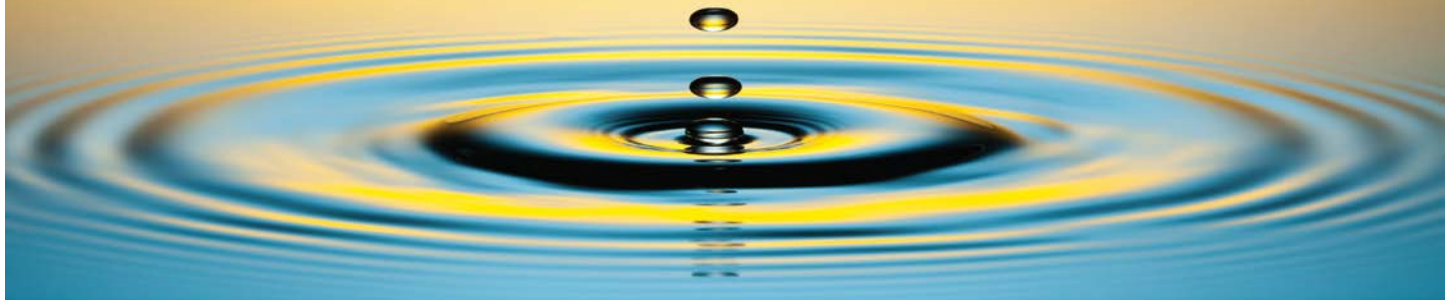


# Practice Matters



*Practice Matters was created as an educational resource for social workers in Newfoundland and Labrador. It is intended that this resource will generate ethical dialogue and enhance critical thinking on issues that impact social work practice. Practice Matters is provided for general information.*

## ***Impairment – Balancing the Need for Self-Care and Regulation***

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Social workers are committed to upholding the values of the social work profession and engaging in competent and ethical social work practice. Social workers believe that clients have a right to access the highest quality services possible and “maintain the best interests of clients as a priority” (CASW Guidelines for Ethical Practice, 2005). However, there may be times in one’s practice where an impairment may impact on one’s ability to practice in a safe and competent manner. Reamer (2009) defines Impaired or Impairment as: A condition or circumstance which compromises professional judgment and work effectiveness, Impairment is often a result of complex stressors related to, emotional health, mental health, personal relationships, family relationships, physical health, financial difficulties, legal difficulties, substance abuse, employment stressors or burnout (p. 87-88).

This edition of Practice Matters will focus on the complex challenges social workers can encounter when faced with impairment issues for themselves and their colleagues and highlight the importance of supervision and the development of self-care strategies.

The NLASW Standards of Practice (2018) and The CASW Guidelines for Ethical Practice (2005) provide direction in addressing impairment in social work practice.

The NLASW Standards of Practice (2018) state that social workers are responsible for ensuring their own fitness to practice and addressing impairments that may affect their ability to practice competently (psychological, emotional, cognitive, and/or physical factors).

a) Social workers maintain a reasonable level of self-awareness to evaluate personal factors that affect their ability to practice competently. b) Social workers whose ability to practice is impaired will take steps to resolve the issue, including seeking help to remedy the condition, c) Social workers limit, suspend or terminate their practice accordingly when services cannot be effectively provided due to an impairment that is the result of a physical or mental health condition, and/ or addictions issue (See standard on termination), d) Social workers seek appropriate supervision/consultation when needing to limit or suspend practice to ensure continuity of client care, e) When limiting or suspending practice, social workers make reasonable efforts to refer clients to another social worker or professional, f) Social workers who are aware that a colleague may be practicing while impaired should take steps to ensure the best interests of clients. This may include talking directly with the social worker, consulting with one's supervisor, and/or informing the regulatory body (p. 4).

The CASW Guidelines for Ethical Practice (2005) Section 7.2.2 state that social workers who have direct knowledge of a social work colleagues' incompetence or impairment in professional practice consult with colleagues about their concerns and where feasible assist colleagues in taking remedial action. Section 7.2.2 states that social workers who believe that a colleague has not taken adequate steps to address their impairment to professional practice take actions through appropriate channels established by employers, regulatory bodies, or other professional organizations.

There is very little empirical research available that is specific to social work and professional impairment, and most of what we know comes from other professional groups. Social workers occasionally experience impairment in their ability to provide professional services to their clients by failing to provide competent care, or by violating ethical standards. It can take such forms as providing flawed or inferior services to a client, sexual involvement with a client, or failure to carry out one's duties because of emotional stress, addiction or mental illness. Social workers who engage in egregious ethical misconduct, especially cases involving inappropriate dual relationships and incompetent practice are often impaired in some manner (Barsky, 2009). The seriousness and forms of impairment vary greatly from minor issues that can be resolved with support, remediation and possibly rehabilitation, to far more serious issues that impact on the social workers personal life and relationships and can result in harm to clients.

Although social workers may on occasion experience incapacity or impairment, this does not presume unsuitability for the profession (Pearson, 2017). An incompetent professional lacks the minimally acceptable levels of knowledge and skill needed to practice within a field, whereas a person may be impaired but that does not presume that they are acting unethically or that they are incompetent. An example of this would be an individual struggling with an impairment issue that is not at a level where it is affecting their professional life and practice. This individual, although likely requiring assistance, would not be considered to have engaged in professional misconduct. On the

other hand, if the impairment affected their ability to properly carry out professional obligations, then depending on the severity of the issues and impact on their work and clients, the employer and perhaps the regulatory could be engaged. This is important in ensuring that clients receive the highest quality services possible as reflected in the Code of Ethics (2005).

Let's face it, life happens, and social workers despite their training, experience and understanding of the complexities of life and human behavior are not immune to being compromised in their judgment and work effectiveness. Social workers in general, may have a higher threshold for tolerance of impairment because of its prevalence among their clients, and may deny its existence because of a belief that they are invulnerable and should be able to deal with it on their own (Reamer, 2009). Social workers, like anyone else, can be the last to recognize their problems, and sometimes, the least motivated to seek help. Social workers struggling with impairment sometimes try and hide their behavior for fear of appearing weak or vulnerable to their colleagues, or they may avoid confronting it as it may have serious personal and career implications. They can also be aided by colleagues who find it difficult to deal with. Research on impairment among professionals suggests that many struggling practitioners do not seek assistance, and colleagues who are concerned about them may be reluctant to share their concerns (Kilburg, Kaslow, & VandenBos, 1988).

There is an obvious difficulty in achieving a balance between being a concerned colleague who is considering intervening in a supportive way and being overly intrusive into someone's professional life. Deciding on when and how the ethical obligation to approach a distressed colleague outweighs their right to personal privacy and professional autonomy is a very sensitive issue. Also, exposing a colleague in the workplace as having "a problem", or having them possibly face being reported to the regulatory body will undoubtedly bring additional stress to a practitioner who is already struggling. Some questions you may want to ask yourself if you have concerns regarding a colleague's possible impairment are: Is it my responsibility to identify an impaired practitioner? Should I constructively confront my colleague? What is the level of risk for clients and your colleague? Should I help my colleague identify ways to seek help voluntarily or will I have to refer it to a manager or the regulatory body if they refuse to acknowledge the issues and take appropriate remedial action?

In most cases, it is unlikely that social workers are intentionally harming clients when struggling with impairment, however they could be inadvertently placing them at undue risk. While it is important that social workers need to be aware of and appropriately deal with impairments, raising self-awareness and being able to discern when the problems have developed to a point where they are affecting work can be very challenging. Consider an individual who is struggling with numerous stressors and over a period develops a drinking or drug use problem. It may be difficult for that individual to accept they have a problem, and they may also lack the insight and awareness to recognize the numerous, and

potentially negative implications. By the time the issue comes to the awareness of others, the individual and their clients may be at significant risk.

## Self-Care

Most of the available research on distress and impairment among clinicians shows that it usually falls into two categories; environmental stress which is a function of employment conditions and professional training, and, personal stress caused by relationship issues, emotional and physical health, finances and addictions issues (Reamer, 2009). Although impairment itself is not unprofessional, social workers are expected to be responsible for their own health and well-being. Professional self-care is therefore a critical, if not an overlooked core competency necessary for preventing burnout and maintaining a balanced work/life perspective (Jackson, 2014). The three S's; self-awareness, self-regulation and self- efficacy are essential for social workers in promoting proper self-care given the toll that highly complex work can take on emotional well-being, physical health and interpersonal functioning. *Self-Care in Social Work, A Guide for Practitioners, Supervisors and Administrators* (Cox & Steiner, 2013), is a great resource for understanding the elements of self-care and developing strategies for preventing impairment.

There are numerous innate occupational hazards for social workers that can include job stress, professional burnout, primary trauma, vicarious trauma and compassion fatigue. The high stress, high trauma, and high emotion involved in many social work roles necessitates tending to one's self care, including emotional, psychological, physical and spiritual well-being to help mitigate these challenges. Altruistic social workers, by their very nature, can become wrapped up in a state of mind that suggests they need to put everyone else's needs in front of their own (Jackson, 2014). It is important for social workers to develop self-care strategies given there can be significant consequences to their personal and professional lives as well as to the lives of their clients if they do not. Ultimately there can be a very high cost associated with neglecting one's own needs, and therefore social workers should really consider that self - care is an ethical obligation (Monk, 2011).

## The importance of Supervision

The NLASW Standards for Supervision of Social Work Practice (2011) state that the ultimate objective of supervision is to provide clients the best possible service and that social workers should seek appropriate supervision/consultation when needing to limit or suspend practice to ensure continuity of client care. If a social worker's ability to provide service to clients is impaired, the social worker is required to seek supervision and professional services to manage responsibilities and remedy the condition. Regular supervision is therefore an effective way to be responsible for one's performance as a professional, and regardless of the level of development as a social worker,

supervision should be considered an essential component of competent practice (Pearson, 2017). It is also a vital mechanism for raising awareness about the presence and potential impacts of a worker's impairment.

Unfortunately, many workplaces do not provide opportunities for regular clinical supervision because of structure, incredibly high workloads, pressure to do more with less, and role ambiguity. This can result in increased stress levels, impairment and burnout for social workers. There are also an increasing number of practitioners entering the world of private practice and with that can come reduced opportunities for collegial consultation, and support, where potentially unethical or incompetent practice and possible impairment could be identified.

In larger private practice groups, it may be possible to develop collegial assistance programs that can serve a preventative function and offer assistance to impaired practitioners, however individuals who are working solo generally operate in relative isolation and do not have access to regular supervision. In the absence of complaints from members of the public, currently there are few mechanisms for monitoring private practice and identifying potentially harmful impairments. These practitioners really need to develop strong self-care activities and creatively develop mechanisms for collegial consultation and support.

## **Responding to Impairment**

Social work like every other profession will have impaired practitioners and therefore should strengthen its efforts to respond to them in effective ways. Social work is a self-regulated profession in Newfoundland and Labrador and therefore has a responsibility to the public to actively and constructively monitor its members to ensure safe and competent practice.

From a regulatory perspective, consideration must be given to impairment that impacts on an individual's ability to adhere to the Code of Ethics, Guidelines for Ethical Practice, and Standards of Practice, particularly when clients are potentially placed at risk. As an example, a social worker struggling with an addiction issue and marital difficulties who knowingly falsified documents and had an inappropriate dual relationship with a client is clearly involved in professional misconduct. This situation would likely involve engagement of the regulatory body and professional conduct review. The outcome of this scenario might involve discipline/sanctions against the individual's professional practice along with recommendations for remediation and demonstrated rehabilitation prior to returning to practice. Conversely, it is possible for a social worker to be struggling with an impairment issue related to addiction, that is not affecting their professional life on a level considered to be ethical misconduct. Although concerning, unless the addiction affects the individual's ability to properly carry

out their professional obligations in an ethical manner, the regulatory oversight role would not be engaged.

Another, and perhaps even more challenging example would be of an individual struggling with mental health issues who acts unethically and places clients at risk, but who does not have the capacity to understand their own actions and behavior. This is also an example of impairment, but one which may have other legal and human rights considerations because of questions regarding diminished capacity and competence as a result of the mental illness. This example highlights the complex issues of professional accountability, public safety, and the effect of human rights principles on professional discipline proceedings.

There is a mutual responsibility for social workers and employers to design ways to prevent impairment and to respond to impaired colleagues when it does happen. Social workers must also be willing to confront impaired colleagues constructively, offer assistance and consultation, and if necessary, as a last resort, refer the colleague to a manager or the regulatory body. Early recognition of possible impairment is crucial and social workers need to be careful to avoid assigning all responsibility to the practitioners themselves. There are numerous environmental stressors and structural issues that can lead to impairment in the first place. Distress experienced by social workers is often a result of the unique challenges of the profession and this speaks to the importance of addressing these macro level factors.

Unfortunately, professional impairment does not receive much attention in the education and training of those entering the social work profession. Students in Schools of Social Work would benefit from receiving more education regarding occupational hazards in the field and how they can lead to impairment. An emphasis on self-care, mitigating risks and becoming familiar with warning signs in their own and colleague's lives will undoubtedly serve a preventative function and reduce the impacts of impairment in practice.

Impairment is an enduring phenomenon of professional life. Although some cases of impairment may need to go through formal professional conduct review, most cases can be appropriately dealt with by arranging therapeutic or rehabilitative services for distressed practitioners. The risks impaired professionals pose to themselves and their clients are not diminished if the impairment is ignored or unaddressed, therefore it is imperative that social workers develop strong preventative self-care strategies and opportunities for regular clinical consultation and supervision.

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