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Introduction

As with all behavioral health professionals, licensed clinical social workers (LCSWs) have an ever-present legal and ethical obligation to protect the welfare of their clients. According to the National Association of Social Workers (NASW) Code of Ethics, “the primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people” (NASW, 2021). In keeping with this mission, LCSWs help individuals who are struggling with mental health issues and other personal difficulties to improve their ability to function and their overall quality of life. When such professionals work with individual clients, they may face concerns related to competence, social diversity, informed consent, conflicts of interest, privacy and confidentiality, as well as other issues. The Code was developed to respond to potential dilemmas, and to offer standards, principles, and values to guide social workers’ conduct. The Code is relevant to all social workers and social work students, regardless of their professional functions, the settings in which they work, or the populations they serve. The code serves the following purposes (NASW, 2021):

1. The Code identifies core values on which social work’s mission is based.
2. The Code summarizes broad ethical principles that reflect the profession’s core values and establishes a set of specific ethical standards that should be used to guide social work practice.
3. The Code is designed to help social workers identify relevant considerations when professional obligations conflict or ethical uncertainties arise.
4. The Code provides ethical standards to which the general public can hold the social work profession accountable.
5. The Code socializes practitioners new to the field to social work’s mission, values, ethical principles, and ethical standards, and encourages all social workers to engage in self-care, ongoing education, and other activities to ensure their commitment to those same core features of the profession.
6. The Code articulates standards that the social work profession itself can use to assess whether social workers have engaged in unethical conduct. NASW has formal procedures to adjudicate ethics complaints filed against its members. In subscribing to this Code, social workers are required to cooperate in its implementation, participate in NASW adjudication proceedings, and abide by any NASW disciplinary rulings or sanctions based on it.

The Code offers a set of values, principles, and standards to guide decision-making and conduct when ethical issues arise. It does not provide a set of rules that prescribe how social workers should act in all situations. Ethical decision-making is a process. In situations when conflicting obligations arise, social workers may be faced with complex ethical dilemmas that have no simple answers. Social workers should take into consideration all the values, principles, and standards in the NASW Code that are relevant to any situation in which ethical judgment is warranted. A code of ethics cannot guarantee ethical behavior. Moreover, a code of ethics cannot resolve all ethical issues or disputes or capture the richness and complexity involved in striving to make responsible choices within a moral community. Rather, a code of ethics sets forth values, ethical principles, and ethical standards to which professionals aspire and by which their actions can be judged (NASW, 2021).

The History of Ethical Standards in the Social Work Profession

The first known recommendations for social work ethics were made by Mary Richmond and published in 1920. Over the following two decades a number of different social work organizations proposed ethical standards, but it was not until 1947 that a formal code was put in place by the American Association of Social Workers. In 1960, NASW adopted its first code of ethics, five years after the association was formed. The NASW Code of Ethics is recognized in the United States as the most visible and influential code of ethics in social work (NASW, 2021).

The 1960 NASW Code of Ethics consisted of 14 proclamations concerning, for example, every social worker's duty to give precedence to professional responsibility over personal interests; to respect clients' privacy; to give appropriate professional service in public emergencies; and to contribute knowledge, skills, and support to human welfare programs. In 1967, a 15th proclamation pledging nondiscrimination was added (NASW, 2021).

A new code was adopted by NASW in 1979 that set forth principles related to social workers' conduct and comportment as well as their ethical responsibility to clients, colleagues, employers and employing organizations, the social work profession, and society.

In 1993, a task force recommended to the NASW Delegate Assembly that it further amend the code of ethics to include five new principles. This recommendation reflected social workers' growing understanding of the need to address impairment among some social workers and the ways in which blurred or confused boundaries between social workers and clients can compromise the quality of services delivered. The first three of these new principles addressed instances in which social workers' own problems and impairment interfere with their professional functioning, and the latter two addressed the need to avoid social, business, and other nonprofessional relationships with clients because of possible conflicts of interest. The revised code was adopted in August 1996 and serves as the foundation of the current code (NASW, 2021).

In 2008, the code was revised to incorporate sexual orientation, gender identity, and immigration status into the existing nondiscrimination standards.

In 2017 a significant revision was made that included revisions focused explicitly on ethical challenges pertaining to social workers and clients' increased use of technology. They reflect a broader shift in social work practice related to technology that has led to very recent and noteworthy changes in regulatory (licensing board) standards, practice standards, and ethical standards. It is significant that the updated code retained the content of the 1996 code, a clear acknowledgment of that code's continuing relevance and usefulness; nearly all of the 2017 revisions were technology related. Since 1996, when the code was revised significantly, the use of computers, smartphones, tablets, e-mail, texting, online social networking, monitoring devices, video technology, and other electronic technology in various aspects of social work practice has significantly increased. In fact, many of the technologies currently used by social workers and clients did not exist in 1996. The 2017 code now includes extensive technology-related additions pertaining to informed consent, competent practice, conflicts of interest, privacy and confidentiality, sexual relationships, sexual harassment, interruption of services, unethical conduct of colleagues, supervision and consultation, education and training, client records, and evaluation and research (Reamer, 2018).

Reflection Question

What might future updates to the NASW code of ethics include?

The Process of Pursuing Ethical Standards

Ethical standards are relevant to the professional activities of all social workers. These standards concern (NASW,2021):

- **Social workers' ethical responsibilities to clients** - Social workers' primary responsibility is to promote the well-being of clients. In general, clients' interests are primary. However, social workers' responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients, and clients should be so advised. (Examples include when a social worker is required by law to report that a client has abused a child or has threatened to harm self or others.)
- **Social workers' ethical responsibilities to colleagues** - Social workers should treat colleagues with respect and should accurately and fairly represent the qualifications, views, and obligations of colleagues.
- **Social workers' ethical responsibilities in practice settings** - Social workers who provide supervision, consultation, or education should have the necessary knowledge and skill to supervise or consult appropriately and should do so only within their areas of knowledge and competence.
- **Social workers' ethical responsibilities as professionals** - Social workers should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence. Social workers should strive to become and remain proficient in professional practice and the performance of professional functions. Social workers should critically examine and keep current with emerging knowledge relevant to social work practice and ethics.
- **Social workers' ethical responsibilities to the social work profession** - Social workers should uphold and advance the values, ethics, knowledge, and mission of the profession. Social workers should protect, enhance, and improve the integrity of the profession through appropriate study and research, active discussion, and responsible criticism of the profession.
- **Social workers' ethical responsibilities to the broader society** - Social workers should promote the general welfare of society, from local to global levels, and the development of people, their communities, and their environments. Social workers should advocate for living conditions conducive to the fulfillment of basic human needs and should promote social, economic, political, and cultural values

and institutions that are compatible with the realization of social justice (NASW, 2021).

Each situation and client is unique and therapists should continuously return to the code of ethics for direction towards ethical decision making. While we know there is not a one size fits all decision making tree, we will explore ethical standards in more detail. The following example from Counseling Today (2018) explores how ethical dilemmas may arise unintentionally.

A clinician attended a client's graduation party. She had worked with this client for months as he dealt with the ending of his marriage, the loss of his 20-year career and the decision to go back to college to begin a new life. The graduation party was a celebration of the long road they had traveled together as clinician and client. It was a small party made up almost exclusively of relatives. Even though the clinician stayed only a short time, the client introduced her as someone who had helped him through hard times. Subsequently, she was met with questions about her relationship with the client, whether they were dating and other awkward speculations. Because of the way he introduced her, she could not clarify her relationship with the client. Her decision to attend the party was made with the best of intentions but clearly there were ethical considerations that should have been taken into consideration.

Although the above example may seem like a minor ethical dilemma, there is no way of knowing to what extent the clinician's handling of the situation may impact the client, which reinforces the notion that such professionals must act with care and concern. Regardless of the professional organization, there is a recurring theme pertaining to the development and maintenance of ethical standards that protect both parties.

Reflection Question

What is a situation where you did refer to the code of ethics for guidance, or thinking back, how should you have referenced the code of ethics?

Conflicts of Interests

Clearly, social workers have a duty to be alert to conflicts of interest and do what they can to avoid them. Some conflicts of interest rise to the level of impropriety or blatant wrongdoing. Examples include clinical social workers who pay colleagues for referrals or

enter into intimate relationships with clients. Fortunately, very few social workers engage in such flagrant conflicts of interest. What is more common are circumstances where social workers' conduct creates an appearance of a conflict of interest. These are instances when social workers do not knowingly engage in a conflict of interest, but their behavior creates an appearance of one (Reamer, 2017).

Boundary violations and boundary crossings, while different, should be considered while assessing conflicts of interest. Boundary violations are unethical and harmful to clients. They happen when therapists are involved in exploitative relationships such as sexual contact with a client or an exploitive business transaction.

Boundary crossings are not unethical and can be therapeutically helpful. Examples include: flying in an airplane with a patient who suffers from a fear of flying, having lunch with an anorexic patient, making a home visit to a bedridden elderly patient, going for a vigorous walk with a depressed patient, or accompanying a patient to a dreaded but medically essential doctor's appointment to which he or she would not go on their own. Boundary crossings should be implemented according to the client's unique needs and specific situation. It is recommended that the rationale for boundary crossings be clearly articulated and, when appropriate, included in the treatment plan. (Zur, 2021).

In the following vignette, an LCSW is faced with a situation that addresses boundary issues:

Vignette One

Marianne is a divorced LCSW who has been in practice for 14 years. One night when she is out with her girlfriends, she runs into a former client, Tommy. She first met Tommy about three years ago when he and his teenaged son came to see her about relationship difficulties they were experiencing. Marianne worked with Tommy and Adam for approximately three months, until the relationship improved and all parties agreed to terminate therapy. Tommy has been divorced for four years. When they see each other at the restaurant, Marianne and Tommy talk briefly. She learns that Adam is away at college and that he and Tommy have been doing well overall. She does not really think anything about it until he calls her the following week to ask her out to dinner. Marianne tells Tommy that she will have to think about it, and agrees to call him back later in the week. While Marianne feels some attraction toward Tommy and knows that it has been over two years since their last professional encounter, she also wants to think about all

the ethical considerations that would come into play if she were to date and pursue an intimate relationship with Tommy.

While professional codes of ethics have specific guidelines for sexual intimacy with former clients, there are also other issues in this scenario that Marianne would want to consider, including:

- **Unfair advantage** - Is Marianne taking unfair advantage of the relationship she had with Adam if she chooses to enter into a personal relationship with his father?
- **Integrity** - It is a good moral decision to enter into a personal relationship with Tommy, even though time has passed? Would she be behaving in a trustworthy manner?
- **Multiple relationships** - Does entering into a personal relationship with Tommy create a situation of exploitation or potential harm, and will the influential position that she had as the clinician carry over and create an unhealthy dependency?
- **Sexual Relationships** - According to the NASW Code of Ethics, social workers should not engage in sexual activities or sexual contact with clients' relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation or potential harm to the client. Sexual activity or sexual contact with clients' relatives or other individuals with whom clients maintain a personal relationship has the potential to be harmful to the client and may make it difficult for the social worker and client to maintain appropriate professional boundaries. Social workers, not their clients, their clients' relatives, or other individuals with whom the client maintains a personal relationship, assume the full burden for setting clear, appropriate, and culturally sensitive boundaries (NASW, 2021).

Can Marianne be assured that establishing a personal relationship with Tommy will not in any way exploit or cause injury to Tommy or Adam?

If, after considering the above factors, Marianne decides to date Tommy, the onus will be on her to demonstrate that there has been no undue harm to Tommy or Adam. Marianne should document the process and the appropriate precautions taken to establish that she has acted thoughtfully and with care.

Dual Relationships

Dual or multiple relationships occur when social workers relate to clients in more than one relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively. Social workers should not engage in dual or multiple relationships with clients or former clients where there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries (NASW, 2021).

Vignette Two

Roger has been seeing Leo, a popular 15 year old student-athlete for six months. Leo is grieving over the loss of his father, a 48 year old in the late stages of ALS. Leo was referred to therapy when he began to lose interest in school and sports, started experimenting with drugs and alcohol, and was feeling depressed and anxious. One day Leo comes to his session excited and animated because he has been invited to try out for a well-respected traveling basketball team. Roger becomes anxious when he realizes that Leo is trying out for the team that his own son is on. While he is happy for Leo and thinks this could be a very positive experience for him, he is concerned about the possibility of entering into a multiple relationship with Leo if he makes the team, as the team commitment will involve seeing each other outside of the office, traveling out of town for tournaments, and regular interactions between Leo and Roger's son.

In the above scenario, the issue of multiple roles/dual relationships is presented to Roger without any intent on his part to create the situation. Although Roger is contemplating what the best course of action is as he is faced with his professional, personal, and community role, he doesn't feel the need to process anything with Leo until he finds out if Leo has made the team. He knows that he and Leo have made positive steps toward dealing with Leo's grief and loss, and has no intention of abandoning Leo in the therapeutic process. He also realizes that he must consider confidentiality and boundary issues if he is going to see Leo outside of the office. Multiple relationships that do not cause impairment, risk exploitation, or harm are not unethical and often, especially in rural communities, inevitable and unavoidable (Zur, 2018).

Every dual relationship and situation is unique and requires careful consideration. The following questions are helpful to consider (NLASW, 2018):

- Is the dual relationship avoidable or unavoidable? If unavoidable, what steps can be taken to minimize risk?
- What is the nature of the professional relationship? Does the context of practice make a difference?
- Is the relationship having an impact on one's objectivity and decision-making?
- Whose needs are being met by the dual relationship? Social worker or client?
- Is this creating a blend between one's personal and professional life? Does this result in a conflict of interest (actual or perceived)?
- Could client confidentiality be compromised?
- Are exceptions being made for one client? If so, why?
- What policies, standards, or ethical values are applicable to the situation?
- How might this dual relationship be perceived by one's social work colleagues, employer, or community members?
- Are there cultural elements that need to be considered?
- What options are available for addressing the dual relationship?

If Leo gets selected for the traveling team, Roger will want to look at the above questions to help determine with Leo whether or not to continue therapy. It may be a great opportunity to empower Leo with some of the decision-making, such as how to manage the situation when they see each other away from the office. Roger will also want to consider how his own son may be impacted by the dual relationship. Finally, Roger may initially choose to continue to see Leo if he feels it is in Leo's best interest, or may feel that he needs to adhere to NASW ethical standards which state, "protecting clients' interests may require termination of the professional relationship with proper referral of the client." When and if they determine that they should terminate therapy, Roger will make an appropriate referral.

Zur (2021) Identifies multiple types of dual relationships which include:

- **A social dual relationship** is where a therapist and client are also friends or have some other type of social relationship. Social multiple relationships can be in person or online. Having a client as a Facebook 'friend' on a personal, rather than strictly professional basis, may also constitute social dual relationships. Other

types of therapist-client online relationships on social networking sites may also constitute social dual or multiple relationships.

- **A professional dual relationship** is where a psychotherapist or counselor and client are also professional colleagues in colleges or training institutions, presenters in professional conferences, are co-authoring a book, or are involved in other situations that create professional multiple relationships.
- **A special treatment-professional dual relationship** may take place if a professional is, in addition to psychotherapy and counseling, also providing additional medical services, such as progressive muscle relaxation, nutrition or dietary consultation, Reiki, etc.
- **A business dual relationship** is where a therapist and client are also business partners or have an employer-employee relationship.
- **Communal dual relationships** are where the therapist and client live in the same small community, belong to the same church or synagogue, or where the therapist shops in a store that is owned by the client or where the client works. Communal multiple relationships are common in small communities when clients know each other within the community.
- **Institutional dual relationships** take place in the military, prisons, some police department settings and mental hospitals where dual relationships are an inherent part of the institutional settings. Some institutions, such as state hospitals or detention facilities, mandate that clinicians serve simultaneously or sequentially as therapists and evaluators.
- **Forensic dual relationships** involve clinicians who serve as treating therapists, evaluators, and witnesses in trials or hearings. Serving as a treating psychotherapist or counselor as well as an expert witness, rather than a fact witness, is considered a very complicated and often ill-advised dual relationship.
- **Supervisory relationships** inherently involve multiple roles, loyalties, responsibilities, and functions. A supervisor has professional relationships and an obligatory duty not only to the supervisee, but also to the supervisee's clients, as well as to the profession and the public.
- **A sexual dual relationship** is where therapist and client are also involved in a sexual relationship. Sexual dual relationships with current clients are always unethical and often illegal.

- **A digital, online, or internet dual relationship** that takes place online on social networking sites, such as Facebook or Twitter, or on blogs, chats, or LinkedIn, constitutes unique dual or multiple relationships. These can be professional (i.e., on LinkedIn or Facebook pages), social (i.e., Facebook or other social networking sites), or other types of multiple relationships that take place on chats, Twitter, blogs, etc.

While many of the above examples of dual relationships could be viewed as unavoidable, and pass the code of ethics of many professional associations (does not cause impairment, exploitation or harm) the one dual relationship that all is always unethical is having a dual sexual relationship with a client. Not only is it unethical, but it is also illegal in many states, and it should never occur.

Other considerations of how a dual relationship might impact the therapeutic relationship include (GoodTherapy, 2019):

- There is a lack of objectivity: A therapist may treat an influencer they follow on social media. Their admiration of the client may skew their clinical judgment.
- The boundary between roles is unclear: If a client and therapist are friends, they may inadvertently begin to discuss mental health issues outside the office.
- There aren't any guidelines for when therapy will end: A client may be reluctant to terminate therapy with a close neighbor for fear of awkward encounters later.
- The difference in power makes it easy for the therapist to potentially harm the client: The therapist is also the client's teacher and can give the client a bad grade. (GoodTherapy, 2019).

Informed Consent

Social workers should use clear and understandable language to inform clients of the purpose of the services, risks related to the services, limits to services because of the requirements of a third-party payer, relevant costs, reasonable alternatives, clients' right to refuse or withdraw consent, and the time frame covered by the consent. Social workers should provide clients with an opportunity to ask questions (NASW, 2021).

Polychronis (2020) explains informed consent as a process to walk clients through. His identified steps include:

- Determination of Client Capacity
- Disclosure About What Happens in Sessions
- Disclosure About Evidence-Based Information
- How to Disclose Information
- Establishing Consent

He also establishes the importance of client autonomy throughout the process. This standard is included in the code of ethics “Social workers respect and promote the right of clients to self-determination” (NASW, 2021).

Informed consent paperwork should be signed by a capable adult. Should any adults not have the capacity to give informed consent for themselves, a legal guardian may sign for them. For minors, a parent or guardian may need to legally give informed consent. The age of consent for minors varies by state and for what services one is able to give consent. Social workers should be aware of their state requirements for legal age and competence to give informed consent for self. See Appendix A for a sample informed consent form.

Most informed consent forms focus on in-office procedures. Therapists providing telehealth should seek additional informed consent around telemental health services. Per the NASW code of ethics, Social workers who use technology to provide social work services should assess the clients’ suitability and capacity for electronic and remote services. Social workers should consider the clients’ intellectual, emotional, and physical ability to use technology to receive services and the clients’ ability to understand the potential benefits, risks, and limitations of such services. If clients do not wish to use services provided through technology, social workers should help them identify alternate methods of service (NASW, 2021). See Appendix C for sample telemental health informed consent form.

Reflection Question

What are areas that might impact a client's capability of understanding informed consent?

Privacy and Confidentiality

Licensed clinical social workers have an ethical and professional obligation to safeguard information that was shared during clinical interactions. Confidentiality issues often become complicated when the client is a minor or when the therapist is seeing more than one person in a family or unit and must protect the confidences of each individual. When social workers provide counseling services to families, couples, or groups, they should seek agreement among the parties involved concerning each individual's right to confidentiality and the obligation to preserve the confidentiality of information shared by others. Social workers should inform participants in family, couples, or group counseling that they cannot guarantee that all participants will honor such agreements (NASW, 2021). According to the Code, the general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or other identifiable person. Additionally, social workers should protect the confidentiality of clients during legal proceedings to the extent permitted by law. When a court of law or other legally authorized body orders social workers to disclose confidential or privileged information without a client's consent and such disclosure could cause harm to the client, social workers should request that the court withdraw the order or limit the order as narrowly as possible or maintain the records under seal, unavailable for public inspection. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed (NASW, 2021). Kimberly Fortin, LCSW-R includes the following statement regarding confidentiality and limitations in her informed Consent for Psychotherapy (Fortin, 2021).

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

- 1. If a client threatens or attempts to commit suicide or otherwise conducts him/herself in a manner in which there is a substantial risk of incurring serious bodily harm.*
- 2. If a client threatens grave bodily harm or death to another person.*

3. *If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional, or sexual abuse of children under the age of 18 years.*
4. *Suspicious as stated above in the case of an elderly person who may be subjected to these abuses.*
5. *Suspected neglect of the parties named in items #3 and # 4.*
6. *If a court of law issues a legitimate subpoena for information stated on the subpoena.*
7. *If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.*

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Reflection Questions

Informed consent forms should at a minimum cover situations when confidentiality will no longer be kept. Therapists can make them detailed or broad to fit their practice situations and populations served. What information would you include in your informed consent that is not listed above?

Confidentiality with Minors

The following vignette explores maintaining confidentiality with minors and when there may need to be a determination to break confidentiality for safety reasons.

Vignette Three

Sixteen year old Susie and her parents came into the office to discuss treatment with LMFT Mark. LMFT Mark reviewed his standard informed consent with both Susie and her parents, including a section on confidentiality which briefly mentioned reasons for a breach of confidentiality, including “harm to self.”

After the third session, Susie admitted to LMFT Mark that she was sexually active with a few different people in her high school and that she smoked pot on weekends. LMFT Mark determined that this did not rise to the level of “harm to self” worthy of a breach of confidentiality but instead he would work with her clinically. After the fifth session, she told LMFT Mark that she had been cutting, but never near an artery. LMFT Mark again determined not to breach confidentiality. After the seventh session, Susie told LMFT Mark that she had been drinking heavily, had started blacking out at parties, and had been waking up in strange beds (clearly having had sexual intercourse). LMFT Mark determined that it was time to let Susie’s parents know about the drinking and blackouts.

The ethical issues that seem to be of greatest concern in this vignette is Susie’s level of self-harm and the risk of greater future harm, along with the need to maintain confidentiality whenever possible. Although risky sexual behavior is dangerous, the therapist may not be able to justify breaking confidence. One professional pointed out that she would not likely do so, “unless I felt the client was risking consequences such as acquiring the HIV virus through highly risky behavior and was unwilling to change her behavior.” However, the clinician also stated that the cutting behavior definitely met the threshold of self-harm and warranted parental involvement. Another clinician went on to say, “Given the facts stated in this vignette, the nature of Susie’s cutting is unclear. However, because there are multiple, serious risk factors described, including heavy use of alcohol by the client with reported blackouts along with high-risk sexual behavior, the therapist would have to consider the possible need to disclose confidential information to Susie’s parents, as a protective measure” (The Therapist, 2012).

Reviewing this case through the lens of the code of ethics, once Mark determined there was harm to self and it was sufficient to break confidentiality with Susie and speak with her parents he would need to adhere to the ethical standard to “inform clients, to the extent possible, about the disclosure of confidential information and the potential consequences, when feasible before the disclosure is made” (NASW, 2021). Ideally, when he determined it was necessary to break that confidentiality, he would have already had some discussion around this possibility with Susie. Additionally, common practice would dictate that Mark could have sought consultation from peers and

supervisors before making a decision to talk to the parents. It would also be important for Mark to involve Susie in the process of informing her parents, and to determine the best way for the parents to buy into a more intense treatment plan to help Susie, rather than seeing a need to punish her for the behaviors. Mark should also be documenting what led to the decisions he made not to break confidentiality initially, and what circumstances occurred that escalated the level of harm to the point where he felt justified breaking that confidentiality.

Reflection Question

Do you agree with Mark's decision to bring in the parents when he did? Would you have done this sooner or waited longer? What elements of the code of ethics will you highlight to support your decision?

Duty to Warn

Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or others. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed (NASW, 2021). By allowing social workers to breach confidentiality to protect non-identifiable people (including the public at large), the code of ethics gives social workers broad discretion to break confidentiality to protect lives. Still, breaking confidentiality is not the first option when deciding how to respond to threats of harm. When determining how to respond to such threats, social workers need to consider the seriousness and imminence of the risks, as well as various approaches to dealing with them. Social workers may be able to engage clients in effective interventions so that they can eliminate or reduce the risks (Barsky, 2019).

Barsky emphasizes the trickiness of duty to warn when there is an identifiable potential victim versus a broader threat. Social workers should also be aware that the factors for deciding whether and how to share confidential information to protect someone from harm will be different for cases involving identifiable versus non-identifiable intended victims. When there is an identifiable intended victim, professionals may be able to warn that person, which is a relatively limited break in confidentiality. Warning a specific

individual allows that person to take appropriate steps to be protected. When the intended victim is not known, there is no single person to warn, and therefore no easy answer. The worker may need to inform police, a school, a neighborhood, or a larger system. In this situation, confidential information may need to be shared with a larger number of people, and it may be harder to predict which course of action is the best way to protect people from the intended harm (Barsky, 2019).

The following vignette, from the American Counseling Association, is an example of a situation where a number of ethical considerations may need to be addressed regarding duty to warn (Wengerd, Hill, & Konieczka, 2014):

Vignette Four

Dominique is a 28-year-old male and the star player of a professional football team. He was recently arrested on drunken driving charges, and his team is requiring that he complete mandatory counseling in order to be eligible to continue playing this season. As part of the referral, it is noted that several teammates have observed that Dominique no longer cares for his physical appearance, as he once did, and that he is often “moody.” In his third counseling session, Dominique reveals that he was diagnosed with AIDS three years ago and feels that his life is harder to deal with because of the disease. He reports that he frequently takes medication “holidays,” because the side effects impact his performance on the field. Thus far, through a series of payments to the team doctor, Dominique has been able to hide his diagnosis from both the team and the public. During a session, Dominique discloses that he has been in a relationship for two weeks. He has not informed his girlfriend, Michelle, of his diagnosis, because he believes she will leave him. He states that if she rejects him, he will kill her. Michelle and Dominique have come close to being intimate a number of times, and Dominique is considering moving forward in the relationship without telling her. Dominique reports that he has had many previous sexual encounters with other partners without informing them of his diagnosis. The day after the third session, the counselor logs into his Instagram account and views the popular page. Two of Dominique’s pictures have made the Popular feed, and the pictures, along with his notes, display him showing off guns and knives and comparing himself to Shakespeare’s Othello.

Questions for consideration:

- Is there imminent harm to self by taking “medication holidays”?

- Dominique is a mandated client; what informed consent was reviewed and what are the team's expectations for reporting back on Dominique's participation in therapy?
- Is there imminent harm to others? Dominique has stated he has not informed previous sexual partners of his AIDS status and he does not plan to inform Michelle, if she does find out and rejects him he states he will kill her. Different state laws may impact how much information you can and cannot share regarding HIV/AIDS diagnoses.
- What are the ethical implications of looking at Dominique's Instagram account? While the therapist did not intentionally seek his account out, it was viewed on the popular accounts page. The NASW code of ethics (2021) clearly states: "Social workers should avoid searching or gathering client information electronically unless there are compelling professional reasons, and when appropriate, with the client's informed consent."
- Should she seek consultation from a supervisor, knowledgeable colleagues, an attorney, or all of the above?

As is often the case for behavioral health clinicians, there is no clear-cut, black or white answer to the ethical dilemmas that are faced in this scenario. Is there a duty to warn, and if so, who was in danger? What is the clinician's responsibility in safeguarding the therapist/client relationship, while also protecting those at risk? After consulting with others, speaking further with her clients, and making a decision, the counselor should document the action taken and the rationale for doing so.

Reflection Question

What other scenarios may fall under the duty to warn category?

Technology & Ethics

Social Media

There are ongoing concerns that ethical standards surrounding technology are constantly lagging behind the fast-paced progress of today's technology. It would be

easy for most to come up with a list of benefits and dangers of social media, both personally and professionally. The challenge for social work is to use the benefits and opportunities that social media enables, without causing harm and reflect critically on its incorporation into everyday practice. Many practitioners utilize social media to publicize professional services. Social media enhances practitioners' capacity for career building by enabling them to promote themselves as employable and professional. This is important for job-seekers, as many employers check a job applicant's personal websites and social media postings and use social networking sites for recruitment.

Some employees, including those in health and social services, have lost their jobs due to social media misuse or privacy breaches. Many practitioners have not considered the impact of their online material on service users and inappropriate use can pose risks to them individually, their profession, and service users. Lack of clarity about what is permissible and what is not in online spaces gives rise to an "ethical grey zone" for social workers. Blurred boundaries between public and private spaces online can be troublesome for professionals, particularly those in the behavioral health field. Further complicating this is the social media sites' requirement that users agree to terms and conditions that allow for surveillance, data mining, and target marketing, with applications (apps) retaining users' details, conversations, and material they have shared privately. This inevitably creates a wide-ranging audience for material posted on the internet (Boddy & Dominelli, 2017).

The NASW Code of Ethics includes the following considerations and standards regarding social media usage (NASW, 2021):

- Social workers should avoid communication with clients using technology (such as social networking sites, online chat, e-mail, text messages, telephone, and video) for personal or non-work-related purposes. (These are not secure methods of communication and may violate privacy and confidentiality and HIPAA regulations).
- Social workers should be aware that posting personal information on professional Web sites or other media might cause boundary confusion, inappropriate dual relationships, or harm to clients.
- Social workers should be aware that personal affiliations may increase the likelihood that clients may discover the social worker's presence on Web sites, social media, and other forms of technology. Social workers should be aware that involvement in electronic communication with groups based on race, ethnicity, language, sexual orientation, gender identity or expression, mental or physical ability, religion, immigration status, and other personal affiliations may affect their ability to work effectively with particular clients.

- Social workers should avoid accepting requests from or engaging in personal relationships with clients on social networking sites or other electronic media to prevent boundary confusion, inappropriate dual relationships, or harm to clients.

The following case study from Australian Social Work (2017) illustrates some of the challenges and concerns that may be brought to light when social media usage occurs between therapists and clients (Boddy & Dominelli, 2017).

Vignette Five

Mary, a recently separated 23-year-old, single mother, has given birth to a son, William. Mary grew up in out-of-home foster care in a rural town but moved to the city aged 18 years. She has limited money, no contact with her ex-partner (father of William), and is socially isolated. However, she has a strong network of friends on Facebook, which includes her former social worker, with whom she connects online frequently.

Mary wants to show that she is a good mother and does this, in part, by posting lots of status updates, profile picture updates, and pictures that include her and William. Mary is unconcerned about the safety risks posed by posting photos online because she has set her security settings quite high.

When William turns 1 year old, Mary posts a status update celebrating his birthday. Her close friend Emily shares this update with her networks and adds the comment "time to party." Shortly afterward, Mary receives a "friend" request from Adam, one of Emily's Facebook friends. Mary accepts the request because she trusts Emily's judgment about who she would connect with online and likes Adam's profile picture. Adam and Mary begin conversing online. When William is 14 months old, Mary and Adam run into each other at a park. Mary is unaware that Adam has located her via a geotagging platform where Mary has "checked-in" at her location. Mary and Adam start dating, and two months later, Adam moves in. Mary is happy to be in a relationship with someone who is caring and very kind to William.

Over time, Adam erodes Mary's social networks and begins controlling her online activities and face-to-face meetings with friends. Mary is unaware that Adam has begun to sexually abuse William. He simultaneously undermines Mary's parenting abilities and confidence, making her increasingly dependent on him. William's abuse by Adam escalates and Adam uses social media to distribute and sell explicit material to people who pay increasing amounts for higher levels of abuse inflicted on William. At the same time, Mary's online friends, including her former social worker, are concerned that

Mary's positive engagement online has inexplicably diminished. They continue trying to connect by posting comments on her Facebook page without success, and leave it at that.

Reflection Question

What ethical issues did you identify in the above vignette? Using the code of ethics to support your decision, what would you have done if you were a clinician working with Mary and these issues had been brought to your attention?

TeleMental Health

A study investigating the use of cyber communications (e-mail, texting, and social network sites) in the social worker-client relationship concluded that “cyber communication has dramatically impacted traditional social work practice in clinical, practical, ethical, and legal ways” and “revolutionized the communication of practitioners and clients, even those engaged in traditional face-to-face therapy.” Whether intended or unintended, cyber communication has inched its way into professional service relationships, and this trend is likely to accelerate. Clients are more likely to be the initiators of cyber contacts with social workers, often without the intentional consent of the clinician. Even when texting and emailing are initiated exclusively for scheduling purposes, workers fear the potential boundary crossings and violations that may arise when the relationship strengthens, and clients feel increasingly comfortable sharing therapeutic dialogue in e-mail exchanges.

Although the advantages of digitally communicating with clients are many and include client preference, client empowerment, increased therapeutic contact and buttressing the therapeutic relationship, convenience, improved accessibility, and feelings of safety and reduced vulnerability, these must be balanced against identified risks. Known risks include threats to privacy and confidentiality, absence of formal training in text-based counseling techniques by practitioners, unequal access based on socioeconomic status, misinterpretation of written messages, missed verbal and nonverbal cues, technology glitches, and access to computer-mediated communications by unauthorized and unintended recipients. Social workers are cautioned to avoid addressing client problems in an online format if the practitioner lacks the expertise to treat a similar problem in person. The therapeutic communication skills required to establish online relationships with clients are decidedly different from those used in face-to-face encounters. A

clinician skilled in face-to-face communications and interventions cannot assume that these skills will instinctively transfer to text-based competency in the online environment (Mattison, 2018).

Because digital technologies pose greater risks to client privacy and confidentiality, clients must be fully apprised, in writing, of the risks associated with this newly emerging practice modality. At a most elementary level, security measures such as encryption and authentication become the responsibility of the social worker to arrange. Clients must provide expressed agreement to engage in digital exchanges with the social work practitioner to ensure “that the convenience of new technologies does not override the professional values of client self-determination, informed consent, and confidentiality.” Detailed informed consent policies addressing the distinct nature of e-practices will assist social workers to circumvent ethical conflicts by documenting that clients knowingly and willingly understand and assume the risks to privacy. Media policies must be thoughtfully developed to reflect the individual social worker’s policies and practices regarding a variety of digital media platforms. In cases where clients repeatedly fail to adhere to the agreed-on parameters, or the digital exchanges prove to be counterproductive to the therapeutic goals, social workers should reserve the right to limit or terminate the electronic communication exchanges and require clients to meet face-to-face. Prior to consenting to employ distance professional services, a social worker must assess each client’s suitability for this method of treatment to determine if e-services are a viable alternative to in-person treatment. Social workers must be knowledgeable about state and licensing provisions for billing and reimbursement and whether e-services are reimbursable under telemental health service provisions in their jurisdiction. Therapists should have an informed consent that addresses Email, Text, and Social Media policy (Mattison, 2018).

Consideration should be given to a number of different confidentiality challenges in telehealth that do not arise in face-to-face office visits. The rapid emergence of digital technology and other electronic media used by social workers to deliver services has added a new layer of challenging privacy and confidentiality issues. Fortunately, sophisticated encryption technology can protect client confidentiality very effectively, although it is not foolproof. Social workers who offer video counseling services must recognize that they have much less control over confidentiality than when they provide traditional office-based services. For example, a client receiving video counseling services may invite a family member or acquaintance to sit in on a session—outside of camera range—without the social worker’s knowledge or consent (Reamer, 2020).

The code of ethics states “Social workers should take reasonable steps to protect the confidentiality of electronic communications, including information provided to clients or third parties. Social workers should use applicable safeguards (such as encryption, firewalls, and passwords) when using electronic communications such as e-mail, online posts, online chat sessions, mobile communication, and text messages” (NASW, 2021). See Appendix C for sample telehealth informed consent.

Reflection Question

If you offer telemental health, do you need to update your consent? After reviewing the code of ethics on social networking, are there any updates you need to make to your account(s) or discussions you need to have with clients to set boundaries?

Competence and Integrity of the Profession

The NASW Code of Ethics views competence as an important ethical issue and the professional responsibility social workers have to maintain their competence. Specifically it states (NASW, 2021):

- Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.
- Social workers should provide services in substantive areas or use intervention techniques or approaches that are new to them only after engaging in appropriate study, training, consultation, and supervision from people who are competent in those interventions or techniques.
- When generally recognized standards do not exist with respect to an emerging area of practice, social workers should exercise careful judgment and take responsible steps (including appropriate education, research, training, consultation, and supervision) to ensure the competence of their work and to protect clients from harm.
- Social workers who use technology in the provision of social work services should ensure that they have the necessary knowledge and skills to provide such services in a competent manner. This includes an understanding of the special

communication challenges when using technology and the ability to implement strategies to address these challenges.

- Social workers who use technology in providing social work services should comply with the laws governing technology and social work practice in the jurisdiction in which they are regulated and located and, as applicable, in the jurisdiction in which the client is located.
- Social workers should work toward the maintenance and promotion of high standards of practice.
- Social workers should uphold and advance the values, ethics, knowledge, and mission of the profession. Social workers should protect, enhance, and improve the integrity of the profession through appropriate study and research, active discussion, and responsible criticism of the profession.
- Social workers should contribute time and professional expertise to activities that promote respect for the value, integrity, and competence of the social work profession. These activities may include teaching, research, consultation, service, legislative testimony, presentations in the community, and participation in their professional organizations.
- Social workers should contribute to the knowledge base of social work and share with colleagues their knowledge related to practice, research, and ethics. Social workers should seek to contribute to the profession's literature and to share their knowledge at professional meetings and conferences.
- Social workers should act to prevent the unauthorized and unqualified practice of social work.

Reflection Question

What should you do if a client presents with a problem area in which you have little knowledge?

Impairment of Colleagues

Social workers who have direct knowledge of a colleague's impairment (which may be the result of personal problems, psychosocial distress, substance abuse, or mental

health difficulties and interferes with practice effectiveness), incompetence, or unethical conduct are required to consult with that colleague when feasible and assist him or her in taking remedial action; this includes unprofessional conduct involving social workers' use of technology. If these measures do not address the problem satisfactorily, social workers are required to take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations. Practitioners are also expected to defend and assist colleagues who are unjustly charged with unethical conduct (Reamer, 2018).

Vignette Six

Margie is an LCSW in a small town who has been practicing for seven years. One night, her husband, who is a police officer, comes from work and tells Margie that their mutual friend Sally, also an LCSW, has been arrested after a DUI accident. Apparently, Sally was coming home from a party and lost control of her car, driving into an unoccupied restaurant downtown. Sally suffered only minor injuries, but a breathalyzer test indicated that her blood alcohol content (BAC) was well over the legal limit. In addition, there was enough damage done to the restaurant that it will have to be closed for several days.

Margie is very concerned about her friend and colleague. She immediately begins to think about her responsibility to the profession as well as her desire to help Sally. According to her professional code of ethics, since she has direct knowledge of a social work colleague's impairment that is due, in this case, to substance misuse, she should consult with that colleague when feasible and assist the colleague in taking remedial action (NASW, 2021). Although she does not have any direct knowledge that Sally's actions are interfering with her professional competence, she is concerned about the severity of the incident. Margie decides that she will give Sally some time and then speak to her about her concerns. If, down the road, Margie believes that Sally is continuing to have an impairment that is interfering with her effectiveness and that she has not taken adequate steps to address the issue, ethical requirements state that she should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations (NASW, 2021).

Social Workers' Ethical Responsibilities in Practice Settings

Supervision and Consultation

Just as therapists should not provide counseling outside their education and knowledge, neither should LCSWs offer supervision outside their scope of practice. The code of ethics states that social workers who provide supervision or consultation (whether in-person or remotely) should have the necessary knowledge and skill to supervise or consult appropriately and should do so only within their areas of knowledge and competence (NASW, 2021). In clinical settings it is on the therapist, not the client, to set expectations and social workers who provide supervision are similarly responsible for setting clear, appropriate, and culturally sensitive boundaries.

Social workers should not engage in any dual or multiple relationships with supervisees in which there is a risk of exploitation of or potential harm to the supervisee, including dual relationships that may arise while using social networking sites or other electronic media. 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 (NASW, 2021).

Social workers who provide supervision should evaluate supervisees' performance in a manner that is fair and respectful. Supervisors should treat supervisees as colleagues, assisting them to grow professionally (NASW, 2021).

Evaluation and Research

Clinical social workers and other professionals who work with research participants must adhere to the same ethical principles that they practice with clients, supervisees, students, and in other capacities. Ethical codes call for carefully considering possible consequences and following guidelines developed for the protection of evaluation and research participants as well as informing participants of their right to withdraw from evaluation and research anytime without penalty (NASW, 2021). The Council on Social Work Education (CSWE) statement on research integrity in social work states: "To ensure the responsible conduct of research, social work researchers need to: (1) work to protect the people and communities whom they study; (2) ethically and effectively participate in mentoring relationships that are crucial to scientific activity; (3) manage

apparent and implicit conflicts of interest and commitment; (4) collaborate ethically with researchers from other professions and disciplines; (5) ensure that research data issues are managed properly; (6) employ responsible publication and authorship practices; (7) responsibly conduct and contribute to the peer-review process; and (8) understand and prevent research misconduct” (CSWE, 2021). Please see the NASW Code of Ethics or other professional codes for more guidance in this area.

Cultural Competence and Social Diversity

The United States is constantly undergoing major demographic changes. The demographic shift is projected to continue with increased diversity in our population. Diversity is more than race and ethnicity; it includes the sociocultural experiences of people inclusive of, but not limited to, national origin, color, social class, religious and spiritual beliefs, immigration status, sexual orientation, gender identity or expression, age, marital status, and physical or mental disabilities. Cultural competence in social work practice implies a heightened consciousness of how culturally diverse populations experience their uniqueness and deal with their differences and similarities within a larger social context. Concurrently, cultural competence requires social workers to use an intersectionality approach to practice, examining forms of oppression, discrimination, and domination through diversity components of race and ethnicity, immigration and refugee status, religion and spirituality, sexual orientation, and gender identity and expression, social class, and abilities (NASW, 2015). Furthermore, it requires social workers to acknowledge their own position of power vis-à-vis the populations they serve and to practice cultural humility (NASW, 2015). Striving for cultural competence does not mean social workers must face the impossible task of trying to understand every nuance of a person’s culture. Instead, they must remain open to new cultural ideas, ask questions and respond respectfully.

In the following vignette, a therapist faces a situation where she suspects physical abuse, but upon further investigation realizes that what she is seeing is the result of an Asian healing practice.

Vignette Seven

Janine is a Caucasian MFT who has been working with 13 year old Han, who is of Chinese descent, for several months. Han was referred to Janine because he was experiencing anxiety and symptoms of depression since his parents separated. Han is a quiet young man, and it has taken several sessions for him to begin to open up about his feelings.

Janine is pleased with the progress they have made and sees that Han has had some symptom relief over the past few weeks, and appears to be happier than when she first met him. During the most recent session, Janine noticed that Han didn't seem like himself and he had some redness and slight bruising on his upper arms. Han said that he had been sick for about a week and was just beginning to feel better. When Janine inquired about the red marks, Han explained that his mother had taken him to a healer because his cold and fever would not go away, and the healer had rubbed oil on his back, shoulders, and upper arms with a coin. Janine asked if he was in pain during the procedure or currently, and Han replied that it hurt a little bit while the healer was working on him, but that he no longer had any pain. Janine learned from Han that he had been to the same healer several other times over the past few years when he was sick, and he felt that it usually made him feel better. Janine had not suspected Han was being abused in any way, and when they had discussed his parents' disciplinary practices, she learned that he remembered being spanked a few times as a child, but more recently lost privileges and his phone or computer when he got in trouble.

Janine is immediately concerned with her position as a mandated reporter of suspected child abuse. Although she believes that Han is telling the truth, she did see obvious marks on his arms. Janine decides to do some research and discovers that Han is talking about an Asian practice known as gua sha, or "coining" which is used to relieve muscle aches, muscle pains, nausea, abdominal pain, back pain, coughs, colds, fevers, and chills. Janine decides to talk to Han's mother and then to speak to her colleagues about the situation, but does not feel the need to file a suspected child abuse report at this time. She will thoroughly document her actions.

The above scenario illustrates the need for clinicians to have awareness and cultural humility by engaging in critical self-reflection (understanding their own bias and engaging in self-correction), recognizing clients as experts of their own culture, committing to lifelong learning, and holding institutions accountable for advancing cultural humility (NASW, 2021).

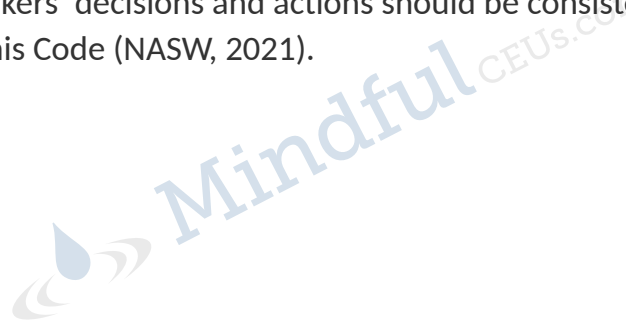
Reflection Question

Can you think of a time you had cultural humility, recognized the client as an expert on their culture, and learned from the client? Is there a population you or your agency works closely with that you have limited knowledge of and could learn more about their culture?

Conclusions

Ethical standards in social work cannot guarantee ethical behavior. However such standards are critical for guiding practitioners who encounter ethical challenges and for establishing norms by which social workers' actions can be judged. In the final analysis, however, ethical standards in general, and a code of ethics in particular, are only one part of social workers' ethical arsenal. In addition to specific ethical standards, social workers need to draw on ethical theory and decision making guidelines; social work theory and practice principles; and relevant laws, regulations, and agency policies. Most of all, social workers need to consider ethical standards within the context of their own personal values and ethics (Reamer, 2018).

Ethical decision making is a process. In situations when conflicting obligations arise, social workers may be faced with complex ethical dilemmas that have no simple answers. Social workers should take into consideration all the values, principles, and standards in this Code that are relevant to any situation in which ethical judgment is warranted. Social workers' decisions and actions should be consistent with the spirit as well as the letter of this Code (NASW, 2021).



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Appendix A: Informed Consent

Provided by: Kimberly H. Fortin, LCSW-R

Informed Consent for Psychotherapy

General Information

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

The Therapeutic Process

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

Confidentiality

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/herself in a manner in which there is a substantial risk of incurring serious bodily harm.

2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional, or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Appendix B: Ethical Principles

Source: Code of Ethics of the National Association of Social Workers, 2021

Retrieved: <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

The following broad ethical principles are based on social work's core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. These principles set forth ideals to which all social workers should aspire.

Value: *Service*

Ethical Principle: *Social workers' primary goal is to help people in need and to address social problems*

Social workers elevate service to others above self-interest. Social workers draw on their knowledge, values, and skills to help people in need and to address social problems. Social workers are encouraged to volunteer some portion of their professional skills with no expectation of significant financial return (pro bono service).

Value: *Social Justice*

Ethical Principle: *Social workers challenge social injustice*

Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people.

Value: *Dignity and Worth of the Person*

Ethical Principle: *Social workers respect the inherent dignity and worth of the person.*

Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients' socially responsible self-determination. Social workers seek to enhance clients' capacity and opportunity to change and to address their own needs. Social workers are cognizant of

their dual responsibility to clients and to the broader society. They seek to resolve conflicts between clients' interests and the broader society's interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession.

Value: *Importance of Human Relationships*

Ethical Principle: *Social workers recognize the central importance of human relationships.*

Social workers understand that relationships between and among people are an important vehicle for change. Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities.

Value: *Integrity*

Ethical Principle: *Social workers behave in a trustworthy manner.*

Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them. Social workers should take measures to care for themselves professionally and personally. Social workers act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated.

Value: *Competence*

Ethical Principle: *Social workers practice within their areas of competence and develop and enhance their professional expertise.*

Social workers continually strive to increase their professional knowledge and skills and to apply them in practice. Social workers should aspire to contribute to the knowledge base of the profession.

Appendix C: Informed Consent for Telemental Health

Source: Telemental Health Informed Consent - National Association of Social Workers

Retrieved: <https://www.socialworkers.org/LinkClick.aspx?fileticket=fN67-dWQReM%3D&portalid=0>

Telemental Health Informed Consent

I, _____, hereby consent to participate in telemental health with, _____, as part of my psychotherapy. I understand that telemental health is the practice of delivering clinical health care services via technology assisted media or other electronic means between a practitioner and a client who are located in two different locations.

I understand the following with respect to telemental health:

- 1) I understand that I have the right to withdraw consent at any time without affecting my right to future care, services, or program benefits to which I would otherwise be entitled.
- 2) I understand that there are risks, benefits, and consequences associated with telemental health, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.
- 3) I understand that there will be no recording of any of the online sessions by either party. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.
- 4) I understand that the privacy laws that protect the confidentiality of my protected health information (PHI) also apply to telemental health unless an exception to confidentiality applies (i.e. mandatory reporting of child, elder, or vulnerable adult abuse; danger to self or others; I raise mental/emotional health as an issue in a legal proceeding).
- 5) I understand that if I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms, or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that telemental health services are not

appropriate and a higher level of care is required.

6) I understand that during a telemental health session, we could encounter technical difficulties resulting in service interruptions. If this occurs, end and restart the session. If we are unable to reconnect within ten minutes, please call me at _____ to discuss since we may have to re-schedule.

7) I understand that my therapist may need to contact my emergency contact and/or appropriate authorities in case of an emergency.

Emergency Protocols

I need to know your location in case of an emergency. You agree to inform me of the address where you are at the beginning of each session. I also need a contact person who I may contact on your behalf in a life-threatening emergency only. This person will only be contacted to go to your location or take you to the hospital in the event of an emergency.

In case of an emergency, my location is:

_____ and my emergency contact
person's name, address, phone: _____

I have read the information provided above and discussed it with my therapist. I understand the information contained in this form and all of my questions have been answered to my satisfaction.

Signature of client/parent/legal guardian _____

Date

Signature of therapist _____

Date

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