PROFESSIONAL IMPAIRMENT

BACKGROUND

Professional impairment among social workers is a significant and growing concern in the profession. Professional impairment has been defined in many ways. One of the earliest and most widely used definitions cites interference with professional functioning that is reflected in one or more of the following: (1) an inability and/or unwillingness to acquire and integrate professional standards into one’s repertoire of professional behavior; (2) an inability to acquire professional skills in order to reach an acceptable level of competency; and (3) an inability to control personal stress, psychological dysfunction, and/or excessive emotional reactions that interfere with professional functioning (Lamb, et al., 1987). The Social Work Dictionary defines an impaired social worker as “one who is unable to function adequately as a professional social worker and provide competent care to clients as a result of a physical or mental disorder or personal problems, or the ability or desire to adhere to the code of ethics of the profession. These problems most commonly include alcoholism, substance abuse, mental illness, burnout, stress, and relationship problems” (Barker, 2003).

Impaired functioning should be distinguished from incompetence or inexperience by evidence that the social worker has previously functioned acceptably according to standards of social work practice.
Professional impairment can manifest in different ways. The most frequently discussed form of impairment is that of alcohol and other drug (AOD) use. (Bissell, et al., 1980; Fewell, et al., 1993; Siebert, 2003; Siebert, 2005). One earlier study of alcohol abuse among colleagues and families, using samples of NASW members, confirmed the existence of significant alcohol and drug abuse problems within the social work profession (Fewell, et al., 1993). A more recent study, also using a sample of NASW members in a chapter, indicated troubling levels of alcohol and other drug use among social workers. Twelve percent of the sample was at serious risk of AOD abuse. Of those considered high risk, 53 percent reported some type of impairment and 20 percent reported three or more impairment incidents. (Siebert, 2003). Effects of professional impairment reported by respondents included—providing inadequate or substandard client care, being late or missing appointments, engaging in inappropriate relationships, missing days from work, being confronted by a coworker, being disciplined by an employer or being forced to change jobs (Siebert, 2003).

Concern for professional impairment in the field of social work education was highlighted in an article examining commonly occurring ethical dilemmas faced by social work educators in their roles of teaching, scholarship, and service (Strom-Gottfried & D’Aprix, 2006). Alcohol use in masters level social work students has been explored in one comparison study of graduate MSW students and undergraduate students. Findings indicated that the MSW sample of three universities in the northeastern U. S. did not drink as aggressively as the undergraduate students. One explanation for the lower rate was that MSW students may enter the social work profession seeking to better understand
drinking problems of their own or the problems of members of their families, and to help others with their drinking problems (Gassman, et al., 2002).

Mental health conditions may significantly impact a social worker’s performance. Depression, as a form of professional impairment, has received little attention in the field of social work. One significant study of depression among social workers, using a sample of NASW members, found that 19 percent reported current symptoms of depression, 16 percent had seriously considered suicide at some time, 20 percent was currently taking medication for depression, and 60 percent self-evaluated as either currently depressed or at some time in the past. However, it was also found that respondents with more years of experience, professional designations, and higher degrees were less likely to report depressive symptoms. But the most alarming finding from the study was that the percentage of respondents self-assessed as depressed represented three times the lifetime depression rate in the general population (Siebert, 2004).

Burnout, compassion fatigue, secondary traumatic stress, and vicarious traumatization are also conditions that may contribute to a form of professional impairment (Bride, 2007; Figley, 1995; Jayaratne & Chess, 1984; Soderfeldt, et al., 1995). These conditions are often considered to be related to the organizational climate, work stressors, and negative psychological effects of helping. Impairment often leads to professional mistakes, failure in providing competent care to clients, and violation of the ethical standards of the profession (Berliner, 1989; Houston-Vega & Nuehring, 1997; Lowenberg, et al., 2000; Reamer, 1992; Reamer, 1994;
Reamer, 1998). The inability and/or unwillingness to identify impairment in a colleague’s performance and lack of knowledge and guidance on how to respond effectively are stumbling blocks for social work professionals in encouraging their colleagues to seek help. Denial of one’s own professional impairment has been documented as a serious concern, especially related to alcohol and other drug abuse (Siebert, 2003).

Through the efforts of three chapters, New York City, New York State and New Jersey, NASW formally acknowledged the problems of impaired social workers in 1979 in the release of a public policy on alcoholism and alcohol related problems (Reamer, 1992; NASW, 2006). In 1980, Social Workers Helping Social Workers (SWHSW) was formed to provide mutual support and assistance to social work professionals with impairment issues.

In 1994, NASW formally addressed professional impairment in the Code of Ethics, with further revisions in 1996 and 1999 (NASW, 1999; NASW, 2006). The Code of Ethics addresses impairment issues through four specific standards, which basically mandate action in two significant areas—when social workers suspect impairment in colleagues or when social workers are impaired (NASW, 1999).

Despite the recent increase in attention and organized efforts directed toward the problem of professional impairment, there is still significant work to be undertaken to effectively create awareness about different forms of impairment and to address a serious and growing concern in the profession of social work.

**ISSUE STATEMENT**
Professional impairment among social workers is a critically important issue to address for a variety of reasons. The ability of social workers to perceive situations clearly and objectively is pivotal to their work. Social workers suffering from alcohol and other drug abuse disorders, psychiatric stresses and disorders, secondary traumatic stress and other causal factors of impairment may compromise performance, jeopardizing the rights of their clients and the effectiveness of the treatment provided.

Although research on the impairment of social workers is limited, findings suggest that services to clients are impacted by the degree of impairment (Siebert, 2003; Siebert, 2004; Siebert, 2005). Social workers practicing while impaired are at greater risk of unethical conduct and malpractice (Houston-Vega & Nuehring, 1997; Lowenberg, et al, 2000; Reamer, 1998). Impaired social workers may pay inconsistent attention to work requirements, fail to complete assignments, engage in excessive absenteeism or commit treatment errors which may lead to serious ethical violations.

Professional impairment in social work is also important because of its impact on the profession in general. Although all misconduct is not the result of impairment, highly publicized cases of unethical actions caused by impairment portray social workers in an embarrassing light, damaging the reputation of the profession and causing questions to be raised about the competence of the profession overall.

The issue of impaired practice presents real dilemmas and challenges for the profession that is compounded by little guidance on the issue from regulatory boards and professional organizations. Clients who are affected most by impaired performance generally do not recognize it. Unfortunately, many social workers avoid “interfering” in the lives of their troubled colleagues, despite the ethical mandates to intervene.
A 1992 study of NASW members indicated that the majority—41 percent were uncertain about reporting while 36 percent favored reporting and 23 percent were against reporting (Elpers, 1992). Social workers are often fearful about colleague’s reactions to their confrontation and its effect on their future working relationships, making practitioners reluctant to intervene even when they suspect impairment of their colleagues (Reamer, 1992). Finally, a lack of recognition of their problems make it unlikely that professionals who are impaired will self-initiate appropriate actions such as seeking treatment, making adjustments in workload, terminating services or practices, and/or other steps necessary to protect clients. Data from one study of NASW members suggested that social workers do not frequently seek help, even when they are considered to be at high risk for alcohol and other drug use (Siebert, 2005). Reasons for not seeking help included concern about confidentiality and professional consequences, the belief that treatment provider options were unacceptable, feeling uncomfortable because they knew the providers personally or professionally, believing that they could not take time from work to obtain assistance, and viewing counseling as ineffective.

The social work profession must address the needs of its members and protect the welfare of its clients. Addressing the issues that arise from the identification and treatment of professional impairment will continue to present a challenge for those social work professionals who have denied their vulnerability.

**POLICY STATEMENT**

NASW recognizes that the prevention, identification, and treatment of
professional impairment is vital to protect the welfare of clients, practicing social
workers, the work environment, and the integrity of the profession. A multi-systemic
approach, focusing on prevention, identification, and treatment, must be used to address
professional impairment among social workers.

**Prevention**

Recognizing that preventative education is critical, NASW supports:

- Social work education programs that enhance awareness through incorporating
  material about student and professional impairment, and ethical responsibilities
  related to impairment, into their recruitment, screening and curriculum.
  This material may include evidence based research on the identification of risk
  factors associated with professional impairment, the characteristics of impaired
  functioning, the strategies available for approaching and assisting social work
  colleagues believed to be impaired, treatment and other options available for
  professionals with impairments, and the ethical obligations of social workers with
  regard to professional impairment.

- Mandatory continuing education addressing professional impairment as part of
  the ethics requirement of each state’s regulatory boards.

- Ongoing individual and group services for both social work students and
  practitioners as a means to discuss workplace stressors and the physical and
  psychological impact of working within social work settings.

- Advocacy efforts directed toward ensuring that social workers operate in a safe
  work environment with adequate resources that maximize the efficacy and
efficiency of the social worker and that minimize environmental stressors and the resultant negative psychological impact which increase the risk of impairment.

Identification and Treatment

It is imperative that confidential and non-punitive treatment options aimed at identifying and assisting social workers in returning to competent functioning be available to social workers who are impaired. NASW encourages the establishment of colleague-assistance programs that confidentially help to identify colleagues with impairments, encourages them to obtain treatment, identifies appropriate treatment options available, and facilitates integration back into the workplace upon recovery.

NASW supports:

- Insurance benefits that provide access to comprehensive preventive and treatment services addressing professional impairment issues.

- Programs for at-risk and recovering social workers that offer the opportunity for additional supervision and consultation

- Fair, non-discriminatory, and accessible rehabilitative practices, addressing professional impairment, which are enforced by employers, regulatory boards, schools of social work, and other professional organizations.

- The education of clients on procedures for reporting their concerns regarding potential violations of their rights, resulting from professional impairment.

Macro Level Initiatives

On a macro level, NASW supports:
- Additional research on professional impairment, including prevention, assessment, treatment, and help-seeking behaviors among impaired social workers and social work students.

- Updating and dissemination of practical guidelines for social workers to identify colleagues at risk and practical strategies for approaching impaired colleagues.

- Civil immunity laws that protect those who report colleagues believed to be impaired.

REFERENCES


