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ETHICAL RESPONSIBILITIES TO COLLEAGUES

Social workers sometimes encounter challenging ethical dilemmas involving their relationships with colleagues. These dilemmas may involve work-site colleagues or professional colleagues in the local or national community. Complex situations can arise involving the management of confidential information, interdisciplinary collaboration, disputes with colleagues, consultation, boundary issues with colleagues, collegial impairment, the incompetence of colleagues, and the unethical conduct of colleagues.

INTERDISCIPLINARY COLLABORATION

Case 3.1 A social worker who worked on the oncology unit of a large hospital met weekly with an interdisciplinary team to review the status of patients. The team included the social worker, a nursing supervisor, an oncologist, and various allied health professionals (such as a pharmacist and an occupational and physical therapist). During one meeting, the team discussed the prognosis of a 69-year-old woman who was recently diagnosed with a malignant brain tumor and who was sedated after surgery. The nurse reported that the woman's daughter had asked that the hospital staffers be vague about the patient's grim prognosis when they spoke with her mother once the mother became alert. The daughter had explained to the nurse that her mother was very fragile emotionally and "can't possibly handle this kind of information—it will push her over the edge."

The team members discussed how much information they ought to share with the patient. The nurse asserted that in light of the patient's psychiatric history, hospital staffers should be vague about her medical condition and prognosis. However, the social worker felt strongly that the woman had a right to truthful information and that the staffers' challenge was to find a humane, skilled way to communicate the medical details to her and offer emotional support.

Case 3.2 A school social worker provided services to a 12-year-old boy. The student was not doing well academically and was isolated socially. The boy's mother told the social worker that the boy seemed to be struggling with sexual orientation issues. The mother asked the social worker to keep this information confidential.

One week later, the school's principal stopped by the social worker's office and mentioned that she had received a complaint from another student that the social worker's client had harassed the other student. The principal wanted to know "what's going on" with the social worker's client and asked to see the social worker's notes. The social worker explained to the principal that she is not permitted to disclose confidential information without the mother's consent and the student's assent. The principal insisted that the social worker share whatever relevant information she had about her client.

DISCUSSION

Many social workers are members of interdisciplinary teams, particularly in settings such as hospitals, schools, community health and mental health centers, the military, substance abuse treatment programs, and correctional facilities. In these settings, social workers often collaborate with colleagues from other professions and disciplines to plan, deliver, coordinate, administer, and evaluate social services.

Social workers certainly appreciate the value of interdisciplinary collaboration. Bringing together multiple and diverse perspectives can enrich professionals' ability to serve clients. Discussion and constructive debate among professionals from different fields about the advantages and disadvantages of different intervention approaches can provide useful checks and balances.

As in cases 3.1 and 3.2, it is always possible that professionals will view ethical issues through different and sometimes conflicting lenses. Colleagues from various professions and disciplines may have different perspectives on the importance of truth telling, privacy and confidentiality, informed consent, boundaries, and so on. The different professions' norms regarding these issues have evolved over the years, sometimes divergently.

Social workers, like all other professionals, have a responsibility to assert opinions that are rooted in the profession's values and ethical standards. To meet this responsibility, the social worker in case 3.1 would assert social work's traditional commitment to clients' right to know the truth, consistent with clients' level of understanding and ability to process the information. The social worker in case 3.2 would inform the school principal, as diplomatically as possible, that the social work profession's ethical standards and relevant laws are strict regarding client confidentiality. Social workers' colleagues in other professions may agree or disagree with these views on the basis of the ethical norms in their respective professions. In these challenging circumstances, social workers should be certain to share their profession's perspectives and diplomatically assert their relevance. Some settings offer formal mechanisms for interdisciplinary dialogue around ethical issues. For example, most hospitals and many other health care settings sponsor

ethics committees that provide staffers with a forum in which to discuss these issues. However, in other social services settings—such as schools, child welfare agencies, group homes, and correctional facilities—it is unlikely that a formal ethics committee exists. Social workers may need to take steps to ensure that these key ethics discussions take place in the context of team meetings, staff meetings, and so on.

Disagreements sometimes occur among members of an interdisciplinary team, as in cases 3.1 and 3.2. In many cases, these disagreements can be resolved through discussion and skillful management of group dynamics. Occasionally, however, these disagreements are not easily resolved. During debates about ethical issues, social workers sometimes may feel obligated to take a stand that is contrary to the views of other team members. Social workers who are unable to resolve disagreement among team members about an important ethical issue should try to find constructive solutions or ways to address their concerns. This may require involving individuals in positions of authority who can make a final decision or offer another perspective that allows the disagreement to be resolved constructively. If this is not possible, social workers who are convinced that an interdisciplinary team is not handling an ethical matter responsibly have an obligation to address the situation through other channels. According to the *NASW Code of Ethics*,

Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established. (standard 2.03[a])

Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being. (standard 2.03[b])

NASW Code of Ethics Standards: Commitment to Clients (1.01); Self-Determination (1.02); Informed Consent (1.03); Privacy and Confidentiality (1.07); Respect (2.01); Interdisciplinary Collaboration (2.03); Consultation (2.05); Commitments to Employers (3.09)

DISCUSSION QUESTIONS

1. You are a social worker at a community action program that provides a range of social services to low-income people, including housing assistance, emergency food, crisis intervention services, and energy assistance. One of your colleagues, who is not a social worker, learned from a client that two years earlier the client robbed a convenience store during a time in his life when he was addicted to heroin. The crime remains unsolved; the man was never arrested for the robbery. The man has since been in intensive substance abuse treatment and is coping well. At a staff meeting,

your colleague, who does not have a college degree or formal professional education, states that in his opinion the agency has an obligation to report the man to the local police. You believe that the agency has an obligation to protect the man's privacy and that the agency would violate his rights if staffers notified the police. How would you approach these issues in the team meeting? What ethical guidelines are relevant?

2. You are employed as a social worker at a senior center that provides a day treatment program. Many of the program's clients struggle with dementia and other forms of cognitive impairment. At a staff meeting, you and your colleagues discuss the challenges faced by a client, an 84-year-old man, who has been diagnosed with moderate cognitive impairment; at times the man is verbally combative and noncompliant. One of your colleagues, a nurse, tells the team that they should consult with the man's primary care physician and psychiatrist about his difficulties. The nurse shows the group a release of information form that she had the man sign earlier that day authorizing the physicians to release confidential information to the agency. On the basis of your extensive contact with the man and your familiarity with his functioning, you doubt that he read or understood the form he signed. You suspect that he simply complied with the nurse's request that he sign the form. How would you handle this situation?

CONSULTATION

Case 3.3 A social worker in independent practice belonged to a peer consultation group. The social worker and five colleagues met every two weeks to discuss difficult cases and exchange ideas.

At one meeting, a clinical psychologist colleague brought up a case involving one of her clients, a young woman who became clinically depressed and suicidal after discovering that her husband was having an extramarital affair. The colleague wanted feedback about complex aspects of her clinical strategy. Although the colleague did not identify her client by name, she shared enough unique identifying information (age, occupation, family circumstances, and home community) that the social worker quickly realized that the woman's husband was the social worker's client. The colleague was not aware that the social worker was providing counseling services to the woman's husband.

The social worker was shocked to hear graphic and incriminating details about the husband's extramarital affair. The husband had never disclosed this information to the social worker, even though they had spent considerable time discussing his marital issues. The social worker felt misled by the husband; she also felt she needed to decide whether to inform him of the troubling information she had learned during the peer consultation group discussion and to explore the clinical implications during a counseling session.

DISCUSSION

It is vitally important for social workers to consult with colleagues. Social workers may lack expertise regarding certain issues or may benefit from feedback offered by colleagues who are able to be more objective about a complicated situation.

When social workers consult with colleagues about clients, they must be sensitive to clients' right to confidentiality. In fact, social workers should inform clients that they may consult with colleagues occasionally. Many social workers provide clients with written notice at the beginning of their work together that informs clients about their occasional consultation with colleagues.

Although clients may consent to social workers' use of consultants, clients may not be comfortable having their social workers share certain confidential information with the consultants. As a general rule, social workers should share the least amount of information necessary to accomplish the purposes of the consultation. This protects clients' confidentiality to the greatest extent possible. In case 3.3, for example, the psychologist should have been careful to omit any identifying information during the group consultation. This would have prevented the ethical dilemma faced by the social worker, who inadvertently learned about her client's (the husband's) clinically significant deception. Unfortunately, the psychologist's disclosure puts the social worker in a difficult position. On the one hand, if the social worker ignores the clinically relevant details, the quality of the social worker's counseling of the husband could be greatly compromised. The social worker would have to avoid both using and revealing that she knows critically relevant clinical information and, as well, may feel some discomfort and resentment that could affect the clinical relationship. On the other hand, if the social worker shares with the husband that she has learned of the husband's deception (assuming that the allegations concerning the husband's extramarital affair are true), the social worker may introduce tension and complexity into the clinical relationship that might undermine the client's trust and ability to make effective use of the counseling. In addition, the social worker's disclosure might create complications in the psychologist's relationship with her client.

In important ways, the social worker may be in a no-win situation. A possible compromise is for the social worker to provide an opportunity for the client to acknowledge these issues, if he so wishes, perhaps by saying something along the lines of

I know this may be difficult to hear, but I feel the need to share with you some information that I recently received, quite by accident. For ethical reasons, I am not able to disclose the source of the information. I hope you understand that. What I heard, and I have no way of knowing whether it's true, is that you've been involved in an extramarital affair. If it's true, that seems to be very relevant to the marital issues we've been discussing. If it's not true, we can simply move on. I just feel obligated to share this with you.

The client can then decide whether to admit to the extramarital affair and discuss it or deny the allegations.

NASW Code of Ethics Standards: Commitment to Clients (1.01); Informed Consent (1.03); Privacy and Confidentiality (1.07); Confidentiality (2.02); Consultation (2.05)

DISCUSSION QUESTIONS

1. The ethical dilemma faced by the social worker in case 3.3 generates diverse opinions about the most appropriate response. If you were the social worker in this case, how would you handle the ethical dilemma? Would you keep the information disclosed by the psychologist to yourself, or would you share it with your client, who is the husband of the psychologist's client? What ethics-related criteria would you use to make this decision?
2. What practical steps would you take to prevent the inappropriate disclosure of confidential information during consultation with colleagues?

SEXUAL RELATIONSHIPS

Case 3.4 A social worker moved to a new community and started a job at a large senior center that provided a day program and in-home services. The social worker was supervised by the agency's senior social worker, who was responsible for supervising staffers at four sites.

The new employee met with her supervisor weekly. For several weeks, they reviewed information for new employees and discussed the social worker's new clients. After this initial period, the two met to discuss clients' status, clinical challenges, and so on.

At the end of one supervision session, about 10 months after they began working together, the supervisor told the social worker how well she was performing and that the agency administrators were delighted to have her on staff. The supervisor then commented that on a more personal note, he thoroughly enjoyed working with the social worker and was going to recommend that she be promoted to a program director position at one of the agency's sites. He then told the social worker how much he liked spending time with her and that he would like to "spend even more time with you outside of here."

The social worker was attracted to her supervisor and agreed to have dinner with him. Within several weeks, the two were sexually involved.

Case 3.5 Two social workers who were colleagues in a substance use disorder treatment program were asked by the agency director to collaborate to develop a strategic plan for the agency. The project would take about six months and, at its conclusion, would be submitted to the agency's board of directors for approval.

The two social workers spent approximately a day each week working on the strategic plan. Over time, they got to know each other well and were attracted to each other. They began to date and became sexually involved.

About two-thirds of the way through their strategic planning project, the agency director promoted one of the social workers to a supervisory position. The agency director was not aware of the social workers' intimate relationship. As part of her new responsibilities, the social work supervisor would be supervising her colleague and sexual partner.

DISCUSSION

In addition to maintaining clear boundaries in their relationships with clients, social workers must maintain clear boundaries in their relationships with colleagues. Social workers are obligated to avoid sexual relationships with anyone over whom they have supervisory or administrative authority, including staff they supervise, students, and trainees, because such relationships can be exploitative and damaging, just like those with clients. As in case 3.4, supervisees are typically dependent on their supervisors and could feel pressured to accede to a supervisor's initiation of a sexual relationship to avoid jeopardizing the supervision being provided and the social worker's career advancement.

Students and trainees are especially vulnerable. Social workers who function as classroom and field instructors for social work students exercise considerable control over their students' professional careers and lives, the same way that supervisors have control over supervisees' lives. Instructors control the grades students receive, and students may feel that their educational and professional careers would be jeopardized if they were to resist instructors' attempts to get involved in a sexual relationship. Thus, social workers should not engage in sexual relationships with any colleagues over whom they exercise professional authority because of the power imbalance and potential for exploitation.

Boundary problems can also emerge when colleagues who are peers become involved sexually, as in case 3.5. In this instance, two colleagues began an intimate relationship at a time when neither had authority over the other. However, during the course of their relationship, which agency administrators did not know about, one of them was promoted to a position that included supervisory authority over the other. The social workers in case 3.5 should have taken steps to avoid a conflict of interest, which might have included discussing the situation with the agency

director. The parties might have been able to work out an arrangement in which the social worker who was promoted did not have supervisory responsibility over her partner. According to the *NASW Code of Ethics*,

Social workers who function as supervisors or educators should not engage in sexual activities or contact (including verbal, written, electronic, or physical contact) with supervisees, students, trainees, or other colleagues over whom they exercise professional authority. (standard 2.06[a])

Social workers should avoid engaging in sexual relationships with colleagues when there is potential for a conflict of interest. Social workers who become involved in, or anticipate becoming involved in, a sexual relationship with a colleague have a duty to transfer professional responsibilities, when necessary, to avoid a conflict of interest. (standard 2.06[b])

NASW Code of Ethics Standards: Conflicts of Interest (1.06); Consultation (2.05); Sexual Relationships (2.06); Supervision and Consultation (3.01); Education and Training (3.02)

DISCUSSION QUESTIONS

1. You are a social worker in a juvenile correctional facility. You provide individual and group counseling to juvenile offenders. Over time, you become close with one of your social work colleagues with whom you cofacilitate a treatment group. You begin to date and eventually move in together. Would you inform agency supervisors or administrators of your relationship, or would you consider this private information?
2. You are the assistant director of a family services agency. The agency director has asked you to conduct a staff development workshop on the subject of boundaries among agency colleagues. What information and guidelines would you include in your presentation?

IMPAIRMENT OF COLLEAGUES

Case 3.6 A social work supervisor in a public child welfare agency noticed that one of his social work colleagues occasionally came to work with what smelled like alcohol on his breath. The two social workers were friendly, although they did not work directly with each other. The supervisor knew that his social work colleague was going through a divorce and having a difficult time emotionally. The supervisor also knew that his colleague had struggled with alcohol abuse in the past.

The supervisor also noticed that his colleague was having difficulty performing some of his job functions: he missed meetings occasionally and often had difficulty meeting routine deadlines. The supervisor was unsure of what to say to his colleague, if anything, particularly because he was not his colleague's direct supervisor.

Case 3.7 A social worker in a group residence for clients with intellectual disabilities had worked with a colleague for nearly 17 years. The social worker noticed that during the past year or so the quality of her colleague's work had seemed to deteriorate. He seemed increasingly disinterested in his clients, contributed less and less during staff meetings, called in sick frequently, and seemed to be generally burned out. Her colleague often complained about his job, administrators, and many colleagues. One day, her colleague said, "You know, it's getting harder and harder for me to drag myself into this place. Sometimes I feel like a prisoner crossing the days off his calendar until his release."

DISCUSSION

Social workers occasionally encounter colleagues who are struggling in their own personal lives. As in all professions, social work includes some practitioners whose personal problems affect their ability to perform their professional duties and meet clients' needs. Social workers sometimes become aware that a colleague's emotional, mental health, relationship, family, physical health, financial, legal, substance abuse, or job-related problems are compromising the colleague's judgment and work effectiveness.

Impairment among social workers takes various forms. It may involve failure to provide competent care because of a social worker's alcohol or drug problem (as in case 3.6), severe burnout (as in case 3.7), or ethical misconduct (for example, becoming involved in an inappropriate dual relationship with a client). Social workers have an ethical duty to be alert to signs of impairment among colleagues and to consult with those colleagues when feasible about possible remedies and courses of corrective action, particularly when the impairment seems to interfere with the colleague's practice effectiveness. As the *NASW Code of Ethics* states,

Social workers who have direct knowledge of a social work colleague's impairment that is due to personal problems, psychosocial distress, substance abuse, or mental health difficulties and that interferes with practice effectiveness should consult with that colleague when feasible and assist the colleague in taking remedial action. (standard 2.08[a])

There may be times when a social worker is concerned about a colleague's apparent impairment but there is no evidence that the impairment is affecting the colleague's work. In such instances, social workers must use careful judgment about the appropriateness and likely effectiveness of sharing their concerns with the colleague. When feasible, social workers should use their diplomacy skills to broach this issue, share their concern, and explore constructive ways to address the apparent impairment.

Sometimes social workers who consult with an impaired colleague about their concerns find that the colleague is unwilling to acknowledge or address the problem. It may not always be feasible to consult with impaired colleagues

because of complex agency dynamics and politics; there may be too much risk to the social worker's own career. In these situations, social workers need to consider alternative options to address their concerns about possible harm to clients, such as notifying employers, an agency board of directors, the NASW Office of Ethics and Professional Review, a licensing board, or another professional organization. According to the *NASW Code of Ethics*,

Social workers who believe that a social work colleague's impairment interferes with practice effectiveness and that the colleague has not taken adequate steps to address the impairment should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations. (standard 2.08[b])

NASW Code of Ethics Standards: Respect (2.01); Confidentiality (2.02); Consultation (2.05); Impairment of Colleagues (2.08); Impairment (4.05)

DISCUSSION QUESTIONS

1. Two social workers have been colleagues for nearly two years in the mental health unit of a large army base. One of the social workers is concerned that his colleague may be clinically depressed. The colleague's affect has become quite flat, he has lost weight, and his job-related enthusiasm seems to have disappeared. The social worker is concerned about his colleague's ability to help soldiers who struggle with issues in their own lives. What steps might the social worker take to help his colleague?
2. Think about social workers you have known throughout your career as a student or practitioner. How many social work colleagues have you known who seemed to be impaired? What were the signs and symptoms? What steps, if any, did you take to address the apparent impairment? In retrospect, what steps might you have taken?

INCOMPETENCE OF COLLEAGUES

Case 3.8 A social worker in a state psychiatric hospital cofacilitated a treatment group with a colleague. The treatment group included patients who were diagnosed with persistent and chronic mental illness and who had difficulty controlling their sexual impulses. All the patients in the group had behaved inappropriately with people in the community or with other hospital residents.

During the course of their work together, the social worker noticed that his colleague was not familiar with well-known treatment theories and protocols related to this client population. Also, the social worker observed a number of instances when his colleague made insensitive comments to clients about their

personal attributes; the colleague also seemed to have difficulty engaging clients clinically. Several of the clients had complained to the social worker privately about his colleague. The social worker had to decide what, if anything, to say to his colleague or supervisors about his concerns.

DISCUSSION

Social workers sometimes encounter colleagues whose professional competence is questionable. This may result from inferior education, poor agency-based and continuing education, or limited skill or aptitude. Social workers who have direct knowledge of a colleague's apparent incompetence should consult with that colleague when feasible and assist the colleague in taking remedial action.

As with impaired colleagues, social workers sometimes find that colleagues are not able or willing to address their incompetence. Social workers who are incompetent in some way, as in case 3.8, may be in denial about their limitations or unwilling to take the time required to enhance their knowledge and skills. When social workers are concerned about the possible effect of a colleague's incompetence on clients, they are ethically obligated to take steps to prevent harm, and this may require bringing their concerns to the attention of employers, an agency board of directors, the NASW Office of Ethics and Professional Review, a licensing board, or another professional organization. According to the *NASW Code of Ethics*,

Social workers who have direct knowledge of a social work colleague's incompetence should consult with that colleague when feasible and assist the colleague in taking remedial action. (standard 2.09[a])

Social workers who believe that a social work colleague is incompetent and has not taken adequate steps to address the incompetence should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations. (standard 2.09[b])

NASW Code of Ethics Standards: Respect (2.01); Confidentiality (2.02); Consultation (2.05); Incompetence of Colleagues (2.09); Competence (4.01)

DISCUSSION QUESTIONS

1. You are a social worker in a hospice program that provides supportive services to people who are dying. One of your colleagues is a new employee who has never worked in a hospice program. Over time, you discover that while your new colleague has worked in several psychiatric hospitals as a social worker, she has not had much experience working with people

who are dying. Your colleague seems unfamiliar with many basic concepts in hospice work related to the emotional challenges faced by people who are dying, changes that occur over time, and common family stressors and dynamics. You offer your colleague some of your resource materials, including books and professional journal articles. You also invite your colleague to join you at upcoming continuing education offerings on hospice-related topics. Your colleague seems to be insulted by your gestures and declines your invitations. How would you handle this situation?

2. Think about social workers you have known throughout your career as a student or practitioner. How many social work colleagues have you known who seemed to be incompetent? What were the signs? What steps, if any, did you take to address the apparent incompetence? In retrospect, what steps might you have taken?

UNETHICAL CONDUCT OF COLLEAGUES

Case 3.9 A social worker at an agency that served people with physical disabilities administered a program designed to help people remain in their homes and avoid institutional care. The program was funded by a large federal grant.

One year after the program started, the social worker was asked by the agency director to work on the annual report that the program was required to submit to the federal funding agency. The report included a detailed description of the program's services, personnel, budget, and expenditures.

The social worker reviewed a draft of the report and noticed that the agency's director had seriously misrepresented the way in which the federal funds had been spent. According to the report, the program spent about \$92,000 on home-based services that the social worker knew had been spent in other ways, for example, to pay for the agency director's travel to conferences and on office equipment. The social worker was unsure of what to do about her discovery.

Case 3.10 A social worker in private practice began working with a new client who said she wanted some help in dealing with a series of what the client described as "failed relationships." The client described several short- and long-term relationships that ended badly. The client said she was eager to explore this pattern and what she might do to prevent a recurrence.

About eight months after they began working together, the client told the social worker that she had something important to share with her. The client tearfully explained that she had not been completely candid with the social worker when the client had listed all her failed relationships. The client then disclosed to the social worker that she had omitted one painful relationship, primarily because she was too embarrassed to share the details. The client told the social worker that her most recent relationship had been with the client's former psychotherapist,

whom the social worker knew from the local professional community. The client described in detail the nature of her professional, personal, and eventually sexual relationship with her former psychotherapist, the social worker's colleague. According to the client, the former therapist and the client became sexually involved before the termination of their professional–client relationship.

The social worker told the client that she was “in a real pickle. Certainly, I want to help you deal with this; I also have to think about my ethical obligations now that you've told me that one of my colleagues has behaved so unethically.” The client pleaded with the social worker to not disclose this information: “I just can't handle that kind of mess. I need to talk to you about this, which is why I brought it up. But I don't want to get him in trouble, and I don't think I could handle the stress.”

DISCUSSION

Unfortunately, some social workers—a very small percentage—violate ethical standards in the profession. In this respect, social work is no different from other professions. Examples include social workers who become sexually involved with clients, commit fraud and falsify records, and improperly disclose confidential information.

As in the case of colleagues who appear to be impaired or incompetent, social workers who are concerned about a colleague's unethical behavior are obligated to consider discussing such concerns directly with that colleague. However, conducting a direct discussion with a colleague about possible unethical behavior is not always feasible. Social workers may find that colleagues who have engaged in or are engaging in ethical misconduct are in denial about or unwilling to address the problem. Also, practitioners who are aware of a colleague's unethical behavior may feel intimidated by the colleague and consequently reluctant to discuss their concerns directly with that person. For a variety of reasons, a social worker who is concerned about a colleague's apparent misconduct may feel as if direct discussion with the colleague is not likely to be fruitful.

There are times when social workers are obligated to alert people or organizations in positions of authority to colleagues' unethical behavior. When efforts to resolve unethical behavior through direct discussion with colleagues who appear to have behaved unethically do not succeed or when such discussions are not feasible, social workers must bring their concerns to the attention of bodies such as a state licensing board, the NASW Office of Ethics and Professional Review, another professional association, or law enforcement agencies. According to the *NASW Code of Ethics*,

Social workers who believe that a colleague has acted unethically should seek resolution by discussing their concerns with the colleague when feasible and when such discussion is likely to be productive. (standard 2.10[c])

When necessary, social workers who believe that a colleague has acted unethically should take action through appropriate formal channels (such as contacting a state licensing board or regulatory body, the NASW National Ethics Committee, or other professional ethics committees). (standard 2.10[d])

Decisions about whether to blow the whistle on a colleague are very difficult to make. Social workers understand that their obligation to protect clients and the public from unethical social workers may require such action, but they also understand that such disclosure can have serious detrimental repercussions for colleagues whose behavior is reported and, as well, for the social workers who report the unethical behavior. Occasionally whistle-blowers themselves become suspect; their motives may be questioned, and their reputations may suffer as a result.

Social workers who consider reporting colleagues' unethical conduct, as in cases 3.9 and 3.10, should take several issues into consideration. Social workers who consider reporting misconduct should examine their own motives to ensure that their goal is to protect clients and the public as opposed to seeking revenge and retribution against a colleague with whom they have experienced some kind of conflict. Also, social workers should consider how compelling and valid their evidence is. Social workers should think twice about blowing the whistle if their evidence is not reliable, strong, and substantiated.

In addition, social workers should consider whether they have pursued every reasonable alternative to reporting a colleague to a higher external authority about possible or actual ethical misconduct. These alternatives include direct discussion with the colleague and other pertinent parties. Notification of outside bodies should occur only when other feasible alternatives have been exhausted. Intermediate steps and mediation can be productive, although they do not always succeed in debunking suspicions or ending the unethical behavior.

Finally, social workers should consider how likely it is that bringing a colleague's unethical behavior to the attention of outside authorities will be effective. In some instances, outside authorities may be powerless to address the wrongdoing. For example, a social work licensing board that learns of an unlicensed social worker's misconduct would lack jurisdiction to investigate and prosecute.

NASW *Code of Ethics* Standards: Respect (2.01); Confidentiality (2.02); Consultation (2.05); Unethical Conduct of Colleagues (2.10)

DISCUSSION QUESTIONS

1. You are a social worker in a psychiatric hospital that is in the midst of an accreditation review. The national accreditation organization is planning a four-day site visit to inspect facilities and review programs and services, staffing patterns, health and safety protocols, and clinical records. Two weeks before the site visit, your immediate supervisor orders you to rewrite several entries in your and several colleagues' clinical notes. The supervisor

explains to you that he reviewed a large sample of the records and concluded that some lack sufficient detail. The supervisor clearly wants you to alter records and embellish clinical details to provide site visitors with a more favorable impression of the hospital. In your judgment, what the supervisor has asked you to do constitutes fraud. How would you handle this predicament?

2. Think about social workers you have known throughout your career as a student or practitioner. How many social work colleagues have you known who seemed to be unethical? What were the signs? What steps, if any, did you take to address the apparent unethical behavior? In retrospect, what steps might you have taken?