PROFESSIONAL ETHICS AND BOUNDARIES
(5 CE Hours)

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Learning objectives:
- Explain the importance of professional values and ethics in social work practice.
- Identify the role and impact of law in social work practice.
- Define and distinguish between problematic and non-problematic boundary issues in social work practice.
- Describe ways that social workers can prevent unethical or illegal behaviors in daily practice.
- Explain issues of cultural competence and social diversity in social work.
- Identify the elements and conditions of informed consent.
- Summarize the basic requirements of HIPAA and the Privacy Rule as it relates to practice.
- Identify a protocol for ethical decision-making.

Introduction

Ethics and social work practice

In an increasingly technical and complex world, it is essential for licensed professionals to regularly review ethics in social work practice. Providing ethical counseling services has a fundamental impact on individuals, and includes relationship-building and knowledge. It also includes remaining current on regulations that pertain to best practices and technological innovations.

According to the National Board for Certified Counselors (NBCC, 2016), mental health “counseling” is the application of mental health, psychological or human development principles through cognitive, affective, behavioral or systemic intervention strategies that address wellness, personal growth or career development - in addition to pathology. It can consist of a few brief interactions to several sessions over time. It can be delivered in a variety of locations that may include face-to-face sessions - or from a distance with technological assistance. The communication text can be read, heard or seen.

The dynamic nature of technology in the digital age provides a “grand challenge” for social work practice. The American Academy of Social Work and Social Welfare (AASWSW, 2015) outlines this challenge as follows:

Information and communication technology (ICT) has the potential to dramatically shift and enhance social work practice in the coming decade. Integrating technology into social work and creating practice innovations through ICT will make transformative social change possible. Technology integration can create practice that includes flexible, on-demand, personal, and individually-paced services. Potential
integration of specific technologies, including gaming, gamification, mobile technology, social media, robotics, the quantified self, and wearable technologies represent tremendous potential for practice gains. Beyond specific technologies, there is the opportunity to transform the social work profession to be ready to respond to and leverage any technology that becomes available.

Unlike many other professions, the social work field deals with extremely complicated issues. This requires licensed social workers to understand laws, professional codes of conduct, consultation and supervision guidelines. The primary obligation of social workers is to respect the integrity and to promote the welfare of clients in a variety of settings that include family units, individuals or group counseling. Within group settings, the professional is also responsible for taking reasonable precautions to protect individuals from any psychological or physical abuse that may result from group interaction, as well as to protect the client’s privacy and confidentiality.

In addition to external ethics guidelines, social workers must rely on internal cues through personal character. For example, consider these scenarios that illustrate how well-intentioned professionals may find themselves confronted with ethical dilemmas:

Mary, a licensed mental health counselor, provided counseling services at a community mental health center. Most of her clients did not have insurance, nor could they afford to pay privately anywhere else. After several years of post-graduate, full-time practice, Mary felt competent providing services for most issues. After three sessions, one of her clients confessed that he wanted a sex change operation and would need Mary’s support through his transition. Her client could not afford to see another professional in private practice that specialized in this area of counseling; Mary had taken a few graduate level courses in human sexuality but had no special training in this area. However, given her strong belief in client self-determination, the client’s belief in her ability to assist, and her willingness to read the literature and consult the Internet on procedural issues, Mary agreed to revise the plan of treatment and continue to work with the client.

Joaquin, a licensed clinical social worker, and his client, a young man with bipolar disorder, have successfully worked together to achieve the man’s treatment goals. Joaquin and his client are close in age, have many interests in common, and have achieved a strong rapport and mutual trust. Joaquin is now transferring to a supervisory position, which will effectively end his professional relationship with the client. His client wishes to continue their relationship as friends, and Joaquin is tempted to do so.
In these illustrations, each practitioner demonstrates a compassion for, and a commitment to, their respective clients. They are at a crossroads in their relationship with their clients. What they decide to do next must support the best interest of the client—as well as the client’s right to self-determination.

What is easiest, most comfortable, or desired by the practitioner should never be the reason for action. A professional must adhere to the ethical guidelines established by various government agencies, national professional associations, as well as the law.

In the first scenario, Mary must balance her client’s desire to continue what appears to be a comfortable and trusting therapeutic relationship with the need to provide the most effective and ethical service for the client. Clearly, Mary is not qualified to provide the service this client needs; therefore, she cannot work competently according to ethical guidelines. Is her plan for a crash course in transgendered treatment adequate? Should she make a referral to a more competent therapist? Should she work with the client to overcome the financial barriers he is facing?

If Mary makes the wrong decision, she might either violate ethical guidelines, the law, or both. She may be committing a medical error and putting her client at risk of harm. Her actions could result in Mary being sued or censured.

Joaquin, too, must ask himself the question, “Am I considering crossing the boundaries of our professional relationship for my own needs or for those of my client?” Joaquin and his client clearly both value a friendship, but is there a potential ethical violation that may cause harm to one or both of them if they continue the relationship?

Ethical decision-making is a complex process requiring social workers to look at not just the immediate impact, but also the long-term effects and consequences of their actions.

**Defining ethics**

The word “ethics” is derived from both the Greek word “ethos,” meaning “character,” and the Latin word “mores,” meaning “customs.” The term “ethics” is used to define what is good for both society and for the individual. Ethics are the core values and beliefs that include:

- Rules of behavior based on ideas about what is morally good and bad.
- The study that deals with ideas about what is good and bad behavior.
- A branch of philosophy dealing with what is morally right or wrong.
A belief that something is compatible with a system of values (Webster, 2016).

Though closely related, law and ethics do not necessarily have a reciprocal relationship. The law can be based on ethical principles, but law does not prohibit many unethical behaviors. Likewise, adherence to certain ethical principles may challenge a practitioner’s ability to uphold the law.

For example, documenting that a service has occurred - when it has not - may be unethical, but may not be subject to prosecution. Unfortunately, it may take a high-profile consequence of unethical behavior - such as the discovery that a child under protective custody has been missing for months - to create new laws that support ethical standards of behavior. The state of Florida recently made the falsification of documentation concerning child welfare visitations illegal for child welfare workers, as a result of several highly publicized cases where children had died while in the care of the state.

**Implications for practice**


> Since its formal inauguration in the late 19th century, the social work profession has developed a rich set of ethical standards governing practitioners and professional practice. Over time, these ethical standards have become comprehensive guides to social workers’ management of complex issues pertaining to their ethical responsibilities to clients, to colleagues, in practice settings, to the social work profession, and to the broader society. What makes mental health work unique is its focus on the person, as well as its commitment to the well-being of society as a whole.

Being part of a professional association or board not only brings a wealth of knowledge and expertise to ethical issues - it also supports best practice, advocacy and continued education and training for members. When an individual identifies with a social work profession, he or she is pledging to practice in an ethical and responsible manner. In addition to allegiance to the professional ethics and standards of practice it promotes, the individual has a duty to support the values, rules, laws and customs of the society of which he or she is a part.

The social work profession adopted the first code of ethics in 1947. Following the formation of the National Association of Social Work another code of ethics was drafted in 1960. Multiple revisions were made in the following years - the last in 2008. The NASW revised the Standards for Cultural Competence in 2015; this extended the 2008 standards to address competence when working with diverse client populations (NASW, 2015b).
Ethics have been developed and written for other national mental health licensing associations and boards that include, among others, the American Association for Marriage and Family Therapy (AAMFT, 2015), the American Counseling Association (ACA, 2014), and the American Mental Health Association (AMHA, 2015). The National Board for Certified Counselors (NBCC, 2016) includes members from different associations who are licensed in their jurisdictions, and who sit for the NBCC board exam as well. The NBCC has an underlying mission of fostering client welfare by promoting best practices and continued education and training within the profession. NBCC requires that ethical behavior among professional associates must be the foundation of practice.

The AAMFT “strives to honor the public trust in marriage and family therapists by setting standards for ethical practice as professional expectations” that are enforced by their own ethics committee. The ACA “promotes ethical counseling practice in service to the public.” The primary mission of the National Association for Social Workers is to “Enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty.”

**The therapeutic relationship**

The relationship between the social worker and client sets the course for providing ethical treatment. While many issues concerning this topic area will be addressed throughout this course, the initial contact with the potential clients sets the tone for treatment. For example, the first communication with the client can convey an atmosphere of support that sets the foundation for building trust.

Professionals must also carefully consider that when services begin, the professional relationship should proceed with cultural sensitivity. During the course of treatment, an effort must be made to revisit informed consent issues as the treatment plan evolves, as well as consult with other professionals to avoid the risk of potential ethical conflicts.

The National Board for Certified Counselors (NBCC, 2016) Code of Ethics states, “When counseling is initiated, and throughout the counseling process as necessary, counselors inform clients of the purposes, goals, techniques, procedures, limitations, potential risks and benefits of services to be performed, and clearly indicate limitations that may affect the relationship, as well as any other pertinent information.” Counselors take reasonable steps, for example, to ensure that clients understand the implications of any diagnosis, assessments, treatment, methods, and HIPAA precautions, fees, and billing arrangements.
**The law and social work**

The law and social work practice often intersect; it is important to understand this dimension of social work.

Here is one scenario that illustrates how law can interface with practice:

A licensed social worker believed that a foster teen’s allegations of abuse about her foster father merely represented counter-coercive behavior which was related to her adjustment within a more stable, rule-enforced environment. The practitioner chose not to report the alleged abuse. He rationalized that this family had successfully helped many other children before without incident, and that this was his young client’s way to draw attention to herself.

As pointed out earlier, criminal law and professional ethical guidelines are not one and the same: they may complement each other, or be in opposition - depending on the issue and the state of licensure. A minor legal offense, for example, may result in a small fine but could lead to the loss of a professional license. Licensed social workers have not only an ethical responsibility, but also a legal responsibility to follow any and all regulations within the jurisdiction that they practice.

In the case described above, federal and state laws regarding mandatory reporting leave little choice for a professional to report allegations of abuse.

With the advent of technology-based e-therapy, the social worker’s scope of responsibility is even larger. Some jurisdictions identify the location of practice to determine the applicable laws and rules for social work; however, e-therapy may cross numerous state lines and jurisdictions. Technology-based practice and practice will be discussed later in this course.

**Defining Law**

The definition of law includes, “The rules of conduct approved and enforced by the government of and over a certain territory and stripped of the necessity of an enforcement agency (government), the term law has been defined, simply, as a mechanism for facilitating and regulating interaction between autonomous entities” (Duhaime, 2016).

Reamer (2015a) describes five types of legal requirements and guidelines that may affect practice:

1. **Constitutional law** – Protection from unreasonable searches and rights of privacy and free speech.
2. **Statutory law** – Laws enacted by federal, state, and local legislative bodies that cover issues from the confidentiality of records, to obligations pertaining to suspected child or elder abuse.
3. **Regulatory law** – Legally enforced guidelines disseminated by government agencies, such as the Department of Health and Human Services and Department of Justice.

4. **Court-made law and common law** – Laws that result from court rulings.

5. **Executive orders** – Orders issued by chief governmental executives - such as mayors or governors.

There are also laws that impose legal obligations to abide by practices that further serve to protect the consumer, such as federal and state statutes requiring mandatory child abuse reporting, practices that ensure client confidentiality, or competence to perform certain services.

Allan Barsky, professor of social work at Florida Atlantic University and Chair of the NASW National Ethics Committee from 2011-2014, is an expert in social work, law, and mediation. He has written three books on these topics.

Barsky (2016) states that, “social work and the law” refers to the interface between the practice of social work and the legal system, which include the following:

- Statutory law, case law, and legal institutions such as courts and prisons.
- Legal professionals - including attorneys, judges, paralegals, forensic experts, and alternative dispute resolution professionals.

Barsky states that the law plays a number of important roles in the practice of social work:

- Social workers need to be aware of the laws that regulate each system in order to help clients navigate their way through these systems more effectively, and to be able to advocate for law reform in order to improve the goodness of fit between clients and their socio-legal environments.
- Laws govern many relationships of interest to social work clients, including landlord/tenant, employer/employee, physician/patient, vendor/purchaser, spouse/spouse, and parent/child relationships. Knowledge of the law should provide practitioners with a practical understanding of their clients’ rights and responsibilities in a broad range of social relationships.
- Institutions - including hospitals, schools, social assistance agencies, correctional institutions - enact organization-specific laws which regulate mental health facilities, and other social agencies. Organization-specific laws may dictate who is eligible for services, identify standards for record keeping, define confidentiality, and specify other client rights. Social workers need to understand these laws to ensure that their agencies comply with the laws, and to be able to advocate for changes in the laws to promote greater social and economic justice.
- Most states have licensing or accreditation laws that regulate the practice of social work, including who
may practice and what standards of practice are legally enforceable. Social workers should also be aware of malpractice (tort) laws that identify when a social worker may be legally responsible for causing harm to a client if they perform their professional duties in a manner that falls below a reasonable standard of care.

- Some social workers practice in forensic settings and provide investigation, evaluation, expert testimony, and treatment for clients involved in court or other legal systems. Such settings include probation, parole, prison, child custody evaluation, and involuntary committal to mental health institutions.

Unlike regulation under the law, adherence to regulations set forth by private credentialing bodies is voluntary; the regulations and codes of ethics, however, are universally respected. Mental health professionals also practice in accordance to the professional standards of care established by private professional association organizations such as ACA, ASWB, NASW, AAMFT or NBCC.

**Impact of law on practice**

In addition to the federal, state, and local laws that impact social work as listed above, there are regulatory boards that offer services specific to the profession of social work. These boards assist practitioners in their state of practice.

The Association of Social Work Boards (ASWB) is a nonprofit organization composed of, and owned by, the social work regulatory boards and colleges of all fifty U.S. states, the District of Columbia, the U.S. Virgin Islands, Guam, Northern Mariana Islands, and all ten Canadian provinces (ASWB, 2015). ASWB is dedicated to social work regulation. Its mission is to strengthen the protection of the public by providing support and services to its member boards, including the following:

- Owning and maintaining the social work licensing examinations that are used to test a social worker’s competency to practice ethically and safely.
- Developing and maintaining a model practice act that offers regulatory bodies a resource for developing their own laws and regulations.
- Providing services, including the Council on Social work Education (CSWE, 2015) program for approved continuing education, CE audit contract services, license application and issuance contract services: the Public Protection Database, and Look Up a License Database.
- Partnering with CSWE-accredited schools of social work, to pilot an educational initiative, Path to Licensure, which was developed to strengthen student and faculty knowledge of professional regulation,
as well as its important connection to public protection and social work values and ethics.

The fifty State oversight boards give authority to practice to qualified individuals, typically defined by three competencies:

1. Education.
2. Experience.
3. Passing score on an examination.

Failure to abide by these regulations can have serious and negative legal and financial consequences. For example, professionals must understand that they may not be covered by their insurance policy if they were not legally practicing at the time of a questionable ethical occurrence; i.e., were not licensed, as required by law.

Social work in the digital age


The AASWSW (2015) explained that “A Grand Challenge for Social Work Working” was designed to focus thought and action on the most compelling and critical social issues of our day. Each grand challenge is a broad but discrete concept where social work expertise and leadership can be brought to bear on bold new ideas, scientific exploration and surprising innovations.” The Grand Challenges for Social Work include the following:

1. Ensure healthy development of all youth.
2. Close the health gap.
3. Stop family violence.
4. Eradicate social isolation.
5. End homelessness.
6. Promote smart decarceration.
7. Reduce extreme economic inequality.
8. Build financial capability for all.
9. Harness technology for social good.
10. Create social responses to a changing environment.
11. Achieve equal opportunity and justice.
12. Advance long and productive lives.
According to the AASWSW (2015):

*Information and Communication Technology (ICT) is transformational in its power to connect, create access to, and embolden new opportunities to rethink social work practice. As the world becomes increasingly reliant on technology, a grand challenge for social work is to harness technological advancements and leverage digital advances for social good. Meeting this challenge would result in more accurate, timelier targeted services. Social service recipients would benefit from improved assessment, intervention, and real-time feedback. Social services would be available to people who traditionally have been excluded because of geography, transportation, and scheduling barriers. Enhanced by innovative integration of ICT, social work would have a broader reach to the benefit of society as a whole.*

The AASWSW identified three facts that make the challenge of integrating technology and social work practice a compelling priority for the profession and the general public, including important statistics.

First, the professional reach of social workers is unparalleled in human service delivery. There are more social workers (640,000) providing services than all other mental health care professionals combined, including mental health counselors and marriage and family therapists (166,300), psychologists (160,200), psychiatrists (25,080), and school and career counselors (262,300) (Bureau of Labor Statistics, 2015). Harnessing ICT for social good has the potential for large-scale social impact. More than 2 billion personal computers are in use and more than 3.2 billion unique subscribers are using mobile technology throughout the world (Credit Suisse, 2015).

Second, the small body of literature on the integration of practice and technology comes mostly from psychologists and counselors, rather than from social workers (Singer & Sage, 2015). This translates into a gap between the direct practice expertise of social workers and the growing body of literature about how and when to best integrate technology into practice.

Third, although many social workers find themselves using technology with their clients, several limitations prevent the intentional integration of technology into practice (Mishna, Bogo, & Sawyer, 2015):

a. Limited education and training prevent many practitioners from knowing how to incorporate technology effectively.

b. Limited exposure to innovative applications of technology to therapeutic work creates misperceptions; attempts to respond to this limitation can be seen through increasing literature on this topic (Groshong & Mishna, 2015), social work participation in podcasts such as the Social Work Podcast (Barth, 2016) and the “in Social Work Podcast” (Roget, 2016), and social work participation in the international organization, Human Services Information Technology Applications (Anthony and Jewel, 2016).
c. Limited evidence related to the uses of technology also prevents its widespread adoption. A recent systematic review of social work interventions using technology, found that out of 17 studies that met criteria for good validity and high intervention fidelity, only three evaluated the role that technology played in the intervention (Chan & Holosko, 2015). The implication is that there are very few social work interventions that use ICT, and even less empirical information about the role that the technology plays in the intervention.

d. Limited financial resources hinder the adoption and testing of technologies in the field. Although the availability of mobile technology, wireless services, and low-cost apps has removed several barriers, social workers are adapting and modifying technologies developed for nonsocial work purposes. Though many sectors are developing technologies that will improve the emotional, behavioral, and cognitive well-being of people, the promise of innovating and integrating technology into social work practice has yet to be realized.

Considering the reach of social work, the potential for innovation, and the inevitability of social workers using technology in practice, social work must meet this grand challenge to harness the benefits of ICT.

The AASWSW work paper identified benefits of technology innovations including:

- Traditional services are also limited by rigid structures and timeframes. For example, clients often wait three weeks for an intake appointment, wait another three weeks to be assigned a therapist, and then have weekly appointments dictated by either treatment manual or agency protocols. Interactive computer-, web-, or app-based programs enable the consumer to get the services they need at their pace and when they want them.

- People in remote locations who lack access to transportation, who are homebound, who need (or prefer) written (rather than spoken) communication, or who possess limiting disabilities, can now access services through ICT social services.

- Crisis chat lines and other text-based services can provide 24/7 access to those who prefer texting - or who want to remain anonymous.

- ICT-enhanced services do not exclude face-to-face social work; instead, they can work to support traditional models. For example, ICT enables social workers to decide whether to provide text-based only therapy, or to enhance face-to-face intervention with texting with a client.

- The most recent programs and apps modify content based on user input, providing a personalized treatment experience. Mobile devices allow constant access, can be programmed with alerts, can do in-the-moment recording and assessment, and deliver intervention at set times.

- ICT technologies appeal to populations that have not had access to traditional social services. For
example, young adult men—a demographic that traditionally eschews therapy—have been successfully engaged using social media.

- A growing number of interventions are applying gamification - the integration of game-like mechanics to nongaming environments - to support the learning of specific behaviors.

The next decade

Future recommendations of the AASWSW work include:

- Mobile technology, social media, robotics, gaming, gamification, the quantified self, and wearable technologies represent avenues to create change in how social workers understand and intervene in social problems.

- New technologies have the potential to shape training opportunities, shift assessment and intervention approaches, and reshape the professional–client relationship. These could, in turn, change the way consumers of social services experience services and improve outcomes.

- Integrating digital communications - including social media - into social work training provides opportunities to engage with students on a different level. It influences how students will come to practice, as well as their competency in accessing and being part of this digital climate.

- Students are increasingly using audio podcasts as an adjunct to traditional written material in social work education. Audio podcasts provide students with the ability to “learn on the go” and address learning needs for students with visual impairments. They can also be used as part of a comprehensive training program to improve dissemination of programs and practices, provide “booster” sessions, as well as improve treatment adherence, fidelity and provider acceptance.

- Early research suggests virtual reality can be used to improve clinical training and provide simulated experiences to support work in the field.

- Technology-based training opportunities support practice across geographic locations. For example, ICT allows deployed members of the military to attend accredited social work graduate programs.

- Videoconferencing and online mechanisms provide new possibilities and cross former geographic boundaries of field placement. They also provide ways to connect with supervision and course material in the moment for simulation training.

- Introducing technologies within the classroom setting allows students to experiment with (and test) technologies in the safety of the academic setting.

- Technology also stands to shift practice in the next decade by providing social workers and their clients with more simulated testing environments. Social work practice that takes advantage of virtual reality (VR) environments and gaming may employ these techniques.

- Technology provides opportunities to provide specialized populations access to social work practice.
There are social workers in almost every system (e.g., education, justice, mental health, welfare, medicine, policy, law); therefore, it has the greatest potential to serve people who are involved in multiple systems (e.g. child welfare, juvenile justice), or whose problems and concerns do not fit within existing frameworks.

- ICT can reshape communication between clients and practitioners, support new thinking about the roles of the social worker, and create new opportunities for collaborative problem solving.
- New methods of communication impact not only the availability, but also the timing and extent of therapeutic interactions. While interactions may be brief, these methods pave the way for continuous and 24/7 exchanges.
- Social workers can serve in traditional roles in a therapist-patient relationship, or they may see enhanced roles as facilitators, organizers, or support-builders. Given the proliferation of social media and technology-based communications, the boundaries of social workers may shift in their attempts to build networks of support, cultivate external support systems, and aggregate multiple support avenues. New boundary definitions, or new approaches, to the practitioner-client relationship may be required to support these new relationships.
- Technology also allows enhanced participation in prevention and intervention efforts, leading to more collaborative therapeutic problem solving.

The AASWSW, 2015 Work Paper concludes that - as detailed in this course - the accreditation bodies across the globe (such as the NASW and ASWB) support technology inclusion, and have set new standards for technology support regarding learning and practice. The AASWSW stresses that an investment in research of social work practice and technology is critical in order to address the three factors leading to underutilization of technology in social work. Evidence-based practice cannot occur without empirical research on technology-based interventions to demonstrate efficacy.

Social workers are ethically obligated to implement strategies, provide the best benefit for the client and do no harm. Funding significant research in this area and testing its use would remove existing barriers to technology innovations due to a lack of research. Support for research at the national level is required to allow for full implementation of the innovations outlined above. This research would provide important information to clarify how specific technologies are best incorporated in social work.

**Ethics and technology**

While there are many individuals who are hesitant to embrace new technology that can enhance best practice, one cannot ignore its many benefits. Currently, social work professionals can use technology - particularly the
Internet - to conduct research, provide e-therapy, and to advertise their services and communicate on a global scale - with both clients and other professionals.

E-mail, although fraught potential security violations and miscommunication, has certainly increased the efficiency and speed with which people can communicate with each other. A social work researcher, for example, can conduct a search on the Internet and then contact another professional in different region to investigate innovative approaches to service delivery.

National mental health associations are continuing to develop and publish guidelines to assist practitioners in the appropriate use of technology - including those who provide virtual therapy services. Technology and practice are generally defined as any electronically mediated activity used in the conduct of competent and ethical delivery of services.

**Virtual or e-therapy today**
Depending on their focus and where they practice, many practitioners offer online therapy services through real-time chats, e-mail, videoconferencing, telephone conferencing and instant messaging.

The practice of technology-assisted distance counseling consists of computer-assisted assessment, computer-assisted information sharing and storage, as well as online counseling. The National Board of Certified Counselors (2016) advises professionals using this technology to observe the following standards of practice:
1. In situations where it is difficult to verify the identity of the Internet client, steps should be taken to address impostor concerns, such as using code words or numbers.
2. Internet counselors must determine if a client is a minor that is in need of parent/guardian consent. When parent/guardian consent is required, the identity of the consenting person must be verified.
3. As part of the counseling orientation process, the Internet counselor must explain the procedures for contacting the Internet counselor when the counselor is offline. In the case of asynchronous counseling, the counselor must discuss how often e-mail messages will be checked.
4. As part of the orientation, the Internet counselor must explain the possibility of technology failure to his or her clients, and discuss alternative modes of communication if that failure occurs.
5. As part of the orientation, the Internet counselor must explain how to cope with potential misunderstandings when visual cues do not exist.
6. As part of the orientation, the Internet counselor must collaborate with the Internet client to identify an appropriately trained professional who can provide local assistance - including crisis intervention - if needed. The Internet counselor and Internet client should also collaborate to determine the local crisis hotline and the local emergency telephone numbers.
7. The Internet counselor has an obligation to make clients aware of free public access points to the Internet within the community for accessing Internet counseling or web-based assessments, information and instructional resources.

8. Within the limits of readily available technology, Internet counselors have an obligation to make their website a barrier-free environment to clients with disabilities.

9. Internet counselors should be aware that some clients may communicate in different languages, live in different time zones and have unique cultural perspectives. Internet counselors must also be aware that local conditions and events may impact the client.

10. The Internet counselor should inform his or her clients of encryption methods being used to help ensure the security of client/counselor/supervisor communications. Encryption methods should be used whenever possible; however, if encryption is not made available to clients, they must be informed of the potential hazards of unsecured communication on the Internet. Hazards may include unauthorized monitoring of transmissions or records of Internet counseling sessions.

11. The Internet counselor must inform Internet clients if, how, and for how long session data are being preserved. Session data may include: the Internet counselor/supervisor’s e-mails, test results, audio/video session recordings, session notes and counselor/supervisor communications. The likelihood of electronic sessions being preserved is greater because of the ease and decreased costs involved in recording; therefore, its potential use in supervision, research and legal proceedings increases.

12. Internet counselors must follow appropriate procedures regarding the release of information for sharing Internet client information with other electronic sources. Because of the relative ease with which e-mail can be forwarded to formal and casual referral sources, Internet counselors must work to ensure the confidentiality of the Internet counseling relationship.

13. Internet counselors must review pertinent legal and ethical codes for guidance on the practice of Internet counseling and supervision. Local, state, provincial and national statutes - as well as codes of professional membership organizations, professional certifying bodies and state or provincial licensing boards - need to be reviewed. Also, as state rules vary and opinions exist about questions pertaining to whether Internet counseling takes place in the Internet counselor’s location or the Internet client’s location, it is important to review codes within the counselor’s home jurisdiction, as well as the client’s. Internet counselors also must carefully consider local customs regarding age of consent and child abuse reporting: liability policies need to be reviewed to determine whether the practice of Internet counseling is a covered activity.

The Internet counselor’s website must provide links to websites of all appropriate certification bodies and licensure boards to facilitate consumer protection (NBCC, 2016). While there are benefits to utilizing technology to communicate with clients, there are questions pertaining to its use as well. For example:
When the client lives in a different state, it is difficult to avoid violating licensure laws. It is still unclear as to which state’s laws would be applicable. Some states require the counselor to be licensed in every state in which they practice.

Is the origin or location of counseling in the client’s community, the therapist’s community, or is it somewhere in cyberspace? Again, jurisdictional law may determine which location will be used.

If a busy executive is involved in an online session while flying cross country, what defines his or her location?

Many agencies, states and local governments are developing regulations to address these concerns - including the FCC, Homeland Security and HIPAA.

Some of the ethical considerations raised by Dombo, Kays, and Weller (2014) regarding the use of e-therapy are:

- E-therapy does not allow practitioners to observe and interpret facial expressions and body language.
- The Internet poses a serious risk to security and confidentiality.
- Inappropriate counseling may occur due to a therapist’s ignorance about location-specific factors related to the client’s living conditions or culture.
- Clients cannot be sure as to the credentials, experience - or even the identity - of the person they are trusting to provide services.
- Given unresolved questions about jurisdiction and standards of care, clients may not have any legal recourse for malpractice.

**Limiting risk in the practice of e-therapy**

Dombo, Kays, and Weller recommend the following strategies when practicing e-therapy:

- **Full disclosure** – This relates to informed consent and the need to fully disclose the possible benefits and risks of distance counseling.
- **Comprehensive assessment** – Provide clients with detailed and complete assessment tools and discuss the results and the implications for treatment.
- **Confidentiality and disclosure of safeguards** – Take all precautions to safeguard the confidentiality of information and avoid misdirected e-mails, eavesdropping, hacking, and HIPAA violations. Alert the client to potential risks as well.
- **Emergency contact** – Obtain emergency contact information and develop a clear emergency plan together.
- **Consult your association’s code of ethics** – Review standards regarding informed consent, confidentiality, conflict of interest and misrepresentation.
- **Consult state licensing provisions** – Research the statutory regulations of your state’s licensing board as well as those in the client’s home state.

- **Consult a malpractice/risk management attorney** – Consider asking a legal specialist to review website materials to determine compliance with standards of care and potential malpractice issues.

- **Provide communication tips** – If communication is solely text-based, provide the client with clear tips regarding communication and technology usage.

**Ethical codes of conduct for technology in social work practice**

In addition to national professional affiliations’ Codes of Ethics, state licensing laws and licensing board regulations identify basic competencies for social work practice. Failure to follow the ethical codes of one’s profession may result in expulsion from the profession, sanctions, fines, and can result - if sued - in a judgment against the practitioner. The ASWB revised 2015 Standards and addressed the ethical considerations surrounding services - using a variety of technology - in all areas of social work practice.

The new standards address the following areas (ASWB, 2015):

For purposes of these standards, “digital and other electronic technology” refers to the use of computers including the Internet, social media, online chat, text, email and other electronic means such as smart phones, landline telephones, and video technology to: (a) provide information to the public; (b) deliver services to clients; (c) communicate with clients; (d) manage confidential information and case records; (e) store and access information about clients; and (f) arrange payment for professional services. Collectively, this use will be referred to throughout this document as “electronic social work services.” This document is not intended to present legal standards enforceable by law: jurisdictions will do that through the adoption of rules and regulations. In addition, the ASWB Regulation and Standards Committee will use this document for guidance in amending sections of the ASWB Model Social Work Practice Act related to electronic social work practice.

**Model Regulatory Standards for Technology and Social Work Practice: ASWB, 2015**

**Preamble**

Advances in digital and other electronic technology used to provide information to the public, deliver services, store and access information, and communicate with and about clients, colleagues, and others have transformed the nature of social work practice. Social workers’ use of digital and other technology has the potential to assist people in need. It is important for social workers to enhance clients’ access to digital and other electronic technology that may assist them and to have a thorough understanding of the potential benefits and risks associated with the use of this technology (ASWB, 2015).
*A summary of the standards is as follows:

**Section I. Practitioner Competence and Compliance with Ethical Standards**

Social workers who choose to provide electronic social work services shall:

1.01. Do so only after engaging in appropriate education, study, training, consultation, and supervision.

1.02. Use professional judgment, critically examine, and keep current with emerging knowledge related to the delivery of electronic social work services.

1.03. Be aware of cultural differences among clients and in clients’ use of digital and other electronic technology including cultural, environmental, and linguistic issues that may affect the delivery of services.

1.04. Be aware of unique communication challenges associated with electronic social work services such as the absence of visual cues and limitations associated with the use of online written communication 1.05.

1.06. Refer clients to another professional if clients prefer not to receive electronic social work services.

1.07. Seek consultation from colleagues with relevant expertise.

1.08. Have specialized skills, knowledge, and education consistent with current standards of practice when providing supervision and consultation.

1.09. Comply with the regulations governing the use of this technology both in the jurisdiction in which they are regulated and in the jurisdiction in which the client is located.

1.10. Review professionally relevant information about themselves that appears on websites and in other publicly available resources to ensure accuracy.

**Section II. Informed Consent**

2.01. Obtain the informed consent of the individuals during the initial screening or interview and prior to initiating services.

2.02. Develop policies and inform clients about the nature of available services, potential benefits and risks, alternative ways of receiving assistance, fees, involvement of and sharing information with third parties, and limits of confidentiality.

2.03 Provide information in a manner that is understandable and culturally appropriate for the client and efforts to provide this information to clients shall be documented in the client record.

2.04. Take reasonable steps to verify the identity and location of clients such as requesting scanned copies of government-issued identification.

2.05. Develop and disclose to clients policies on the use of Internet-based search engines to gather information about clients.

2.06. Inform the client, and document in the client record, the use of Internet-based search engines to gather information about the client.

2.07. Conduct an initial screening at the point of the client’s first contact and assess the client’s suitability and capacity for online and remote services.
2.08 Use professional judgment to determine whether an initial in-person, videoconference, or telephone consultation is warranted before undertaking electronic social work services. Social workers’ assessment shall consider a client’s:

- Age.
- Clinical and diagnostic issues.
- Technological skills.
- Disabilities.
- Language skills and literacy.
- Cultural issues.
- Safety issues.

2.09. When developing a professional website for the general public, clients, and professionals, provide clear and accessible information about services.

Section III. Privacy and Confidentiality

3.01. Inform clients about risks associated with disclosure of confidential information on the Internet, social media sites, text-messaging sites, and videoconferencing sites, and the potential consequences.

3.02. Use proper safeguards, including encryption, when sharing confidential information using digital or other electronic technology.

3.03. Adhere to statutes and regulations regarding the secure use of digital and other electronic technology both within their jurisdictions and within the jurisdiction where the client is located.

3.04. Obtain client consent when using electronic search engines to gather information about the client, with the exception of emergency circumstances when such search may provide information to help protect the client or other parties who may be at risk.

3.05. Develop confidentiality agreements for clients, including a summary of confidentiality exceptions. Social workers shall document a client’s consent and acknowledgment of the confidentiality agreement in the client record.

3.06. Inform clients that clients are not permitted to disclose or post digital or other electronic communications from social workers or other recipients of services without proper consent.

3.07. Inform family, couple, and group clients that the social worker cannot guarantee that all participants will honor such agreements.

3.08. Protect the confidentiality of all information obtained by, or stored using, digital and other electronic technology except when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or other identifiable person, or to comply with statutes, regulations, and court orders.

3.09. Inform clients that third-party services that feature text messaging or other direct electronic messaging
may provide limited security and protection of confidential information.

3.10. Take steps to ensure that confidential digital communications are protected.

Section IV. Boundaries, Dual Relationships, and Conflicts of Interest

4.01. Avoid developing inappropriate dual or multiple relationships with clients.
4.02. Avoid perceived or actual conflicts of interest.
4.03. Communicate with clients using digital and other electronic technology only for professional or treatment-related purposes and only with client consent.
4.04. Discuss with clients the social workers’ policies concerning digital and other electronic communication between scheduled appointments, during emergencies and social workers’ vacations, and after normal working hours.
4.05. Take reasonable steps to prevent client access to social workers’ personal social networking sites to avoid boundary confusion and inappropriate dual relationships.
4.06. Avoid posting personal information on professional websites, blogs, or other forms of social media that might create boundary confusion and inappropriate dual relationships.
4.07. Avoid posting any identifying or confidential information about clients on professional websites, blogs, or other forms of social media.
4.08. Be aware that cultural factors may influence the likelihood of discovering shared friend networks on websites, blogs, and other forms of social media.
4.09. Refrain from soliciting digital or online testimonials from clients or former clients who, because of their particular circumstances, are vulnerable to undue influence.
4.10. Refrain from accepting “friend” or contact or blog response requests from clients on social networking sites.
4.11. When avoidable, refrain from providing electronic social work services to a person with whom a social worker has had a personal relationship.
4.12. When providing supervision or consultation remotely to individuals be knowledgeable about the unique issues telecommunication technologies pose for supervision or consultation.
4.13. When providing supervision remotely, adhere to the regulatory requirements of the jurisdiction where the supervised practitioner is regulated.

Section V. Records and Documentation

5.01. Develop policies regarding sharing, retention, and storage of digital and other electronic communications and records and inform clients of these policies.
5.02. Document all contacts with and services provided to clients and inform clients that digital and electronic communications will be included in client records.
5.03. Inform clients about the mechanisms used to secure and back up records (such as hard drive, external drive, third-party server), and the length of time records will be stored before being destroyed.

5.04. Inform clients that they have a right to information about the content of their records in accord with prevailing ethical and legal standards.

Section VI. Collegial Relationships

6.01. Abide by professional values and ethical standards when communicating with and about colleagues.

6.02. Do not disclose private, confidential, or sensitive information about the work or personal life of any colleague without consent, including messages, photographs, videos, or any other material that could invade or compromise a colleague’s privacy.

6.03. Take reasonable steps to correct or remove any inaccurate or offensive information they have posted or transmitted about a colleague using digital or other electronic technology.

6.04. Not use digital or other electronic technology to take credit for the work of others. Social workers shall acknowledge the work and contributions made by others.

6.05. Take appropriate action if they believe that a colleague who provides electronic social work services is behaving unethically, is not using safeguards such as firewalls or encryption, or is allowing unauthorized access to digitally or electronically stored information.

6.06. Use professional judgment and take steps to discourage, prevent, expose, and correct any efforts by colleagues to knowingly produce, possess, download, or transmit illicit or illegal content or images in digital or electronic format.

Section VII. Electronic Practice Across Jurisdictional Boundaries

7.01 Comply with the laws and regulations that govern electronic social work services within the jurisdictions in which the social worker is located and in which the client is located.

* Each of the sections above has additional details and exceptions. The complete model should be studied in detail.

Ethical dilemmas

Not every issue of ethics can be covered by published standards or by codes of ethics. Social workers may find themselves confused about whether a situation borders on an ethical violation because the issue may not be clearly defined by the code. There also may not be an obvious violation or the social worker may not know how to proceed. These situations represent ethical dilemmas that are are likely to occur in every social work practice.
Barsky (2014a) defines an ethical dilemma as a situation that creates some tension. He explains that in a true dilemma, there is no clear, single answer that satisfies all of the different ethical and legal imperatives that apply to the case.

This may occur due to the following:

- There are two ethical standards or rules that conflict.
- There are conflicts between the values of the social worker and those of the client.
- A conflict occurs between the obligations to an agency, versus the obligations to a client.
- Conflicts may occur due to religious, cultural, or political beliefs.
- No clear answer is apparent to meet the obligations, the ethical and the legal directives of the profession.

One example of a common dilemma involves issues in decision making in end-of-life situations. An individual in an end-of-life stage may feel they have a right to terminate his or her life. The laws vary concerning these issues throughout the United States. Some individuals may support this right; others believe the act would be committing suicide. Tensions develop between a social worker’s religious beliefs and professional beliefs, as well as what that social worker would do if they were either pro-life or pro-choice. Another example of an issue that may lead to ethical dilemmas would be abortion or natural selection. True dilemmas often involve issues that are controversial in our society as well. In these types of dilemmas, the cultural context of the community and the client are important factors to consider.

**Ethical violations**

The following areas correspond to the principles and standards of social work and represent ethical conduct violations that may occur:

1. Boundary violations, such as blurring the professional and client relationship through a sexual affiliation.
2. Poor practices, such as improperly terminating treatment with clients.
3. Competency issues, such as not being certified to provide a specific mental health technique or failing to keep up-to-date client records.
4. Honesty, such as withholding important information about the therapist’s potential conflicts of interest.
5. Confidentiality, such as repeating a client’s confidential information to the client’s family.
6. Informed consent, such as failing to obtain the appropriate written consent from clients before beginning a treatment plan.
7. Collegial actions, such as failing to report the inappropriate or the ethical violations of a colleague.
8. Reimbursement, such as charging clients for unnecessary or excessive treatment.
9. Conflicts of interest, such as providing services for a client in exchange for personal services or receiving compensation for services outside of the accepted reimbursement for social work.

10. Falsifying records.

11. Terminating services to clients without proper cause.

12. Misrepresenting credentials or course work.

The most frequently substantiated ethics violations presented by the 2015 NASW and 2016 ASWB case review include the following areas:

- Commitment to clients.
- Conflicts of interest.
- Privacy and confidentiality.
- Sexual relationships.
- Unethical conduct of colleagues.
- Client records.
- Dishonesty, fraud, and deception.
- Misrepresentation.

Many of the cases that led to ethical violations involved boundary violations, inappropriate relationships and dual relationships. Because of the complexity of providing social work services, it is not unusual to be challenged at some point by ethical questions. Some professionals may rationalize that an action is ethical as long as they are not intending harm and/or are not knowingly violating an ethical standard or law.

These violations were explored in depth, given the frequency of them. The findings reflected a variety of inappropriate behaviors that blurred the helping process and exploited clients including:

- The use of physical contact in treatment.
- The pursuit of sexual activity with clients, either during or immediately after treatment.
- Social relationships.
- Business relationships.
- Bartering.

Unique situations often arise that are not referenced in laws or codes of conduct so it is difficult to define prudent practice. Assisting practitioners in resolving ethical dilemmas is one of several purposes for establishing ethical codes of conduct. Ethical standards in social work practice benefit the client, practitioner and the public. They include:
- Identifying core values.
- Establishing a set of specific ethical standards that should be used to guide social work practice.
- Identifying relevant considerations when professional obligations conflict or ethical uncertainties arise.
- Providing ethical standards to which the general public can hold professionals accountable.
- Orienting new practitioners to ethical practices and standards. Articulating formal procedures to adjudicate ethics complaints filed against practitioners.
- Promoting assurance in counseling practice.
- Promoting professionalism in counseling.

Although infrequent, social workers' misconduct and negligence can lead to lawsuits, licensing board complaints, and other disciplinary action. Relatively few social workers are named in ethics-related complaints or lawsuits, and even fewer encounter criminal charges (Reamer, 2015a). Reamer notes that when compared with most professions, social workers' premiums are low, the principal reason being that social workers are rarely named in complaints and lawsuit.

Social workers can find themselves in ethical dilemmas for a number of reasons. Even the most skilled, experienced, and principled social workers can make mistakes that lead to ethics violations. Reamer notes that most ethical violation cases among social workers do not involve complex issues of misconduct; however, they are situations where good social workers slip on the proverbial banana peel and an ethical violation occurs.

Here are several examples (Reamer, 2015a):

- An independent social worker provided counseling services to a woman who struggled with chronic depression. The client was laid off from her job and lost her healthcare coverage. The social worker agreed to hire the client to clean her home as a way to help her financially. Several weeks later, the client was hospitalized following a suicide attempt. During her hospital stay, the client disclosed to the hospital’s psychologist that she had cleaned her social worker’s home. The psychologist was concerned that the client and the social worker were involved in an inappropriate relationship, and reported the alleged boundary violation to the social work licensing board.

- A clinical social worker expanded his practice to include cyber-therapy counseling services using live Internet chat and e-mail to clients throughout the United States. The social worker did not realize that the state in which one of his clients lived required out-of-state social workers that deliver online clinical services to be licensed in the client’s state. One of the social worker’s clients was dissatisfied with the services he received. The client contacted the licensing board, which initiated disciplinary proceedings against the social worker for practicing in the client’s state without a license.
• A social worker directed a substance abuse treatment program and hired a former client who had applied for a case management position. The former client had been clean and sober for nearly three years after he stopped receiving services at the agency. Ethical problems arose when the former client became an employee. Soon after he was hired, the former client inappropriately accessed confidential records of two current clients who had also been clients while he was a client. When he was hired, he learned that his former therapist had been promoted to the position of case management program director and would be his supervisor. These confidentiality and boundary problems led to considerable controversy at the agency.

• A social worker in private practice counseled a couple that decided to divorce. This resulted in a protracted child custody battle. One of the attorneys representing the mother subpoenaed the social work records, hoping to find documentation of assessment or comments about the father - who had a mental health diagnosis - to use the information to impugn the reputation and credibility of the other parent. In this case, the social worker was not familiar with the standard in the NASW Code of Ethics which forbids social workers to release such records unless he or she has obtained the client's consent, or has been issued a court order. The code requires social workers to challenge the subpoena unless they have either client consent or a court order. It was later found that the social worker graduated from social work school before the current NASW Code of Ethics was adopted. The social worker had not reviewed the current code and was unsure of how to respond to the subpoena; he did not seek assistance from a colleague or attorney. The social worker admitted he should not have released the record, and did not understand the difference between a subpoena and a court order. The records released to the mother's lawyer were used against the father in the custody dispute that resulted in the father filing a lawsuit against the social worker, as well as filing a licensing board complaint and an ethics complaint to NASW.

Other examples of mistakes that social workers made recently resulting in lawsuits and ethics complaints involve: Misuse of Facebook privacy settings (which allowed clients to view personal information and led to boundary confusion), sending e-mail messages containing confidential client information to the wrong recipient, leaving confidential information exposed in a fax tray or desk (which was read by unauthorized staff and shared with the client), as well as failing to document consultation information relating to a client's suicidal ideation, and failure of the duty to warn.

Clients or other social workers that disagree with their decisions, judgment or conduct may file complaints against social workers. There may be differences of opinion among social workers about ethical decisions concerning a number of complex issues. Examples include: Cases of social workers that decided to disclose
personal information to clients in the course of therapy, receiving gifts or attending social functions in a small town, providing information to law enforcement agents investigating a crime involving the client, or terminating services when clients are disruptive, uncooperative or not following agency procedures. There are many situations that seem simple on the surface, but contain many complex factors. It is important to remember that a dissatisfied individual may file an ethics complaint or a lawsuit against a social worker.

The websites sponsored by social work licensing boards and professional social work organizations publicize cases in which licensed (or formerly licensed) social workers have been disciplined through suspension or revocation of their license, placement on probation, or reprimands.

Among the most common risk areas for ethical violations are client confidentiality and privacy, boundaries and dual relationships, conflicts of interest, informed consent, documentation, and termination of services (Reamer, 2015b).

Reamer outlines specific areas of concern in each of these ethical areas, and offers suggestions for preventing ethical misconduct.

• **Confidentiality and privacy**: Social workers face countless situations that require careful management of confidential and private information. Social workers must be familiar with ethical standards and laws related to, for example, disclosure of confidential information without client consent to protect third parties; disclosure to law enforcement officials and media representatives; release of information related to sensitive information, such as HIV/AIDS and substance abuse; disclosure of information about deceased clients; release of information about minors to parents and guardians; sharing of information among clients’ family members; protection of electronic communications, including e-mail, text messages, Facebook posts, and other social media; protection of client confidentiality in the event of the social worker’s retirement, disability, employment termination, or death; disclosures to third-party payers; and disclosures in public or semipublic areas to consultants, during teaching or training, and during legal proceedings.

• **Boundaries and dual relationships**: Social workers should be careful to maintain clear and appropriate boundaries in relationships with clients. Major risks are associated with social workers’ friendships with former clients; encountering clients in public settings; attending clients’ social, religious, and life cycle events; accepting gifts from clients; performing favors for clients; bartering with clients for goods or services; managing relationships with clients in small or rural communities; disclosing personal information to clients; and hiring former clients.

• **Informed consent**: Social workers should adhere to widely held standards regarding clients’ informed consent to services and release of information. These standards include ensuring that clients’ consent has
not been coerced, clients are mentally capable of providing consent, clients provide proper written and verbal consent, and clients’ consent is based on clear and thorough information.

- **Nontraditional services**: Social workers who contemplate using nontraditional or unorthodox interventions should exercise extraordinarily careful judgment and take responsible steps to protect clients from harm. Social workers should seek skilled consultation and be certain that the professional literature and experienced colleagues support their use of nontraditional or unorthodox interventions.

- **Documentation**: Skilled documentation is a vitally important risk management tool. In addition to enhancing the quality of services social workers provide to clients, careful documentation provides essential evidence of social workers’ efforts to manage ethics-related risks. Among the most common mistakes social workers make is the failure to document the steps they took to manage difficult ethical judgments including consulting colleagues and the NASW Code of Ethics (2008:2015). Social workers may not maintain accurate or complete notes in a client’s record, may not use precise wording, may include inappropriate language or judgments, or may fail to document in a timely fashion. Documentation errors can expose social workers to considerable risk if questions are raised about their ethical judgment or practice outcomes.

- **Termination of services**: Social workers expose themselves to allegations of client abandonment when they terminate services improperly. Social workers should be careful to follow widely used protocols when they terminate services - especially if they do so against a client’s wishes, for example. It is important to consult with colleagues about a termination decision, give clients as much advance warning as possible, as well as provide clients with referral options and information about how to handle emergencies.

Ethical challenges in social work are inevitable. To prevent ethics mistakes, social workers should acquaint themselves with the most common ethical risks and implement comprehensive risk management protocols.

**Standards of proof**

A single case could lead to four different types of formal complaints against a social worker that are filed with (1) a state licensing board; (2) the NASW (if the social worker is a member); (3) a civil court of law (lawsuit); and (4) a criminal court of law. In these different contexts, different standards of proof are used to determine whether the social worker engaged in wrongdoing (Reamer, 2015b).

- In criminal and civil trials, social workers are presumed innocent until proven guilty. In civil suits, the standard of proof required to find social workers liable is preponderance of the evidence. Preponderance of the evidence is also used in licensing board cases - as opposed to the higher standard of proof of beyond a reasonable doubt used in criminal court proceedings.
- Lawsuits brought against social workers may include negligence and malpractice. Malpractice cases normally include evidence in the following areas:
  1. At the time of the alleged malpractice, the social worker had a legal duty to the client.
  2. The practitioner was derelict in that duty, either through omission, the failure to perform one's duty, or through commission - which is an action taken by the practitioner.
  3. The client suffered some harm or injury.
  4. The social worker's dereliction of duty was the direct and proximate cause of the harm or injury.

A licensing board does not require evidence that a social worker’s actions - commission - or inactions - omission - caused harm when deciding on a case. Licensing boards can sanction social workers based on evidence that their conduct violated standards contained in licensing statutes or regulations.

**Social workers in the courts**

Barsky (2014a) believes that many social workers who do not have regular contact with the courts in their practice are poorly prepared for court should they be called to testify on behalf of a client or for themselves. He offers the following suggestions from his book, *Clinicians in Court*, 2014 for preparing throughout the practice of social work to manage future risks:

- Be sure all notes are “court ready,” meaning they are complete, dated, accurate, organized, and contain facts, not opinions.
- Be sure to follow ethical guidelines for confidentiality and know the limits of confidentiality and privilege. Many social workers are practicing in a field that is protected with not just confidentiality, but privilege. “Privilege” is a concept that says the social worker cannot be compelled or required to go to court, unless the client consents to their appearance in court. In many states, a licensed clinician cannot be required to testify unless the client gives permission.
- In some fields of practice, social workers are more likely to be called into court: it might be part of the work that they are doing. As a child protection worker, for example, the social worker needs to be aware that if an amicable agreement with clients is not possible, he or she might have to defend the case and his/her position in court. Or, when working in an area like family law, there may be a lot of tension and anger between the spouses during separation and divorce. Again, the social worker might be more likely to end up in court.
- Child custody evaluations may be required in an area of practice such as forensic social work. If the social worker interacts with attorneys on litigation cases he or she should receive specialized training in certain areas and fields of practice in order to be more persuasive and credible when giving testimony in court.
• In a forensic role, the duty is to the legal system. Many social workers do not realize that when they have an obligation to the legal system, it may mean that their role is more complex. In a custody evaluation, for example, the therapist cannot provide therapy or counseling to the parents who are going through separation or divorce. And as a social worker, s/he is trained to put the well-being of the client first: this may result in tension for the therapist and for the client. The social worker’s role as a witness is to help the court, meaning the judge or the jury.

• Know the correct way to respond to a subpoena. If a social worker is unsure of how to proceed, contact a personal attorney or agency attorney to help. There are a number of different types of subpoenas. Some subpoenas are actually a court order compelling an appearance in court with legal consequences. In other cases, a subpoena is a request to appear and is initiated by an attorney for one party or the other; it may not be a valid subpoena and may be challenged.

• Remember that the client owns confidentiality and privilege, so when a social worker receives a subpoena he or she must let the client know. If the client gives consent to appear in court, then ordinarily the social worker should appear in court on the client’s behalf; this honors the client’s right to self-determination.

• If the social worker receives a subpoena from a lawyer that is not a court order, after the client gives permission, the lawyer might then contact the person requesting the subpoena. A conversation may be necessary to explain that a court appearance may not be the best option: the information that the social worker has may be second-hand and may not be as strong - or as useful to the court - as the attorney might think.

• If the client has given authority and consent for the social worker to release his or her records, the client may not fully understand that the entirety of his/her records may be released - not just the portions that the client feels are favorable to his/her case. When a client knows he or she cannot control which information or testimony will be given, the client may reconsider.

• Another possibility is to request a motion to quash, a motion to cancel or a motion to veto the subpoena. This would usually be requested by the client, if the client has the means and the attorney to pursue the motion. A social worker might need to help the client locate a resource for information or funding for legal assistance. The agency (and sometimes even the profession association) may have an interest in advocacy for a certain case, so they may file the motion.

• If called to testify, it is important to prepare for one of two types of examinations: in a direct examination, the social worker is called as a witness for the case. This will include general and open-ended questions from the attorney’s perspective, geared toward the outcome that the attorney prefers (and most likely the one the social worker and client prefers). The lawyer will ask questions - guiding the testimony - because the information or opinions will support his/her case. The next type is the cross
examination. The other attorney will attempt to impugn the credibility, honesty, perception, memory, or accuracy of the witness testimony. S/he will attempt to create doubts in the minds of the judge or the jurors. In both cases, the objective is to be honest and open, as well as credible and persuasive. The cross examination is more stressful, because the witness is being challenged. The witness may be called to explain any inconsistencies in written or spoken information.

- Remember that no one is perfect and there are times in which a witness may be unsure. It is important to be honest, slow down, take a deep breath, and use strategies to control stress and anxiety. Be aware of how body language may be perceived.

- When handling a tough question during cross examination, look the attorney in the eye and do not look at the client or their attorney. This may be interpreted as looking for an answer from them. In situations of extreme stress it may be possible to ask for a short bathroom break to regain composure.

- It is possible to practice skills and prepare in mock sessions before taking the stand using role play and with legal professionals - preferably with the attorney who is involved in the case. One way to prepare is to actually observe cases that are similar; although child protection hearings are usually closed to the public, it may be possible to ask the court administrator to observe for professional purposes to prepare for testimony.

- People want to tell their story, and may think that all the information that they have is important and should be shared. They get frustrated when they can only answer the questions that the attorneys ask or when the attorney objects to their answers. A fact witness is there to provide “facts only.” An expert witness can be called upon to give opinions; an expert witness is selected by the court based on qualifications. If the social worker is called as an expert witness, s/he needs to know his or her role. Is the social worker there to explain psychological or social issues, provide assessment or evaluation data, and offer knowledge or expertise? Or is the social worker there to provide explanations and opinions? The professional social worker would only give testimony within their area of expertise in following ethical guidelines.

- To avoid situations that may lead to legal proceedings, it is important to pay close attention to informed consent, open communication and strategies that build trust and open communication with clients from the first session through the last. Manage and respond to clients (without judgment) if they have an issue or grievance. Ethical practice dictates that a social worker has the obligation to never abandon a client. Find out what the client really wants and find a way to resolve the conflict to save the relationship. Use sound decision making and professional collaboration to overcome any barriers. The client may simply want to feel as if he or she is being heard, need to know that his/her concerns are validated, and feel that s/he has some input into his or her personal therapeutic plan.
Consult resources such as forensic associations and national associations of forensic social work psychology and psychiatry, depending on the field of practice. The Association of Family and Conciliation Courts, for family law or juvenile justice is an excellent resource, along with child welfare agencies. Numerous sections of the NASW Code of Ethics (2008:2015b) cross over into forensic and legal areas. Oxford Bibliographies online has a list of resources that are related to social work and the law, including the court system.

**Practitioner impairment**

Ethics complaints and lawsuits may be the result of practitioner impairment. Impairment may involve failure to provide competent care or a violation of social work's ethical standards. Social workers that engage in egregious ethical misconduct, especially cases involving inappropriate dual relationships and incompetent practice, are often impaired in some manner (Reamer, 2015a). According to Reamer, impairment may take the following forms:

- Impairment may take such forms as providing flawed or inferior services to a client, sexual involvement with a client, or failure to carry out one's duties as a result of an addiction to alcohol, drugs, gambling, sex, or mental illness.
- Research suggests that distress among human service professionals falls into two categories: *environmental stress*, which is a function of employment conditions such as stressful working conditions or inadequate professional training, or *personal stress*, caused by problems with one's marriage, relationships, emotional and physical health, legal difficulties, and finances.
- In recent years, strategies for dealing with impaired practitioners have become more prevalent. Some professional associations are examining the extent of impairment among colleagues to address the problem.
- Despite discussions of specific forms of impairment, such as alcoholism, there is little discussion of the general problem of impairment in social work literature.
- Research on impairment among professionals suggests that many struggling practitioners do not seek assistance, and colleagues who are concerned about them may be reluctant to share their concerns.
- Some impaired professionals may find it difficult to seek help because of an erroneous belief in their own competence and invulnerability. They believe that a therapist is not available or that therapy will not help. They often prefer to seek help from family members or friends, or they believe they should be capable of resolving problems on their own.
- Professionals may not seek assistance because they fear exposure and the disclosure of confidential information. They may be concerned about the amount of effort required, the cost, have a spouse or partner who is unwilling to participate in treatment, or they do not comprehend (or cannot admit) the seriousness of the problem.
Strategies for preventing ethical violations

Although ethical dilemmas will arise in all areas of social work practice, there are strategies that social workers can implement in their own practices to avoid ethical violations. These include:

- Ongoing ethics education to remain current with changing aspects of the field, such as the expanded use of technology and social media.
- Updating risk-management protocols, such as HIPAA and technology.
- Prioritizing prevention by incorporating techniques to prevent ethics-related mistakes, such as identifying ethical dilemmas, practicing effective decision making models, studying and applying principles, standards and rules of ethical conduct to avoid mistakes and, and recognize signs of impairment. These techniques should be the focus of all work with clients, students, and colleagues.
- Social work agencies and professional organizations should expand the use of ethics consultation. NASW and ASWB offer formal ethics consultation. These resources can help social workers navigate difficult ethical issues. In the event that disgruntled parties file an ethics complaint or lawsuit, seeking consultation demonstrates the social workers’ good-faith efforts to make sound judgments (Reamer, 2015b).
- Finally, social workers should develop collegial-assistance programs to assist impaired social workers. Although some serious cases of impairment must be dealt with through formal adjudication procedures, many cases can be handled primarily by arranging therapeutic or rehabilitative services for distressed practitioners. Impaired social workers should have access to competent service providers who are trained to understand professionals' special concerns and needs. For instance, licensing boards and state chapters of NASW can enter into agreements with local employee assistance programs, to which impaired members can be referred (Reamer, 2015b).

Internal or personal ethical guidelines that drive practice

Internal or personal ethical values and morals play a large role in the overall conduct of a social worker. Character underlies ethical practice and bears some discussion. Ethical character requires a professional’s capacity to discriminate between a client’s need and his or her own. Exemplifying best practice in social work means a professional must conduct a thorough inquiry to affectively understand and advocate for clients.

In addition, demonstrating good character in social work practice also drives practitioners to live authentically in accordance with laws and regulations, as well as demonstrate professional behavior within the field. Possessing good character pushes professionals to continuously self-examine their motives and intentions and,
when necessary, seek consultation. It is the ethical responsibility for every social worker to continue to seek professional growth and to examine personal and professional attitudes and behaviors.

Kitchener (1984) has identified five moral principles that are essential ethics guidelines. These are reflected in current revisions of the NASW and ASWB ethical standards. They include:

1. **Autonomy** addresses the concept of independence and the responsibility of a counselor to encourage clients, when appropriate, to make their own decisions and to act on their own values. Two important considerations in encouraging autonomy are: 1) Helping clients understand how their decisions and their values may or may not be received within the context of the society in which they live, and how they may impinge on the rights of others; and 2) the client’s ability to make sound and rational decisions.

2. **Nonmaleficence** is the concept of not causing harm to others; it is often explained as “above all, do no harm.”

3. **Beneficence** reflects the counselor’s responsibility to contribute to the welfare of the client by doing good, being proactive, and also to prevent harm when possible.

4. **Justice** is treating everyone equally while responding to unique individual differences and needs. If an individual is to be treated differently, the social worker needs to be able to offer an appropriate rational.

5. **Fidelity** involves the notions of loyalty, faithfulness and honoring commitments.

It has been said that the Greek philosopher Socrates considered ignorance - as it relates to character - to be like an arrow missing its target. If practitioners believe, for example, that they are “walking a perfect path” in their profession, they may begin to form habits that bypass thorough inquiry and perhaps miss the mark as it pertains to demonstrating best practice in social work. They should also be willing to assume responsibility for their mistakes and misjudgments, without blaming others - even when this may place them in vulnerable legal positions.

Chris was a licensed professional who missed the mark:

*Chris was well trained and had received considerable supervision during his licensing process as a marriage and family therapist. He was prepared to enter the profession by the time he’d earned his state license. Yet, during the course of his career, he opted to pursue the minimal general requirements needed to maintain his licensing credentials, in lieu of expanding his knowledge about his area of expertise. Over the years, as more research information about his specialty area became published and known, Chris continued to treat his clients based on his earlier training and not on currently researched best practice. Consequently, his work, client outcomes and – ultimately - his practice suffered.*
Examining and reconciling personal and professional values
When licensed social workers are confronted with their personal values and those held by their clients, tension could surface. Social work professionals may have strong reactions to the ways in which some clients violate the law, excessively use drugs or alcohol, mistreat others, practice their faith, parent their children, or engage in self-destructive behaviors. It is extremely important, then, to examine their personal value structures and consider how to proceed to work with a client, while understanding that clients are often struggling with their own moral compasses as well.

Core values and ethical principles
The core values espoused by social work ethics codes incorporate a wide range of overlapping morals, values and ethical principles that lay the foundation for the profession’s unique duties. They generally include:

- Autonomy – Allowing for freedom of choice and action.
- Responsibility to clients.
- Responsibility to social justice.
- Responsibility for doing no harm.
- Dignity and worth of the person.
- Confidentiality.
- Importance of human relationships.
- Being proactive.
- Professional competence.
- Integrity.
- Engagement with appropriate informational activities.
- Treating people in accordance with their relevant differences.
- Responsibility to students and supervisees.
- Fidelity.
- Responsibility to research participants.
- Financial arrangements conform to accepted professional practices.

Depending on a particular professional association’s code of ethics, ethical professional practice includes:

- Helping people in need, such as natural disaster victims.
- Challenging social injustice and taking political action to change policy, such as advocating for the rights of individuals diagnosed with mental illness.
The intent of some of the principles, such as responsibility to students and supervisees, are social workers can aspire to; others are much more prescriptive, clearly identifying enforceable standards of conduct (Reamer, 2015b).

Most ethics codes describe specific ethical standards relevant to six areas of professional functioning. These standards provide accepted models of behavior for all social workers concerning ethical responsibilities:

1. To clients.
2. To colleagues.
3. To practice settings.
4. As professionals.
5. To a particular social work profession focus.
6. To the broader society.

Professionals should also take responsible steps before practicing interventions or approaches that are new to them or that are emerging areas of practice, with little to no generally recognized standards. The National Association for Social Workers (2008) Professional Competence Standard, which is currently in force and has not been revised, recommends strategies for gaining and maintaining professional and ethical competence:

(a) 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.
(b) 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.
(c) 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.
(d) Learning should never stop. Research, as well as using available education, training, consultation and supervision opportunities should be taken to increase competence.
(e) Stay informed about the state of the profession through membership in national and state organizations and the review of professional publications.
(f) Adhere to state licensing laws before providing service.

Overall, practitioners can benefit from the following more specific, yet practical, recommendations:

◊ Take proactive responsibility for errors in judgment.
Manage time effectively.
◊ Acknowledge clients’ time constraints.
◊ Check record keeping.
◊ Return phone messages in a timely manner.
◊ Avoid being late for sessions or meetings.
◊ Be dependable.
◊ Make outside resource information available to clients.

Ethical responsibilities to clients
The issue of clients’ rights has brought greater perspective to social work. Clients have a right to be informed of their social workers’ qualifications, such as education, experience, professional counseling certification(s) and license(s). They also have a right to receive an explanation of services, as well as:

1. To be informed of their provider’s limitations of practice to special areas of expertise.
2. To have all shared information treated confidentially and remain informed of any laws that place limitations on confidentiality in the treatment relationship.
3. To be able to ask questions about the counseling protocols, techniques and strategies and to remain informed of their progress.
4. To be participants in setting goals and evaluating their progress toward meeting them.
5. To be informed about provider contact in cases of emergency or in instances where there is less urgency.
6. To request second opinion referrals.
7. To request copies of records and reports to be used by other referral sources.
8. To receive a copy of any professional code of ethics.
9. To contact the appropriate professional organization if there are doubts or questions regarding ethical provider conduct, and also to file complaints.
10. To terminate the provider-client relationship at any time.

These additional illustrations highlight the complexities of ethical responsibilities to clients, and the situations professionals may face.

● A depressed, 80-year-old client suffers from the painful, debilitating effects of arthritis. He asks Rene, his licensed mental health therapist, for information on assisted suicide. He tells her that he only needs help downloading information from the Internet, and then it is his right to weigh the options about how to proceed. Rene believes the client’s depression is directly related to his pain, because the client is otherwise of sound mind; therefore, he has a right to determine his future.
A young woman with a borderline personality disorder diagnosis becomes angry with her therapist because he has set very clear and consistent limits. He has asked her not to call him in the middle of the night and leave desperate messages. During one session, this client threatens to report him to the state department of professional regulations for not responding to her phone messages.

**Commitment**

**Client interests are primary.** The examples above epitomize the difficulties often faced by practitioners when the principles of law, personal belief, professional codes of ethics, client need, professional training and cultural and societal norms intersect and, at times, contradict each other. The professional is then faced with a conundrum that offers a multitude of potential decisions, actions and consequences. We will discuss more about how the worker can best weigh all these considerations to make the most ethical decision later in this course.

**Self-determination**

Another standard that strongly reflects the practitioner’s commitment to a client is that of self-determination. Professionals have an obligation to support and assist clients in accomplishing their goals, deviating from this only when a client’s goal puts them - or others - imminently at risk.

Defining risk can be difficult, but most professionals agree that suicide or homicide presents a clear risk to the client - or to others. When a client’s condition indicates that there is a clear and imminent danger to the client or to others, the practitioner must take action to inform the responsible authorities, as well as the potential victims. Other client choices, such as staying in an abusive relationship or living in squalor or on the streets, may challenge a professional’s personal values and sincere desire to protect - also known as “professional paternalism” (Reamer, 2015b). These occurrences certainly challenge many social workers. However, in the absence of clear and present harm, the client has a right to choose his or her own path and make his or her own decisions, whether we agree or disagree.

For example:

*Sam and Katie have been seeing a couple’s therapist to address their anger issues within the context of their live-in relationship. Their therapist has often emphasized that verbal abuse should not be part of how the couple communicates. Both partners consistently revert to verbal abuse when one is triggered by the other. Sam and Katie’s therapist is struggling with her concerns regarding their ability to integrate, as well as practice new communication skills and behaviors as a couple. Should she let them know she doesn’t see much hope for their relationship? Should she refer them to a domestic violence agency? The therapist will need to proceed with sensitivity, and perhaps perform further inquiries with the couple, along with reflections into their on-going behaviors.*
**Suicide: Right to choose versus duty to protect**

A more precarious ethical decision occurs when suicide becomes a topic of concern.

Sometimes a practitioner may be faced with a choice between a client’s right to choose suicide and the duty to protect his or her life. A request by an emotionally stable and rational terminally ill client is a good example of a situation that is not as “cut and dried” as that involving a severely depressed young woman contemplating suicide. For instance, would one client deserve individual consideration and thus not be assessed for possible hospitalization over another client?

Most workers choose this profession because it supports respect for the strengths and the abilities of clients, and thus their ability to learn, make good decisions, and be self-sufficient. Aside from laws prohibiting assisted suicides, however, workers also rely on intuition and judgment when determining whether or not to take action to protect a client from harm. This scenario blurs the line between respect for the client’s wishes and society’s obligation to protect. It also raises the issue of client autonomy, versus the professional obligation to prevent discrimination. It is essential, therefore, that practitioners establish clear procedures that ensure impartial assessment, while valuing client autonomy and individual treatment. Some licensing accreditation agencies - as well as national professional associations - have established protocols and codes of ethics regarding this issue.

Since laws and professional codes of ethics are not always clear and do not always spell out our specific duties and responsibilities, it is recommended that workers not only do everything to assist clients in taking advantage of any options to alleviate their distress, but to also rely on practice guidelines that call for:

- Careful evaluation - such as clients’ ability to make rational choices based on their medical and mental state and social situation.
- A good therapeutic alliance.
- Consultation.

According to ASWB (2014a), the Duty to Warn/Protect is a very controversial issue among mental health professionals. It addresses the degree of action that a professional - including social workers - must take if a client informs the practitioner that he/she has a plan to harm someone else, and the duty to warn that individual. Laws vary throughout the 50 states, with 33 states mandating the duty to warn and protect, and 16 states legislating the permission to warn and protect. Arizona, Illinois and Delaware have different requirements for different professions, so it is important to study the law in the state of licensure (ASWB, 2014a).
A famous case out of California - Tarasoff V. Regents of the University of California - introduced this concept in 1976. A therapist worked with a client who indicated he wanted to kill his estranged girlfriend; the client proceeded to stalk and kill the ex-girlfriend. The therapist took steps with law enforcement and medical personnel in this case, but did not warn this victim. A warning may have saved her life, according to the court ruling. ASWB reports that many mental health professionals believe that there is a fine line when it comes to warning someone of harm because it could be a false threat; this could then easily break the confidentiality and alter the progress of treatment. It is difficult to know if an oral threat will become a behavioral threat.

As a result of the Tarasoff case, regulations specify a “duty to warn” if: 1) A serious threat of physical violence is made; 2) the threat is made against a specifically named individual(s); and, 3) the threat is also made in the context of a clinician-patient relationship (ASWB, 2016).

Social workers are bound by the Federal Health Insurance Portability and Accountability Act (HIPAA), originally developed in 1996. HIPAA governs the privacy and the security of patient information that may be shared by social workers - including information from case management notes. HIPAA is an extensive and detailed piece of legislation that contains directives for the security of the electronic transmission of information. HIPAA provides federal standards which aim to protect the client’s Protected Health Information (PHI).

Due to conflicts that may arise between the social workers duty to protect client confidentiality and the duty to warn against the potential of the client to harm himself or others, the 2014 U.S. Department of Health & Human Services (HHS, 2014a) provided the following statement that applies to health care providers, including social workers:

“The HIPAA Privacy Rule (2016) does not prevent your ability to disclose necessary information about a patient to law enforcement, family members of the patient, or other persons, when you believe the patient presents a serious danger to himself or other people. HIPAA allows the provider, consistent with applicable law and standards of ethical conduct, to alert those persons whom the provider believes are reasonably able to prevent or lessen the threat.”

Before making decisions concerning duty to warn/ protect, social workers must be clear about their state laws, and agency policies. It would be prudent to collaborate with colleagues and other professionals to review case documents that support actions and responses, based on the duty to warn guidelines within their jurisdictions.

Specific HIPAA legislation will be discussed more in-depth later in this course.
**Informed consent**

Services should not be provided until valid informed consent can be obtained. Professionals working in child welfare or forensic practice settings are faced with additional challenges.

The concept of informed consent has always been prominent in social work. Consistent with social workers’ principles of client self-determination, informed consent procedures require social workers to obtain clients’ permission before releasing confidential information to third parties (e.g., allowing clients to be photographed, videotaped, or audiotaped by the media, professionals, or other parties; permitting clients to participate in treatment programs; or permitting clients to participate as subjects in research or evaluation projects) (see standards 1.03 [a-f] and 5.02 [e-h] in the National Association of Social Workers’ *Code of Ethic*, 2008).

The revised 2015 ASWB *Model Standards for Technology in Social Work* address informed consent in:

**Section II. Informed Consent**

Social workers who choose to provide electronic social work services shall:

2.01. Obtain the informed consent of the individuals using their services during the initial screening or interview and prior to initiating services. Social workers shall assess clients’ capacity to provide informed consent.

In general, potential threats and factors to be considered in ensuring the validity of informed consent are:

- Language and comprehension.
- Capacity for decision making.
- Limits of service refusal by involuntary clients (including court-mandated clients).
- Limitations and risks associated with electronic media services.

**Professional and ethical competence**

Another issue that relates to informed consent competence is the professionals’ responsibility to represent themselves, and to practice only within the boundaries of their education, experience, training, license or certification and level of supervisory or consultant support.

The study also revealed findings of incompetence, in conjunction with other forms of unethical behavior, in 21 percent of the cases. In these cases, reasons why a social worker was not competent to deliver services included:

- Personal impairments, such as physical or mental illness or addictions.
- Lack of adequate knowledge or preparation, such as proceeding with certain treatment protocols without certification.
- Lack of needed supervision when there is a clear need for such.
Ethics in cultural competence and social diversity

Cultural competence and social diversity in social work practice recognizes that professionals provide services that are sensitive to each client’s various cultures. Demonstrating ethical cultural competence includes:

◊ Being knowledgeable about culture and its impact on human behavior.
◊ Recognizing and appreciating the strengths found in cultures.
◊ Considering the nature of social diversity and oppression

In general, cultural competence is defined as:
“The ability of individuals and systems to respond respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds, sexual orientations, and faiths or religions in a manner that recognizes, affirms, and values the worth of individuals, families, tribes and communities, and protects and preserves the dignity of each” (Lum, 2014).

“Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system or agency or amongst professionals and enable the system, agency, or those professions to work effectively in cross-cultural situations” (National Center for Cultural Competence, 2016).

The Social Work Policy Institute (SWPI) convened a think tank symposium, Achieving Racial Equity: Calling the Social Work Profession to Action on November 17 and 18, 2013 in Washington, DC. The symposium explored the social work profession’s primary mission “to enhance human well-being and to help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty” (NASW, 2008).

The symposium organizers believed that social workers should be leading efforts to achieve racial equity. A useful definition of racial equity is provided by the Center for Assessment and Policy Development (CAPD): “Racial equity is the condition that would be achieved if one’s racial identity no longer predicted, in a statistical sense, how one fares.”

When we use the term “racial equality,” we are thinking about racial equity as one part of racial justice; thus, we also aim to address root causes of inequities, not just their manifestations. This includes elimination of policies, practices, attitudes and cultural messages that reinforce differential outcomes by race or fail to eliminate them (CAPD, 2016).
The symposium goals were to:
- Understand the roots and manifestations of institutional and structural racism.
- Identify principles, practices, and analyses that are effective for undoing institutional and structural racism.

Institutional or structural racism is the social, economic, educational, and political forces or policies that operate to foster discriminatory outcomes, or give preferences to members of one group over others and derives its genesis from the origins of race as a concept.

An overview of the action brief includes a discussion of the new racial order in the post-civil rights era, called “new racism” or “color blind racism.” These include racial practices that tend to be subtle, institutional, and avoid direct racial references. While current manifestations of racism seem to be ‘non-racial,’ they are just as effective as Jim Crow practices for maintaining racial inequity in every aspect of life (SWPI, 2014).

Jon Greenberg, an anti-racism educator for fifteen years, explains seven reasons why colorblindness contributes to racism instead of providing solutions. The reasons are summarized as follows (Greenberg, 2015):

1. **Colorblindness invalidates people’s identities**
   Because of the prevalence and history of racism, just the word “race” can conjure negative connotations. Race is tied to people’s identities and signifies culture, tradition, language, and heritage – genuine sources of pride. Like many other factors – gender, religion, and socio-economic status – race is a basic ingredient that makes up our being, whether or not you consciously acknowledge its role in your life. Imagine being forced to suppress one such ingredient that you openly acknowledge and value. Imagine, for example, being forced to let go of your religion. For people whose faith is a fundamental part of their lives, such a thought is unfathomable. Yet doing so for race makes no more sense. True progress will come when White Americans no longer feel threatened by the racial identities of groups of color.

2. **Colorblindness invalidates racist experiences**
   Colorblind ideology takes race off the table. But for many people of color, as well as for White people who work to dismantle systems of privilege, race is very much on the table. Unfortunately, colorblindness derails the process of addressing racism before it has even started.

3. **Colorblindness narrows White Americans’ understanding of the world and leads to disconnection**
   White Americans are not the only ones who adopt a colorblind approach to race. Greenberg states that in his experience, they are far more likely to adopt this approach - more so than any other racial group. Ultimately, however, colorblindness hurts them as well. Greenberg argues that White Americans who avoid race, a behavior that colorblindness encourages, have a skewed view of the world.
Understanding any situation requires multiple points of view. A news story must consider various sides of any conflict to keep itself out of the editorial section. Colorblind ideology limits the stories that get told, keeping White America comfortable, but also keeping racism thriving.

4. Colorblindness equates color with something negative
The comment “I don’t see color; I just see people” carries with it one huge implication: It implies that color is a problem, arguably synonymous with “I can see who you are despite your race.” As evidence, note that the phrase is virtually never applied to people who identify as “white.” Greenberg notes, “In over 40 years of life and nearly 15 years as an anti-racist educator, I have yet to hear a White person say in reference to another White person, ‘I don’t see your color; I just see you.’ In my experience, it is always applied to people of color, nearly always by White people.” For the students of color whose race is core to their identities, the comment effectively causes many to feel invisible. “Then you don’t see me,” one student of color once responded.

5. Colorblindness hinders tracking racial disparities
Racial labels and terms are complex, evolving, sometimes limiting, and often problematic. But the problems associated with colorblindness are arguably far worse. Without being color conscious, we would never know:

- Black preschoolers are three times more likely to be suspended than White students. This data from a federal study has prompted some to rename the “school-to-prison pipeline” the “preschool-to-prison pipeline.”
- In Seattle, despite making up just a tiny fraction of the district population, Native American students had a “push-out” rate, more commonly known as “drop-out” rate, of 42% during the 2011-2012 school year (Greenberg, 2015).

In the school district in which Greenberg works, Seattle Public Schools, Black middle school students are nearly four times more likely to be suspended than White students, a disparity that prompted a federal investigation by the Department of Education. “If a person’s race truly shouldn’t matter, which I acknowledge most people are trying to communicate when they espouse colorblindness,” Greenberg states, “then such disparities would not exist.”

6. Colorblindness is disingenuous
Greenberg gives examples from today’s culture, which clarifies the issue in simple terms:

“If you are saying ‘I don’t see color; I just people,’ essentially, you are saying that that you don’t notice any difference between Lupita Nyong’o and, say, Anne Hathaway - two similarly aged actresses who I’m betting have never been confused for each other. They are both just people, exactly the same. Really? I just don’t believe you. Or when you see a group of Black youth walking toward you on the sidewalk, you feel the exact same feeling as when it’s group of White youth? Though the concept of race
is a social construct and ever changing, let’s just be honest that those of us who can see really do see the physical differences like skin, hair, eye shape, commonly associated with what we call ‘race.’ If you are choosing colorblindness to avoid being racist, you have chosen the wrong strategy.”

7. Colorblind ideology is a form of racism
Colorblindness is far more of a threat to racial justice than the White Supremacists who seem to be quite color conscious. After all, if you can’t discuss a problem, how can you ever solve it? Greenberg concludes his work with a quote from Supreme Court Justice Harry Blackmun, 1970-1994, who wrote, “To overcome racism, one must first take race into account.”

The 2013 symposium participants identified a set of strategic actions that should occur if we are to truly invest in undoing racism and to promote healing. The following are targeted action steps that were developed by the symposium participants.

1. Be explicit about race and racism and the social work profession
- Social workers should apply a racial equity lens to everything.
- Traditional social work organizations - including Deans and Directors of Schools of Social Work (NADD), NASW, and CSWE – need to listen to organizations led by people of color (e.g., National Association of Black Social Workers).
- Social workers should embrace anti-racist community organizing at all levels – from policy development to direct practice.
- Social workers should use data to show the ways racial inequity is prevalent in our own organizations and institutions.
- Social workers should understand, study, analyze, and address the ways that ‘color-blind racism’ has become the dominant ideology in our work, conversations, and institutions.
- Social workers need to reclaim and assert their roles as agents of change.
- Social workers need to understand how our actions are part of the “Foot of Oppression” by recognizing our function as gatekeepers, which requires compliance and perpetuates needs of those we serve.
- Individual caseworkers are not expected to come up with solutions.
- Social workers operate within institutions, and these institutions need to incorporate anti-racism actions and principles within social work education and the institutions in which social work education programs operate. These include human service, educational, health care, criminal justice, child welfare and social worker agencies and professional associations.
- Social workers need to tell the truth.
2. Impact social work education

- Ensure availability and access to core anti-racism/anti-racist curriculum content in social work education programs.
- Operationalize, more fully, how the curriculum can provide tools to address institutional racism, not to just discuss race and poverty in terms of history and advocacy and in understanding the social environment.
- Train social workers to identify and interrupt color-blind ideology
- Ensure students know that helping is not enough – students need to understand that they have power that can hurt.
- Train social workers to use data as an organizing tool – for example, to understand tenure and promotion decisions, and to advocate for change.
- Train social workers to think about and analyze power.
- Create a support system for those who teach the classes on diversity and cultural competence – who are mostly people of color.
- Connect (CSWE, 2015) Educational Policy & Accreditation Standards (EPAS) to political changes underway targeted to achieving racial equity, on the ground, in schools of social work and in communities.

3. Build opportunities to develop, engage and strengthen leadership of color

- Support opportunities for leaders of color by sharing power.
- Develop and deepen authentic relationships with communities to build a base of support to identify and support new leaders.
- Use multiple strategies, including resources and incentives, to develop and promote leaders from groups usually underrepresented, and sometimes shut out of leadership opportunities.
- Involve communities in research – at every step – from planning, assessment, analysis and dissemination including use of participatory action models.

4. Ensure availability of professional development for social workers to acquire the following core competencies to combat institutional racism

- Understanding that people are poor because they lack power (resources, decision-making, law, land, etc.), not because they lack programs.
- Understanding how social programs maintain poverty and institutional structures that limit access to wealth.
- Asserting that the social work profession focuses on well-being and social justice.
- Consider anti-racism to be how social workers “do” social justice: it is not outside the work we do and it should not be a separate subject, but rather a lens.
• Use the Code of Ethics to speak to anti-racism.
• Recognizing that racism is the glue that holds classism/poverty together and is maintained through structures and systems of racial inequity.
• Identifying and interrupting color-blind racial ideology.
• Working to understand that it is essential to develop authentic relationships to create and maintain human boundaries – with individuals and communities and across systems.
• Understanding that racism has negative impact on all races.
• Fighting injustice due to lack of access to resources and opportunities (disinvestment, intertwining of racism and poverty) which have both structural and systemic dynamics, the continued existence of racism - even when no longer poor - as well as the manipulation of poor whites using racism (for example, poor whites vote on race).

In 2015, the NASW revised the *Standards and Indicators for Cultural Competence in the Social Work Practice*, originally written in 2001. These revised standards are based on the policy statement “Cultural and Linguistic Competence in the Social Work Profession” published in Social Work Speaks: National Association of Social Workers Policy Statements (NASW, 2015) and the NASW (2008) Code of Ethics. It charges social workers with the ethical responsibility to be culturally competent. The NASW “promotes and supports the implementation of cultural and linguistic competence at three intersecting levels: the individual, institutional, and societal. Cultural competence requires social workers to examine their own cultural backgrounds and identities while seeking out the necessary knowledge, skills, and values that can enhance the delivery of services to people with varying cultural experiences associated with their race, ethnicity, gender, class, sexual orientation, religion, age, or disability [or other cultural factors]” (NASW, 2015b).

This revision was developed by the 2015 NASW National Committee on Racial and Ethnic Diversity and is summarized as follows:

**Statistics**

The demographic shift is projected to continue with increased diversity in our population - including American-born immigrants and refugees. In 1980, 80 percent of the population was white. In 2014, this proportion had decreased to 63 percent. It is projected to decrease through 2050, where it will decline to 44 percent (Ortman & Guarneri, 2014). American society is constantly undergoing major demographic changes that heighten the diversity issues confronting social workers. Population projections for 2050 have changed and the United States’ growth has lowered because of a reduction in immigration and births; although the Asian and African American immigrants are expected to continue to increase, Hispanics will have the greatest immigration
Immigration to the United States by peoples from Asia, Eastern Europe, Russia, Africa, and Latin America can be expected to intensify the diversity that social workers will witness within their practices. Shifts in the growth of Black, Hispanic, Asian and Pacific Islander, and American Indian/Alaskan Native populations are projected to continue to increase, with more than 50 percent of Americans expected to belong to one of these groups by 2044 (Colby & Ortman, 2015).

One dimension of cultural competence is the capacity to communicate effectively. In the United States, the number of people for who do not speak English as their primary language has grown. In 2014, the U.S. Census documented more than 400 language groups spoken in this country. More significantly, there has been an increase of over 30 percent in the number of foreign-born limited English proficient (LEP) population in the U.S. from 2000 to 2012 (LEP.gov, 2015).

Linguistic competence is “the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, individuals with disabilities, and those who are deaf or hard of hearing” (NASW, 2015a).

These demographic changes increase the diversity that social work practitioners, administrators, and executives encounter daily in their settings. These changes affect the social work policy agenda at organizational, community, county, state, and national levels. They challenge social work educators to effectively recruit, retain, and graduate a diverse student body, and to deliver a robust curriculum that embeds the implications of cultural diversity in all aspects of social work practice. Finally, these demographic changes challenge social work researchers to examine questions of relevance to culturally diverse populations and engage in culturally competent research practices.

The social work profession has espoused a commitment to diversity, inclusion, and affirmative action. Although the proportion of people of color has increased in NASW’s membership over a period of several years, the percentages could be improved; only 8.5 percent identify themselves as African American or Hispanic (including Mexican American and Puerto Rican). Other Hispanic groups constitute about 4.5 percent of the membership; Asians and Pacific Islanders 1.9 percent; and American Indians/First Nations People 0.5 percent - according to National NASW data from 2015 (NASW, 2015a).
Definitions

Cissexism: Refers to discrimination against individuals who identify with and/or present as a different sex and gender than was assigned at birth. It also includes privileges conveyed upon individuals who identify with and/or present as the same sex and gender as assigned at birth. It is a form of sexism, based on sexual and gender identity and expression (Hibbs, 2014).

Culture: A universal phenomenon reflecting diversity, norms of behavior, and awareness of global interdependence. Culture includes - but is not limited to - history, traditions, values, family systems, and artistic expressions of client groups served in the different cultures related to race and ethnicity, immigration and refugee status, tribal status, religion and spirituality, sexual orientation, gender identity and expression, social class, and abilities (Link & Ramanathan, 2014).

Cultural humility: Cultural humility is an important facet of professional identity that encourages self-evolvement and evolvement of self through one’s professional life. It also includes evolvement of the profession’s identity that bridges social distance, as well as power differentials between the social worker and client systems (Ramanathan, 2014). Cultural humility refers to the attitude and practice of working with clients at the micro, mezzo, and macro levels with a presence of humility while learning, communicating, offering help, and making decisions in professional practice and settings.

Intersectionality: This theory, grounded in a feminist perspective, examines forms of oppression, discrimination, and domination as they manifest themselves through diversity components. Components include such multiple identities as race and ethnicity, immigration, refugee and tribal status, religion and spirituality, sexual orientation, gender identity and expression, social class, and mental or physical disabilities. An intersectionality approach to social work practice at the micro, mezzo, and macro levels includes integrating the various diversity components and identities and approaching practice from a holistic point of view. For example, a social worker would approach a first-generation client in the context of the client’s family and with recognition of the person’s race and ethnicity, religion and spiritual expression, social class, sexual orientation, abilities, and other factors (Viruell-Fuentes, Miranda, & Abdulrahim, 2012).

Macro practice: Social work practice is “aimed at bringing about improvement and changes in the general society. Such activities include some types of political action, community organization, public education campaigning, and the administration of broad-based social services agencies or public welfare departments” (Barker, 2014).

Mezzo practice: Refers to “social work practice primarily with families and small groups. Important activities...
at this level include facilitating communication, mediation, and negotiation; educating; and bringing people together” (Barker, 2014).

**Micro practice:** “The term used by social workers to identify professional activities that are designed to help solve the problems faced primarily by individuals, families, and small groups. Usually micro practice focuses on direct intervention on a case-by-case basis or in a clinical setting” (Barker, 2014).

The revised 2015 NASW National Committee on Racial and Ethnic Diversity standards incorporate updated literature in culturally competent practice. These revised standards are intended to be inclusive of all populations served, and focused on self-awareness, cultural humility, and the dynamics of power and privilege. Cultural humility, which is integral to culturally competent practice, is described and highlighted in this revision of the standards. The specific goals of the standards are to:

1. Enhance knowledge, skills, and values in practice and policy development relative to culturally diverse populations.
2. Articulate specific standards to guide growth, learning, and assessment in the area of cultural competence.
3. Establish indicators, so that social workers in all areas of practice can monitor and evaluate culturally competent practice and policies in relationship to these standards.
4. Educate consumers, governmental regulatory bodies, insurance carriers, and others about the profession’s standards for culturally competent practice.
5. Maintain or improve the quality of culturally competent services provided by social workers in agencies, programs, and private practice settings.
6. Inform specific ethical guidelines for culturally competent social work practice in agency and private practice settings.
7. Document standards for agencies, peer review committees, state regulatory bodies, insurance carriers, and others.

The standards are listed below but there is extensive information detailing the indicators and interpretation of each standard in the complete document that can be viewed at:


**Revised 2015 Standards: NASW National Committee on Racial and Ethnic Diversity**

**Standard 1.** Ethics and Values Social workers shall function in accordance with the values, ethics, and standards of the NASW (2008) *Code of Ethics.* Cultural competence requires self-awareness, cultural humility, and the commitment to understanding and embracing culture as central to effective practice.
Standard 2. Self-Awareness Social workers shall demonstrate an appreciation of their own cultural identities and those of others. Social workers must also be aware of their own privilege and power and must acknowledge the impact of this privilege and power in their work with and on behalf of clients. Social workers will also demonstrate cultural humility and sensitivity to the dynamics of power and privilege in all areas of social work.

Standard 3. Cross-Cultural Knowledge Social workers shall possess and continue to develop specialized knowledge and understanding that is inclusive of, but not limited to, the history, traditions, values, family systems, and artistic expressions such as race and ethnicity; immigration and refugee status; tribal groups; religion and spirituality; sexual orientation; gender identity or expression; social class; and mental or physical abilities of various cultural groups.

Standard 4. Cross-Cultural Skills Social workers will use a broad range of skills (micro, mezzo, and macro) and techniques that demonstrate an understanding of and respect for the importance of culture in practice, policy, and research.

Standard 5. Service Delivery Social workers shall be knowledgeable about and skillful in the use of services, resources, and institutions and be available to serve multicultural communities. They shall be able to make culturally appropriate referrals within both formal and informal networks and shall be cognizant of, and work to address, service gaps affecting specific cultural groups.

Standard 6. Empowerment and Advocacy Social workers shall be aware of the impact of social systems, policies, practices, and programs on multicultural client populations, advocating for, with, and on behalf of multicultural clients and client populations whenever appropriate. Social workers should also participate in the development and implementation of policies and practices that empower and advocate for marginalized and oppressed populations.

Standard 7. Diverse Workforce Social workers shall support and advocate for recruitment, admissions and hiring, and retention efforts in social work programs and organizations to ensure diversity within the profession.

Standard 8. Professional Education Social workers shall advocate for, develop, and participate in professional education and training programs that advance cultural competence within the profession. Social workers should embrace cultural competence as a focus of lifelong learning.

Standard 9. Language and Communication Social workers shall provide and advocate for effective
communication with clients of all cultural groups, including people of limited English proficiency or low literacy skills including, reading, writing and math literacy, people who are blind or have low vision, people who are deaf or hard of hearing, and people with disabilities

**Standard 10.** Leadership to Advance Cultural Competence Social workers shall be change agents who demonstrate the leadership skills to work effectively with multicultural groups in agencies, organizational settings, and communities. Social workers should also demonstrate responsibility for advancing cultural competence within and beyond their organizations, helping to challenge structural and institutional oppression and build and sustain diverse and inclusive institutions and communities.

Due to societal and cultural changes occurring in the 21st century, understanding cultural competence is an ongoing learning process and is a vehicle to broaden one’s knowledge and understanding about individuals and communities. For example:

*Jackie, a licensed mental health professional, had spent much of her career working with children within her Native American community. As her work expanded to helping children from another culture, she found that she struggled with her own personal biases, based on her past experiences with that culture. Jackie felt that she needed to seek consultation and supervision - given her feelings and attitudes toward her newer, younger clients.*

*Matt was offered an administrative position at a mental health center in a southern state after working in the northeast part of the country for many years. When he arrived at his new job, he was confused and often misunderstood why staff members kissed their clients on the cheek during greetings.*

*Carly grew up in a conventional and traditional “western” environment with her two parents. When she arrived at her first job, she was surprised to learn that many of her clients had been reared, not by their birth parents, but by grandparents or other extended family members. Yet, Carly soon learned that their circumstances did not reflect a lesser value system than the one she’d grown accustomed to as a child.*

The above examples illustrate that developing cultural competence is an ongoing process and requires the clinician’s active involvement. Therefore, it is helpful for practitioners to know five elements of cultural competence. These include:

1. Valuing cross-cultural diversity in behaviors, practices, policies, attitudes and structures. Valuing diversity can be demonstrated in a number of ways - through professional affiliations and volunteerism - in addition to practice application.
2. Conducting cultural self-assessment to assess for personal and professional proficiency in cultural competence. Take time to ask yourself questions regarding your personal cultural competencies. A few questions may include:
   a. I accept and respect that male-female roles in families may vary significantly among different cultures.
   b. I accept that religion and other beliefs may influence how families respond to illness, disease, disability and death.
   c. I accept that different cultures may present and resolve their issues in a variety of ways.

3. Managing the dynamics of difference within natural, formal or informal support and helping networks within clinical settings. For example, there is often a cultural shift from a hospital setting to an office setting, in addition to working with personnel from each of these settings.

4. Acquiring and integrating cultural knowledge by seeking out information and consultation and practice applications. Some states require continuing education courses in understanding cultural competence and its practice application.

5. Adapting to diversity and cultural contexts that include policies, structures, values and services. For example, working within the context of a large mental health group’s private practice is different from working within the context of a private nonprofit organization. Consequently, it is essential when working with clients who are affiliated with both, to effectively navigate through those settings.

**Defining linguistic competence**

Linguistic competence is defined as:

“The capacity of a mental health professional to communicate effectively and convey information in a manner that is easily understood by diverse audiences, including persons of limited English proficiency, those who are not literate or have low literacy skills, and even individuals with disabilities.”

In positive culturally competent communication climates, trust is established and reaffirmed, allowing freedom to explore sensitive issues and express disagreements. Positive talk climates are:

- Descriptive.
- Oriented toward problems.
- Spontaneous.
- Empathic.
- Express equality.
- Provisional.
Need for linguistic competency
A wide range of approaches has been used to provide interpretive services for patients with limited English proficiency (LEP), ranging from using family members or friends, community language banks, telephone, video or computer interpreters, contracted interpreters, bilingual staff, and on-staff salaried interpreters. Confidentiality is breached when family members or friends are used as interpreters, although it is a common practice; the quality of interpretation is frequently inadequate and can lead to misunderstandings. Given the fact that more than one hundred languages are spoken in the United States, all health care professionals should be adequately trained in how to effectively work with interpreters.

It is important to address the language barriers when a client completes the initial medical and informed consent intake process. It is a fundamentally ethical and legal obligation to mention the foundation of an effective relationship between a caregiver and client or patient. The risk of medical malpractice associated with language discordance between providers and patients is reduced when competent medical interpretation is provided.

Language barriers and access were first addressed by Title VI of the Civil Rights Act of 1964; Executive Order 13166 entitled “Improving Access to Services for Persons with Limited English Proficiency.” It stated that “no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance” (Civil Rights Act of 1964, Section 601, 78 Stat. 252 [42 USC 2000d]).

The U.S. Office for Civil Rights issued a memorandum in 1998 stating that denial or delay of medical care because of language barriers constitutes illegal discrimination under Title VI of the Civil Rights Act (OCR, 2001).

The Executive Order, signed in August of 2000, “requires Federal agencies to examine the services they provide, identify any need for services to those with limited English proficiency (LEP), and develop and implement a system to provide those services so LEP persons can have meaningful access to them. It is expected that agency plans will provide for such meaningful access consistent with, and without unduly burdening, the fundamental mission of the agency. The Executive Order also requires that the Federal agencies work to ensure that recipients of Federal financial assistance provide meaningful access to their LEP applicants and beneficiaries” (LEP.gov, 2015).

Working with interpreters
Scope and impact of the problem
Language barriers to health care in the United States
There is more than one way for a language-related misunderstanding to occur between a patient and a healthcare provider. According to the *New England Journal of Medicine (NJM)* (Wynia, Ivey, & Hasnain-Wynia, 2014):

One of the ways, becoming more familiar all the time in many parts of the country, is a mismatch of language backgrounds, the doctor speaks and understands only English; the patient speaks and understands only Spanish or some other language. That may lead to humorous exchanges, or to tragedy, the author of one report cites a case in which a Spanish-language mother was forced to relinquish custody of her children on suspicion of abuse after a nurse and a social worker misunderstood the mother’s assertion that her two-year-old had "hit herself" when falling off a tricycle.

And the other way - that is much harder to identify and which can’t be remedied by an interpreter - is real, actual illiteracy. This is the condition in which a patient cannot read or write, and has grown to adulthood concealing that fact in a number of ways.

In cases of language mismatch, it is important to keep in mind that the U.S. Census Bureau (2014) reports that over 20 percent of the U.S. population has limited English proficiency and speaks a language other than English at home. Yet, given those formidable numbers (which are much higher in places like California, Texas and Florida), many patients who need interpreters have no access to them.

According to one *NJM* study, no interpreter was used in 46 percent of emergency department cases involving patients with limited English proficiency. Only 23 percent of U.S. teaching hospitals provide any language training; those that do provide training make it optional (Wynia, Ivey, & Hasnain-Wynia, 2014).

Language barriers can have serious effects. According to the researchers, patients with language use-and-understanding problems are less likely than others to have a regular medical care provider, may receive fewer preventive services, and have an increased risk of non-adherence to medication and therapy plans. The use of available health services may also be affected by the availability of trained interpreters. Among non-English speakers who needed an interpreter during a health care visit, less than half (48 percent) reported that they always or usually had one (Wynia, Ivey, & Hasnain-Wynia, 2014).

It is not difficult to notice if a patient cannot speak or understand the doctor’s language; patients will find a way to indicate a language barrier. The second language issue, illiteracy, may not be as readily apparent. Patients may be ashamed to admit they cannot read or write. Researchers in the *NJM* study reported that patient illiteracy was often discovered in instances of non-adherence to prescription dosages and failure to keep return appointments.
“Blindness to illiteracy” is common, says the National Assessment of Adult Literacy (NAAL, 2016). The survey conducted by the National Center for Education Statistics reported that 32 million (14 percent of the population) adults in the U.S. are unable to read, and 21 percent of adults in the U.S. read below a 5th grade level. Nineteen percent of high school graduates cannot read. An estimated 14 percent of adults in the United States have "below-basic" levels of “prose literacy” (defined as the ability to use printed and written information to function in society). Twelve percent of adults are also estimated to have below basic "document literacy," meaning they can’t read and understand drug or food labels.

Researcher Dr. Erin Marcus says, "There’s also a growing body of research on health literacy, the ability to comprehend and use medical information." Patients with reading problems may avoid doctors’ offices and clinics because they are intimidated by paperwork. Emergency rooms, however, may be more user-friendly because someone asks the questions and often fills out the forms for the patient (Wynia, Ivey, & Hasnain-Wynia, 2014).

**Resource utilization**

There is evidence of an underuse of professional interpreters and an overreliance on untrained interpreters in health care settings - even in practices with a high number of LEP patients. This results in an increase in the number of errors, misunderstandings, and poor treatment adherence. Factors identified as barriers for the use of professional interpreters include excessive time spent waiting, awkward communication, poor interpreter availability, failure of staff to identify LEP patients needing interpreters, a perception of additional time for encounters, and the perception of increased cost for professional interpretation. There is evidence, however, that demonstrates that the use of professional interpreter services is cost-effective over the long term, and improves the quality of client/patient-therapist communication, as well as health care access and delivery.

**Strategies to address language barriers**

**Providing language services**

Hundreds of languages are spoken across urban and rural settings in the United States. The Institute of Medicine National Academy of Sciences (2016) reported that more than 50 percent of health providers surveyed believed that patients did not adhere to treatment because of cultural issues. More than 50 percent of health providers have received no language or cultural competency training.

Addressing language needs should include the designation of responsibility (leadership), conducting an analysis of local need, and identifying community resources. Implementing the services, training staff, notifying the clients of services, as well as evaluating and reviewing the quality of services should be part of the training.
Some guidelines offered by the Commonwealth Fund (2015) to address local needs for language services include:

- Language access planning: An employee or team member can be designated to develop a language plan to meet a client’s needs.
- Language needs can be determined at first point of contact with the receptionist. For example, using flash cards that state “I speak (specific language),” to identify the client’s language preference.
- Recruitment should include hiring of bilingual mid-level workers.
- Dual-role bilingual staff with training and language proficiency can be rewarded for their additional interpretation roles.
- Interpreter services may be sought from agencies by contract, or by using community resources such as hospitals, colleges and community groups.
- Written translated materials can be obtained and made available.

The type of interpreting service to be provided should be considered for the local community and the LEP group served. Although traditional face-to-face professional interpreting is used in most health care settings and is superior to non-professional interpreting, these resources may not be provided routinely.

Other methods of interpreting have been studied. These include telephone interpreting and video conferencing, as well as computer technology. Overall, studies have demonstrated that patients are satisfied with language-proficient health providers.

In addition to the observance of guidelines by the health and wellness industry, training for health providers to work effectively with interpreters has been shown to increase the use of professional interpreters and raise satisfaction with the services provided.

Effective interaction with interpreters is a standalone, distinct skill domain in the Association of American Medical Colleges (AAMC) Tool for Assessing Cultural Competency Training Association of American Medical Colleges (2016). The following stated learning objectives are offered for healthcare providers, but can apply to social workers as well:

- Describe functions of an interpreter.
- List effective ways of working with an interpreter.
- Identify and collaborate with an interpreter.
Various curricula have been created for teaching those within the health industry to effectively work with interpreters - including an online case-based interactive module at the New York University’s School of Medicine (2016). When working with interpreters, most guidelines address the following issues with similarly suggested behaviors for providers:

- A trained interpreter should always be used, when available.
- Avoid untrained interpreters (such as relatives or untrained staff) who are likely to compromise the accuracy of the terminology.
- The use of relatives, especially children of patients, creates problems with social roles, sensitive issues, and compromises the ethics of confidentiality.
- Seating should promote direct eye contact between caregiver and the client throughout the encounter. This will reduce the likelihood of diverting attention from the client. Equilateral triangle seating, or having the interpreter sit just behind and to the side of the patient, are both acceptable positions.
- The interpreter should be oriented to the role expected by the social worker, if the interpreter is unfamiliar with the social worker.
- The social worker should clearly explain the role of the interpreter to the client, and ask whether or not the client is comfortable with the process.
- The social worker should request word-for-word interpretation from the interpreter without paraphrasing.
- The social worker should use short sentences in “digestible chunks,” allowing for the interpreter’s understanding and accurate interpretation, and allowing for repetition (if needed) for clarification.
- The social worker should listen actively to the client and the interpreter, and then summarize what is said.
- The social worker can ask the client to “back interpret,” or to summarize, what s/he said. This will help verify the accuracy of the interpretation, as well as reiterate the client’s comprehension.
- Visual aids and written handouts should be used where available, and should be appropriate to the client’s literacy level.
- The interpreter should accompany the client to schedule any follow-up appointments.

**Case study**

A 60-year-old Hispanic woman was to be interviewed by a female therapist. A male interpreter was sitting next to the client. The therapist, upon entering the room and sitting down opposite the client and interpreter, immediately asked the client through the interpreter “What can I do for you today?” The client was silent. The therapist then asked the interpreter “Why does she not speak?” The interpreter shrugged and asked - in English - how long the interview will take.
Discussion

In this scenario, the therapist failed to orient the interpreter to both his role and to her expectations of the encounter’s interpretation process. More importantly, the therapist failed to discuss and explain the interpreter’s role with the client, including asking the client’s permission to work with this interpreter.

The client had a personal problem in this instance: she was uncomfortable discussing her problem front of a male interpreter. She chose to remain silent, rather than to reveal her reason for the visit. The client would have preferred the option of a female interpreter.

Despite using the best of communication styles, an open-ended question such as, “What can I do for you today” to begin an interview is ineffective in eliciting neither a full history nor an adherence to a treatment plan. This can negatively impact the outcome of the client’s care. The therapist has now encountered a secondary communication problem, in addition to not working effectively with the interpreter. Interpreters (in some settings) may have their own viewpoints about how providers should communicate with a client or patient through them. These views should be taken into consideration when interacting with an interpreter.

Interpreters should not be asked to perform the following services without the provider present:
- Keep the LEP client or patient company.
- Explain the procedures without the provider being present.
- Take a medical history.
- Sign or explain a consent form without full explanation.

Common errors in demonstrating cultural competence

Demonstrating ethical behavior in cultural competency can be somewhat confusing for social workers, depending on their regional, cultural and linguistic orientation. Common errors demonstrated by often well-meaning professionals include:
- Unintentional racism, such as inserting inappropriate descriptions or statements within the context of sharing a joke.
- Miscommunication, such as using phrases that may mean one thing to the speaker but something very different to the listener. This may go unnoticed because the client may simply not respond.
- Lack of personal awareness, such as the inability to learn from culturally based mistakes in judgment or behavior with clients.
Insensitivity to nonverbal cues, such as failing to pick up on a client’s body language when he or she is upset.

Lapses in discussion of racial/ethnic issues, such as avoiding an awkward conversation about an apparent obstacle in the therapeutic relationship are considered subtle forms of racism.

Overemphasis of cultural explanations for psychological difficulties, such as using cultural norms to explain inappropriate and problematic behavior.

Lapses in including appropriate questions within the context of acquiring background information, such as failing to inquire about family rituals or celebrations.

Inability to appropriately present questions that elicit valuable information or feedback, such as ignoring or not participating in multicultural activities that facilitate cultural awareness because they would include interaction among people of similar and different racial identities. This could be due to erroneous fears about participating, with little or no processing of cultural differences in supervision; thus avoiding what might be an uncomfortable discussion.

Inability to identify multiple hypotheses and integrate this information in a culturally competent manner into a client’s presenting problem, such as failing to assimilate and reflect on any hypotheses with a client.

Recommendations to promote ethical cultural competence were developed by the Georgetown University Center for Child and Human Development University Center for Excellence in Developmental Disabilities, Education, Research and Service (2016). Social workers can use these recommendations to promote ethical practice in cultural competence through the following:

- Display materials that reflect the cultures and ethnic backgrounds of clients within your practice.
- Offer printed materials in the reception area with topics that are of interest to, and reflect the cultures of, clients served.
- Employ treatment aids, such as play therapy and games, that reflect cultures of people served.
- Attempt to learn and use key words in the client’s language.
- Attempt to determine familial colloquialisms that impact assessment and treatment.
- Use visual aids, gestures, and physical prompts (when appropriate) with clients who are limited in English.
- Utilize bilingual colleagues or trained and certified interpreters to assist you with assessment and treatment.
- Try to ensure that all written communication, including consent forms, is written in the client’s first language.
- Screen books before sharing them with clients.
◊ Recognize that clients have different capacities for acculturation.
◊ Understand that the meaning and/or value of medical treatment, health care and health education varies in clients.
◊ Understand that beliefs and concepts of emotional well-being vary from culture to culture.
◊ Understand that mental health and emotional disability are culturally based, and that responses to these conditions are influenced by culture as well.
◊ Recognize that folk and religious beliefs may influence a family’s reaction and their approach to a child born with a disability, or later diagnosed with physical/emotional disability as well as special health care needs.
◊ Understand that traditional approaches to disciplining children are influenced by culture.
◊ Understand that families from different cultures will have different expectations of their children for toilet training, skills for dressing, feeding and other self-help activities.
◊ Accept and respect that customs and beliefs about food, its value, preparation and use are different from culture to culture.

Before providing in-home mental health services, seek information about acceptable behaviors, courtesies, customs and expectations that are unique to families of specific cultures and ethnic groups served by you. Acquire information during intakes and/or assessments about natural helpers that may assist you with informed consent when providing services.

**Conflicts of interest**
One of the most difficult areas of responsibility to clients is conflict of interest. Workers need to avoid conflicts of interest that interfere with the exercise of:

- Professional discretion.
- Impartial judgment.

The issue of informed consent should include the need to inform clients of potential or actual conflicts, and taking reasonable steps to resolve the conflict in such a way that protects the client’s needs and interests. Mental health professional associations are excellent resources for providing ethical guidelines and assistance to address conflicts that may result from a therapeutic relationship.
Dual or multiple relationships

Dual or multiple relationships occur when mental health professionals intersect with clients in more than one relationship: professional, social or business. Dual or multiple relationships can occur simultaneously, or consecutively.

Kevin, for instance, is a licensed counselor who coaches a young men’s soccer team. During the process of completing an intake interview with a new client, he discovers that his client’s stepson, with whom she has relationship issues, is on his team. Kevin must make a decision whether or not to proceed with treatment.

Dual or multiple relationships with current or former clients should be avoided whenever possible, and the exploitation of clients for personal, religious, political or business interests should never occur.

Social workers should not engage in dual or multiple relationships with clients or former clients when 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 their clients. Social workers are responsible for setting clear, appropriate, and culturally sensitive boundaries.

There are many areas where mental health work is practiced, and dual relationships are not always banned by professional associations’ ethical codes. The words “should” or “making reasonable efforts to” in sections where dual or multiple roles are outlined within various codes of ethics imply that there is room for exceptions. Dual relationships are not permitted when there is risk of exploitation or harm. In not banning all dual relationships, each worker bears the responsibility for determining (and if needed, proving) that the relationship was not harmful to the client.

Boundary violations

Conflicts of interest relate closely to other types of unprofessional behavior (such as boundary violations) that more specifically identify harmful dual relationships. Most professionals can easily recognize and identify common boundary issues presented by their clients. Likewise, most can identify examples of boundary violations around professional behavior: sexual misconduct, for example. While not exclusive to the clinical role, there are certain situations that are more challenging than others, especially for workers vulnerable to committing boundary violations.

Barsky provides the following information on boundary breaching and crossing:

“There's no definition in our code of ethics or in the legal system on what's crossing a boundary. When we say that we're breaching a boundary, we're crossing the line that would be against the code of ethics,
so crossing a boundary would be acting in a way that's outside the usual course of action, outside the usual professional role of a social worker, but not necessarily in a high-risk situation. So, if we breach a boundary, we are acting in a way that is not in the usual course of what a social worker does, but it's also putting the client at risk because they're vulnerable. In some of the cases that have come up, that have no romantic involvement, people do things for their clients because they really care for them. They're doing it out of the goodness of their heart and they believe, ‘You know if I offer my client a ride in a snowstorm, that's a good thing.’ You know the client is getting a safe ride and maybe 99.9% of the time, it’s not a problem. But what happens if you're in an accident and the client gets severely injured. Who is responsible? What's the agency's responsibility and liability? This is going to come back to haunt you. Whenever there's a boundary crossing, if it turns into a violation, you as the social worker have to be ready to say, ‘Hey, I'm going to accept accountability for this’” (Barsky, 2016).

Boundary issues involve circumstances in which there are actual or potential conflicts between professional duties and social, sexual, religious or business relationships. These are some of the most challenging issues faced in the social work profession, and typically involve conflicts of interest that occur when a worker assumes a second role with one or more clients.

Such conflicts of interest may involve relationships with:

- Current clients.
- Former clients.
- Colleagues.
- Supervisees and students.

The following are examples of unethical and inappropriate boundary violations. These are instances of a dual relationship that is exploitive, manipulative, deceptive or coercive in nature.

- Buying property from a disaster client at far below its market level.
- Falsely testifying to support the fraudulent actions of clients.
- Imposing religious beliefs on a client.
- Suggesting that a client, entering hospice care, should make you executor of his/her will.
- Referring a client to your brother-in-law, the stockbroker.
- Friendship with the spouse of client for whom you are treating for marital issues.
- Accepting stock market tips from a client.
Five conceptual categories with regard to boundary violations generally occur around these central themes (Reamer, 2015a):

◊ **Intimate relationships** – These relationships include physical contact, sexual relations and gestures such as gift-giving, friendship and affectionate communication. For example:
  - It hadn’t occurred to Amanda that her client’s flower bouquet meant more than a thank you, until a week later at their session, he confessed his strong romantic feelings for her.
  - Phil received a call from a distraught former female client late one night wanting him to meet her at a restaurant for “a cup of coffee.”
  - Wanda felt some connection with a couple she’d been working with for some time. The wife often brought her meals and baked goods. At one point, the couple asked Wanda to join them at their club for a round of golf.

◊ **Pursuit of personal benefit** – The various forms this may take include monetary gain, receiving goods and services, useful information. For example:
  - Lawrence was surprised to learn that one of his colleagues was receiving stock tips from one of her clients.
  - Nell asked one of her clients, a retail store owner, for a customer discount in exchange for counseling sessions.
  - One of Mike’s clients was positioned to know more about an impending land sale than most people. Since Mike also invested in real estate, he was tempted to ask his client about the deal.

◊ **Emotional and dependency needs** – The continuum of boundary violations range from subtle to glaring and arise from the social worker’s need to satisfy his or her emotional needs. For example:
  - Jeff thought of himself as a father figure to his clients and encouraged them to contact him at any hour of the day, including during his vacations.
Betsy became very attached to a foster child she’d been sporadically seeing for several months. Since she was single and had sorely wanted a family of her own, she seriously entertained the idea of adopting her young client.

Monica was very involved in her religious community and was devoted to a particular television evangelist. During one session, she felt compelled to encourage a distraught client, with no particular religious affiliation, to read one of the evangelist’s books and to attend her church.

◊ **Altruistically motivated gestures** – These gestures arise out of a social worker’s desire to be helpful. For example:

- Sandra felt compelled to give a newly sober client a small financial loan after the client cried that she didn’t have enough money to feed her children. After Sandra gave her the cash, the client proceeded to purchase alcohol and get drunk.

- Jim felt badly for his client who took a bus to and from sessions. One night he offered to give his client a ride home.

- Ed felt he had no option but to keep his young client’s drug habit from her parents because of his knowledge that both parents could become easily agitated and violent.

◊ **Responses to unanticipated circumstances** – Unplanned situations of which the social worker has little to no control. For example:

- Jake was uncomfortable when his mother was admitted to the same mental health facility where he was on staff.

- Noreen’s husband played on the same basketball team as her client, and the men socialized together after each game.

- Chris learned that one of her clients was asked to join the same community mental health board.
Intimate relationships

Boundary issues involving intimate relationships, as discussed earlier, are the most common violations. Those involving sexual misconduct are clearly prohibited, and will be further explored.

While most professionals agree that having other nonsexual relationships - such as a friendship with a current clinical client - is inappropriate, the rules are not as clear regarding ex-clients. The rules are even less clear for those clients in case management, community action or other nonclinical relationships.

When a dual relationship results in personal benefit to the practitioner, it also undermines the trusting relationship. Some of the scenarios mentioned earlier (getting property below market value, becoming the executor of the client’s will, and referring clients to a relative) are all examples of personal benefits.

There are very respectful, sound, and appropriate reasons for encouraging clients to share what they know and to pay attention to their skills and their strengths. Benefiting from information the client has (e.g., stock tips and leads on jobs) is another matter. It is important to remember that this can apply both ways; the professional needs to avoid offering assistance in areas outside his or her role. It is grossly inappropriate, for example, to offer legal or medical counsel when one is not qualified to provide those services.

“Your usefulness to your patients lies in your clinical skills and separation of your professional role from other roles which would be better filled elsewhere in their lives,” says Reamer. “Do not suggest, recommend or even inform the patient about such things as investments, and be cautious about giving direct advice on such topics as employment and relationships or any information unrelated to the social work setting.”

Another tricky area involves bartering arrangements, particularly involving the exchange of services. These should be considered carefully and according to Reamer (2015b) be limited to the following circumstances when they are:

1. An accepted practice among community professionals.
2. Essential to service provision.
3. Negotiated without coercion.
4. Entered into at the client’s initiative.
5. Done with the client’s informed consent.

Again, the professional is in the unenviable position of determining whether an action presents the possibility of psychological harm to the client. A touch on the shoulder, for example, may be perfectly correct and clearly non-sexual in certain cultures and contexts, but may confuse or intimidate a client in other contexts.
Another tricky issue occurs when workers engage in behavior arising from their own emotional needs. Most practitioners are more familiar with intentional - even more egregious - examples, such as the practitioner who uses influence to “convert” the client, or who takes sides in a custody case in order to foster a relationship with one of the spouses.

Many times, boundaries are crossed unintentionally, as in a practitioner who becomes overly involved in a case in which she personally identifies. Or, the social worker may be experiencing life issues that make him or her more vulnerable to the attention of a client. An on-going health concern, family member illness or a recent spousal argument are a few examples of situations that can distract a professional from doing his or her job.

Keith, a licensed social worker, had been going through a rough patch in his marriage when a client with a similar issue came to him for counsel. Keith wondered if his answers to his client’s questions exemplified good clinical practice or were colored by his current marital situation: both circumstances were so similar.

Social work professionals have a responsibility to maintain competence in both the professional and emotional arenas: emotional self-regulation is an important part of the job. Regardless of the circumstances, the social worker’s first responsibility is always to the client. This requires that social workers control their emotions and respond in a respectful way.

Larry’s clients were primarily people in recovery from their addictions. His patience was growing particularly thin with one older gentleman who continued to relapse. Over time, Larry was aware that he had to regularly check himself so that he would not insert his personal feelings into their conversations.

There are also times that the intent of the professional is truly out of a desire to be helpful. For example, buying merchandise from a client whose business is struggling, or inviting a divorce recovery group client to a community function in order to help her broaden her social network.

While some types of situations may not be considered unethical or illegal, a professional must carefully review his or her own motivations and weigh the potential consequences of each decision. Some helpful questions to ask are:

◊ Would I do this for all my clients?
◊ Am I doing this because I feel uncomfortable saying no?
◊ Am I feeling at a loss to help the client in another way, and thus feeling “I must do something” to feel competent?
◊ How might the client interpret my gesture?
◊ Am I doing this just for the client’s interest or also for my own interest?
◊ What are all the potential negative outcomes?

There will be occasions when a social work professional incidentally comes into contact with a client, such as learning your client’s daughter is on the same soccer team as your own child. Some practitioners go out of their way to live in different communities so that the chances are minimal that this could happen. Others view this as over-managing a potential situation that is unlikely to lead to harm for the client or colleague.

The appropriateness of relationships with clients is often debated across the profession. The unique service settings and roles assumed by social workers often contrast with the traditional clinical approach to human service. Applying strict rules around relationships can appear excessive or contradictory with sound social work practice. A worker, for example, may work in a small, isolated community that would expect its community members to share in social customs - such as family meals and weddings.

Ethical guidelines recommend giving student supervisees guidelines to guarantee client protection, instead of offering the blanket advice to avoid dual relationships altogether.

There are some areas where clear rules about dual relationships are essential; they include:

**Protection of the therapeutic process** - In the context of clinical practice, even a minor boundary violation can have major ramifications. Transference and counter transference issues have been part of psychotherapy theory for decades (Journal of Child Psychotherapy, 2016). Transference is a theory of unconscious projection of feelings and attitudes from a person or situation in the past, to a person or situation in the present. These feelings and attitudes are often inappropriate in a therapeutic setting. In this theory, the client unknowingly projects a desired aspect of a previously real or imagined experience onto the relationship with the therapist. These mental expectations may be positive or negative, and may or may not affect the therapeutic relationship - depending on the type and degree of the projected experience.

Counter transference is the response that is elicited in the recipient - the social worker - in response to the client’s unconscious transference. Counter transference responses may include thoughts or feelings, and can be viewed as a way to understand a client’s expectations of the relationship with the social worker. Counter
transference theory states that these projections (and the counter transfer responses) will be more apparent if they are not congruent with the practitioner’s role and personality. The professional should reflect on the importance and the meaning behind the feelings projected by the client, as well as the impact the feelings may have on social work goals.

Mark, a mental health counselor, suspected his therapeutic relationship with a depressed young woman turned a corner when she reported feeling less hopeless and more energized. She gratefully acknowledged his assistance and stated that she was planning to return to college and become a therapist. Mark acknowledged her gratitude, but was careful to point out that it was her own work that facilitated her recovery.

Client protection from exploitation – A clinician may be tempted to meet personal sexual, financial or social needs with individuals who may be particularly vulnerable to exploitation. Ethical guidelines serve to protect clients from exploitation.

Jeff, a psychiatrist, was referred a patient who was severely depressed. Most of his patients were fairly wealthy, and Jeff was impressed that his new patient had a good deal of money as well. As time went by, Jeff insisted that his patient continue daily sessions, even though the man was clearly improving and was no longer in need of Jeff’s intense intervention.

Protection from potential legal liability – Social workers are justifiably concerned about legal liability and the “careful adherence” to the boundary specifications that protect clinicians from malpractice suits. For example:

Kim, a newly licensed clinical social worker, was interested in practicing “progressive” forms of therapy. One practice she’d adopted emphasized focusing on empowerment issues for survivors of incest. Kim demonstrated a lapse in judgment when she encouraged a vulnerable young client to confront a relative regarding retrieved sexual assault memories, even though the client questioned the authenticity of her recovered memory.

Ultimately, it is the professional’s responsibility to establish appropriate and clear boundaries for clients; doing so often prevents issues from surfacing in the first place. The worker cannot underestimate the importance of expectations: respecting the client means, together, creating a safe relationship where boundaries and expectations are unambiguous and openly discussed.
To further minimize possible harm to all parties (the client, the worker, the employer and others) the following risk management protocols to address boundary issues are suggested:

- Be alert to potential or actual conflicts of interest and trust your instincts.
- Inform clients and colleagues about the possibility of potential or actual conflicts of interest; explore reasonable remedies to repair any offenses.
- Consult colleagues, supervisors, relevant professional literature, regulations, policies and ethical standards to identify pertinent boundary issues and constructive options.
- Design a written plan of action that addresses the boundary issues and protects the parties involved to the greatest extent possible.
- Document all discussions, consultation, supervision and other steps taken to address boundary issues.
- Develop a strategy to monitor implementation of action plan (clients, colleagues, supervisors and lawyers).

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<thead>
<tr>
<th>Sexual relationships, physical contact, sexual harassment, and derogatory language</th>
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<tr>
<td>Ethical mental health practice limits sexual relationships with clients, former clients and others close to the client, physical contact where there is risk of harm to the client, sexual harassment and the use of derogatory language in written and verbal communication to or about clients.</td>
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**Sexual harassment**

In 1980, the EEOC (Equal Employment Opportunity Commission) - the agency that enforces Title VII of the Civil Rights Act of 1964 - first defined sexual harassment as a form of sex-based discrimination, and issued guidelines interpreting the law. These guidelines define unlawful sexual harassment as “Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature,” when:

- Submission to such conduct is made - either explicitly or implicitly - a term or condition of an individual’s employment.
- Submission to, or rejection of, such conduct by an individual is used as the basis for employment decisions affecting such individual.
- Such conduct has the purpose or effect of unreasonably interfering with an individual’s work performance or creating an intimidating, hostile or offensive working environment.

In social work, sexual harassment can take many forms including: offensive or derogatory comments, sexually oriented jokes, requests or demands for sexual favors, leering, visual displays depicting sexual imagery,
innuendos, pinching, fondling, and so on. Workers should not sexually harass supervisee, students, trainees or colleagues. Care should be taken not to send suggestive or implied sexual jokes via the Internet while at work.

In Erica’s case her sexual harassment took the following form:

_Erica had completed her internship with a mental health group in her college town. After becoming licensed, she continued to stay on as a group partner. Some of her colleagues had been students at the same college she attended and knew people she had dated from the town. Two of those people were men who sometimes shared lunch. While having lunch together, the men often shared lewd jokes and poked fun at Erica if she became embarrassed during their conversation. At one point, they asked her questions about her sexual relationship with her partner._

Sexual misconduct

The most current work in this field identifies patterns of sexual misconduct evident from lawsuits brought against social workers in this area (Reimer, 2015a).

- Some clinicians appear to struggle with their own major mental illness, which can take the form of borderline, narcissistic, impulse control, and antisocial personality disorders.
- Other clinicians lack basic competence and insight around professional boundaries; others appear to be “situational offenders.” Situational offenders typically understand prevailing ethical standards concerning sexual misconduct and that they are violating professional boundaries. In spite of this knowledge and insight, these clinicians experience what is, for them, an unusual breakdown in judgment because of some life crisis (e.g., a divorce or career-related calamity). Many clinicians in this group express remorse for their misconduct, stop their unethical behavior on their own, and seek consultation from peers.
- Still other offending clinicians are simply naïve. They may be relatively professionally inexperienced and lack understanding of basic ethical standards concerning boundaries and related clinical dynamics. By the very nature of the therapeutic relationship between client and social worker, despite the fact that it violates all standards of ethics, there is no case where sexual contact with clients is allowed - regardless of age or consent.

Recorded history of sexual misconduct travels back to the 4th and 5th centuries B.C., and includes the Hippocratic Oath that states: “I will abstain from intentional wrong-doing and harm, especially from abusing the bodies of man or woman, bond or free.”
Any person working in social work has experienced different relationships with clients. Sometimes it is nearly impossible not to form respect - and even affection - for clients. Practitioners, however, must work diligently to avoid problems by not crossing the boundaries of the professional relationship - or even appearing to do so.

In addition to other previously discussed actions designed to prevent harm to the client, workers can proactively address this issue by doing the following:

◊ Limit practice to those populations that do not cause your own needs to surface.
◊ Seek clinical supervision to effectively deal with personal feelings.
◊ Document surroundings, including who was present during sessions and visits.
◊ Avoid seeing the client at late hours, or in locations that are atypical for routine practice.

Reporting sexual misconduct by a colleague is an ethical responsibility of social workers. Many states have laws that require licensed professionals to report such misconduct, as well as other ethical violations, to their state boards. It is the responsibility of every professional to protect clients by reporting a reasonable knowledge or a suspicion of misconduct between the client and colleague.

### Professional boundaries self-assessment

Below are questions that raise red flags that professional boundaries may be compromised. Some questions relate to you; some questions relate to your clients. As you answer the following questions honestly, reflect on the potential for harm to your client.

**YES or NO**

Have you ever spent time with a client “off duty?”
Have you ever kept a secret with a client?
Have you ever adjusted your dress for a client?
Has a client ever changed a style of dress for you?
Have you ever received a gift from a client?
Have you shared personal information with a client?
Have you ever bent the rules for a client?
Have you ever given a client a gift?
Have you ever visited a client after case termination?
Have you ever called a client when “off duty?”
Have you ever felt sexually attracted to a client?
Have you ever reported only the positive or only the negative aspects of a client?
Have you ever felt that colleagues/family members are jealous of your client relationship?
Do you think you could ever become over-involved with a client?
Have you ever felt possessive about a client?

Clients who lack decision-making capacity
The social worker’s responsibility is to safeguard the rights and the interests of those clients who lack decision-making capacities. Persons who lack this capacity include intellectually delayed or impaired individuals, the elderly, or children under the age of 18. It is especially important to utilize consent forms at all times, and inform and document contact with family and other service providers. In addition, social work professionals should understand how these clients may become vulnerable to - and potentially harmed by - businesses, institutions, family or other caregivers.

Social workers, for example, are obligated to serve within the best interests of children, and to help guide decision-making; to ethically work toward children’s well-being, therefore, social workers must focus on the potential of abuse. The welfare of all children must be of utmost concern to society: their best interest is at the heart of decision-making. Yet, caring and ethical conduct also stresses the importance of promoting positive relationships - working toward the prevention of family disintegration. This can pose an ethical dilemma in some scenarios.

For example:

*Parental rights are in the process of being terminated for two sibling clients. Ana, their mental health counselor, must consider how the two girls would adjust to their prospective adoptive placement: one of the children has a severe attachment disorder. Should they be placed together, or will placing them together prolong a prospective adoption? Should each sibling’s placement be separately planned? She knows that sibling bonds may be stronger than parental attachments in families where the parental system is dysfunctional. So she must refer to sources outside of her immediate level of expertise as she considers her recommendations. One important source of information would be the Child Welfare of America’s (CWLA, 2016) standard for out-of-home care for neglected and abused children, which states that siblings should remain together; however, also acknowledges that, in some cases, separation is indicated.*

When social workers act as proxies
Social workers strive for client self-determination and they respect the right of clients to make decisions on their own. Sometimes a client can no longer make their own decisions; in this case, a client, lawyer, judge, or
family member may suggest that a social worker should act as a proxy on the client’s behalf. This responsibility carries serious ethical considerations for the social worker: proxies, or surrogate decision-makers, can be appointed to make health care and financial decisions.

Barsky (2015b) notes that the NASW Code of Ethics does not specifically cover social workers’ obligations when they are acting as proxies. The closest standard covering this issue suggests:

1.03 (c) In instances when clients lack the capacity to provide informed consent, social workers should protect clients' interests by seeking permission from an appropriate third party, informing clients consistent with the clients' level of understanding. In such instances social workers should seek to ensure that the third party acts in a manner consistent with clients' wishes and interests. Social workers should take reasonable steps to enhance such clients' ability to give informed consent (NASW, 2008).

**Benefits of social workers as proxies**

According to Barsky, “If a client lacks mental capacity to provide informed consent, a social worker is generally supposed to seek consent from a third party who is responsible for making decisions. In the scenario stated above, the question is whether it is ethical for the social worker to be this ‘third party,’ to act on behalf of the client. The answer is a clear and firm, ‘It depends.’”

There may be important reasons that a social worker should be a proxy due to the benefit for the client. These include the following (Barsky, 2015b):

◊ If the client has no surviving family members or close friends and if the worker has been working with the client for a significant length of time, there may be no other person who knows the client quite as well as the social worker.

◊ The social worker may be more objective than family members or friends in making decisions on behalf of the client: family or friends might impose their own beliefs and values. A social worker is trained to have self-awareness, which may prepare the worker to make decisions consistent with the terms of the power of attorney or the living will.

◊ If there are conflicts between family and friends who might otherwise be the proxy, the client’s family and friends may have greater confidence in a professional social worker.

◊ Social workers often charge less than professional proxies, such as lawyers and accountants. This can be a benefit to the client and to their family.

◊ The client may prefer that the social worker is the proxy. This would be honoring both the client’s wishes and self-determination.
Along with the benefits for the client come risks to the social worker that is appointed as proxy. It is important to avoid any potential conflicts of interest and dual relationships. For example, a conflict of interest may arise if a social worker proxy continues to act as a clinical counselor after the client has lost his or her mental capacity. The worker’s views about what is good for the client and consistent with the client’s wishes may be affected by what happens in counseling. Or, a client may feel compelled to follow what the worker suggests in counseling, due to the power over the client in a broad range of life decisions (Barsky, 2015b). It would be inappropriate for the social worker to terminate the counseling role to become a proxy; this could be perceived as abandoning the client, an ethical violation.

Employment conflicts may arise if the agency forbids the social worker to act as a proxy within the agency (or privately, outside the agency).

“The ideal situation might be for a social worker who is working in an agency or private practice to specialize in acting as a proxy for clients,” Barsky suggests.

If the relationship includes tension or conflict among the client’s family and friends, the social worker may be in the middle of that conflict as s/he works with the client and serves as proxy. This would place additional pressure on the social worker to manage these conflicts, maintain clinical skills and to preserve the client relationship - as well as manage the social worker’s own stress from acting in multiple roles.

Medical and end-of-life situations present extraordinary responsibilities for decisions, and may include approval for surgeries, life support issues or hospice care to support the client’s wishes. These approvals may be contrary to those of the family or friends. The social worker must be prepared to handle the decisions that may be contested by others with different priorities.

Managing finances, property, or other assets as proxy is another potential area of conflict. This can even present potential legal actions if the social worker is accused of mismanaging funds.

Barsky presents the following considerations when deciding whether or not to act as a proxy for a client:

◇ Do you have the time, skills, emotional stamina, and the experience to assume this role? (See Standard 1.04 regarding professional competence.)
◇ Are you familiar with the laws governing proxies, living wills, and durable powers of attorney?
◇ Can you engage in this role in a manner consistent with your agency policy and the NASW Code of Ethics (particularly, avoiding dual relationships when there is a risk of exploitation)?
◇ Does your liability insurance cover you in the proxy role?
Do the benefits to your client outweigh the risks?

**Payment of services**

With regard to payment of services, it is most helpful to refer to your particular professional association’s financial arrangement standards. Professional association ethical guidelines, in general, call for fair and reasonable fees for services, prohibition of solicitation of fees for services entitled and rendered through the workers’ employer, and avoidance of bartering arrangements. Other guidelines include no acceptance or offering of kickbacks, rebates, bonuses or other remuneration for referrals. Clear disclosure and explanation of financial arrangements, reasonable notice to clients for intention to seek payment collection, third-party payer fact disclosure, and no withholding of records because payment has not been received for past services (except as otherwise provided by law) are also examples of ethical financial guidelines.

According to the National Board for Certified Counselors (NBCC, 2016), “In establishing fees for professional counseling services, certified counselors must consider the financial status of clients. In the event that the established fee status is inappropriate for a client, assistance must be provided in finding comparable services at an acceptable cost. Certified counselors must refuse remuneration for consultations or counseling with persons who are entitled to these services through the certified counselor’s employing institutions or agency. Certified counselors must not divert to their private practices, without the mutual consent of the institution and the client, legitimate clients in their primary agencies or the institutions with which they are affiliated.”

**Deception, fraud and other related ethical issues**

Reamer (2015a) refers to fraud as the “unintentional or negligent, implied or direct perversion of truth for the purpose of inducing another, who relies on such misrepresentations, to part with something valuable belonging to him or to surrender a legal right. If one misrepresents the risks or benefits of therapy for one’s own benefit and not the patient’s to try to induce him to undergo treatment and pay the fee, this is fraud. Telling a patient that sexual intercourse is therapy may be seen as a perversion of the truth so as to get the patient to part with something of value. Hence, this would be seen as fraud.”

In addition to deception and fraud, other issues related to personal and professional integrity are:

- Misrepresentation.
- Solicitations.
- Acknowledging credit.
Practitioners have an obligation to avoid actions that are dishonest, fraudulent or deceptive. Such actions (or in some cases, lack of action) put the continued integrity of both the individual social worker and the profession at risk. Some examples include:

- Falsifying records, forging signatures or documenting services not rendered.
- Embellishing one’s education and experience history or qualifications.
- Lying to a client or his or her family to “protect” them from unpleasant information.
- Misleading potential donors or current funders with false outcome data.
- Misrepresenting opinions, claims and statements that are either false or lead the listener to believe facts that they are not accurate.

Three actions must be taken to ensure that clients and the public receive accurate information:

1. Clearly distinguish between private statements and actions and those statements and actions that are representative of an organization or an employer.
2. Accurately present the official and authorized positions of the organization being represented and/or spoken on behalf of.
3. Ensure accurate information about - and correct any inaccuracies regarding - professional qualifications, credentials, services offered and outcomes or results.

Client solicitation stems from a concern for clients who, due to their situation, may be vulnerable to exploitation or undue influence. Because of the client’s circumstances, there is also the potential for manipulation and coercion. As such, social workers should refrain from:

- Engaging in uninvited solicitation.
- Soliciting testimonial endorsements from current clients or other potentially vulnerable persons.

Social workers also have an ethical responsibility to the contributions of others by acknowledging credit.

- Taking responsibility and credit only for work they have actually performed and contributed to.
- Acknowledging the work and the contributions of others.

Licensed professionals who market or advertise their services should be careful to avoid fraud and deception. They must present fair and accurate descriptions of their expertise, services, credentials, provide letters of reference and avoid any exaggeration of claims of effectiveness (Reamer, 2015b). They must also take care when they are applying for employment, license, certifications and insurance. If, by chance, accurate details
were inadvertently omitted from a document, any added information should clearly reflect that the entry was signed and dated. The document must show that it was amended.

**Ethical responsibilities to colleagues**

Social workers should not only take responsibility for their own actions, but they should also take actions to ensure the safety and the well-being of clients that are served by others within the social work profession.

Social workers’ responsibilities include:

- A duty to their clients;
- A duty to their colleagues; and indirectly
- A duty to the social work profession.

Social worker’s should additionally demonstrate further ethical responsibility by:

- Respecting and fairly representing the qualifications, views and obligations of colleagues.
- Respecting shared confidential information.
- Promoting interdisciplinary collaboration.
- Not taking advantage of disputes between a colleague and an employer, or exploiting clients in disputes with colleagues.
- Seeking advice and counsel of colleagues who have demonstrated knowledge, expertise and competence - so as to benefit the interests of clients.
- Referring clients, without payment for such, to qualified professionals and transferring responsibilities in an orderly fashion.
- Consulting and assisting impaired or incompetent colleagues; and addressing impairments through proper channels when they are unable to practice effectively (i.e., reporting to professional associations or licensing and regulatory bodies).
- Discouraging unethical conduct of colleagues; being knowledgeable about established procedures, and taking action as necessary through appropriate formal channels.
- Defending and assisting colleagues who are unjustly charged with unethical conduct.

**Ethical responsibilities to the social work profession**

National social work professional associations discuss the responsibility to help maintain the integrity of their particular social work focus, as well as issues related to evaluation and research. Maintaining the integrity of the profession is the responsibility of every licensed social worker: it requires the active participation of each person. Whether it is collaborating on the creation of new standards, continuing to challenge mediocrity or
complacency, or taking advantage of educational opportunities, social work professionals should demonstrate the following integrity safeguards:

- Maintain and promote high standards of practice.
- Uphold and advance the values, ethics, knowledge and mission of the profession through study, research, active discussion and reasonable criticism.
- Contribute time and professional expertise to activities that promote respect for the value, integrity and competence of the profession.
- Contribute to the knowledge base and share knowledge with colleagues related to practice, ethics and research.
- Act to prevent unauthorized and unqualified practice of social work.

**Interruption of services and termination**

When services must be interrupted or terminated, social workers should demonstrate reasonable efforts for continuity of services. Interruptions may be caused by the practitioners’ or the clients’ vacations or illnesses. There also may be a loss of funding for the service. The typical reason termination occurs is when the client and practitioner agree that the:

- The goals of treatment or service have been met.
- The client can no longer benefit from treatment/service.
- The client will be referred to another professional or service.

If a social worker should determine that he or she is unable to be of professional assistance to a potential or existing client, s/he should not initiate the relationship or immediately terminate the relationship according to the professional association’s standards. Practitioners should suggest appropriate alternatives; however, the social worker should not be responsible for continuing the relationship if the client declines the suggested referral sources.

Social workers must consider the needs and best interests of clients being served by other professionals or agencies, before agreeing to provide services. The social worker should discuss the appropriateness of consulting with the previous service provider with the client.

Well-planned transfers should incorporate a timeline, termination session and informed consent - in order to properly consult with the client’s new social work professional.
Informed consent is an important aspect of this issue. A social work professional must discuss all implications - including possible benefits and risks - of entering into a relationship with a new provider.

The referring clinician is obligated to determine the appropriateness of the referral when one is made - including the abilities of the receiving professional or agency - and should follow up on the client’s progress wherever possible and if permitted. Finally, social workers should continue to refer to their professional association’s ethical code guidelines and state laws regarding a related issue: the disposal of client records upon termination, referral or practice closure.

**Ethical decision making models**

All social work practitioners can benefit from reviewing current models and completing course work or in-service programs to strengthen their capacity for ethical decision making. There are several approaches to decision-making; no one model may be effective for all cases. Several models will be discussed, and aspects of each may be combined to address a specific concern using a variety of approaches including humanistic, cognitive, and analytical and relationship methods.

In 2014, the ASWB revised an ethics model (developed in 2008) to be infused in the Bachelor of Social Work curriculum. The implementation of the revision would occur over a two year period. The ASWB (2014b) explained the program as follows:

> Teaching ethical decision-making to undergraduate social work students is critical in light of the complex practice environment graduates are entering. Through careful attention to ethics instruction and multiple practice opportunities, students can develop decision-making strategies that will be regularly used in practice situations. Students’ cognitive decision-making state and environmental context (student background, previous education and prior experience) will impact the students’ ability to master ethical decision-making successfully. The teaching process reiterates concepts from course to course to foster concrete learning of the decision-making “steps.”

Once students learn the basic steps of the ETHICS-A Model for decision making, they are able to conceptualize when the questions in each step may or may not be applicable to particular practice situations. By utilizing a developmental values and ethics curriculum, ethical competency can be accomplished at the undergraduate level.

**Ethics-A Decision Making Model: Redesign for enhanced teaching and learning (ASWB, 2014b)**

◊ Examine the situation—determine if this is an ethical dilemma.
◊ Examine values—personal, societal, agency, client and professional values.
◊ Think about ethical issues, principles, standard laws or policies that apply to this ethical dilemma.
◊ Hypothesize all possible decisions or options.
◊ Identify consequences of each possible decision or option.
◊ Consult with supervisors and colleagues about ethical choices.
◊ Select decision or ethical action and get support.
◊ Advocate for change on appropriate system level.
◊ Document both decision-making process and ethical decision.
◊ Legal scan: is the process and decision ordinary, reasonable, and prudent?

It is not uncommon for professionals to grapple with conflicts involving personal values and beliefs, ethical duties, employment practices and the law.

While national social work associations’ ethical standards usually provide excellent frameworks to guide, practice, and assist with the resolution of ethical dilemmas, ethics codes were not designed to address all possible ethical dilemmas that licensed social work professionals may face. Professional associations, licensing boards, and state regulatory agencies have ethical committees and resources for consultation - at no cost to professionals seeking advice. Their contact information is listed on their websites, and they respond in a timely manner through email and phone communication. Social workers should contact these experts or seek the counsel or agency supervisors or legal departments to assist in making ethical decisions.

**Collaboration**

While both necessary and useful, codes, laws, and regulations should not be used as the sole determinants when making ethical decisions. Taking the time to consult supervisors, state regulatory boards, specialists in a related field, national professional organizations, and legal counsel and then applying their professional input to critical thinking and decision-making models is fundamental when faced with ethical dilemmas in practice. Collaboration can add a different perspective, reinforce values, and offer new ideas and information to the process of decision making. The process should include weighing the risks and benefits of the action, as well as developing methods to evaluate the decision and possible outcomes. Collaboration adds a humanistic approach to the often-analytical decision-making process that should not be completed by the social worker alone.

**Increased attention to our moral intuitions and emotions** – In an effort to maintain a rational, detached and professional approach to service, social work professionals may ignore important signals, client input, instincts, warning signs and indicators of potential problems relevant to the decision.
Institutionalized opportunities for dialogue and ethical concerns – It is important to have safe, non-judgmental group forums, in-service training sessions and educational opportunities for open and regular discussion of ethical issues.

Open acknowledgement and respect for moral diversity within a shared body of basic values – The decision-making process works best when consulting with a diverse group of individuals who share basic values, but differ in perspectives and intuitions. Rational, ethical decision making should be supplemented by incorporating client values, cultural perspectives and preferences as shaped by profession ethics and expertise.

Social work professionals also need to consider the basic protocols and steps to take to increase their ability to make sound ethical decisions. While not all ethical dilemmas have a corresponding definitive solution, professionals can take reasonable steps to arrive at the best possible decision through an ethical decision-making model that would:

1. Identify the problem or conflicts between the ethical and legal expectations and requirements, including the values and duties that may conflict.
2. Understand and apply the state and national professional association code of ethics.
3. Identify the individuals, groups and organizations that are likely to be affected by the decision.
4. Tentatively identify all possible courses of action and the participants involved in each, along with possible benefits and risks for each.
5. Thoroughly examine the benefits, risks, and all possible consequences for each possible course of action, considering relevant:
   - Ethical theories.
   - Codes of ethics.
   - Constitutional provisions, statutes, regulations, court decisions, and executive orders.
   - Personal values (including religious, cultural, and ethnic).
   - Consult with colleagues and appropriate experts.
   - Make and implement the decision and document the decision-making process.
   - Monitor and evaluate the decision.

Applying the Ethics-A Model
We can use the following model to critically examine this final scenario: that of David and his dilemma regarding placement of a child.
David, a licensed social worker, believes a child’s right to permanency would be better served by placement with an affluent, Caucasian, Christian family versus a middle class family of the same race as the child. He believes they are a very nice couple that has been waiting far too long for a child to adopt.

David’s obligation is to the best interests of the child, but has he considered all the factors in this case? The length of time that a couple has spent waiting to adopt a child should not be a consideration, nor is affluence a good indicator for permanency. Finding the best family for the child is the primary consideration.

Standards regarding competence and social diversity also require David to be knowledgeable about the child’s culture and the importance it will play in the child’s life. He must consider the overall strengths offered by both families, as well as any potential barriers to placement. Many other components - in addition to finances - should be considered looking carefully at the needs of the child, including the family dynamics and community resources: schools, recreational facilities, religious centers and proximity to other children for socialization, to name a few.

The person most affected by this decision will be the child. The prospective adoptive families will be impacted as well, and a thorough assessment of both placement options should be conducted to make the best match for the child to ensure a successful, permanent placement. There may be macro-level issues involved as well, given the debate at the national level concerning interracial adoptions. Again, these should not be considerations because the primary responsibility is to find the best family for the child, not to find a child for a family. It would not be appropriate, however, to place a child in a community that is openly opposed to racial diversity or mixed-race families. David needs to complete some self-assessment, bias training and reflection to consider the basis for his recommendations as stated in the scenario. In addition, he should consult other professionals familiar with adoption and child welfare practices, and implement ethical decision-making models before he makes his recommendation to the court.

A relationship model for decision making
Barsky (2015c) identified and described six stages of his ethical decision-making model for resolving ethical dilemmas. His model is different from the ethical decision-making models that take the cognitive approach, which then deconstructs the issue and works through specific steps to determine the appropriate response. Because social work is a practice profession, there has to be a consideration of the relationship. Barsky’s six step approach focuses on relationships and conversations, the role of power in ethical dilemmas within provider-client relationships, and the supervisory-staff relationship.
This method involves a working relationship between the social worker and the client to arrive at a solution that works for both parties:

**The first stage of the model is identifying the ethical issue or dilemma.**

The first stage asks:

◊ What really is the conflict: Is it our code of ethics or it our agency policies? Does the conflict have to do with client expectations versus our religious beliefs?

◊ What is the nature of the conflict?

◊ What are the different perspectives of the people involved who might look at the same situation and determine varying ethical issues?

◊ What exactly are we trying to solve?

**Stage two investigates the sources of help available to help resolve/think about the dilemma:**

◊ Who needs to be involved in order to receive clarification, support, and legal advice or ethical advice?

◊ Should we talk to supervisors, agency administrators, legal advice, ethical advisors, and ethical committees?

◊ Do we need to talk to clients about their cultural values and beliefs?

**The third stage of the process involves critical thinking:**

◊ How do we look at the ethical issues from the perspective of our obligations?

◊ What are the options available?

◊ What are my values and beliefs and how do they affect the way that I think about it? (Self-reflection.)

◊ What are the perspectives of the others involved? (Look at it from the perspective of the agency, of the community, of the social work profession and whoever else might be involved.)

◊ Which of those perspectives really helps most in this particular scenario? (This step looks at whether we have to make a choice between different perspectives.)

**The fourth stage is a conflict resolution stage and begins when the parties involved have an idea of the options, the direction they might go, or the factors that must be part of the consideration.**

Questions to ask are:

◊ What are the factors that we need to consider; how might they be analyzed and resolved?

◊ How do we have conversations, dialogues, and perform conflict resolution in a way that looks at people's underlying interests? How do we reach a consensus?
What are the conflict resolution approaches and theories to address the ethical dilemma that we are working with?

The fifth stage of the model occurs once a resolution is reached and asks: How do we implement the resolution?

Plans of action must be made to ensure implementation of whatever is decided.

- How are we going to ensure that our plan has a chance to succeed?
- How do we monitor the plan?
- Who is responsible for doing what?
- What are the logistics of implementation?

The sixth - and final - stage is evaluation and follow up.

- What happens after the plan is implemented?
- How do we ensure that our ethical goals were achieved?
- If the ethical goals were not achieved, what could we have done differently - from a macro perspective?
- What do we need to do differently within the agency, within the agency’s policies, laws, or community approaches in dealing with this issue? Sometimes issues are raised repeatedly; why face the same ethical dilemmas over and over again. Perhaps a corrective solution can be reached to avoid such repetition. This final approach involves sharing responsibility with everyone who has a stake in the decision.

Barsky states, “We empower our clients and we empower everyone that we're working with to resolve those issues together. It might even be more solution-focused rather than problem solving, because a lot of times when ethical issues come up we look at all the bad things that can happen. We should also look - just like from the social work strengths perspective - what are the possibilities? This is an opportunity for something wonderful. A lot of crises are actually opportunities for something positive.”

Ethics in practice settings

Administration

Social work administrators should advocate both inside and outside of their agencies for adequate resources - enabling open and fair allocation procedures and providing a work environment that is not only consistent with, but also encourages, compliance within ethical standards of practice. Ethics in social work practice should be included in individual, group or peer supervision as well. Regular ethics training should also be part of employee professional development.
Ethical standards of practice should be included with materials given to new workers; these standards should be emphasized during staff hiring. Some form of ethics language should be included with a mission statement. In addition to supervision, organizations can provide a staff or a board member to mentor new staff or students to help further clarify ethical practices and missions.

**Billing**

Practitioners need to establish and maintain accurate billing practices that clearly identify the provider of services. Many agencies, associations and boards include these expectations in their own values and codes of ethics - commonly under the category of “stewardship.”

Intense, short-term therapy intervention should be available throughout the process at the normal cost. Billing records must be kept confidential, and must be stored in accordance with state, professional board or association standards. False billing practices - such as inflating fees in order to take advantage of any individual - are unlawful, as well as unethical.

**Client records and client record keeping**

Maintaining records of service and storing them is not always easy. Aside from the potential negative legal fallout of not doing so, there are good reasons for keeping records and include:

- Assisting both the practitioner and the client in monitoring service progress and effectiveness.
- Ensuring continuity of care, should the client transfer to another worker or service.
- Assisting clients in qualifying for benefits and other services.
- Ensuring continuity of care, should the client return.

To facilitate the delivery and continuity of services, the practitioner - with respect to documentation and client records - must ensure that:

- Records are accurate and reflect the services provided.
- Documentation is sufficient and completed in a timely manner.
- Documentation reflects only information relevant to service delivery.
- Client privacy is maintained to the extent possible and appropriate.
- Records are stored for a sufficient period after termination.

Records should include accurate session notes, test scores, correspondence, audio or visual tape recordings, electronic data storage and any other documents applicable for use in the therapeutic environment. The physical records are the property of the social work professional; yet, the information contained within the records
belongs to the client and is confidential. Information may not be released to anyone without the consent of the client. Records, in general, must be inaccessible to the public: they should be stored in a locked file cabinet that is located behind locked doors, following state and professional association rules.

Records should be maintained for a designated period of time which is usually mandated by state or professional regulations. State statutes, federal regulations, contracts, accreditation bodies and other relevant stakeholders prescribe the minimum number of years that records should be kept. For example, HIPAA mandates a requirement of six years for electronic records. The NBCC (2016) requires a minimum of five years. The CSWE (2015) Council on Accreditation requires records be kept a minimum of seven years. The NASW Insurance Trust strongly recommends retaining clinical records indefinitely. Again, professionals who are primary custodians of client records should refer to additional legal requirements, such as those established by state licensing boards, regarding care for client records in the event they retire or close their business or practice.

With the advent of computer record storage, social work professionals must ensure that any electronic storage sites are secure as well. The NBCC (2016) ethical code states “counselors must document permission to practice counseling by electronic means in all governmental jurisdictions where such counseling takes place.” Any electronically stored data must be destroyed when information is no longer of value in providing services, or is no longer required as part of clients’ records. Social workers should consult the technology department of their agencies to ensure that their system of electronic storage is secure, with all safeguards in place. They should also receive training about new technology to avoid any accidental disclosures of information due to operator error. Agency rules must be followed concerning the use of agency equipment and private technology devices when conducting work or personal business during work hours. Some agencies have strict policies about websites that can be accessed, as well as language that can be used when online at work. It should always be assumed - if not stated by the agency - all posts or searches conducted at work may be monitored by the agency.

The Privacy Rule (HIPAA)

In 1996, the 104th Congress amended the Internal Revenue Code of 1986 and created Public Law 104-191, the Health Insurance Portability and Accountability Act (U.S. Department of Health and Human Services, 2016). This established the first-ever national standards for the protection of certain health information. These standards, developed by the Department of Health and Human Services, took effect April 14, 2003. The HIPAA standards address who can use, look at and receive an individual’s health information (protected health information or PHI) by organizations (covered entities) subject to the rule. These organizations include:

◊ Most doctors, nurses, pharmacies, hospitals, clinics, nursing homes and other health care providers.
Health insurance companies, HMOs and most employer group health plans.

Certain government programs that pay for health care, such as Medicare and Medicaid.

Key provisions of the standards include:

- **Access to medical records** – Patients may ask to see and obtain a copy of their health records and have corrections added to their health information.

- **Notice of privacy practices** – Patients must be given a notice that tells them how a covered entity may use and share their health information as well as how they can exercise their rights.

- **Limits on use of personal medical information** – The privacy rule sets limits on how health plans and covered providers may use individually identifiable health information. Generally, health information cannot be given to the patient’s employer or shared for any other purpose unless the patient signs an authorization form.

- **Prohibition of marketing** – Pharmacies, health plans and other covered entities must first obtain an individual’s specific authorization before disclosing their patient information for marketing.

- **Stronger state laws** – Confidentiality protections are cumulative; any state law providing additional protections would continue to apply. However, should state laws require a certain disclosure – such as reporting an infectious disease outbreak – the federal privacy regulations would not preempt the state law.

- **Confidential communications** – Patients have the right to expect covered entities to take reasonable steps to ensure communications with them are confidential. For example, a patient may want to be called on a work phone rather than home telephone.

- **Complaints** – Patients may file a formal complaint regarding privacy practices directly to the provider, health plan or to HHS Office for Civil Rights.

Practicing social work professionals are responsible for following and enforcing the HIPAA Privacy Rule. Severe civil and criminal penalties can follow if proper procedures are not followed. Depending on the circumstances, an individual employee may be held responsible for not protecting a client’s privacy.

In October 2009, the Department of Health and Human Services enacted much larger civil penalties for violations of the Privacy Rule; it also created a tiered structure that takes into account whether the violation was unintentional, whether or not it was quickly corrected, and even if it was willful. The higher penalties and a more stringent enforcement approach to the Privacy Act were mandated by the HITECH Act (Public Law 111-5, 123 Stat. 115), Title XIII of the American Recovery and Reinvestment Act of 2009.
Penalties for violations can range from $100 to $50,000 for each violation, with an annual cap of $1.5 million for multiple violations.

This rule ensures protections for clients by limiting the way covered entities can use personal medical information. The regulations protect medical records and other individually identifiable health information (identifiers), whether they are transmitted in electronic, written or verbal formats. This then would include faxes, e-mail, online databases, voice mail and video recordings, as well as conversations among practitioners.

Examples of identifiable health information include:

◊ Name or address, including city, state or zip code.
◊ Social Security numbers.
◊ Dates related to birth, death, and admission, discharge.
◊ Telephone and fax numbers.
◊ E-mail or URL addresses.
◊ Medical record numbers, account numbers, health plan beneficiary numbers.
◊ Vehicle identifiers such as drivers’ license numbers and license plate numbers.
◊ Full face photographs distributed by the agency.
◊ Any other unique identifier, code or characteristic used to identify clients is protected under HIPAA.

In addition to reasonable safeguards, covered entities are required to develop and implement policies and procedures that limit the sharing of protected health information. They are expected to implement them as appropriate for their practices and must limit who has access to protected health information. Conditions must be specified under which the information can be accessed, and someone responsible for ensuring that procedures are followed – such as a privacy officer – must be designated.

It may seem that the law only places limits on the sharing of information; it does, however, allow for the sharing of protected health information, as long the social worker takes reasonable safeguards with the information. Some steps that professionals can follow include:

◊ Ensure that protected health information is kept out of sight. This could mean keeping it in separate locked files, covering or turning over any material on a desk or setting a computer to display a password-protected screen saver after a minute or two.
◊ If protected health information must be discussed in a public area (such as a waiting room, hospital hallway or courtroom), make sure the details are spoken quietly and others cannot overhear the
conversation. If this cannot be assured, move to another area or schedule another time to discuss the information.

◊ Use e-mail carefully. Ensure the information is sent only to the appropriate people: watch the “cc” lines to make sure your e-mail is not copied to unauthorized parties. Use passwords and other security measures on computers.

◊ If a fax is sent, do not leave the material unattended. Make sure that the pages go through, and check the fax numbers carefully to make sure it is sent to the correct person. A disclaimer should be added stating that the information in the fax is confidential. Only send a fax to a machine known to be in a secure location.

◊ Avoid using clients’ names in hallways, elevators, restaurants and other public places - unless absolutely necessary.

◊ Post signs, and routinely review standards to remind employees to protect client privacy.

◊ Secure documents in locked offices and file cabinets.

Note that there is another law that provides additional protections for clients receiving alcohol and drug treatment. Information is available at the Substance Abuse and Mental Health Services Agency website at [www.samhsa.gov](http://www.samhsa.gov).

**HIPAA and social media**

The NASW and ASWB Standards for Technology in Social Work (previously summarized) must be considered, along with the Code of Ethics of the specific membership organization in relation to HIPAA regulations when using all social media. The rapidly expanding use of social media in the delivery of social work services has increased access and convenience for many practitioners and clients. In many cases, social media has allowed the profession to reach more clients in areas that previously were underserved; however, this new accessibility is not without risk. Social work organizations have been researching and developing ethical guidelines to protect the privacy and confidentiality of client information and records of therapeutic sessions. The “social” aspect of this mode of service delivery is open to boundary violations if not used properly. Social media systems and safeguards are constantly evolving: this requires a particularly high level of security to ensure that all safeguards are in place. There are specific actions that must be taken to protect the client and professionals when posting on social media.

The following strategies can help practitioners to avoid inadvertent mistakes that lead to divulging client information through social media (Ekrem, 2014):

1. Do not post information about clients, even in general terms.
Always use encryption methods and be careful not to include any identifying information, including geographic information.

2. **Do post conditions, treatments, and research.** Posting about conditions, treatment options, research, or other topics in general terms are acceptable without identifying specific clients.

3. **Do not be anonymous.** This has always been a warning sign in social media - even before Facebook and Twitter - when list serves and bulletin boards were used. Anonymity breeds bad behavior, and may encourage sharing of unwarranted information. Nothing is truly anonymous: computer forensics can be employed to track posts if a court order is issued.

4. **If the information would not be shared in the elevator, do not put it online.** This is a famous test, often repeated by compliance departments and trainers. Try speaking the post out loud before hitting the enter key. Take particular care when replying to people in real-time venues like Twitter. Do not respond right away: if in doubt about the security of a post, ask a supervisor or a colleague for a reaction before posting.

5. **Check the tone of the social media presence.** Watch the tone of the posts/tweets: Do not use social media to vent about work. Pause and evaluate your post. Complaining could be an early warning sign of work-related problems such as burn out, fatigue, stress or signal a need for a break. Never post when angry or emotional over an issue and always take time to regain composure to think clearly before posting. Humor and sarcasm can lead to inappropriate posts: before writing something in jest, ask a colleague to look before posting.

6. **Do not mix personal and professional lives.** Use separate accounts for personal and professional posts. Never add patients as friends on Facebook. Check privacy settings, and assume that anything posted online could become public. If you want to have a professional presence on Facebook, create a page apart from your personal account.

**Social work apps**

The term “app” refers to any software or digital program that has been designed for a particular application or purpose. Apps are used on computers, smartphones, tablets, watches, and other electronic devices. For social work purposes, there are apps to help clients manage exercise, addiction, depression, problem solving, motivation, memory, communication, stress, time management and many other issues. Nancy Smyth’s “Social Work Apps” board on Pinterest lists more than 150 apps and 1,000+ followers

Social agencies, hospitals, private practitioners, computer scientists, and entrepreneurs are developing apps for broad arrays of biopsychosocial-spiritual issues (Barsky, 2016).

The ease and portability of these apps present potential ethical issues related to client self-determination,
informed consent, professional competence, confidentiality, client safety, and risk management.

Barsky suggest the following scenario concerning self-determination and informed consent using apps:

*Gail’s husband Herb has dementia. Gail is concerned that Herb sometimes wanders out of the house and gets lost. Shandra, a social worker, does a quick Google search and finds a tracking app that can be used to monitor a person’s movements via GPS (Global Positioning System). Gail thinks this is a wonderful idea.*

In terms of self-determination, one could argue that clients should be allowed to use whatever apps they want; however, Herb lacks decision-making capacity because of his dementia. Gail (as next of kin) may make decisions on his behalf. The principle of informed consent, however, suggests that social workers have a duty to explain the nature and the consequences of any interventions they are considering. In this case example, Shandra would need to be able to explain how the app works, what its advantages and risks are, and how trustworthy the information is that she is relying upon.

Not all apps have been tested with the targeted client population; companies that develop and profit from the apps often test them, too. In order for apps to be considered safe and effective for diverse (and often vulnerable) clients, they would need to be tested independently and objectively - using scientific, evidence based procedures.

Barsky (2015c) advises the following before recommending the use of a particular app:

- Social workers should use the same due diligence that would be appropriate for selecting any social work intervention. Rather than considering just one option discovered randomly on the Internet, Shandra should investigate various options through a thorough literature search.
- If there is insufficient research evidence to recommend a particular app, Shandra needs to inform Gail, “Although this product may look promising, I was unable to find any solid research on how well it works for people with dementia.”
- Gail asks, “This tracking app seems so simple. What could possibly go wrong?” Shandra could then discuss the possible risks with Gail. For instance, how does the company ensure privacy? Could unauthorized persons hack into the app to follow Herb? How durable is the tracking device?
- If Gail is still inclined to use the app, Shandra should also help her manage the risks identified. For instance, what if Herb does not want to use the tracking device and decides to throw it away? Shandra could discuss how to present the tracking device idea to Herb in a positive manner and try to secure his permission to use it, which not only reduces the risk of losing the device, but also shows respect for
Herb’s dignity and worth.

They could also discuss having a trial period in which they test whether the device works in the manner intended.

Using apps with clients may have the potential for a number of ethical and legal issues at the federal level. If the social worker is providing health services, or working within a healthcare facility, HIPAA regulations for confidentiality and privacy of information would apply. If the social worker is using an app to assist in delivering services involving medication, nutrition, diets, or other medical services, the information on the app must comply with the Food, Drugs, and Cosmetics Act for safety.

Because the app is a device that transmits information through wireless communications, regulations of the Federal Communications Commission (FCC, 2016) may apply. Recently, questions and legal challenges have been raised about whether or not the FBI or Homeland Security have the legal right to access information that is transmitted electronically if a crime has been committed. This raises additional ethical and legal issues surrounding privacy and confidentiality.

State laws are being added to regulate devices, services and types of interventions delivered through technology distance services. Social workers must consult their agency’s legal and computer technology departments for assistance when developing social work services using technology. State laws, regulations and best practices that may impact the use of apps and specific wireless electronic devices must be identified.

In all cases of potential ethical or legal dilemmas, the social worker must weigh the risks and benefits, employ a decision-making model and seek consultation if the solutions are not clear. Some apps may be lower in risk than others. In certain situations, an app may not be prudent - such as in cases involving high-risk clients who may need immediate crisis intervention.

**Supervision and consultation**

The purpose of social work supervision is the development of helping create skill sets and sensitivities in the supervisee. These skills and sensitivities vary greatly: from basic to complex. They require that the supervisor is a good listener, as well as a good teacher.

Social work supervision and management generally include three primary aspects of the supervisory role:

1. Administration.
2. Support.
3. Education

These fundamental principles have been expanded in the most recent revision of Social Work Supervision standards published in 2014 by the NASW and the ASWB. Together, they have developed Best Practice Standards in Social Work Supervision (hereafter “Supervision Standards”) to support and strengthen supervision for professional social workers (ASWB, 2014b). The ASWB 2014 standards provide a general framework that promotes uniformity, and serves as a resource for issues related to supervision in the social work supervisory community. This framework will be discussed and summarized below.

The activities of supervision are captured by three primary domains that may overlap: administrative, educational, and supportive. Supervisees are faced with increasing challenges that contribute to job stress, including the growing complexity of client problems, unfavorable physical work environments, heavy workloads, and emotionally draining environments - such as vicarious trauma. Supportive supervision is underscored by a climate of safety and trust, where supervisees can develop their sense of professional identity. The combination of educational, administrative, and supportive supervision is necessary for the development of competent, ethical, and professional social workers.

**Administrative**

Administrative supervision is synonymous with management. It is the implementation of administrative methods that enable social workers to provide effective services to clients. Administrative supervision is oriented toward agency policy or organizational demands, and focuses on a supervisee’s level of functioning on the job and work assignment.

**Educational**

Educational supervision focuses on professional concerns and relates to specific cases. It helps supervisees better understand social work philosophy, become more self-aware, and refine their knowledge and skills. Educational supervision focuses on staff development and the training needs of a social worker to a particular caseload. It includes activities in which the supervisee is guided to learn about assessment, treatment and intervention, identification and resolution of ethical issues, and evaluation and termination of services.

**Supportive**

Supportive supervision decreases job stress that interferes with work performance and provides the supervisee with nurturing conditions that complement their success and encourage self-efficacy.
Standard 1. Context in Supervision

General contextual matters important to the supervision process include the following:

- **Understanding the scope of practice**
  Supervision may be provided to address a variety of issues. Among the most common is supervision for obtaining an advanced practice license, particularly a clinical license. Supervision may also be provided to new or recent graduates, focusing on the practical aspects of helping clients. It may also include social workers that have been sanctioned following disciplinary action and those learning a new practice or skill.

- **Communities of practice**
  Many social workers practice within the community in which they live, and may have Interdisciplinary Supervision. With the increasing focus on interdisciplinary practice in recent years, a professional of a different discipline may supervise social workers. Although this may be appropriate within the team or unit context, social workers should seek supervision or consultation from another social worker with regard to specific social work practices and issues. Similarly, a social worker providing supervision to a member of another discipline should refer that supervisee to a member of her or his own profession for practice-specific supervision or consultation.

- **Cultural awareness and cross-cultural supervision.** Social work supervisors should adhere to the NASW Standards for Cultural Competence in Social Work Practice and have specialized knowledge and understanding about the culture of the client population served by the supervisee. The supervisor who is supervising a social worker with a different cultural background should develop knowledge about that culture as it relates to social work practice.

- **Dual supervision and conflict resolution**
  In circumstances in which a supervisee is being administratively or clinically supervised simultaneously by more than one person, it is best practice to have a contractual agreement or memorandum of understanding delineating the role of each supervisor, including parameters of the relationships, information sharing, priorities, and how conflicts will be resolved.

Standard 2. Conduct of Supervision

The underlying agreement between supervisors and supervisees includes the premise that supervisees depend on the skills and expertise of supervisors to guide them. Respect for the different roles that supervisors and supervisees play in the supervisory relationship is a key factor in successful supervision.

To maintain objectivity in supervision, it is important to:

- Negotiate a supervision contract with mutually agreeable goals, responsibilities, and time frames.
- Provide regular feedback to supervisees on their progress toward these goals.
Confidentiality
Supervisors must ensure that all client information is kept private and confidential, except when disclosure is mandated by law. Supervisees should inform clients during the initial interview that their personal information is being shared in a supervisory relationship.

Contracting for supervision
In situations in which an agency may not have a clinical supervisor who meets the qualifications of a supervisor as required by the regulatory board, a social work supervisee may contract for supervision services outside the agency to qualify for a clinical license. Contracting for outside supervision can be problematic and may place a supervisor at risk. If the supervisee is paying for the services, he or she can dismiss the supervisor - especially if disagreements or conflicts arise. Development of a contractual agreement among the social worker, the supervisor, and the employing agency is essential in preventing problems in the supervisory relationship.

Leadership and role model
The actions and advice of the supervisor are keenly observed by supervisees. Consequently, these influence much of the supervisee’s thinking and behavior. Teaching is an important function of the supervisor, who models the behavior the supervisee will emulate. Supervisors should create a learning environment in which supervisees learn about the internal and external environments in which they work - as well as the environments in which their clients find themselves each day.

Competency
Social work supervisors should be competent and participate in ongoing continuing education and certification programs in supervision. They should be aware of growth and development in social work practice and implement evidence-based practice into the supervisory process. Supervisors should also be aware of their limitations and operate within the scope of their competence. When specialty practice areas are unfamiliar, supervisors should obtain assistance, or refer supervisees to an appropriate source for consultation in the desired area.

Supervisory signing off
Supervisors should submit reimbursement claims only for services that they performed. “Signing off” on services performed by a supervisee who is ineligible to seek reimbursement is fraudulent. Supervisors and supervisees should be aware of the statutes and regulations addressing this matter in their jurisdictions.

Self-care
It is crucial for supervisors to pay attention to signs of job stress and address them with their supervisees and
themselves. Supervisors should provide resources to help supervisees demonstrating symptoms of job stress and make outside referrals as necessary. Peer consultation can be helpful to supervisors and supervisees in such cases.

**Standard 3. Legal and Regulatory Issues**

Social work supervisors share responsibilities for the services provided to clients. Liability of supervisors has been determined by the courts and includes direct liability related to negligent or inadequate supervision and vicarious liability related to negligent conduct by supervisees. Supervisors and supervisees should both have professional liability insurance.

**Liability**

Direct liability may be charged against a supervisor when inappropriate recommendations carried out by a supervisee are to a client’s detriment. Direct liability can also be charged when a supervisor assigns duties to a supervisee who is inadequately prepared to perform them. Social work supervisors should be proactive in preventing boundary violations that should be discussed at the beginning of the supervisory relationship.

**Regulation**

The statutes and regulations for the qualifications of supervisors and licensing requirements for supervisees may vary by jurisdiction. An increasing number of jurisdictions are requesting supervision contracts and plans prior to the commencement of supervision. It is the responsibility of supervisors and supervisees to familiarize themselves with the specific requirements in their jurisdictions for the qualifications for supervision, licensure, supervision contracts and plans, and other requirements.

**Documentation**

Documentation is an important legal tool that verifies the provision of services. Supervisors should assist supervisees in learning how to properly document client services performed, regularly review their documentation, and hold them to high standards.

The supervisor and the supervisee should document each supervisory session separately. Documentation for supervised sessions should be provided to the supervisee within a reasonable time after each session. Social work regulatory boards may request some form of supervision documentation when supervisees apply for licensure. Records should be safeguarded and kept confidential.

**Other legal concerns**

The experienced social worker developing skills in a new specialty area may receive supervision limited to the
new area of practice. A supervisor is selected on the basis of his or her expertise in the specialty area. Having a supervision contract or plan detailing the obligations of both parties may be helpful.

**Standard 4. Ethical Issues**

Social work supervisors and supervisees may face ethical dilemmas when providing services to clients. To address those dilemmas, the supervisor and the supervisee should have a thorough knowledge of the code of ethics under which they practice. The NASW Code of Ethics (2008) serves as a guide to assist supervisors in working with ethical issues that arise in supervisory relationships. The following precepts from the NASW Code of Ethics are incorporated throughout the revised 2014 standards.

3.01(a) “Social workers who provide supervision or consultation should have the necessary knowledge and skill to supervise or consult appropriately and should do so only within their areas of knowledge and competence.”

3.01(b) “Social workers who provide supervision or consultation are responsible for setting clear, appropriate, and culturally sensitive boundaries.”

3.01(c) “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 supervise.”

3.01(d) “Social workers who provide supervision should evaluate supervisee’ performance in a manner that is fair and respectful.”

Supervisors have the responsibility to address any confusion that supervisees may encounter as a result of ethical demands. A supervisor should be aware of the differences between professional ethics, core values, and personal moral beliefs and help the supervisee to distinguish these elements when making practice decisions. Supervisors can use the supervisory relationship as a training ground for ethical discretion, analysis, and decision-making.

**Ethical decision-making**

Supervisors help supervisees learn ethical decision-making, a process that is both cognitive and emotional. Supervisors should discuss and model the process of identifying and exploring problems, looking at issues, values, principles, and regulations. When a supervisee makes an ethical mistake, he or she, with the assistance of the supervisor, should try to ameliorate any damage and learn how to avoid that mistake in the future. If appropriate or required by the jurisdiction, the violation may have to be reported to the licensing board.

**Boundaries**

The supervisory relationship is an excellent forum for supervisees to learn about boundaries with clients. Ethical issues related directly to supervision include the nature of the professional responsibility to the supervisee,
appropriate boundaries, and responsibilities when dealing with incompetent or unethical behavior.

Becoming involved in a romantic or familial relationship with a supervisee is an ethical violation and should be strictly avoided because it creates marked role conflict that can fatally undermine the supervisory relationship. If the supervisor recognizes a potential boundary issue with a supervisee, he or she should acknowledge it, assess how the boundary issue has affected supervision, and resolve the conflict.

Other ethical considerations include the following:

- A supervisor should always focus on the goals of supervision and the nature of the supervisory relationship and avoid providing psychotherapy services to the supervisee.
- Supervisors working with more than one supervisee should see each supervisee as an individual, and adapt to that supervisee’s needs. At the same time, supervisors must be fair and consistent when providing supervision to multiple supervisees.

**Self-disclosure**
Supervisors should be discreet when sharing personal information and not allow it to become the focus of supervision. When personal information is disclosed, it should be brief and support the goals of supervision. Supervisors should explain their comments and rationale to help supervisees gain understanding of appropriate techniques to use in the interview process with clients.

**Attending to safety**
Supervisors make supervisees aware of safety issues and train them how to respond to workplace conflict, respond to threats and harassment, protect property, and deal with assaults and their emotional aftermath.

**Alternative practice**
The social work supervisor should decide whether an alternative practice - a non-traditional social work intervention - is the best modality of treatment for a supervisee to use with a client. When a supervisee uses an alternative practice, the supervisor should have expertise of that practice and ensure that the supervisee has the prerequisite training and knowledge to perform the alternative practice.

**Standard 5. Technology**
The rapid growth and advances in technology present many opportunities and challenges in a supervisory relationship. When using or providing supervision by technological means, supervisors and supervisees should follow standards applied to a face-to-face supervisory relationship. Supervisors should demonstrate competency
in the use of technology for supervision purposes, and keep abreast of emerging technologies. Supervisors should be aware of the risks and benefits of using technology in social work practice and implement them in the learning process for supervisees. All applicable federal, provincial, and state laws should be adhered to, including privacy and security rules that may address patient rights, confidentiality, allowable disclosure, and documentation and include requirements regarding data protection, encryption, firewalls, and password protection.

**Distance supervision**

The use of technology for supervision purposes is gradually increasing. Video-conferencing is a growing technological tool used to provide supervision, especially in remote areas. Some jurisdictions allow electronic means for supervision; others may limit the amount of supervision that can be provided from a distance. When using technology to provide distance supervision, one must be aware of standards of best practice for providing this tool and be knowledgeable of the statutes and regulations governing the provision of such services.* Refer to the section summarizing the new ASWB 2015 Model Standards for Technology in Social Work Practice, as previously discussed in this course.

**Risk management**

Using technology in social work practice presents many risks. Supervisors should ensure a learning process that emphasizes a standard of care consistent with the NASW Code of Ethics, NASW and ASWB Standards for Technology in Social Work Practice, Canadian Social Workers Code of Ethics, licensing laws, applicable organization policies and procedures, and regulations for businesses. Doing so ensures high-quality services, protects the supervisor, supervisee and the client, and safeguards against malpractice issues.

**Evaluation and outcomes**

The evaluation and outcome of the supervisory process is an integral part to the development of professional social workers. The evaluation of the supervisee, as well as the evaluation of the impact and outcome of supervision, is a significant responsibility of the supervisor.

**Terminating the supervisory relationship**

Ending the supervisory relationship is just as important as beginning it and a supervisor should devote attention to it. Termination occurs when the supervisor or supervisee leaves the organization, is promoted or when the supervisee obtains licensure. It may also occur when the goals are achieved in the agreement between the supervisor and supervisee.

It is important for supervisors to identify the dynamics of termination early-on as they emerge, as well as assist
supervisees in learning specific skills to deal with termination. All documentation by the supervisor should be completed by the time of termination. It is unprofessional - and possibly unethical - to withhold status or final reports, particularly where such reports are required for licensing documentation.

Two germane areas of work require attention: (1) Termination of the supervisory relationship; and (2) termination of the supervisee-client relationship. When the supervisor is leaving, if appropriate, a smooth transition to a new supervisor should be arranged.

While the supervisor of social work may become increasingly involved in the administrative and political realm to get the work done, supervision, coaching, mentoring and consultation remain key roles. Practitioners need to be keenly aware of the role of supervisor, because they are responsible for both the actions and the omissions by a supervisee - known as vicarious liability.

To provide competent supervision, supervisors - particularly those in clinical settings - should remember the following:

◊ They need to possess the necessary knowledge and skill to ethically practice in mental health, and do so only within their area of competence.
◊ They must set clear, appropriate, and culturally sensitive boundaries that include confidentiality, sexual appropriateness and other sensitive boundaries, as outlined earlier in this training.
◊ They should not engage in dual or multiple relationships with supervisees when there is risk of exploitation or a potential for harm.
◊ They should fairly and respectfully evaluate supervisee performance.
◊ They should avoid accepting supervisees when there has been a prior, or an existing, relationship that might compromise the supervisor’s objectivity.
◊ They should take measures to assure that the supervisee’s work is professional.
◊ They should not provide therapy to current students or supervisees.

Supervisors should consult their particular professional association’s guidelines and certification requirements regarding supervision, human resource policy and other applicable sources. Effective and ethical supervisory practices not only benefit the supervisees and their clients, but also the supervisor. Supervisors can manage their vicarious liability if they have:

1. Clearly defined policies and expectations.
2. Awareness of high-risk areas.
3. Provisions for appropriate training and supervision.
4. Understanding supervisee strengths and weaknesses as practitioners.
5. Implemented an adequate feedback system.
6. A thorough understanding of their responsibilities.

**Consultation**

Licensed social work professionals often need to obtain consultation from colleagues and other professional groups with special expertise. If a client’s presenting problem is outside the experience of the social work professional, he or she should seek consultation, or should provide an appropriate referral. If he or she fails to seek consultation when it is warranted, social work professionals open themselves up to ethics complaints and malpractice allegations (Reamer, 2015a).

At the consultant level, ethical issues are related to professional competence, personal and professional values and cultural sensitivity. Acquiring adequate knowledge, skills, attitudes and values are key factors in social work consultation. In addition, knowing one’s competence limits, participating in ongoing professional development, as well as seeking supervision, support and resource referral is critical.

Following the ASWB and NASW ethical guidelines summarized above, consultants must:

- Be aware of how their personal values, beliefs and culture impact their professional decisions and judgment.
- Understand the principles regarding how change occurs, and plan strategies to build trust with the consultee.
- Have a clear understanding of the parameters of the consulting role and the purpose of the consultation.
- Be certain about the identity of the client, and to whom the consultant has reporting responsibility.
- Understand the importance of privacy within the relationship, and be clear about the boundaries and limits of confidentiality.
- Develop clear professional and personal boundaries.
- Seek supervision and support when needed.

**Education and training: The Council on Social Work Education - 2015 Revised Standards**

The Council on Social Work Education (CSWE, 2015) applies policies and standards to baccalaureate, master’s, and doctoral-level social work educating and training programs. The Commission on Accreditation (COA) of the Council on Social Work Education (CSWE) is recognized by the Council for Higher Education Authority to accredit baccalaureate and master’s degree programs in social work education within the United States and its territories. The educational policy, which details the new social work competencies for 2015, was
approved by the CSWE Board of Directors on March 20, 2015. These standards and competencies will be summarized here; the complete document should be studied on their website www.cswe.org/Accreditation.

**Purpose: Social work practice, education and educational policy and accreditation standards**
The purpose of the social work profession is to promote human and community well-being. Guided by a person-in-environment framework, a global perspective, respect for human diversity, and knowledge based on scientific inquiry, the purpose of social work is actualized through its quest for social and economic justice, the prevention of conditions that limit human rights, the elimination of poverty, and the enhancement of the quality of life for all persons - both locally and globally.

Social work educators serve the profession through teaching, scholarship, and service. They shape the profession’s future through the education of competent professionals, the generation of knowledge, the promotion of evidence-informed practice through scientific inquiry, and the exercise of leadership within the professional community.

**Educational Policy 1.0—Program Mission and Goals**
The mission and goals of each social work program address the profession’s purpose, are grounded in core professional values, and are informed by program context.

**Values**
Service, social justice, the dignity and worth of the person, the importance of human relationships, integrity, competence, human rights, and scientific inquiry are among the core values of social work. These values underpin the explicit and implicit curriculum, and frame the profession’s commitment to respect for all people and the quest for social and economic justice.

**Program context**
Context encompasses the mission of the institution in which the program is located, as well as the needs and the opportunities associated with the setting and program options. Programs are further influenced by their practice communities, and are informed by their historical, political, economic, environmental, social, cultural, demographic, local, regional, and global contexts as well as by the ways they elect to engage these factors. Additional factors include new knowledge, technology, and ideas that may have a bearing on contemporary and future social work education, practice, and research.
Accreditation Standard 1.0—Program Mission and Goals

1.0.1-1.0.3
The program submits its mission statement and explains how it is consistent with the profession’s purpose and values.

The program explains how its mission is consistent with the institutional mission and the program’s context across all program options.

The program identifies its goals and demonstrates how they are derived from the program’s mission.

Educational Policy 2.0—Generalist Practice

Generalist practice is grounded in the liberal arts and the person-in-environment framework. To promote human and social well-being, generalist practitioners use a range of prevention and intervention methods in their practice with diverse individuals, families, groups, organizations, and communities based on scientific inquiry and best practices. The generalist practitioner identifies with the social work profession and applies ethical principles and critical thinking in practice at the micro, mezzo, and macro levels. Generalist practitioners engage diversity in their practice and advocate for human rights and social and economic justice. They recognize, support, and build on the strengths and resiliency of all human beings. They engage in research-informed practice and are proactive in responding to the impact of context on professional practice.

The baccalaureate program in social work prepares students for generalist practice. The descriptions of the nine competencies identify the knowledge, values, skills, cognitive and affective processes, and behaviors associated with competence at the generalist level of practice.

Accreditation Standard B2.0—Generalist Practice

B2.0.1 -B2.0.3
The program explains how its mission and goals are consistent with generalist practice as defined in EP 2.0.

The program provides a rationale for its formal curriculum design, demonstrating how it is used to develop a coherent and integrated curriculum for both classroom and field.

The program provides a matrix that illustrates how its curriculum content implements the nine required social work competencies and any additional competencies added by the program.
Accreditation Standard M2.0—Generalist Practice

M2.0.1 -M2.0.3

The program explains how its mission and goals are consistent with generalist practice as defined in EP 2.0.

The program provides a rationale for its formal curriculum design for generalist practice demonstrating how it is used to develop a coherent and integrated curriculum for both classroom and field.

The program provides a matrix that illustrates how its generalist practice content implements the nine required social work competencies and any additional competencies added by the program.

Educational Policy M2.1—Specialized Practice

Specialized practice builds on generalist practice as described in EP 2.0, adapting and extending the Social Work Competencies for practice with a specific population, problem area, method of intervention, perspective or approach to practice. Specialized practice augments and extends social work knowledge, values, and skills to engage, assess, intervene, and evaluate within an area of specialization. Specialized practitioners advocate with - and on behalf of - clients and constituencies in their area of specialized practice. Specialized practitioners synthesize and employ a broad range of interdisciplinary and multidisciplinary knowledge and skills based on scientific inquiry and best practices, and consistent with social work values. Specialized practitioners engage in and conduct research to inform and improve practice, policy, and service delivery.

The master’s program in social work prepares students for specialized practice. Programs identify the specialized knowledge, values, skills, cognitive and affective processes, as well as behaviors that extend and enhance the nine Social Work Competencies and prepare students for practice in the area of specialization.

Accreditation Standard M2.1—Specialized Practice

M2.1.1 -M2.1.4

The program identifies its area(s) of specialized practice (EP M2.1), and demonstrates how it builds on generalist practice.

The program provides a rationale for its formal curriculum design for specialized practice demonstrating how the design is used to develop a coherent and integrated curriculum for both classroom and field.
The program describes how its area(s) of specialized practice extend and enhance the nine Social Work Competencies (and any additional competencies developed by the program) to prepare students for practice in the area(s) of specialization.

For each area of specialized practice, the program provides a matrix that illustrates how its curriculum content implements the nine required social work competencies and any additional competencies added by the program.

**Educational Policy 2.2—Signature Pedagogy: Field Education**

Signature pedagogies are elements of instruction (and of socialization) that teach future practitioners the fundamental dimensions of professional work in their discipline—to think, to perform, and to act ethically and with integrity. Field education is the signature pedagogy for social work. The intent of field education is to integrate the theoretical and conceptual contribution of the classroom with the practical world of the practice setting. It is a basic precept of social work education that the two interrelated components of curriculum—classroom and field—are of equal importance within the curriculum, and each contributes to the development of the requisite competencies of professional practice. Field education is systematically designed, supervised, coordinated, and evaluated based on criteria by which students demonstrate the Social Work Competencies. Field education may integrate forms of technology as a component of the program.

**Accreditation Standard 2.2—Field Education**

**22.1-22.11**

The program explains how its field education program connects the theoretical and conceptual contributions of the classroom and field settings.

The program explains how its field education program provides generalist practice opportunities for students to demonstrate social work competencies with individuals, families, groups, organizations, and communities and illustrates how this is accomplished in field settings.

The program describes how its field education program provides a minimum of 400 hours of field education for baccalaureate programs and a minimum of 900 hours for master’s programs.

**Educational Policy 3.0—Diversity**

The program’s expectation for diversity is reflected in its learning environment, which provides the context through which students learn about differences, learn to value and respect diversity, and develop a commitment to cultural humility. The dimensions of diversity are understood as the intersectionality of multiple factors including - but not limited to - age, class, color, culture, disability and ability, ethnicity, gender, gender identity
and expression, immigration status, marital status, political ideology, race, religion/spirituality, sex, sexual orientation, and tribal sovereign status. The learning environment consists of the program’s institutional setting: The selection of field education settings and their clientele; the composition of program advisory or field committees; educational and social resources; resource allocation; program leadership; speaker series, seminars, and special programs; support groups; research and other initiatives; and the demographic make-up of its faculty, staff, and student body.

**Accreditation Standard 3.0—Diversity**

3.0.1 - 3.0.3

The program describes the specific and continuous efforts it makes to provide a learning environment that models affirmation and respect for diversity and difference.

The program explains how these efforts provide a supportive and inclusive learning environment.

The program describes specific plans to continually improve the learning environment to affirm and support persons with diverse identities.

**Educational Policy 3.1—Student Development**

Educational preparation and commitment to the profession are essential qualities in the admission and development of students for professional practice. Student participation in formulating and modifying policies affecting academic and student affairs are important for students’ professional development.

To promote the social work education continuum, graduates of baccalaureate social work programs admitted to master’s social work programs are presented with an articulated pathway toward specialized practice.

**Accreditation Standard 3.1—Student Development: Admissions; Advisement, Retention, and Termination; and Student Participation**

**Admissions**

B3.1.1 -M 3.1.5

The program identifies the criteria it uses for admission to the social work program.

The program identifies the criteria it uses for admission to the social work program. The criteria for admission to the master’s program must include an earned baccalaureate degree from a college or university accredited by a recognized regional accrediting association. Baccalaureate social work graduates entering master’s social
work programs are not to repeat what has been achieved in their baccalaureate social work programs.

**Advisement, retention, and termination**
3.1.6, -3.1.8
The program describes its academic and professional advising policies and procedures. Social work program faculty, staff, or both provide professional advising.

The program submits its policies and procedures for evaluating student’s academic and professional performance, including grievance policies and procedures. The program describes how it informs students of its criteria for evaluating their academic and professional performance and its policies and procedures for grievance.

The program submits its policies and procedures for terminating a student’s enrollment in the social work program for reasons of academic and professional performance. The program describes how it informs students of these policies and procedures.

**Student participation**
3.1.9 The program submits its policies and procedures specifying students’ rights and opportunities to participate in formulating and modifying policies affecting academic and student affairs.

3.1.10 The program describes how it provides opportunities and encourages students to organize in their interests.

**Educational Policy 3.2—Faculty**
Faculty qualifications - including experience related to the Social Work Competencies, an appropriate student-faculty ratio, and sufficient faculty to carry out a program’s mission and goals - are essential for developing an educational environment that promotes, emulates, and teaches students the knowledge, values, and skills expected of professional social workers. Through their teaching, research, scholarship, and service—as well as their interactions with one another, administration, students, and community—the program’s faculty models the behavior and values expected of professional social workers. Programs demonstrate that faculty is qualified to teach the courses to which they are assigned.

**Accreditation Standard 3.2—Faculty**
3.2.1-3.2.3, B3.2.4, M3.2.4-M3.2.7
The program identifies each full- and part-time social work faculty member and discusses his or her
qualifications, competence, expertise in social work education and practice, and years of service to the program.

Faculty demonstrates ongoing professional development as teachers, scholars, and practitioners through dissemination of research and scholarship, exchanges with external constituencies (such as practitioners and agencies), and through other professionally relevant creative activities that support the achievement of institutional priorities and the program’s mission and goals.

The program demonstrates how its faculty models the behavior and values of the profession in the program’s educational environment.

**Educational Policy 3.3—Administrative and Governance Structure**

Social work faculty and administrators, based on their education, knowledge, and skills, are best suited to make decisions regarding the delivery of social work education. Faculty and administrators exercise autonomy in designing an administrative and leadership structure, developing curriculum, and formulating and implementing policies that support the education of competent social workers.

**Accreditation Standard 3.3—Administrative Structure**

3.3.1-3.3.4

The program describes its administrative structure and shows how it provides the necessary autonomy to achieve the program’s mission and goals.

The program describes how the social work faculty has responsibility for defining program curriculum consistent with the Educational Policy and Accreditation Standards and the institution’s policies.

B3.3.4(a); B3.3.4(b); B3.3.4(c); M3.3.4(a); M3.3.4(b); M3.3.4(c)

The program describes the baccalaureate program director’s leadership ability through teaching, scholarship, curriculum development, administrative experience, and other academic and professional activities in social work.

The program describes the master’s program director’s leadership ability through teaching, scholarship, curriculum development, administrative experience, and other academic and professional activities in social work.

The program identifies the field education director.
Educational Policy 3.4—Resources
Adequate resources are fundamental to creating, maintaining, and improving an educational environment that supports the development of competent social work practitioners. Social work programs have the necessary resources to carry out the program’s mission, and goals and to support learning and professionalization of students and program improvement.

Accreditation Standard 3.4—Resources
3.4.1-3.4.6
The program describes the procedures for budget development and administration it uses to achieve its mission and goals. The program submits a completed budget form and explains how its financial resources are sufficient and stable to achieve its mission and goals.

The program describes, for each program option, the availability of and access to assistive technology, including materials in alternative formats.

* Note: The numbers are not consecutive and jump to 4.0

Educational Policy 4.0—Assessment of Student Learning Outcomes
Assessment is an integral component of competency-based education. Assessment involves the systematic gathering of data about student performance of Social Work Competencies at both the generalist and specialized levels of practice.

Competence is perceived as holistic, involving both performance and the knowledge, values, critical thinking, affective reactions, and exercise of judgment that inform performance. Assessment, therefore, must be multi-dimensional and integrated to capture the demonstration of the competencies and the quality of internal processing informing the performance of the competencies. Assessment is best done while students are engaged in practice tasks or activities that approximate social work practice as closely as possible. Practice often requires the performance of multiple competencies simultaneously; therefore, assessment of those competencies may optimally be carried out at the same time.

Accreditation Standard 4.0—Assessment
4.0.1-4.0.5
The program presents its plan for ongoing assessment of student outcomes for all identified competencies in the generalist level of practice (baccalaureate social work programs), as well as the generalist and specialized levels of practice (master’s social work programs). Assessment of competence is performed by program designated
faculty or field personnel. The plan includes:

- A description of the assessment procedures that detail when, where, and how each competency is assessed for each program option.
- At least two measures assess each competency. One of the assessment measures is based on demonstration of the competency, in real or simulated practice situations.

**Competency 1: Demonstrate Ethical and Professional Behavior**

Social workers understand the value base of the profession and its ethical standards, as well as relevant laws and regulations that may impact practice at all levels. Social workers understand frameworks of ethical decision-making and how to apply principles of critical thinking to those frameworks in practice, research, and policy arenas. Social workers recognize personal values and the distinction between personal and professional values. They also understand how their personal experiences and affective reactions influence their professional judgment and behavior. Social workers recognize the importance of life-long learning, and are committed to continually updating their skills to ensure they are relevant and effective. Social workers also understand emerging forms of technology and the ethical use of technology in social work practice. Social workers:

1. Make ethical decisions by applying the standards of the NASW Code of Ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context;
2. Use reflection and self-regulation to manage personal values and maintain professionalism in practice situations;
3. Demonstrate professional demeanor in behavior, appearance as well as oral, written, and electronic communications;
4. Use technology - ethically and appropriately - to facilitate practice outcomes; and
5. Use supervision and consultation to guide professional judgment and behavior.

**Competency 2: Engage Diversity and Difference in Practice**

Social workers understand how diversity and difference characterize and shape the human experience and are critical to the formation of identity. The dimensions of diversity are understood as the intersectionality of multiple factors including - but not limited to - age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race, religion/spirituality, sex, sexual orientation, and tribal sovereign status. Social workers understand that, as a consequence of difference, a person’s life experiences may include oppression, poverty, marginalization, and alienation - as well as privilege, power, and acclaim. Social workers also understand the forms and mechanisms of oppression and discrimination, and recognize the extent to which a culture’s structures and values (including social, economic, political, and cultural exclusions) may oppress, marginalize, alienate, or create privilege and power.
Social workers

◊ Apply and communicate understanding of the importance of diversity and difference in shaping life experiences in practice at the micro, mezzo, and macro levels;
◊ Present themselves as learners and engage clients and constituencies as experts of their own experiences; and
◊ Apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies.

Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice
Social workers understand that every person - regardless of position in society - has fundamental human rights such as freedom, safety, privacy, an adequate standard of living, health care, and education. Social workers understand the global interconnections of oppression and human rights violations, and are knowledgeable about theories of human need and social justice and strategies to promote social and economic justice and human rights. Social workers understand strategies designed to eliminate oppressive structural barriers to ensure that social goods, rights, and responsibilities are distributed equitably and that civil, political, environmental, economic, social, and cultural human rights are protected.

Social workers:
Practitioners who function as educators, field instructors or trainers are obligated to provide instruction (only within their areas of knowledge and competence), evaluate student performance fairly and respectfully, and take reasonable steps to ensure that clients are informed when services are provided by students. As noted above, professionals functioning as educators or field instructors must not engage in dual or multiple relationships, and should set clear, appropriate and culturally sensitive boundaries.

Administrators and supervisors should also take reasonable steps to provide for the continuing education and personal development of their staff.

Competency 4: Engage In Practice-informed Research and Research-informed Practice
Social workers understand quantitative and qualitative research methods and their respective roles in advancing a science of social work, as well as in evaluating their practice. Social workers know the principles of logic, scientific inquiry, and culturally informed and ethical approaches to building knowledge. Social workers understand that evidence that informs practice derives from multi-disciplinary sources and multiple ways of knowing. They also understand the processes for translating research findings into effective practice.

Social workers:
• Use practice experience and theory to inform scientific inquiry and research;
• Apply critical thinking to engage in analysis of quantitative and qualitative research methods and research findings; and
• Use and translate research evidence to inform and improve practice, policy, and service delivery.

Competency 5: Engage in Policy Practice
Social workers understand that human rights and social justice, as well as social welfare and services, are mediated by policies and their implementation at the federal, state, and local levels. Social workers understand the history and current structures of social policies and services, the role of policy in service delivery, and the role of practice in policy development. Social workers understand their role in policy development and implementation within their practice settings at the micro, mezzo, and macro levels. They actively engage in policy practice to effect change within those settings. Social workers recognize and understand the historical, social, cultural, economic, organizational, environmental, and global influences that affect social policy. They are also knowledgeable about policy formulation, analysis, implementation, and evaluation.

Social workers:
• Identify social policy at the local, state, and federal level that impacts well-being, service delivery, and access to social services;
• Assess how social welfare and economic policies impact the delivery of and access to social services;
• Apply critical thinking to analyze, formulate, and advocate for policies that advance human rights and social, economic, and environmental justice.

Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities
Social workers understand that engagement is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers value the importance of human relationships. Social workers understand theories of human behavior and the social environment: they critically evaluate and apply this knowledge to facilitate engagement with clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness.

Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate.
Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities
Social workers understand that assessment is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers understand methods of assessment with diverse clients and constituencies to advance practice effectiveness.

Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. Social workers understand how their personal experiences and affective reactions may affect their assessment and decision-making.

Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities
Social workers understand that intervention is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers are knowledgeable about evidence-informed interventions to achieve the goals of clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers understand theories of human behavior and the social environment: they critically evaluate and apply this knowledge to effectively intervene with clients and constituencies. Social workers understand methods of identifying, analyzing and implementing evidence-informed interventions to achieve client and constituency goals. Social workers value the importance of inter-professional teamwork and communication in interventions - recognizing that beneficial outcomes may require interdisciplinary, inter-professional, and inter-organizational collaboration.

Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities
Social workers understand that evaluation is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations and communities. Social workers recognize the importance of evaluating processes and outcomes to advance practice, policy, and service delivery effectiveness. Social workers understand theories of human behavior and the social environment; they critically evaluate and apply this knowledge in evaluating outcomes. Social workers understand qualitative and quantitative methods for evaluating outcomes and practice effectiveness.

Navigating social media in field instruction
The following information related to the need for education, training and clinical supervision was given in the article:

Field instruction presents many opportunities where students can learn how to navigate social work ethics related to their use of social media. However, all social workers can benefit from guidance in several areas that include building intentional online identities as social work professionals; determining appropriate professional and personal use of social media in accordance with the NASW Code of Ethics; and developing risk management strategies for online behavior. Field instructors, agency-based Master of Social Work (MSW) staff who are responsible for student training, are being called upon to coach students in developing an ethical consciousness that must include discussions about social media. Tandem with this thinking is the importance of ensuring that ethically sound social media policies have been implemented in organizations where student social interns are placed. These policies and/or guidelines should be created as a means of clarifying expectations for students and staff alike. Finally, the social media policies of an organization should be a required element of new employee and student orientation. It is imperative that potential online ethical issues be acknowledged and addressed in educational settings and by clinical supervisors.

Young students today grew up in the Internet age and were more likely to regularly use social media. These students were less likely to seek guidance from experienced clinicians because they perceived them to be lacking in knowledge and exposure to Internet-related ethical dilemmas (Taylor et al., 2014,). The research conducted by Taylor concluded that due to the perceived “generation gap” between clinicians: younger practitioners might be unlikely to initiate conversations about online behavior with supervisors. Being able to rely upon a social media policy would help younger practitioners chart a professional course through murky ethical waters.

Twenty-five percent of the curriculum for master’s level social work students is the field experience for practical training within the part of an established Council on Social Work Education (CSWE) competency (CSWE, 2015). It is imperative that organizations train social work students to develop clear guidelines and policies related to social media use. This is both to set the standard for professional online behavior in the organization, as well as to acclimate students to the process of developing a professional identity related to social media use beginning with their field placement experience (Voshel and Wesala, 2015).

**Ethical implications for social media use in field instruction**

Voshel and Wesala conclude:

Agency social workers that are field instructors have the capacity to become great mentors to the next
generation of social work students. They must be prepared to address social media related issues as a part of professional practice, particularly focusing on social media relationships. The inherent ethical implications need to be a guiding factor related to the student’s creation of their social media identity and thus serve as the student’s “social conscience.” Given the exposure to social media that most current students have experienced throughout their lives, it is vitally important that field instructors provide an open forum for discussion in three key areas related to social media and social work: (1) professional use of social media related to the student’s role within the organization; (2) the overlap related to personal and professional use of social media, and (3) the overall implications for the social work profession related to risk management and ethical practice.

Commitment to employers
Several standards that address issues regarding loyalty and ethical responsibilities in a person’s capacity as an employee are formally, and informally, discussed in the professional associations’ ethical guidelines. Generally, social work professionals should do the following:

- Adhere to commitments made to employers.
- Work to improve employing agencies’ policies, procedures and effectiveness of service delivery.
- Take reasonable steps to educate employers about social workers’ ethical obligations.
- Ensure that the employing organization’s practices do not interfere with their ability to practice consistent with their association’s professional ethical guidelines.
- Act to prevent and eliminate discrimination.
- Accept employment or refer others only to organizations that exercise fair personnel practices.
- Be diligent stewards of agency resources

Social work professionals should support their agency’s mission, vision and values as well as its policies and practices; in essence, they should maintain loyalty to the organization or agency they are committed to. That is not to say one should disregard the profession’s standards and ethical codes of conduct.

When an employer engages in unethical practices, whether knowingly or unknowingly, workers still have an obligation to voice those concerns through proper channels and advocate for needed change, while conducting themselves in a manner that minimizes disruption. But what does the worker do when faced with an ethical dilemma in the workplace that is not easily solved?
This issue has been discussed with regard to the practice of social work when Reamer (in his review of the NASW Code of Ethics) (2015b), discussed the challenge that a social worker may have in deciding whether to continue honoring a commitment to the employer:

“This broaches the broader subject of civil disobedience, that is, determining when active violation of laws, policies and regulations is justifiable on ethical grounds. Most social workers acknowledge that certain extraordinary circumstances require social disobedience.”

He believes that it is possible to provide clear guidelines about when it is acceptable to break one’s commitment to an employer. He poses several questions that must be explored before taking action:

◊ Is the cause a just one? Is the issue so unjust that civil disobedience is necessary?
◊ Is the civil disobedience the last resort?
◊ Does the act of civil disobedience have a reasonable expectation of success?
◊ Do the benefits likely to result clearly outweigh negative outcomes, such as intra-organizational discord and erosion of staff respect for authority?
◊ If warranted, does civil disobedience entail the least required to rectify the targeted injustice?

**Labor-management disputes**

Social work professionals are generally allowed to engage in organized action - including the formation and participation in labor unions - to improve services to clients and working conditions. When involved in a dispute, job action or a strike, workers should carefully weigh the possible impact on clients and be guided by their profession’s ethical values and principles, prior to taking action.

**Professional competence**

The following guidelines discuss professional competence in social work practice:

◊ Accept responsibilities or employment only if competent or there is a plan to acquire necessary skills.
◊ Routinely review emerging changes, trends and best practices in the social work field, and seek ongoing training and educational opportunities.
◊ Use empirically validated knowledge to guide practice/interventions.
◊ Disclose potential conflicts of interest.
◊ Do not provide services that create a conflict of interest or that may impair work performance or clinical judgment.

In addition to education and experience, social workers must to be cognizant of their personal behavior and its effects on their practices:
◊ Refrain from private conduct that interferes with one’s ability to practice professionally.
◊ Do not allow personal problems (i.e., emotional, legal, substance abuse) to impact one’s ability to practice professionally or jeopardize the best interests of clients.
◊ Seek appropriate professional assistance for personal problems or conflicts that may impair work performance or critical judgment.
◊ Take responsible actions when personal problems interfere with professional judgment and performance.

**Burnout and compassion fatigue**
Areas receiving increasing attention within the social work profession are burnout and compassion fatigue, also known as vicarious trauma or secondary traumatic stress. The consequences of these conditions, or any other form of professional impairment, include the risk of malpractice action. Burnout and compassion fatigue can be serious if they are not addressed, and result from the effects of day-to-day annoyances, overburdened workloads, crisis and other workplace stressors.

**Burnout**
Burnout is a “breakdown of psychological defenses that workers use to adapt and cope with intense job-related stressors, and is a syndrome in which a worker feels emotionally exhausted or fatigued, withdrawn emotionally from clients, and where there is a perception of diminishment of achievements or accomplishments” (Barsky, 2015a).

Burnout occurs when gradual exposure to job strain leads to an erosion of idealism with little hope of resolving a situation. In other words, when social work professionals experience burnout:
◊ Their coping skills are weakened.
◊ They are emotionally and physically drained.
◊ They feel that what they do does not matter anymore.
◊ They feel a loss of control.
◊ They are overwhelmed.

For example:

*Monica had been working for several years with clients who shared the same diagnosis. Because she specialized in this particular area of social work, most of her referrals came from other social workers who did not feel skilled enough to cope with the many stressors associated with working within that population.*
Monica felt that she had a talent for her work, and for many years felt fulfilled in her chosen profession. In past months, however, it seemed that her clients were becoming more difficult and were referred to her with increasingly complex issues. One particularly stressful case exploded when her client attempted suicide. As a result of this experience, Monica began to doubt her abilities and contemplated taking an extended time off. She felt exhausted, as well as ineffective, as a licensed social worker.

**Compassion fatigue**

A newer definition of worker fatigue was introduced late in the last century by social researchers who studied workers who helped trauma survivors. This type of worker fatigue became known as “compassion fatigue” or “secondary traumatic stress” (STS). Social work professionals acquire compassion fatigue (or STS) as a result of helping (or wanting to help) a suffering person in crisis. As a result, they can often feel worthless and their thinking can become irrational. For example, they may begin to irrationally believe that they could have prevented someone from dying from a drug overdose.

For example:

*Jim had run a crisis hotline at a domestic violence shelter for about two years when one of his callers shared that her husband had recently threatened to beat their small daughter. Jim, with small children of his own, talked with the mother for an hour, trying to convince her to share her personal information or leave her spouse and enter his shelter. As the woman continued to resist, Jim felt great angst and panic, fearing that her little girl would be harmed. Yet, the woman refused to consider leaving her husband. The next day, Jim learned that the husband murdered a woman and her child who appeared to fit the description of the previous day’s caller. Jim became anxious and distraught and blamed himself for not taking enough action to persuade his caller to be more proactive.*

As a mandated reporter, Jim should have notified and reported the threat immediately to the appropriate child protection agency as mandated by law. Every social worker must have contact information for the child protection agency in their area and must be familiar with their responsibility to report abuse and neglect - even if the information gained is from a third party and includes only a verbal threat, such as in Jim’s scenario.

Burnout may be gradually acquired over time; recovery can be gradual as well. Compassion fatigue may surface rapidly and diminish more quickly while the social worker has more of a tendency to identify with the client. Both conditions can share symptoms such as emotional exhaustion, sleep disturbance, or irritability.
Dealing with burnout and compassion fatigue

A professional social worker can take steps to increase her or his ability to cope and achieve balance in life. Maintaining a healthy lifestyle balance and recognizing the signs of burnout and compassion fatigue (or secondary traumatic stress) are important. The responsible social worker will also take action, such as a vacation break or a change in schedule or job duties. Practitioners also need to not only be aware of the signs and symptoms of burnout and compassion fatigue, but also - and more importantly - identify the situations that may set the stage for their occurrence. Examples:

◊ A worker with depression or burnout may not be aware of the condition or the impact that it has on their work.
◊ A worker struggling with an addiction may be ashamed to admit this condition to anyone at the workplace.
◊ A worker may feel that if the distress is disclosed, he or she will lose his/her position or reputation with colleagues.
◊ A worker going through a highly stressful situation or conflict may realize that it is affecting his or her performance; however, financial issues may deter the social worker from taking a leave from work.

In each of these cases, if the worker continues to work, they are placing clients, the agency and themselves at risk for harm. Barsky explains:

Given the interpersonal nature of social work practice, it is important to consider the psychosocial consequences of impairments. Some conditions, such as burnout, might result in depersonalization or lack of caring with clients. Other conditions might result in over-identification or problematic counter transference with clients. Although one could argue that the aforementioned workers are not intentionally harming clients, consider what strategies they could use to pre-empt the harm: self-awareness, supervision, feedback from colleagues, and therapy (Barsky, 2015a).

Some situations build slowly and may be difficult for the individual or colleagues to detect. Addictions, such as alcohol, may have little impact in the beginning and it may take years in some cases to for the illness to advance to the point that the impairment is obvious and affects work performance. Frequent self-assessments or evaluations by supervisors may be useful in disrupting negative patterns before they progress to problems. The social worker and supervisor can work together to develop a plan for successful resolution of the conflict - or recovery strategies - in a confidential setting with benchmarks and timelines to be met as a contingent to continued employment. This success plan puts the responsibility on the individual but would include resources
to support positive outcomes. If progress is not made according to the plan, corrective or disciplinary action can be taken.

Ongoing supervision is an effective strategy to bring awareness to the individual and avoid escalating conflicts leading to impairment. Supervisors should not be therapists or counselors; ideally the social worker and supervisor have a good relationship built on trust. The social worker may be more likely to confide in a supervisor that he/she respects and knows he or she can rely upon to assist and understand workplace demands.

Conscientiousness refers to the attending to one’s job or duties in a manner that is careful, attentive, thorough, and ethical. Conscientiousness has been found to be one of the best predictors of professionalism in health care practice Barskey (2015a) suggests. Rather than asking, “Do I have an impairment that is affecting my practice?” workers can ask themselves the following types of behavior-oriented questions:

◊ Have I been showing up to work on time (or have I had a pattern of missing appointments or showing up late)?
◊ Have I been completing all my work tasks?
◊ Have I been completing my work tasks in a rigid or minimal manner?
◊ Have I been maintaining a professional appearance, including how I dress and groom myself?
◊ Have I been adhering to the highest principles of ethical practice (including maintaining client confidentiality, demonstrating respect for clients, and avoiding boundary violations)?
◊ Have I been following best practices and evidence-based interventions with clients?
◊ Have I been acting in a way that clients and co-workers can trust me as a reliable social worker?
◊ Have I been taking steps to continuously improve my competence and the effectiveness of my practice?

Answering “no” to any of these questions may indicate a need for further exploration and action.

Other considerations are agency policies that regulate professional conduct and may provide resources for confidential assistance programs that are covered by insurance or paid for by the agency. Other laws, such as the Americans with Disabilities Act, mandate accommodations for workers with disabilities and may address psychological and physical challenges that lead to work stress.

Some agencies have peer support or mentoring programs which allow colleagues to provide support regarding the quality of practice, if both parties consent to work together. The success of peer-based support is based on trust, effective communication, openness and the ability to maintain confidentiality and privacy.
The key is to use self-assessment and reflection to identify early signs of impairment and seek assistance as soon as possible from a trusted supervisor, colleague, or therapist.

Additional strategies include:

- Listen to and reflect on the concerns of colleagues, supervisors, family, and friends.
- Conduct periodic self-assessments.
- Take needed time off for “mental health days.”
- Use stress-reduction techniques.
- Allow time for hobbies, outside interests and leave work at the office as much as possible.
- Set limits on when clients and colleagues can contact you after hours including social media.
- Confide in a supervisor to help handle work issues in order to rearrange or reassign work tasks
- Take advantage of workplace training, assistance programs, or peer group programs
- Contact appropriate professional help.

**Research, evaluation, evidence-based practice and ethics**

In recent years, greater interest in “evidence-based practice” (EBP) has become a prominent theme in the social work profession due in part to the need for justification for payment of services, as well as the need for methods of best treatment practice in social work. The role of professional ethics and values is an important source of evidence in the process of making decisions about evidence-based practice.

Clinical expertise refers to “the ability to use our clinical skills and past experience to rapidly identify each client’s unique characteristics, their individual risks and benefits of potential interventions and their personal circumstances and expectations.”

Significant failures in making decisions occur when evidence is not used. These can include:

- Being ineffective in the use of interventions.
- Using interventions that do more harm than good.
- Not using interventions that can do more good than those interventions already being used.
- Interventions that do more harm than good are not discontinued.

Evidence-based practice (EBP) is the integration of best research evidence with clinical expertise and patient/client values. The purpose of EBP is to promote effective practice and to enhance public health by applying empirically supported principles of assessment, case formulation, therapeutic relationship, and intervention (APA, 2016). Evidence-based guidelines for best practice in the mental health profession should
draw upon critical thinking, practice related research, accountability, service to clients, informed consent, promotion of lifelong learning, and integrity. The NASW and ASWB standards stress beneficence (helping), avoidance of harm, informed consent, self-determination and social justice as essential components of evidence-based practice.

Ethical practice in social work focuses on evidence-based research in which clinical knowledge and client values are important considerations. Evidence-based practice implements the current state of knowledge and best practice strategies: etiology, causation, prevention and treatment of a wide range of conditions using state of the art methods.

Evidence-based practice in social work utilizes the best available research evidence with professional wisdom and individual and family values. The social worker should reflect on the following questions:

◊ Which treatment approaches and specific interventions are most effective?
◊ In what contexts and for whom?
◊ What are the indicators of effective social work practice using this method?
◊ How will results of treatment be measured?
◊ How can the assessment data be used to inform future work throughout the course of practice?

These questions illustrate the close connection between critical thinking and the application of evidence-based practice. Of course, all social work practice must be individualized for the client based on the client’s specific needs and the most effective evidence-based methods to achieve his or her goals. All practice methods and techniques must be within the limits of the social worker’s training and experience, as outlined in ethical standards for competency.

The social work profession has become more focused on evidence-based research practices. These include:

◊ Respecting the dignity and protecting the welfare of research participants.
◊ Following laws, regulations and professional standards governing the conduct of research.
◊ Monitoring and evaluating policies, program implementation and practice interventions related to practice and policy decisions.
◊ Promoting and facilitating evaluation and research by critically appraising the evidence for its validity and applicability.
◊ Critically examining current and emerging social work practice research by locating the best evidence with which to answer evidence-based research questions.
◊ Obtaining voluntary, written informed consent. Informed consent includes the following stipulations and assurances:
There can be no implied or actual deprivation or penalty for refusal, or undue inducement to participate.

Regard for participant’s dignity, well-being and privacy are the primary elements in obtaining consent.

All information about the nature, extent and duration of the participation as well as disclosure about the risk and benefits should be shared.

When a participant is not capable, provide appropriate explanations, obtain permission to the degree they are able to give it, and obtain written consent from appropriate proxy sources.

Never designing or conducting evaluation or research that does not use informed consent procedures.

Informing participants of their right to withdraw from evaluation and research.

Ensuring that participants have access to appropriate supportive services.

Protecting participants from unwarranted physical or mental distress, harm, danger or deprivation.

Discussing collected information only for professional purposes, and with only those who have a professional concern for information.

Ensuring anonymity and confidentiality of all participants and their data:

- Informing participants of limits of confidentiality, including measures taken and when records will be destroyed.
- Omitting or redacting identifying information from reports, unless disclosure is authorized.
- When the possibility exists that others, including family members, may obtain access to confidential information, a plan for protecting confidentiality is explained as part of the procedure for obtaining informed consent.

Respecting each participant’s freedom to decline participation in (or to withdraw from) a research study at any time.

Evaluating research findings for effectiveness and efficiency. Reporting them accurately.

Being alert to, and avoiding conflicts of interest and dual relationships with participants.

Educating self, students, and colleagues about responsible research practices.

More about informed consent

The issue of informed consent relates closely with one of the most important values of ethical social work practice: Self-determination. In order for informed consent to be valid, the following must be met:

- A person of legal age must give consent voluntarily.
- The individual must be competent to refuse, or to consent to, treatment.
- The client must be given thorough, accurate information about the service so she or he may weigh the benefits and risks of treatment.
- Information must be given in a format that can be fully comprehended by the client based on age, cognitive ability, level of literacy, taking account of any disabilities, which must be accommodated. (See earlier section on literacy.)
One of the newest challenges for social worker professionals is the issue of informed consent in e-therapy. This is because (Dombo, Kays, & Weller, 2014):

- Anonymity on the Internet makes it more difficult to determine the client’s mental, visual, or auditory capacity to comprehend the terms of consent.
- It may be more difficult to determine legal age.
- Potential conditions such as suicidal behaviors, eating disorders, and other high-risk clients may not be suitable for online therapy, even though the client consents.
- There is limited empirical research available on technology innovations, thus limiting both the practitioner and clients’ understanding of the efficacy and the risks associated with e-therapy.
- Internet identity issues place more burdens on the practitioner to determine whether the client is legally and ethically able to consent.
- The client and social worker would need training to be proficient in using the devices including downloading documents and completing electronic signatures.
- Technical problems with the device or the connection may interfere with the transmission or storage of documents.

**Ethical responsibilities to the broader society**

The majority of people are shaped and impacted by influences such as their families, communities, environments and cultures. Social workers must remain vigilant about these influences in their practices, and even promote them externally for the benefit of society at large. For example, NASW (2014b; 2015; 2015b) points out that social workers should remain mindful of:

- Social welfare.
- Public participation.
- Public emergencies.
- Social and political action.
- Equal access to resources and opportunities.
- Advocacy for improvements in social conditions.
- Promoting equality for all people.
- Expanding choice and opportunity to all people.
- Promoting cultural and social diversity.
- Preventing and eliminating the domination, exploitation and discrimination of any person, group or class of people.
Ethics for specialized practice areas

Responsible social work practice can be found in a variety of settings and address multiple issues. As the world changes, social workers are increasingly challenged to broaden their knowledge and adopt practices that meet the unique needs of their service populations and settings.

Currently, most social work associations provide additional guides or standards of practice that address specific areas. These include: substance abuse, health care, marriage and family issues, couples’ work, clinical social work, child welfare, palliative/end of life care, work with adolescents and long-term care. Social workers’ standards that address issues such as technology, cultural competence and genetics must stay current with changing standards, guidelines and laws.

Genetics

Years ago, practitioners could neither fathom the science of genetics, nor predict its impact on the profession. Today, genetics (or the study of genes and their effects on human growth and development) is looking increasingly promising as a solution to many of the health problems faced by humans.

Genetics enables science to diagnose certain conditions and offers hope of deeper understanding of diseases and conditions so that they may be prevented or treated. Any innovation, as history has demonstrated, brings with it new challenges to what we consider right, fair, ethical and legal.

All licensed social workers can take an active role in ensuring their clients are protected against genetic discrimination in areas such as health and life insurance, employment and adoption.

National professional associations are beginning to address the need to integrate knowledge of genetics into mental health practice. Some of their objectives are to:

◊ Become informed about genetics as an expanding field of mental health/social work knowledge.
◊ Improve the quality of services provided to clients with genetic disorders.
◊ Provide a basis for the development of continuing education materials and programs in genetics.
◊ Ensure that services to clients with genetic disorders are guided by association code of ethics.
◊ Advocate for clients’ rights to self-determination, confidentiality, access to genetic services and non-discrimination.
◊ Encourage practitioners to participate in the formulation and refinement of public policy at the state and federal levels, relevant to genome research, services and treatment of populations with genetically identified predispositions or conditions.
**Children’s mental health**

Children’s mental health intervention and the early childhood field have created a unique niche with regard to ethics practice: early childhood education and infant mental health intervention practices are routinely paired with one another. They reflect values and practice related to indirect service delivery models that involve collaborative relationships with other adults.

Social workers should consider evidenced-based programs when making decisions about services, specifically consultation, that include not only best available scientific research, but also carefully consider state and agency regulations related to child welfare, mandated reporting, parental and guardianship rights, family and cultural values, linguistic and cognitive ability that must inform practice.

In order to identify, prevent, and resolve ethical conflicts, curricula, practice guidelines, and evidence-based professional development efforts are needed to ensure that training is delivered in a consistent and effective manner to front-line early childhood professionals. It is necessary for social workers to recognize signs and symptoms of early childhood distress, neglect, and abuse and to know appropriate referral sources, procedures and strategies to assist children and families in a timely manner.

Social workers will need to collaborate frequently with all professionals who have contact with the child - including school, medical and child welfare staff, in addition to maintaining close contact with the family.

Working with children and families can add increased stress and emotional components for the social worker. This can lead to compassion fatigue and burnout. Practitioners need to self-assess to identify these components and implement self-care strategies.

Specific certifications at the bachelor and master’s levels are available to meet the complex challenges of working with children and families through the NASW and governed by the ASWB. Social work licensing exams for specialties working with children and families requires strong generalist knowledge and skill - in addition to advanced knowledge in physical, emotional, psychological, and behavioral development as well as family, environmental, and cultural dynamic that affect the child. Addiction, substance abuse, and child welfare issues including abuse and neglect are part of the curriculum (ASWB, 2016). The NASW has specific Standards for Social Work Practice in Child Welfare (2014a). Several of the standards will be included here and correspond to specific topics in this course. Ethical Standard 1 includes the following:
Standard 1. Ethics and Values
Social workers in child welfare shall demonstrate a commitment to the values and ethics of the social work profession and shall use NASW’s Code of Ethics as a guide to ethical decision making while understanding the unique aspects of child welfare practice.

Interpretation
A social worker in child welfare shall demonstrate the core values of service, social justice, the dignity and worth of the person, the importance of relationships, integrity, and competence. In addition, social workers shall adhere to the professional ethical responsibilities delineated in the NASW Code of Ethics. The Code of Ethics establishes the ethical responsibilities of all social workers with respect to themselves, clients, colleagues, employees and employing organizations, the social work profession, and society. Acceptance of these responsibilities guides and fosters competent social work practice in child welfare.

As an integral component of the child welfare system, social workers have the responsibility to know and comply with local, state, and federal legislations, regulations and policies. In some instances, legal and regulatory guidelines, as well as administrative practices, may conflict with the best interests of a child and/or family. In the event that conflicts arise among competing expectations, child welfare social workers are directed to the NASW Code of Ethics as a tool for decision making; however, they should also seek guidance from supervisors and/or other relevant professionals.

Standard 7. Cultural Competence
Social workers shall ensure that families are provided services within the context of cultural understanding and competence.

Interpretation
Social workers in child welfare shall demonstrate heightened self-awareness, reflective practice skills, and knowledge - consistent with the NASW Standards for Cultural Competence in Social Work Practice (2001). Social workers shall continue to develop specialized knowledge and understanding regarding culturally appropriate resources for children, youth, and the families they serve. Supervisors should also develop trainings for social workers on culturally competent practice. When providing services, social workers shall explore the roles of spirituality, religion, sexual orientation, socioeconomic status, and age as factors influencing perspective.

Consideration should also be given to address the particular needs of children of color, who are overrepresented in the child welfare system. If children are placed with foster parents of a different race, ethnicity, or culture,
foster parents should, when appropriate, receive cultural sensitivity training. In addition, should a child or youth self-identify or question his or her sexual orientation, the foster parents and the child or youth should, as appropriate, receive training and support to address the issue. There has been an increase in the number of immigrants with children in the United States; such changes affect the needs that child welfare services address. Social workers in child welfare must become familiar with the latest data on population changes in their region related to immigrant children and families. Such changes require learning about emerging immigrant cultural heritages, immigrants’ needs, and support networks, as well as issues pertaining to immigrants’ adjustment to a new country.

Social workers shall also familiarize themselves with immigration laws and collaborate with appropriate immigration specialists to explore options to obtain legal status for children, youths, and families.

**Standard 12. Permanency Planning**

Social workers in child welfare shall place children and youths in out-of-home care when children and youths are unable to safely remaining in their homes. Social workers shall focus permanency planning efforts on returning children home as soon as possible or placing them with another permanent family.

**Interpretation**

Social workers in child welfare must consider the strengths and the needs of the child and the caregiver when assessing the safety and appropriateness of placement options (for example, kinship care, foster care, group home). Permanency can be the result of preservation of the family; reunification with the family of origin; or legal guardianship or adoption by kin, foster families, or other caring, committed adults (for example, mentors, teachers, family friends). Social workers should actively work with families toward reunification. Social workers, however, shall also work with children and youth to identify and maintain permanent connections with family, friends, and other individuals with whom a child or youth has a significant relationship - except in situations in which there are legal constraints (such as protective orders).

**Disciplinary procedures for processing possible violations of ethics standards**

Professional mental health associations and state regulatory boards have established set procedures with regard to processing possible violations of ethics standards. The person or persons initiating an ethics complaint against a certified and/or licensed professional is known as the complainant(s). Complaints are usually completed through a form and are normally responded to within a certain period of time by a designated ethics committee, through the association or other regulatory board.
Considerations and procedures for ethics violations complaints include: whether the case will be litigated, if additional referrals to another governing body will be implemented, improper disclosures or misleading information, time limitations concerning complaints, confidentiality, failure to cooperate, mediation, rejection or acceptance of the ethics charges, methods of investigation, ethics complaint response, preliminary actions and orders, ethics hearing committee hearings, ethics hearing committee decisions and orders, and disciplinary actions. A board of directors “Ethics Appeals Committee” is usually incorporated (or brought together) when the action is appealed through an appeal action process.

According to the National Board of Certified Counselors (NBCC, 2016), an ethics case will normally be closed and all proceedings end when any of the following occur:

1. Following the lapse of any appeal rights, the ethics case has not been accepted and the charges have been rejected as the basis for an ethics complaint.
2. Following the lapse of any appeal rights, the ethics officer, the ethics hearing committee, or the board of ethics committee issues a final decision.
3. An ethics complaint has been terminated or withdrawn by the complainant(s).
4. In some cases, professionals can apply for reinstatement after a set period of time following their revocation, suspension or probation.

**Conclusion**

Ethical dilemmas are varied, common and complex. Ethical decision-making can be difficult as well as time-consuming, and any action should not be taken if the practitioner is feeling ambivalent about the course of action. There will typically be more than one person involved with the ethical decision-making process; the power of supervision and consultation cannot be overstated in a social work practice ethical dilemma.

In this course, a number of essential topics have been discussed and have covered a wide range of ethical considerations. Law and ethics are distinct, yet are frequently intertwined when ethical conflicts emerge. Self-determination plays an important role in how professionals guide or follow their clients’ lead. Informed consent covers a range of issues and is a necessary ethical consideration throughout the course of treatment. Understanding HIPAA and the Privacy Rule prevents ethical missteps; incorporating cultural competence into social work is a less concise process, but is extremely valuable. Understanding intentional and unintentional boundary violations is another piece of integrating ethical practice, as remaining current with evidence-based practice and incorporating it into practice.

Identifying and addressing burnout and compassion fatigue can help prevent ethics violations caused by feeling overwhelmed, hopeless, stressed and exhausted.
It is necessary – now more than ever - for professionals to understand codes of ethics for communicating through information technology, particularly with the increasing use of e-therapy.

Emerging research and methodology in early childhood mental health intervention and genetics will continue to grow and enlighten practice in these fields.

It is imperative that social work professionals stay current with regard to national, state, association, and agency rules/regulations and to routinely review evidence-based practice in the area of ethics and social work practice.
PROFESSIONAL ETHICS AND BOUNDARIES
(5 CE Hours)

Please select the best answer from the multiple choice questions 1-40 and submit online at www.elitecme.com or by fax or mail along with fee and evaluation form.

1. The word “ethics” is derived from:
   a. The Greek word “ethos,” which means character.
   b. The Latin word “omega,” meaning all.
   c. Mandated Roman rules for both society and the individual.
   d. The study of ancient law and democracy.

2. Ethics are the core values and beliefs that include:
   a. The study that deals with ideas about what is good and bad behavior.
   b. A branch of philosophy dealing with what is morally right or wrong.
   c. Belief that something is compatible with the system of values.
   d. All of the above.

3. Reamer (2015) describes five distinct types of legal requirements and guidelines that may affect practice and include of all of the following EXCEPT:
   b. School law- State laws.
   c. Regulatory law – Court-made law and common law.
   d. Executive orders.

4. There are also laws that impose legal obligations to:
   a. Abide by practices that further serve to protect the consumer, such as federal and state statutes requiring mandatory child abuse reporting.
   b. Practices that ensure client confidentiality.
   c. Practices that ensure competence to perform certain services.
   d. All of the above.
5. State oversight boards give authority to practice to qualified individuals, typically defined by three competencies. These include:
   a. Education.
   b. All of the above.
   c. Experience.
   d. Passing score on an examination.

6. The *A Grand Challenge for Social Work Working* was designed to_________________________.
   a. Focus thought and action on the most compelling and critical social issues of our day.
   b. Give an incentive to boost performance.
   c. Spur advocacy.
   d. Involve interns and novices.

7. Some of the concerns raised regarding the use of e-therapy include:
   a. E-therapy does not allow practitioners to observe and interpret facial expressions and body language.
   b. The Internet poses a serious risk to security and thus to confidentiality.
   c. Clients cannot be sure about the credentials, experience, or even the identity of the person they are trusting to provide services.
   d. All of the above.

8. Violations are clustered into ten categories; one category is described as "blurring the professional and client relationship through a sexual affiliation." What type of violation is this?
   a. Boundary violation.
   b. Conflicts of interest violation.
   c. Poor practice.
   d. Informed consent.

9. Behaviors that blur the helping process and exploit clients include:
   a. The use of physical contact in treatment.
   b. The pursuit of sexual activity with clients - either during or immediately after treatment.
   c. Social relationships, business relationships, or bartering.
   d. All of the above.
10. Kitchener identified five moral principles that are essential ethics guidelines; the guideline that is often explained as “above all, do not harm” is called
   a. Beneficence.
   b. Nonmaleficence.
   c. Fidelity.
   d. Autonomy.

11. Core values include "Allowing for freedom of choice and action" which is also called ________?
   a. Service.
   b. Dignity.
   c. Autonomy.
   d. Justice.

12. Which Standard states, “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?”
   a. Professional Competence Standard
   b. Professional Development Standard.
   c. Professional Ethical Practice Standard.

13. Overall, practitioners can benefit from the following more specific, yet practical, recommendations EXCEPT:
   a. Take proactive responsibility for errors in judgment.
   b. Acknowledge clients’ time constraints.
   c. Avoid being early for sessions or meetings.
   d. Check record keeping.

14. Regarding "ethical responsibilities to clients," the client has the right to the following EXCEPT what?
   a. Terminate the provider-client relationship at any time.
   b. To view counseling notes of other clients, relative to their own file.
   c. Right to receive an explanation of services.
   d. Be informed of the provider's limitations of practice to special areas of expertise.
15. Right to choose versus duty to protect concerning suicide includes practice guidelines that call for all the following, EXCEPT:
   b. Careful evaluation, such as clients’ ability to make rational choices based on their medical and mental state and social situation.
   c. A good therapeutic alliance.
   d. Consultation.

16. In general, potential threats and factors to be considered in ensuring the validity of informed consent are:
   a. Language and comprehension.
   b. Capacity for decision making.
   c. Limits of service refusal by involuntary clients.
   d. All of the above.

17. "The ability of individuals and systems to respond respectfully and effectively to people of all cultures, classes, the worth of individuals, families, tribes and communities, and protects and preserves the dignity of each," is a definition of what?
   a. Informed Consent.
   b. Duty to Protect.
   c. Cultural Competence.
   d. Conflict of Interest.

18. In positive culturally competent communication climates, ______ is established and reaffirmed, allowing freedom to explore sensitive issues and express disagreements.
   a. Trust.
   b. Open communication.
   c. Respect.
   d. Faith.

19. Examples of things that interpreters should not be asked to do without the provider present, except:
   a. Keeping the LEP client or patient company.
   b. Explaining procedures without the provider being present.
   c. Get the client’s permission before interpreting.
   d. Taking a medical history.
20. Boundary issues involve circumstances in which there are actual or potential conflicts between professional duties and social, sexual, religious or business relationships. These conflicts may involve relationships with:
   a. Current and former clients.
   b. Colleagues.
   c. Supervisees and students.
   d. All of the above.

21. Five conceptual categories with regard to boundary violations generally transpire around five central themes: intimate relationships, pursuit of personal benefit, emotional and dependency needs, altruistically motivated gestures, and what is the fifth category?
   a. Loneliness.
   b. Responses to unanticipated circumstances.
   c. Sexual needs of client.
   d. Physical needs.

22. There are some areas where clear rules about dual relationships are essential such as the "protection of the therapeutic process," "client protection from exploitation," and "protection from ______________."  
   a. Social liability.
   b. Community involvement.
   c. Legal liability.
   d. Regulatory authority.

23. The most current work in this field identifies patterns and causes of sexual misconduct evident from lawsuits brought against social workers in this area (Reimer, 2015) which include:
   a. Mental illness.
   b. Situational offenders.
   c. Naïve clinicians.
   d. All of the above.

24. Ethical guidelines call for which of the following with regard to payment of services?
   a. To include the reasonable acceptance of kickbacks.
   b. To include offering rebates for referrals.
   c. To call for fair and reasonable fees for services.
   d. To encourage bartering arrangements.
25. A well-planned client transfer should incorporate a timeline, termination session, and ________ in order to properly consult with the client's new social work professional.
   a. Informed consent.
   b. A schedule of previous sessions.
   c. Liability form.
   d. Confidentiality statement.

26. Which statement is correct about decision making models?
   a. The analytical, revised model is the best practice for decision making.
   b. There are several approaches to decision-making and no one model may be effective for all cases.
   c. The revised Ethics A- Model is preferred.
   d. None are truly effective.

27. Social workers also need to consider basic protocols and steps to take to increase their ability to make sound ethical decisions and this can be done through an ethical decision making model, that would:
   a. Identify the problem or conflicts between the ethical and legal expectations and requirements, including the values and duties that may conflict.
   b. Apply to only national professional associations’ code of ethics.
   c. Assigns points to evaluate risk, benefits, and cost.
   d. All of the above

28. Congress amended the Internal Revenue Code of 1986 and created Public Law 104- 191, the Health Insurance Portability and Accountability Act (HIPPA) in what year?
   b.1994.
   c.1996.
   d.1995.

29. Following the ASWB and NASW ethical guidelines consultants must:
   a. Be aware of how their personal values, beliefs and culture impact their professional decisions and judgment.
   b. Develop clear professional and personal boundaries.
   c. Be certain about who the client is and to whom the consultant has reporting responsibility.
   d. All of the above.
30. ______________ practice is the integration of best research evidence with clinical expertise and patient/client values.
   a. Research-based.
   b. Evidence-based.
   c. Education-based.
   d. Experience-based.

31. The essential components of evidence-based practice, according to NASW, stresses beneficence, avoidance of harm, informed consent, self-determination, and _____?
   a. Respectful interactions.
   b. Social justice.
   c. Lifelong learning.
   d. Political agendas.

32. The issue of informed consent relates closely with one of the most important values of ethical mental health practice: __________.
   a. Motivation.
   b. Self-respect.
   c. Self-determination.
   d. Consistency.

33. One of the newest challenges for social work professionals is the issue of informed consent in e-therapy. All of the following are true EXCEPT:
   a. There is extensive empirical research available, thus limiting both the practitioner and clients’ understanding of the efficacy and the risks associated with e-therapy.
   b. Anonymity on the Internet makes it more difficult to determine the client’s mental, visual and, auditory capacity or legal age.
   c. Potential conditions such as suicidal behaviors and eating disorders may not be suitable for online therapy.
   d. All of the above.
34. National professional associations are beginning to address the need to integrate knowledge of genetics into practice. Some of their objectives are to:
   a. Inform about genetics as an expanding field of mental health knowledge.
   b. Improve the quality of services provided to clients with genetic disorders.
   c. Ensure that services to clients with genetic disorders are guided by association code of ethics.
   d. All of the above.

35. Which statement below describes the Permanency Standard?
   a. Social workers have an ethical obligation to always keep families together.
   b. Social workers in child welfare shall place children and youths in out-of-home care when children and youths are unable to safely remaining in their homes.
   c. Social Workers should turn permanency cases over to Child Welfare Agencies.
   d. Foster care is preferable in determining permanency of placement in most cases of abuse or neglect.
References


School of Medicine and Health Research Group Durham University. *Professionalism and Conscientiousness in


