Preparing BSWs for Ethical Practice: Lessons from Licensing Data

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Abstract

A continuing challenge for BSW educators is to adapt ethics education to the changing environment of the social work profession and to prepare graduates for ethical challenges they face. Yet, little research has explored the ethical challenges specific to BSW level practice. This article examines ethics complaints submitted to a state licensing board over a nine-year period, and comparisons were made between BSW and MSW licensees. The most frequently reported violations for BSWs were related to poor practice, boundary issues, and honesty. The authors indicate that we are generally doing a good job of ethics education and suggest ways in which we may improve ethics education for baccalaureate social work.
Key Words: Ethics, Licensing, Undergraduate Education, Social Work Profession, Ethics Complaints

Introduction

One of the key elements of a profession is a code of ethics to guide member conduct (Reamer, 1998). Consequently, ethics education for baccalaureate students is an important responsibility for undergraduate social work educators. Ethics education is considered important enough by the Council on Social Work Education that integration of values and ethics content is required in the social work curriculum (CSWE, 2003). The Association of Social Work Boards views annual education in ethics as one of six core content areas for demonstrating continued competence in social work (Association of Social Work Boards, 2006). The National Association of Social Workers (2002) sets standards for continuing professional education that reflect a commitment to professional values and ethics.

A continuing challenge for BSW educators is to adapt ethics education to the changing environment of the social work profession and effectively prepare graduates for the ethical

challenges they will face. Ethics and ethical behavior may indeed be one of the important criteria for gate keeping in undergraduate programs (Miller and Koerin, 1998; Moore and Urwin, 1991). The issue of ethical practice for baccalaureate social workers is increasingly important as state licensing boards have assumed responsibility for regulating the practice of BSWs in thirty-five states (Ginsberg, 2001) by creating codes of ethics or conduct and establishing procedures to adjudicate violations of these codes by licensees.

Knowing just what the ethical challenges are that face baccalaureate social work students may help us to select appropriate students and better prepare them as social workers. Empirical analysis of risk behaviors can also help us to better understand and strengthen both ethical practice (Strom-Gottfried, 2000) and social work ethics education.

To date, there have been three major studies of ethical violations by social workers (Berliner, 1989; McCann and Cutler, 1979; Strom-Gottfried, 2000), and all have used information on NASW members who were found to have violated the NASW *Code of Ethics.* The information learned from these studies and the practical experience of enforcing the *Code of Ethics* have helped the profession to strengthen and modify its ethical code and to keep it relevant for current practice.

Despite the contributions of previous research, the literature offers little information about the ethical risks facing baccalaureate social workers, since the NASW database used contained very low percentages of BSWs (Gibelman and Schervish, 1993). Thus, the findings primarily reflect the behavior of MSWs, and we can only guess whether the ethical issues for BSWs are similar. Yet, we know that there are differences in the level of BSW and MSW practice, differences that could influence ethical challenges and risk (U.S. Department of Labor, 2006).

If we are to provide the best education for baccalaureate social workers, we should prepare them for the realities of the ethical challenges they are likely to face. This study reports on an analysis of ethics complaint data submitted to the Texas State Board of Social Worker Examiners over a nine-year period. The Texas database of licensees contains information on a large number (5,369) of social workers for whom the BSW is the highest reported social work degree. Comparisons are made between the ethical risks for BSW and MSW level social workers for whom the risks are better known, and information from this comparison is used in framing suggestions to enhance baccalaureate ethics preparation in social work is discussed.

Review of the Literature

In a study of ethics complaints filed with NASW, McCann and Cutler (1979) reviewed 154 cases between 1955 and 1977. Thirteen per cent (21) of these cases concerned the client-worker relationship, but insufficient detail was provided to further categorize the nature of what occurred. The authors also reported 10 violations of confidentiality (7%) and eight sexual violations (5%), which may be worker-client related. The relatively low level of worker-client complaints reported by McCann and Cutler may have resulted from the past pattern of reporting cases of agency personnel standard violations, which was much more common in the past than in more recent years. The authors also indicated that the official complaints they examined likely under-reported the actual number of violations because of the broad nature of the *Code of Ethics* (NASW, 1967) in existence during that time period. Subsequent *Code* revisions have expanded the code and provided more specificity (NASW, 1999).

Berliner (1989) also used NASW data to examine 292 cases of ethical misconduct by social workers. The cases reviewed were from 1979 to 1985 and included behavior addressed by the 1979 NASW *Code of Ethics* (NASW, 1979). Twenty percent (19) of the 96 validated complaints were for worker-client violations. Included in the worker-client violations were sexual misconduct (eight cases, or 42%), breaches of confidentiality (six cases, or 32%), fee splitting (three cases, or 16%), and soliciting others' clients (two cases, or 10%).

Strom-Gottfried's (2000) research picked up where Berliner's ended and used NASW data to analyze complaints of unethical behavior from 1986 to 1997. This research reviewed 276 cases in which ethical violations were substantiated. Often, each case contained multiple violations of the *Code,* and she found 785 violations in the cases reviewed.

To facilitate analysis of the violations, Strom-Gottfried (2000) developed a classification scheme based on the literature about ethics violations. Using the categories, she developed in this classification, case records were reviewed for content and violations were assigned to one of ten categories composed of related violations. The categories used in this study were: *Violating Boundaries (*32.4%*), Poor Practice* (20.4%*), Competence* (12.0%*), Record Keeping (*8.9%*), Honesty* (6.5%*), Confidentiality* (5.2%*), Informed Consent* (4.7%*), Collegial Actions* (4.2%), *Reimbursement* (2.9%*), and Conflicts of Interest* (2.8% of cases).

Whereas these three studies represent important contributions to understanding the ethically problematic behavior of social workers, this research is of limited value in understanding

the ethical behavior of baccalaureate social workers. Each study relied on data from the National Association of Social Workers, and BSW membership in NASW is very low. During the time period reviewed by Strom-Gottfried (2000), BSWs, including regular and transitional members, represented only 4.5% of the NASW membership (Gibelman and Schervish, 1993). During most of the period reviewed by McCann and Cutler, (1979), BSWs could not be members of NASW, as they were first admitted to membership in 1970 (Popple and Leighninger, 2005). Thus, it is very likely that more than 95% of the violations examined in these studies were by MSWs, not BSWs. However, since prior research on NASW ethics violations is the primary source of empirical information, it does provide a useful context for interpreting the behavior of BSW practitioners.

Methodology

This study is based on data collected from the Texas State Board of Social Worker Examiners (TSBSWE) about ethics complaints filed from 1995 though 2003, as this was the most recent period for which consistent data was available. TSBSWE licensed approximately 23,000 social workers at five levels during this period. Three of these levels required a MSW, one a BSW, and one is a pre-professional classification requiring a general bachelor's degree.

The authors' analysis contains information on 594 ethics cases collected from TSBSWE. Each of these cases represents individuals who were reported to TSBSWE for ethics and code of conduct violations during this period. Specific data retrieved included both the licensing law and rules that social workers were alleged to have violated, as well as the social worker's license category, gender, and community of residence. It is common for each complaint of unethical behavior to contain multiple allegations of ethics violations. In this study, the specific alleged violations, not individual social workers, are used as the unit of analysis.

Complaints data from three categories of license are used for comparative analysis to provide a context for the ethical violations reported against BSW social workers. The categories compared are the BSW (LBSW) and two of the Master's degree categories: the general master's license (LMSW) and the LMSW-ACP or clinical license. These comparisons were viewed as most relevant, as previous ethics research on NASW members had primarily reported on the behavior of MSWs, and comparisons between the MSW and BSW groups could possibly identify differences specific to the BSW social worker.

The LMSW is a license for social workers who hold the MSW degree, and the LMSW-ACP is the advanced clinical license (TSBSWE, 2006a). Data from the two additional categories of Texas license, the Social Work Associate (SWA) and the LMSW-AP (Licensed Master Social Worker – Advanced Practice), were excluded from the analysis. The SWA category was excluded because it is a mixed group without relevant professional education, and the LMSW-AP because this category has a low number of licensees.

Information about the alleged ethics violations was collected, evaluated, and coded based on either the TSBSWE Code of Ethics or the Code of Conduct specified in administrative regulations (TSBSWE, 2006a). Neither of these codes matched categories familiar to social workers outside of Texas. The Code of Ethics used by TSBSWE (2006b) is similar to but not identical to the NASW Code of Ethics (1999). Specifically, the TSBSWE code focuses only on behavior related to worker-client relationships. In that sense, the TSBSWE code uses language that is similar, but not identical to the NASW *Code of Ethics,* section 1. TSBSWE also uses additional regulations that define a code of conduct for social workers. The public may file a complaint about suspected violations of either the Code of Ethics or the code of conduct. The focus of TSBSWE regulations is public protection, particularly protection of clients.

The Texas code of ethics and code of conduct violation data were categorized by the authors using the classification method developed by Strom-Gottfried (2000) in a study of NASW ethics complaints. Strom-Gottfried's classification method was used because the methodology was the most recent and comprehensive study of social work ethics violations reported in the literature. Although this classification scheme was developed from an NASW database, the categories proved useful in classifying reported ethical violations from the TSBSWE database. The nine categories of ethics violation used in this study were *violating boundaries, poor practice, competence, record keeping, honesty, confidentiality, informed consent, reimbursement,* and *conflicts of interest*. Strom-Gottfried's *collegial actions* category was not used, as this type of behavior is not covered under Texas regulations. In general, matching Texas violations to appropriate categories (Strom-Gottfried, 2000) was straightforward, although further detail was occasionally needed about the specific wording of the complaint. Several alleged violations that were non-specific and other violations related to specific licensing requirements were too vague and could not be classified. These allegations of violations were excluded from the analysis.

Results

Specific ethics complaints that were reported to TSBSWE resulted in 1,272 allegations of unethical social work behavior for the three types of license used for comparison in this analysis. Specific allegations of unethical behavior were used as the unit of analysis. Because data on confirmed cases of ethical violations were not available for study, the analysis was based on alleged behavior. The allegations of unethical behavior varied among very specific behaviors like *practicing without a license* or *having sexual relations with a client* to vague reports of *unethical conduct* or *conduct discrediting the profession*.

Descriptive information on reported unethical behavior was analyzed within each license category, resulting in percentages for each category of violation. The BSW licensees were compared with MSW licensees and with the MSW clinical licensees to look for evidence of similarities and differences among the groups. The two MSW categories were broken out separately based on their different qualifications and the assumption that these groups might tend to be engaged in different types of practice activities.

In analyzing the ethics violations, simple percentages are used for comparison purposes across categories. Given the nature of the data and the unit of analysis (the specific complaint), simple tests of statistical significance between the license categories could not appropriately be used. Tests of statistical significance are based on the assumption that each observation is independent, which is not true with this data. Frequently, there were multiple reports of violations for a single individual, often for the same set of behavior. The assumption that the data points are independent is not valid. Thus, the comparisons reported are descriptive and should be interpreted with caution. Yet, since this research represents an exploratory step in examining BSW ethical behavior, the observable differences between BSWs and MSWs may prove useful in guiding future research and in shaping the educational preparation of undergraduate students in social work ethics.

Descriptive information about the social workers against whom complaints were filed may be seen in Table 1. Of the complaints filed, 76 were against social workers licensed at the BSW level. Sixty of these social workers (78.9%) were female, and sixteen (21.1%) were male. At the MSW level there were ethics complaints filed against one hundred seven social workers, seventy-nine (73.9%) of whom were female, and twenty- eight (26.1%) were male. The highest incidence

of complaints was against social workers licensed at the clinical level with two hundred forty. One hundred sixty-four (68.3%) of the complaints against clinical licensees were against females and seventy-six (31.6%) against males. Ninety-one and one-half percent of the complaints were filed against social workers who lived in urban communities and 8.5% against licensed social workers in rural communities. The proportion of BSW level social workers in rural counties is approximately double the statewide average. The data indicated that 44.7% of the ethics complaints in rural communities were against BSW level social workers and that the most frequently reported type of complaint was for poor practice (Daley and Doughty, 2006).

TABLE 1
Descriptive Characteristics of Social Workers Reported for Ethics Violations

License Category			Gender			
BSW	76		Male		Female	
MSW	107		Number	Percent	Number	Percent
MAW-ACP	240	BSW	16	21.1	60	78.9
		MSW	28	26.2	79	73.9
		MAW-ACP	76	31.6	164	68.3

Residence	Percent Licensees	Complaints
Urban	90.7	91.5
Rural	9.3	8.5

Analysis of complaint data reveals that 18.2% (231) of the allegations of unethical behavior were lodged against social workers licensed at the BSW level. At the time the data was collected, Texas had 5,369 (26.8%) of its licensees in the BSW category. The ethics complaint rate is only 0.4 % per year, but each individual who was reported was alleged to have committed an average of 3.03 violations. Twenty-three and three tenths percent of the complaints (297) were lodged against licensees in the MSW category. This category had 8,082 licensees, and complaints averaged 2.78 violations. Fifty-eight and five tenths percent (744) of the complaints were against

Table 2
Ethics Complaints: BSW-MSW Comparison

Category	BSW		MSW	
	N	%	N	%
Boundary Issues	39	16.9	50	16.8
Poor Practice	60	25.9	62	20.9
Competency	21	9.1	27	9.1
Record Keeping	14	6.1	7	2.4
Honesty	38	16.4	65	21.9
Confidentiality	8	3.5	23	7.7
Inform. Consent	14	6.1	12	4.0
Billing	13	5.6	14	4.7
Conflict of Inter.	24	10.4	37	12.5
Total	231	100	744	100

clinical social work licensees. There were 7,343 licensees in this category, and complaints alleged an average of 3.1 violations.

Results of the comparison between BSW and MSW licensees are reported in Table 2. This table indicates that BSW social workers had higher complaint rates for *poor practice* (25.9% vs. 20.9%) and *record keeping* (6.1% vs. 2.4%) than their MSW counterparts. The MSW licensees had higher complaint rates for *honesty* (21.9% vs. 16.4%) and *confidentiality* (7.7% vs. 3.5%) than the BSWs. Otherwise, the BSW and MSW social work complaint profiles appear to be similar.

Table 3
Ethics Complaints: BSW-MSW Comparison

Category	BSW N	BSW %	Clinical N	Clinical %
Boundary Issues	39	16.9	183	24.6
Poor Practice	60	25.9	159	21.4
Competency	21	9.1	52	7.0
Record Keeping	14	6.1	39	5.2
Honesty	38	16.4	69	9.3
Confidentiality	8	3.5	91	12.2
Inform. Consent	14	6.1	35	4.7
Billing	13	5.6	36	4.8
Conflict of Inter.	24	10.4	80	10.8
Total	231	100	744	100

Table 3 reports the results of the comparison between BSW and MSW clinical licensees on alleged ethics complaints. Results of this comparison indicate that the greatest differences between the two groups were that BSWs had a higher complaint rate for *poor practice* (25.9% vs. 21.4%) and h*onesty* (16.4% vs. 9.3%) than clinical social workers, and clinical social workers had higher rates of complaints for *boundary issues* (24.6% vs. 16.9%) and *confidentiality* violations (12.2% vs. 3.5%) than BSW licensees. In other categories of alleged complaints, the profiles of BSWs and MSW clinical social workers were similar.

Information from this analysis of ethical complaints to the Texas State Board of Social Worker Examiners can assist us in strengthening the preparation of undergraduate students for ethical social work in assessing educational gate keeping procedures and in guiding future research on ethical practice. Whereas the results of analysis are descriptive and should be interpreted with some caution, better understanding of ethical behavior at undergraduate level may suggest ways in which we may more effectively shape the educational preparation for the actual types of ethical problems that BSW social workers face. Through better understanding the areas of ethical risk for BSW social workers, we may adjust the preparation to address the areas of highest risk.

There are several conclusions that we may draw from this study, including the knowledge that we may be doing something right in preparing BSW social workers for ethical practice. With an annual report rate of only 0.4% for alleged ethics infractions, not confirmed findings, our data

suggest that unethical behavior among licensed BSWs does not appear to be widespread. As a result, the ethics education we provide our students may only need some fine tuning to address areas of high risk.

Although the rate of complaints for ethical infractions for BSWs is low, we should remember that all alleged ethical infractions are potentially quite serious. There are several specific areas of behavior that should be examined to best prepare BSWs for ethical practice. The most frequently reported unethical behaviors for BSW social workers were *poor practice* (25.9%)*, boundary issues* (16.9%), and *honesty* (16.4%). Almost sixty percent of the ethics complaints fell into these three categories.

The *poor practice* category includes basic practice related activities in the provision of direct services, from initial contact to assessment, through termination. Reports in this category were consistently higher for BSWs than for either of the MSW categories. This may indicate a need for more attention to this aspect of ethics in baccalaureate education. The *poor practice* category reflects either direct acts or omissions by the social worker that fall outside of a reasonable standard of practice. The majority of complaints in this category were of a general nature, but the category also included specific reports of failure to meet accepted practice standards, such as inappropriate treatment methods, not respecting self- determination, derogatory treatment of a client, and inappropriate termination (either premature or prolonged). For example, social workers who terminate services prematurely or without appropriate follow up and social workers who deliver services in areas for which they are not adequately prepared may be at risk for this type of violation. Poor practice suggests a poor match of knowledge and skills with the needs of the client, which some might term competence. However, in the classification method that was used in this study, the behavior was captured as poor practice, since the competency category tended to reflect impairment.

Reports of *boundary violations,* including sexual and dual relationships, constituted almost one-sixth of the ethics complaints against BSWs. This rate of reporting is essentially the same as for the MSWs licensees and actually lower than that for the MSW clinical category. Interestingly, two-thirds of the boundary violations for BSWs are for dual relationships. The dual relationships include personal, financial, and exploitive relationships of a non-sexual nature.

Allegations of *honesty* violations, which represent either fraudulent actions or intentional misrepresentations of information, were the third most frequently reported ethics violation for baccalaureate licensees. Specific examples of *honesty* complaints included falsifying or encouraging clients to falsify records and misrepresentation of credentials. This category of complaint was alleged more frequently for BSWs than for the MSW clinical licensees but was made less frequently for the BSW than for the MSW licensees.

Baccalaureate social workers were also reported much more frequently than MSWs for *record keeping* violations. *Record keeping* violations included both the failure to keep accurate records and/or withholding records from clients. However, the proportion of total reports was low at only six percent. Given the educational difference between BSW and MSW social workers, some of these problems may relate to writing skills in that BSWs may have more difficulty in keeping clear and accurate case records.

Interestingly, reports of *confidentiality* violations by BSW licensees were made at a much lower rate than for either of the MSW categories. Only three and a half percent of the BSW reports related to confidentiality, as opposed to 7.7% for the MSW and 12.2% for the MSW clinical social workers.

The analysis suggests that job functions of the BSW may vary from those of the MSW in ways that create a differential risk in regard to ethical challenges. Without specific job data, we cannot say specifically what these differences are for the BSWs in our population, but there do tend to be differences between what BSW and MSW social workers do in terms of job function and areas of practice (Center for Healthy Workforce and NASW Center for Workforce Studies, 2006b; Gibelman and Schervish, 1993; US Department of Labor, 2006). BSWs are more likely to be involved in direct service and in areas of practice such as public assistance, working with the aged, and developmental disabilities than their MSW counterparts, who are more likely to work in a mental health field (Gibelman and Schervish, 1993).

These job-related differences may translate into differential ethical risk factors for social workers. The risk profiles contained in Tables 2 and 3 indicate that the risk profiles of BSWs and MSWs have more in common with each other than either has with the MSW clinical group. The tendency is for BSWs to have a higher rate of employment in public agencies (Gibelman and

Schervish, 1993), and this may affect the types of cases they handle, the socioeconomic status of their clients, their job function, and their ethical risk.

If, for example, social workers work in highly structured employment settings, such as public agencies, where there are likely to be more formal rules about handling confidential information, perhaps the risk of confidentiality violations is reduced. Employment in public settings may mean social workers have more involuntary clients, and the risk for complaints about either poor practice or honesty might be expected to be elevated. In addition, since MSW level social workers tend to be more likely to be employed in supervisory and management positions with less direct client contact (Gibelman and Schervish, 1993), they would be less likely to be reported for some types of violations related to direct services.

Conclusion

To better understand ethical risks specific to the baccalaureate social worker, this study examined reports of unethical behavior made to the Texas State Board of Social Worker Examiners. Although the results provide some interesting data on those risks, they should be interpreted with some degree of caution. Since the data used in this study are drawn from only one state, the ability to generalize from their findings is limited, and some of the findings may be idiosyncratic to Texas, as the legal regulation of social work differs from state to state (Strom-Gottfried, 2003). Since the Texas data did not reflect whether MSW licensees also had BSW education, there is the additional possibility that these groups may be entirely independent. In other words, knowledge, values, and behaviors learned at the BSW level could continue to play an important role in the behavior of MSW social workers. It is also possible, given the time span of this study, that a BSW cited for ethics violations could be the same MSW cited for violations some years later. There is nothing in our data that would indicate this and allows us to control for it.

Because this population of licensed social workers includes proportionately more BSWs than is reflected in previous research based on NASW members, it is useful for examining ethical behavior specific to BSW social workers. Because of the nature of the data, it could only be reported descriptively, and the significance of the differences that were observed may be illuminated by future research, and the differences reported here are comparative tendencies that may suggest future courses of action. It should also be remembered that the ethical complaints used are just that-- reports--and that some are unfounded. But, these reports do provide a good

perspective on what the public believes to be the unethical behavior of social workers, and all are potentially serious in that they represent violations of the worker-client relationship that could undermine public trust in the profession.

Acknowledging the limitations of the study, what conclusions can we draw, and how could we strengthen what we teach undergraduate students about the ethical practice of social work? Whereas there are two areas of ethical risk, boundary and confidentiality violations, that are commonly understood as important subjects for ethics education, there appear to be additional aspects of professional practice identified in this study that are important to consider in baccalaureate education. The areas of poor practice and honesty are two of the three most frequently reported areas of ethics violation that were identified, but these aspects of practice do not appear to be cited frequently in the ethics literature. Thus, poor practice and honesty may not be especially emphasized in BSW education or continuing education as ethical issues.

It appears that the greatest ethical risk for baccalaureate social workers lies in the area of poor practice. These are situations in which the social worker inappropriately applies professional knowledge and skill or lacks the appropriate knowledge and skill to meet client needs. An example of this type of behavior might be a social worker attempting to provide therapeutic interventions for which the social worker has not received appropriate training. Perhaps, in these situations, the BSW social worker is involved in services beyond his or her expertise and is reluctant to ask for consultation or supervision or to refer for services. The effective use of supervision may be more important for BSW level workers, as they average less experience than their MSW counterparts (Center for Healthy Workforce Studies and NASW Center for Workforce Studies, 2006a). Ethics education should reinforce methods to achieve quality service and to act appropriately in providing services in areas outside of the worker's strength or competence.

Risks associated with failure to seek appropriate supervision, consultation, or to make referrals may be heightened by contextual factors, such as physical distance from or access to a supervisor, issues frequently confronted in rural social work (Daley and Doughty, 2006). In a previous study based on this data, the authors found that 54.3% of the rural social workers in Texas who were licensed were at the BSW or pre-professional level. In addition, the greatest differences between rural and urban social workers were in the poor practice category (Daley and Doughty, 2006). Given the high concentrations of BSWs (Daley and Avant, 1999) and the continuing

demand for social workers in rural areas (US Department of Labor, 2006), it appears that educational programs may need to examine how they address both the quality of practice and use of supervision for BSWs who are likely to practice in rural areas.

Ethics complaints alleging poor practice may also result from the characteristics of the clientele seen by BSWs. Given the greater tendency for BSWs to work in public settings and the possibility of work with involuntary clients, the likelihood for client dissatisfaction and complaints is higher. Poor practice may also be a function of the amount of social work experience, as we might expect social workers with fewer years of supervised experience to have practice skills that are less well developed than experienced workers. Unfortunately, the database for this research did not contain information on the social worker's field and type of practice or amount of practice experience that would have helped us explore these issues further.

From an educational standpoint, one way to address the risks associated with poor practice is to reinforce the need to use supervision and consultation effectively. Supervision and consultation may help workers to avoid ethical concerns in service areas outside their areas of strength and may help to prevent some types of complaints from disgruntled clients. The NASW *Code of Ethics* guides social workers to use supervision and consultation in areas of practice that are new to them as a means of providing the best service to clients (NASW, 1999). Dolgoff, Loewenberg, and Harrington (2005) indicate that consultation is essential to ethical social work, and Reamer (1998) says that able supervision improves the quality of social work services. Issues related to the effective use of supervision and consultation from distant sites may be needed.

Boundary violations are a second area of ethical risk to be addressed. Ethics education currently in place likely covers boundary violations already, particularly sexual relationships, because of the seriousness of these violations. But we should also be attuned to the fact that dual relationships are a more likely source of risk for baccalaureate social workers. Violation of appropriate boundaries in dual relationships may also represent a serious breach of the worker-client relationship that is less obvious, as engaging in business relationships, personal relationships, and exploiting clients can prove equally damaging. Social workers in rural areas appear to be at the greatest risk for dual relationships (Miller, 1998; NASW, 2003; Strom-Gottfried, 2005), as social workers have greater opportunity for non-professional contact with clients in smaller communities. Whereas there may be higher concentrations of BSWs in rural

areas (Daley and Avant, 1999), the critical issue for practice is appropriate management of dual relationships (Galbreath, 2005) rather than entirely avoiding the opportunity for them. Developing ethics education that emphasizes strategies to identify and manage dual relationships could prove valuable preparation for undergraduate practice.

Honesty is another area of ethics education where we may look to improve the ethical preparation of BSW social workers, and this is a complex concept. Often honesty related complaints involve the accuracy of written records. Strengthening of student preparation in writing, accuracy of recording, and timely record keeping may be an important aspect of the educational process to consider in this regard. Indeed, accurate and detailed records are often one of the best protections against ethics allegations and liability claims that a social worker can have. But altering records or misrepresentation of information in records represent potentially serious problems that can negatively affect clients and public trust in the profession.

Another aspect of honesty may relate to maintaining appropriate professional limits and boundaries when acting as a client advocate. In agencies where there are strict bureaucratic requirements to receive services, there is often a need for social workers to act as client advocates and reframe information to get essential services. In this type of advocacy, social workers must make decisions about how to reframe client information and what information to omit. Shaping information too much, even with good intentions, may be perceived as dishonesty. One way to address this issue is to address setting appropriate professional limits when teaching students about advocacy.

Undergraduate programs must pay attention to both who they teach and what they teach, and this study may have implications for the gate keeping procedures used to screen students for suitability as social work students. This study suggests that programs would be well served, at least from an ethics perspective, to review their gate keeping procedures to ensure that they screen students for issues related to potential practice competence, boundaries, and honesty. The results reported here may suggest ways of fine-tuning gate keeping procedures to screen out students who are inappropriate for the profession.

We hope that this research has added to our understanding of the ethical risk factors for BSW social workers. This understanding can help to strengthen both the methods and content that we deliver to BSW social workers and students to prepare them to practice ethically. This research

is exploratory but does raise some additional questions about ethical challenges faced by baccalaureate social workers for future research. An important question is whether the differences in ethical complaint profile between BSWs and MSWs are significant or just serendipitous. We know that there tend to be differences in the practice of baccalaureate and master's level social workers, and these differences may present varying issues of ethical risk. Additional studies of the unethical behavior of baccalaureate social workers may help to may shed light on this issue.

Important considerations for future research might be to explore the relationship between the type of violations, educational level, the social worker's gender, professional experience, field of practice, rural or urban residence, and job responsibilities. This type of analysis could add much to our identification of a profile for ethical risk. Another important research question centers on the clustering of ethics complaints. We know that social workers tend to be reported for multiple violations. The composition of the factors that make up these complaints could tell us more about the offending behavior. For example, do boundary and competency issues tend to be reported together? Since ethics is such an important aspect of preparing professionals for social work practice, future research may add considerably to our understanding of the kinds of ethical challenges and risks for which we need to prepare baccalaureate social workers.

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