to our clients and endangers the reputation of the social work profession.

An emerging area of practice that has significant ethical implications involves what has been termed *e-therapy* or electronic counseling. Because this is a relatively untested practice venue and method, it bears special consideration. Figure 3.4 addresses this issue.

**Discrimination**

Discrimination involves treating people with partiality and making unjust distinctions between groups or individuals. Under no circumstances should a social worker engage in “any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, or mental or physical disability” (NASW, 1999, pp. 22–23). This obligation sometimes clashes with those of the practice setting, especially when the setting services certain groups to the exclusion of others. Social workers must be mindful of such situations and sensitive to the inherent ethical dilemmas.

**Private Conduct**

Private conduct includes all actions taken by the social worker as a citizen and not within the scope of his or her employment. Although social workers have the same rights as other citizens when it comes to their private conduct, they do have an obligation to “not permit their private conduct to interfere with their ability to fulfill their professional responsibilities” (NASW, 1999, p. 23). An example is a social worker who placed a bumper sticker on her car that stated her strong antiabortion position. Her job responsibilities included making home visits to clients, including some who were pregnant. A danger of her private expression of opinion is that some clients might feel sufficiently intimidated or unsure about whether she could be helpful should they wish to end their pregnancy. To the extent that this happened, her private expression of position interfered with her professional obligation to assist clients.

**Dishonesty, Fraud, and Deception**

Dishonesty, fraud, and deception include behaviors such as lying, deceitfulness, cheating, unscrupulousness, and deviousness. Social workers are not permitted to engage in dishonesty, fraud, or deception in any aspect of their professional work, nor to be associated with such behavior. To do otherwise is to place the entire profession in a bad light and undermine the public’s faith in social workers. An example of how this might occur comes from Welfel (2001b), who cites social workers “giving inaccurate diagnoses to meet managed care requirements for reimbursement even when they believe alternative (unreimbursable) diagnoses better described the client’s concerns” (p. 496). Although the social workers are interested in the well-being of their clients, this action is an example of fraud and deception.

**Impairment**

Impairment can include any behaviors that diminish the social worker’s performance of duty. As professionals, “social workers should not allow their own personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties to interfere with their professional judgment and performance or to jeopardize the best interests of
Kanani and Regehr (2003) and Maheu and Gordon (2000) highlight some of the ethical issues that arise in the use of e-therapy. E-therapy includes such things as using e-mail, videoconferencing, web-based counseling, and real-time chat, among others. The ethical issues surrounding use of e-therapy can be both complex and serious. The following are a few of the potential problems that can occur when a social worker decides to offer services over the Internet.

- Lack of informed consent about the limitations and risks of web counseling
- Loss of confidentiality on either the worker or client ends of the communication
- Potential access by hackers during sessions
- Maintenance of e-mail records by third parties such as Internet service providers
- Inhibition of social worker's fulfillment of duties to warn and protect due to physical inaccessibility of, and distance between, client and social worker.
- Licensing complications arising from clients in one state and social workers in another
- Social worker unfamiliarity with state laws governing telecounseling
- Inhibition of worker's ability to recognize nonverbal clues such as body language, gestures, or facial expressions due to absence of face-to-face contact
- Requirement that social workers learn unique Internet communication skills including “emotional bracketing, descriptive immediacy, and the use of similes, metaphors, and stories” (Kanani & Regehr, 2003, p. 158)
- Necessity of adopting special computer security systems to reduce the risk of others accessing worker–client communications
- Transmission errors allowing others to see communication meant for the client
- Misapplication of e-therapy to clients whose problems are not susceptible to this methodology (such as clients who are suicidal or experiencing eating disorders)
- Potential boundary issues arising from enhanced intimacy associated with use of the Internet to build relationships
- Inadequate research showing the effectiveness of e-therapy

Concerns about the ethics of using the Internet for counseling extend to worries about clients. For example, it may be difficult for the client to verify the credentials of the person offering services. If there is a problem, the client may have limited access to out-of-state licensing boards that govern the social worker. Social workers who elect to use the Internet as a component of their practice must carefully consider licensing issues, develop competence in the use of communication based entirely on text, obtain appropriate consent from clients, and adopt security systems designed to maintain confidentiality. They must also be sensitive to the ways in which boundaries can be crossed on the Internet that would not likely occur in face-to-face interactions. Finally, social workers must develop plans about how they will fulfill their duty to protect and to warn third parties should this become an issue during electronic counseling (Kanani & Regehr, 2003).
people for whom they have a professional responsibility” (NASW, 1999, p. 23). When such situations arise, it is the social worker’s duty to seek immediate help and take the actions needed to ameliorate conditions. These actions can include seeking “professional help, making adjustments in workload, terminating practice, or taking any other steps necessary to protect clients and others” (p. 23). In short, we cannot help clients and meet our obligations to colleagues, our agency, or our profession when we are overcome by our own impairments.

Misrepresentation

Misrepresentation involves holding oneself out as representing the views of others without sanction. At no point should social workers allow their private comments or behavior to be seen as representative of their agency or the profession at large. Although there may be times when we are authorized to speak on behalf of an organization, we should make it clear when we are doing so and when we are simply expressing our own opinion. When we do have authorization to speak on behalf of an organization, what we say must be in line with the “official and authorized positions of the organization” (NASW, 1999, p. 23).

At the same time, social workers should ensure that their representations to clients, agencies, and the public of professional qualifications, credentials, education, competence, affiliations, services provided, or results to be achieved are accurate. Social workers should claim only those relevant professional credentials they actually possess and take steps to correct any inaccuracies or misrepresentations of their credentials by others. (NASW, 1999, p. 23)

For example, if your agency inaccurately lists you as having a doctorate or a certification as a substance abuse counselor, you should make every effort to correct this information.

Solicitation

Solicitation is any attempt to attract clients already being served by other practitioners. It is considered unethical to attempt to solicit potential clients who are in vulnerable positions. In such situations, solicitation can be perceived as manipulation or coercion in order to benefit the social worker. An example is an adjunct (part-time) faculty member teaching a class on eating disorders. In the course of her teaching, she becomes aware of a student who has a serious eating disorder and is being seen at the campus counseling center. The social worker, a clinician in private practice, discusses the student’s disorder after class and then drives the student to an inpatient treatment facility with which the clinician is affiliated. This is unethical from at least two perspectives. First, the social worker had a conflict of interest by removing the client from one treatment program and taking her to another facility in which she had a financial interest. Second, the social worker was effectively soliciting clients—in this case, a very vulnerable client—from other practitioners. Even if such actions are well-meaning, we have an obligation to avoid these kinds of situations.

Another prohibition is soliciting client testimonial endorsements as a means of increasing one’s own business. Clients tend to be vulnerable to social worker’s requests for validation and should not be placed in such a position.

Acknowledging Credit

Acknowledging credit means accurately identifying the author or producer of a given work product. The responsibility to acknowledge credit is a simple one. According to the Code
of Ethics, “social workers should take responsibility and credit, including authorship credit, only for work they have actually performed and to which they have contributed” (NASW, 1999, p. 24). When social workers use the work or contributions of other people, they should give appropriate credit to the material’s creator. Plagiarism—taking credit for the work of another—is thus considered unethical and a violation of the code.

Social Workers’ Ethical Responsibilities to the Social Work Profession

The social work profession holds a unique place in society, reflecting public sanction to engage in specific types of helping behaviors. Social workers must behave in ways that maintain and enhance the profession’s image and standing. The two areas to which this obligation is most applicable are the integrity of the profession and evaluation and research.

Integrity of the Profession

Maintaining the integrity of the social work profession involves several activities. First, we must work to ensure that the profession is characterized by “high standards of practice” (NASW, 1999, p. 24). This means that we must always strive to provide high-quality services consistent with client needs.

Social workers must also “uphold and advance the values, ethics, knowledge, and mission of the profession” through research, appropriate criticism, and enhancing our own practice skills. They must engage in activities that “promote respect for the value, integrity, and competence of the social work profession. These activities may include teaching, research, consultation, service, legislative testimony, presentations in the community, and participation in their professional organizations” (NASW, 1999, p. 24). Social workers can also contribute to the profession’s knowledge base by presenting at professional conferences and submitting material for publication.

Finally, “social workers should act to prevent the unauthorized and unqualified practice of social work” (NASW, 1999, p. 25). This means working for licensing laws that ensure that only those with appropriate education and training may provide services to the public. The frequent news stories dealing with child welfare cases often make reference to failure on the part of “social workers” without any concern about whether those people are professionally prepared social workers. In many states, those providing basic services may lack any professional education yet be labeled as social workers. This practice casts an unfavorable and undeserved negative light on the profession, and social workers should work to prevent such misrepresentation.

Evaluation and Research

Evaluating the outcomes of our own work with clients and the programs with which we are associated is an ethical obligation of those in the social work profession. Because knowing whether what we are doing is working is critical to the welfare of both clients and the profession, we should do everything in our power to encourage outcome research. The profession itself benefits when we have evidence of the effectiveness of our interventions and programs.

A corresponding responsibility is to ensure that evaluation and research activities are conducted in ways that protect the rights of participants. This means adhering to informed consent obligations, making sure that participants understand any risks involved and are familiar with what will happen to them during their participation. We must also take special
Case Example

Susan Ellison is a student intern at a well-baby clinic. Susan is married with three children in grade school and is active in her religion. Her supervisor, Ellen Jones, has asked Susan to see Marsha Winters, who brought her baby into the clinic for a checkup. Mrs. Winters is crying and wiping her eyes in the waiting room as Susan calls her name. As Mrs. Winters picks up the diaper bag, Susan says, “It looks like you have your hands full. Would you like me to carry the baby?” Mrs. Winters nods yes. After they enter the office, close the door, and are seated, Mrs. Winters starts the interview before Susan can explain who she is.

Mrs. Winters: I’m sorry. I don’t mean to cry and be a burden. . . .

Susan: We all are sad from time to time (connecting with Mrs. Winters by responding to what Mrs. Winters is doing and letting her know that it is okay to have and show feelings). I know I sometimes got the baby blues after I had my babies. I’m a social work intern here and my supervisor, Ellen Jones, asked me to see you.

Mrs. Winters: I don’t think it’s baby blues. . . . I’ve had those before. My husband is out of work and I’m pregnant again. My baby is only four months old and we’ve got three more children, under four years of age, at home. I don’t know from day to day how we are going to feed them, let alone another one. I want to have an abortion, but George, that’s my husband, says no. I’m almost three months along, so I’ve got to decide soon.

Susan: It sounds like you have your hands full and are overwhelmed by your current situation, with your husband out of work, three children under four, and being almost three months pregnant (paraphrasing and summarizing what the client has said). Have you tried to think through the pros and cons of your choices?

Mrs. Winters: No, I just know I cannot take care of another child no matter what George thinks.

Susan: Would it help if we tried to think this through together?

Mrs. Winters: Yes, I’d like that.

Critical Thinking Questions
1. What values do you have strong feelings about? (Values aren’t just about religious beliefs but extend to beliefs about relationships, decision making, and so forth.)
2. How might these values conflict with a client’s values?
3. What things will you need to do to maintain and separate who you are and who the client is in this human relationship?
4. Talk to other students and your supervisor about how they maintain boundaries between what they individually believe and what their clients believe.

Case Example

Charles Livingston is a social work student. He works part time at the prison and has been assigned an internship at the county drunk driving (DUI) treatment agency. While walking into the waiting room, Charles sees Mac Lawrence, who he knows has just gotten out of prison for drug trafficking. Charles has worked with several prisoners who have been released into the community and knows that while they are
care when dealing with participants who have limited capacity to give informed consent. Further, participants must be informed that they can refuse to continue their participation in the research at any point without any negative consequences. In some cases, agencies may have internal review boards for the protection of human subjects that must approve research efforts affecting their clients. It may be necessary to provide clients with informed consent information in their own language if it differs from English and to make extra effort to ensure that they understand what is being asked of them.

In some cases, those who participate in research may need special assistance. For example, a survey of experiences related to sexual assault may trigger issues for which the participant will need assistance. It is our obligation to protect clients from “unwarranted physical or mental distress, harm, danger, or deprivation” (NASW, 1999, p. 26). Protocols should ensure participants’ privacy and anonymity and inform them of any risks to confidentiality that may occur through their involvement in the research.

Once data have been acquired, it is incumbent on the social worker to report findings accurately and fairly. Falsifying data is unethical. If errors later become known, the social worker should ensure that this information is provided to everyone involved.

At no point should social workers engage in research that involves a conflict of interest with their other obligations to participants. Dual relationships should be avoided, as well
as any other situation that places participants at risk. One of the best ways of staying out of trouble when doing research and evaluation is to educate yourself about “responsible research practices” (p. 26).

Social Workers’ Ethical Responsibilities to the Broader Society

Social workers also have an ethical obligation to the larger society in which we live and practice. This obligation involves four areas: social welfare, public participation, public emergencies, and social and political action.

Social Welfare

Social workers should promote the general welfare of society, from local to global levels, and the development of people, their communities, and their environments. Social workers should advocate for living conditions conducive to the fulfillment of basic human needs and should promote social, economic, political, and cultural values and institutions that are compatible with the realization of social justice. (NASW, 1999, pp. 26–27)

As a result of this obligation, social workers must be concerned with what occurs elsewhere in the world and not get overly focused on their own little sphere of operations. The nature of a global economy means that things occurring in another country or on another continent can have profound impacts on our own world. Political refugees forced from their homelands in the Balkans, for example, may become clients and/or members of our community. Companies that outsource their operations by moving them to countries with lower wages impact the economic health of the communities and workers they leave behind in the United States.

Likewise, decisions of the U.S. government to engage in military activities elsewhere in the world can have profound implications for the rest of our society. These may include death and injury to military personnel, family breakups, and redistribution of resources from social programs designed to help vulnerable populations to foreign aid and military spending. In other words, the systemic nature of the world means that almost every decision or action taken somewhere has the potential to produce consequences elsewhere.

Public Participation

Social work believes that the public, to the extent possible, should participate in shaping social and economic policies and institutions. We should take steps to facilitate this process by encouraging other citizens to understand critical issues and share their perspectives with elected representatives.

Public Emergencies

Public emergencies provide opportunities for social workers to render services on behalf of those affected. This means volunteering to assist in whatever ways are appropriate and within the competence of the social worker.

Social and Political Action

The knowledge and experience that social workers acquire in the course of their professional activities places them in a unique position to help members of the public understand critical social issues. Social workers are much more likely to be familiar with problems of the poor, mental health issues, trends in family life, and other situations in society. We should pursue social and political action that advances the needs of vulnerable populations. Similarly, we should alert elected representatives to the potential consequences of proposed legislation.
and work for programs and policies that are responsive to human needs.

Social workers have an obligation to “act to expand choice and opportunity for all people, with special regard for vulnerable, disadvantaged, oppressed, and exploited people and groups” (NASW, 1999, p. 27). We should also work for services and conditions that reflect sensitivity to and respect for cultural differences and other forms of diversity. This also entails efforts to “prevent and eliminate domination of, exploitation of, or discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, or mental or physical disability” (p. 27).

Although some social workers will encounter ethical obligations on a daily basis, some specific sections of the code may be of concern only rarely in a social worker’s professional life. A major limitation of any set of ethical standards is the fact that no code can take into account all of the situations a practitioner might encounter in social work practice. For example, in many situations the obligations we have to one group conflict with those we owe to another, such as duty to an employer and to the client. Because the code does not establish priorities among the social worker’s respective obligations, it does not provide guidance on what should be done. In yet other cases, ethical obligations may collide with one another, as when a social worker owes a client both confidentiality and safety. We deal with these clashes of ethical obligations in the following section.

Managing Ethical Dilemmas

Any time a social worker has two or more ethical duties in a given situation, the possibility for conflict exists. This is the crux of an ethical dilemma—an obligation of a social worker to two conflicting duties. Consider the case cited at the beginning of this chapter in which a client announces, in the course of treatment, his intention to harm another individual. We know from our review of our ethical obligations to clients that confidentiality should be maintained whenever possible and that clients have the right to self-determination. At the same time, these obligations are contrary to our responsibility to intervene when “clients’ actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others” (NASW, 1999, p. 7). From the information shared by the client at the start of this chapter, there clearly is a potential for risk to another person.

In cases like this, making an ethical decision is easier because of the relative risk and benefits inherent in each choice of action. In other cases, there may be conflicts between our personal values and those of the profession. Whenever possible we should look to the Code of Ethics for guidance regarding what action to take. The code, for example, takes precedence over our personal values. In other situations, the resolution of ethical dilemmas may not be so easy or obvious. In some situations, there may also be conflicts between one’s ethical obligations and legal requirements. As Freud & Krug (2002) observe, “most dilemmas do not fall neatly into the ethical domain, but combine ethical, legal, and clinical issues with different emphases in different situations” (p. 478). To help us deal with these more difficult ethical dilemmas, several writers have come up with approaches that social workers can use. Although other authors have focused on different models when addressing the issue of managing ethical dilemmas, we focus our attention on the work of Loewenberg, Dolgoff, and Harrington (2000).
An Ethical Decision-Making Process

Loewenberg et al. (2000) note that before we can begin to resolve an ethical dilemma several factors must be considered. First, we must be aware of three sets of values that may be operating in a given situation. These include our own personal values, those values held by general society, and the values of the profession of social work.

Second, we must identify what ethical options we have that could be employed in this situation. In doing so, we consider what alternatives provide the greatest protection of the client’s rights and those of others. We must also think about which alternatives will protect society.

Third, we must consider ways in which clashes among the three sets of values can be mitigated. We must do the same for the alternatives that protect the client, others, and society. By being creative, we may find a way to reduce conflict among these different value sets and alternatives and identify an appropriate course of action.

Fourth, we must carefully consider which alternative actions available to us do the “least harm” possible (NASW, 1999, p. 67). Because we do not wish to harm anyone by our actions, we must think about each alternative in view of what harm will come to the client, others, or general society if we take a specific action.

Fifth, we must rate each alternative in terms of its relative degree of efficiency, effectiveness, and ethicalness. For example, one alternative may be more efficient but may prove unsuccessful, thereby reducing its effectiveness.

Sixth, we must consider and rate the ethical consequences (both long and short term) of any action we are considering. Short-term negative consequences may be of less concern, for example, than long-term effects. To assist in sorting out the various alternatives and consequences, Loewenberg et al. (2000) have created what they call the Ethical Principles Screen, a tool we discuss in the next section.

The Ethical Principles Screen

Loewenberg et al. (2000) have considered a series of ethical principles that can be helpful to social workers as they grapple with ethical dilemmas that are not easily resolved. Their Ethical Principles Screen provides a rank ordering of ethical principles that can be used in these more difficult situations. By rank ordering we mean that some ethical principles have greater importance than others. Whenever possible, we make decisions that reflect the ethical principle with the highest priority. There are seven principles, including “protection of life, equality and inequality, autonomy and freedom, least harm, quality of life, privacy and confidentiality, and truthfulness and full disclosure” (NASW, 1999, p. 69). Figure 3.5 depicts the hierarchical nature of these principles as a ladder, with the highest rung indicating the most important principle.

Protection of Life

The highest priority among the seven principles is protection of life, including that of the client and of other people. The right to life supersedes all other rights because without it none of the other rights can be enjoyed. This is the concept behind most efforts to help people with serious physical or emotional problems, although it can have other consequences for the individual. For example, a person suffering from a terminal illness who is in great pain may not want to continue living because the quality of his life is so poor and he has no hope of recovery. These are issues that social workers sometimes must deal with as they try to balance values such as client self-determination, sanctity of life, and quality of life.
Equality and Inequality

The second highest priority among the rights to which people are entitled is to be treated equally, all things being equal. Using this principle, the social worker would not discriminate against a client because of sexual orientation, age, ethnicity, or other factors. At the same time, it is often necessary to discriminate on other grounds. For example, some clients are at greater risk than others. The frail elderly may have higher priority for services than younger adults without physical limitations. A family with children living in their car may have higher priority than a couple living in the same circumstances. This is what we mean by the notation all things being equal. When the situation is not equal and one group has greater or more emergent needs than another, the one with fewer needs receives lower priority. You may have experienced this principle in action if you have ever been treated in a hospital emergency room. It is not unusual for someone suffering from the flu who arrived first to be treated after someone else who arrived later. If the late arrival has an injury that could result in loss of limb or life, the medical personnel are going to treat this person first. Their reasoning has nothing to do with valuing one person more than another but rather with an awareness that the two situations are not equal.

Autonomy and Freedom

Social workers are committed to providing clients with the maximum degree of autonomy possible because this is the underlying factor in client self-determination. Likewise, they value the individual's freedom to make choices in life. This value is shared by most in the helping professions, including medicine. A patient is almost always accorded the right to refuse medical treatment even to the point of being allowed to sign out of a hospital against medical advice (sometimes referred to as AMA). However, autonomy and freedom can be limited by other factors that have higher priority. The patient who is bleeding profusely and may die from loss of blood is likely going to be prevented from leaving. The client who announces that she is going to go home and kill herself may find the social worker taking action to prevent this occurrence despite the profession's belief in individual freedom. Maintenance of life has higher priority than an individual's freedom to take her own life.

Similarly, a child may not be allowed to pursue a course of action that would be permitted an adult. This is because children are not equal in the eyes of the world, and we believe they must be protected, sometimes against their own wishes. The twelve-year-old...
girl who is talking about running away from home to join the Internet boyfriend she has been corresponding with will be prevented from doing this. The competence of a person of this age to make such a significant life decision is judged by most people as inadequate to the task. Thus, we are more likely to limit the degree of autonomy or freedom when we deem the person unable to make a competent choice.

Least Harm

Least harm means we have a duty to ensure that any harm an individual experiences is as slight as possible. Under most circumstances, we would not want any harm to befall another person. But there will be times when it is necessary to take an action that may cause harm to a client. When confronted with this challenge, we err on the side of the least harm possible. Consider, for example, an individual who is experiencing a major depressive episode and is considering suicide. The client’s social worker has several choices to consider. First, the seriousness of the threat to kill oneself must be taken into account. If the threat is considered serious, the social worker must look at the remaining options. If the client is allowed to go ahead and kill himself, this is perhaps the greatest harm one can experience. If the client is restrained and admitted to an inpatient mental health facility, this is likely to cause him additional emotional anguish and bitter feelings toward his social worker. Of the two possibilities, death or emotional anguish, the latter causes the least harm for the shortest possible time.

Quality of Life

The concept of quality of life is somewhat elusive, but most people know when their life’s quality is good or bad or somewhere in between. Quality of life is influenced by access to resources for meeting basic and other human needs and some degree of control over one’s environment. The ability to make choices has a great deal to do with the individual’s sense of quality of life. As social workers, we are interested in ensuring a decent quality of life for both our clients and others in society. Given options, social workers choose the one that enhances quality of life over one that reduces it.

Privacy and Confidentiality

As you can see, privacy and confidentiality are way down the list of priority rights that social workers must be aware of when working with clients. Although we believe in the importance of maintaining confidentiality in our communications with clients, we cannot allow this to have priority over other values with higher priority. This fact is recognized by state laws that make social workers mandatory reporters of child abuse. Despite the risk to our relationship with the client when we disclose our knowledge of such abuse, protecting the child from harm has to have greater priority. At the same time, we may rightly decide to refuse a lawyer’s request for a client’s files pursuant to a lawsuit because we believe that maintaining client confidentiality has greater priority.

Truthfulness and Full Disclosure

Truthfulness and full disclosure have the lowest priority in the Loewenberg et al. (2000) Ethical Principles Screen. Despite this, whenever possible social workers conduct their work with an emphasis on telling the truth and fully disclosing information needed by the client or other professionals (subject to the client’s permission). We do not lie to clients or tell them only some of the limits to confidentiality or some of the risks inherent in a particular treatment. At the same time, truthfulness, like confidentiality, has its limitations. Con-
sider a client who arrives for a meeting with the social worker, is armed, and threatens to hurt anyone who tries to take her child away. In such situations, the social worker would be expected to say whatever was needed to diffuse the situation and protect human life. No one would challenge the decision to lie or to stretch the truth under those circumstances.

On the other hand, consider a seriously depressed client who is getting ready to undergo electroconvulsive therapy. The social worker’s failure to mention the risks associated with such procedures is unwarranted. Clients have a basic right to expect that the social worker will be truthful and honest in communications as well as in what is written into the client’s records.

As we have seen, each of the ethical principles has a specific priority in relation to each of the others. Whenever possible, we ensure that the rights with the highest priority are observed before those with lowest priority. The principles provide a useful yardstick against which to measure choices we make as professionals. Although they will not solve all dilemmas, they provide an excellent starting point from which to consider our options.

**Ethical Complaints**

Ethical complaints can be brought against a social worker by a client, another professional, or a member of the public. Complaints that involve violations of state licensure laws, which may also involve ethical issues, can be brought to the attention of the state-level body responsible for overseeing licensing of social workers. In Utah, for example, this body is the Division of Professional Licensing, whereas in Wisconsin it is the Department of Regulation and Licensing. These bodies usually follow formal steps or procedures in investigating whether a violation occurred and in considering appropriate sanctions. The results of actions taken by these licensing bodies are often listed in quarterly newsletters sent to all licensed professionals.

Consequences of violating licensing laws can include loss of the license to practice, suspension of the license for a designated period of time, remedial education, or some other action. In some cases, such as engaging in a sexual relationship with a client, a social worker may be charged with a criminal violation.

Ethical violations can also be brought to the attention of the National Association of Social Workers at the state level. Each state NASW chapter has a Commission on Inquiry (COI) that hears accusations of unethical behavior by social workers and social work agencies. The COI is made up of three social workers from the state in which the violation is alleged to have occurred. The results of an NASW Commission on Inquiry indicating that a social worker has violated the Code of Ethics will be published in the *NASW News* and sometimes in state NASW newsletters. Common COI decisions might include corrective actions such as additional training, supervision, or consultation, as appropriate, notification of respondent’s supervisor or employer when such notification is necessary in order to provide information needed for supervision recommendations contained in the Report, private censure by the NASW, restitution (including financial restitution) by the respondent to an individual, group, or organization harmed by the respondent’s unethical behavior, [or] correction of a record. (NASW, 2004, p. 1)

If a respondent fails to fulfill the terms of an agreement reached with the COI (such as undertaking additional education), or if the ethical violation is particularly egregious, more
serious actions called sanctions can be imposed. These are listed in Figure 3.6 and taken from NASW’s national guidelines for handling ethical violations. Because of the seriousness of sanctions, these must be approved by the national Executive Committee of NASW.

When considering what consequences to impose on a social worker who has violated the Code of Ethics, NASW considers a variety of factors. These mitigating items are listed in Figure 3.7.

Although the risk of any one social worker being charged with an ethical violation is small, it is wise to carry malpractice liability insurance to help protect against these and other complaints that a client might bring. Often this insurance is provided by one’s agency or organization, but social workers in private practice will generally need to purchase their own coverage.

**SUMMARY**

It should be clear by now that social workers are governed by a Code of Ethics that is at once broad and specific. The code covers the profession’s obligations to clients, to colleagues, in practice settings, as professionals, to the profession itself, and to the broader society. These ethical standards are based on values that are considered underpinnings of the profession. Ethical practice is an obligation for every social worker regardless of educational level, type of employment, or nature of services provided. On the one hand, adherence to the NASW Code of Ethics can help ensure that

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### Figure 3.6

**NASW Sanctions for Ethics Violations**

- Publication in the *NASW News* and/or the chapter newsletter of adjudication findings, conclusions, and sanctions imposed
- Suspension of membership or expulsion from membership in NASW
- Suspension of ACSW standing or other NASW issued credentials (including forfeiture of dues or fees paid)
- Revocation of ACSW standing or other NASW issued credentials (including forfeiture of dues or fees paid)
- Notification to state regulatory boards of adjudication findings, conclusions, and sanctions imposed
- Removal from the Register of Clinical Social Workers (including forfeiture of dues or fees paid)
- Notification to credentialing bodies, societies, and specialized practice groups in which the individual may hold membership of adjudication findings, conclusions, and sanctions imposed
- Notification to employers of adjudication findings, conclusions, and sanctions imposed
- Letter of censure
- Notification to respondent’s malpractice insurer of findings and conclusions
- Notification to the Disciplinary Action Reporting System (administered by the Association of Social Work Boards) of findings and conclusions
social workers meet their duty to clients, colleagues, practice settings, the profession, and the broader society. On the other hand, the code does not prioritize the social worker's responsibilities well. This can be problematic when situations arise that present the worker with an ethical dilemma, a clash between two or more ethical obligations. In order to respond to these situations, the chapter discusses the importance of using an ethical principles screen to assist in selecting the best option. Competent social work practice requires more than just a repertoire of skills and a sound knowledge base of theories. It also requires that social workers honor their ethical obligations as professionals serving the most vulnerable members of society.

### Figure 3.7
**Mitigating Circumstances in Ethics Violations**

- Vulnerability of individuals affected by the misconduct
- Cooperation in professional review proceedings
- Understanding effects of behavior, attitude
- Infraction intentional/unintentional
- Resources available to implement recommendations
- Incidence/number of persons harmed
- Degree of danger to clients
- State regulatory laws (assess how potent notification is)
- Voluntary change of practice setting; transfer of cases with a specific (limited) clientele
- Available research or literature to inform recommendations

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**Navigating Direct Practice**

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- Health Insurance Portability and Accountability Act