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Ethics for Clinical Social Workers



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Introduction

As with all behavioral health professionals, licensed clinical social workers (LCSWs) have an ever-present legal and ethical obligation to protect the welfare of their clients. According to the National Association of Social Workers (NASW) Code of Ethics, “the primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people.” In keeping with this mission, LCSWs help individuals who are struggling with mental health issues and other personal difficulties in order to improve their ability to function and their overall quality of life. When such professionals work with individual clients, they may face concerns related to competence, social diversity, informed consent, conflicts of interest, privacy, and confidentiality, as well as other issues. The Code was developed to respond to potential dilemmas and offer standards, principles, and values to guide social workers’ conduct. The Code is applicable to all social workers and social work students, no matter their professional role, the settings in which they work, or the populations they serve.

The Code serves the following purposes (NASW, 2021):

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

The Code offers a set of values, principles, and standards to guide decision-making and behaviors when ethical dilemmas occur. It does not impart a set of rules listing how social workers should act in all situations. Ethical decision-making happens in situations where social workers may face complex ethical dilemmas with conflicting obligations and no simple answers. When ethical judgment is needed, social workers should take into consideration all the values, principles, and standards in the NASW Code that are relevant. It must be acknowledged that any code of ethics cannot guarantee ethical behavior. Furthermore, a code of ethics cannot resolve all ethical issues or disputes or capture the diversity and complexity involved in attempting to make responsible choices within a diverse moral community. Instead, a code of ethics sets forth values, ethical principles, and ethical standards to which professionals can aspire and by which their actions can be judged (NASW, 2021).

The History of Ethical Standards in the Social Work Profession

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

The 1960 NASW Code of Ethics contained 14 proclamations. Some of these early proclamations included: every social worker's duty to have professional responsibility take precedence over personal interests; to respect clients' privacy; to give appropriate professional service in times of public emergencies; and to contribute knowledge, skills, and support to human welfare programs. A 15th proclamation pledging nondiscrimination was added in 1967.

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

In 1993, a task force recommended to the NASW Delegate Assembly that it amend the code of ethics further to include five new principles. These new recommendations

reflected growing understanding in the social work field regarding social worker impairment and the need to address how blurred or confused boundaries between clients and social workers can endanger the quality of services provided. The first three of the new principles addressed instances in which social workers' own problems and impairment interfere with their professional functioning, and the latter two addressed the need to avoid social, business, and other nonprofessional relationships with clients because of possible conflicts of interest. The revised code was adopted in August 1996 and served as the foundation of the current code.

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

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

Reflection Question

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

NASW Ethical Values & Principles

Social work values are important as they help identify the key aspects of social work's mission, they help identify the relationship social workers have with their clients, colleagues, and society, they clarify the methods of interventions social workers have in

their daily work, and they help resolve ethical dilemmas in practice (Reamer, 2018). The core values of social work are service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. To see the ethical principles that connect to each value, see Appendix B (NASW, 2021).

The Process of Pursuing Ethical Standards

Ethical standards are relevant to the professional endeavors of all social workers. These standards concern:

Social workers' ethical responsibilities to clients - Social workers' primary responsibility is to promote the well-being of clients. In general, clients' interests are primary. However, social workers' responsibility to the larger society or specific legal obligations may, on limited occasions, supersede the loyalty owed to clients, and clients should be so advised. (Examples include when a social worker is required by law to report that a client has abused a child or has threatened to harm self or others.)

Social workers' ethical responsibilities to colleagues - Social workers should treat colleagues with respect and should accurately and fairly represent the qualifications, views, and obligations of colleagues.

Social workers' ethical responsibilities in practice settings - Social workers who provide supervision, consultation, or education should have the necessary knowledge and skill to supervise or consult appropriately and should do so only within their areas of knowledge and competence.

Social workers' ethical responsibilities as professionals - Social workers should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence. Social workers should strive to become and remain proficient in professional practice and the performance of professional functions. Social workers should critically examine and keep current with emerging knowledge relevant to social work practice and ethics.

Social workers' ethical responsibilities to the social work profession - Social workers should uphold and advance the values, ethics, knowledge, and mission of the profession. Social workers should protect, enhance, and improve the integrity of the profession through appropriate study and research, active discussion, and responsible criticism of the profession.

Social workers' ethical responsibilities to the broader society - Social workers should promote the general welfare of society, from local to global levels, and the development of people, their communities, and their environments. Social workers should advocate for living conditions conducive to the fulfillment of basic human needs and should promote social, economic, political, and cultural values and institutions that are compatible with the realization of social justice (NASW, 2021).

NASW (2022) reports that the most frequent substantiated Code of Ethic violations fall under the following categories: Commitment to Clients, Conflicts of Interest, Privacy and Confidentiality, Sexual Relationships, Unethical Conduct of Colleagues, Client Records, Dishonesty, Fraud, and Deception, and Misrepresentation (NASW, 2022)

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

Case Example 1

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

Questions for Consideration

What ethical responsibilities should the clinician have considered prior to attending the graduation party?

What conversation should the clinician have had with the client prior to the graduation party?

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

Reflection Question

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

Social Workers' Ethical Responsibilities to Clients

A social worker's primary responsibility is to the well-being of their client. Areas that fall under this category within the NASW Code of Ethics include self-determination, informed consent, competence, cultural competence, conflicts of interest, privacy and confidentiality, access to records, sexual relationships, physical contact, sexual harassment, derogatory language, payment of services, clients who lack decision-making capabilities, interruption of services, referral for services, and termination of services. While a social worker's commitment is to their clients and to promote their rights to self-determination, at times, this may conflict with should the clients' actions pose a threat to themselves or others.

Informed Consent

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

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

- Determination of Client Capacity
- Disclosure About What Happens in Sessions
- Disclosure About Evidence-Based Information

- How to Disclose Information
- Establishing Consent

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

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

Another consideration regarding informed consent is the client's literacy level and any potential language barriers. Should literacy be a challenge, providing the client with a comprehensive verbal explanation of the informed consent form and receiving verbal verification that they have comprehended. Should language be a barrier, a written translation of the informed consent in the client's primary language could be provided, or verbal language interpretation could be provided.

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

Reflection Question

What are areas that might impact a client's capability to understand informed consent?

Social Worker Competence

Social workers should not provide services in which they are insufficiently trained or not competent. Social workers are expected to practice within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience. Should social workers be providing a service in an emerging area of practice, the responsibility is on them to establish careful judgment and ensure they are following ethical standards. When social workers are using technology to provide services, they must ensure they have the knowledge and skills to utilize the technology competently. They must also be aware of and comply with the laws and jurisdictions pertaining to the use of technology in providing services. Outside of licensure and certifications, there is no formal way of establishing professional competence. The burden of proof for expertise or competence claims falls on the clinician.

Case Example 2

A social worker in a community agency provides counseling services to clients with chronic and persistent mental illnesses such as bipolar and schizophrenia. The clinical director of the agency informs the social worker their position is being expanded, and they will now be expected to run groups for dual-diagnosed clients with mental illness and substance abuse. The social worker is not trained in working with dual-diagnosed clients, has no training in substance abuse, and limited experience in running groups. They are feeling unprepared for this new role. When the social worker raises their concerns to their supervisor, they are told they can sit in on another social worker's group for a week and learn from them.

Questions for Consideration

What areas of concern do you see in this example? What ethical concerns need to be addressed? What are some next steps the social worker should take?

Reflection Questions

What areas of services do you feel competent in providing? What areas do you have an interest in but believe you would need to have additional training before being labeled "competent"?

Cultural Competence and Social Diversity

The United States is constantly undergoing major demographic changes. The demographic shift is expected to continue with increased diversity in its population. Diversity is more than race and ethnicity. It includes the sociocultural experiences of people inclusive of, but not limited to, color, national origin, social class, immigration status, religious and spiritual beliefs, sexual orientation, gender identity or expression, age, marital status, and physical or mental disabilities. Practicing social work with cultural competence implies an increased awareness of how diverse cultural populations experience their differences and deal with their uniqueness and similarities within a larger social context. Cultural competent social workers use an intersectionality approach to practice, examining forms of discrimination, oppression, and domination through diverse components of race and ethnicity, religion and spirituality, immigration and refugee status, social class, sexual orientation, gender identity, and expression, and individual abilities. In addition, it requires social workers to acknowledge their own position of power in relation to the populations they serve (NASW, 2015). Striving for cultural competence does not mean social workers must understand every nuance of a person's culture; this would be an impossible task. Rather, they must remain open to new cultural ideas, ask questions, respond respectfully, and practice cultural humility. Social workers should engage in critical self-reflection, understanding their own biases and self-correcting as needed. Social workers who provide services through the use of technology should be aware of the socio-economic and cultural differences among clients and how this may impact their ability to access services.

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

Case Example 3

Janine is a Caucasian LCSW who has been working with 13-year-old Han, who is of Chinese descent, for several months. Han was referred to Janine because he had been experiencing anxiety and symptoms of depression since his parents separated. Han is a quiet young man, and it has taken several sessions for him to begin to open up about his feelings. Janine is pleased with the progress they have made and sees that Han has had some symptom relief over the past few weeks and appears to be happier than when she first met him. During the most recent session, Janine noticed that Han didn't seem like himself, and he had some redness and slight bruising on his upper arms. Han said that he had been sick for about a week and was just beginning to feel better. When Janine

inquired about the red marks, Han explained that his mother had taken him to a healer because his cold and fever would not go away, and the healer had rubbed oil on his back, shoulders, and upper arms with a coin. Janine asked if he was in pain during the procedure or currently, and Han replied that it hurt a little bit while the healer was working on him, but that he no longer had any pain. Janine learned from Han that he had been to the same healer several other times over the past few years when he was sick, and he felt that it usually made him feel better. Janine had not suspected Han was being abused in any way, and when they had discussed his parents' disciplinary practices, she learned that he remembered being spanked a few times as a child but more recently lost privileges and his phone or computer when he got in trouble.

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

Questions for Consideration

Are there any aspects Janine is missing or other steps she should have taken for Han's safety? What may there have been if Janine had made assumptions Han was being abused and made a child abuse report?

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

Reflection Question

Can you think of a time you had cultural humility, recognized the client as an expert on their culture, and learned from the client?

Is there a population you or your agency works closely with that you have limited knowledge of and could learn more about their culture?

Conflicts of Interests

Social workers have a duty to be aware of potential conflicts of interest and do whatever is possible to avoid them or stop them early on. Conflicts of interest can rise to the level of blatant wrongdoing or impropriety, such as clinical social workers paying colleagues for referrals or having intimate relationships with clients. Very few social workers engage in such obvious conflicts of interest. What is more common are circumstances where social workers' conduct creates an appearance of a conflict of interest. These are instances when social workers do not knowingly engage in a conflict of interest, but their behavior creates an appearance of one, such as we saw in case example 1 (Reamer, 2017).

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

Boundary crossings are not unethical and can potentially be therapeutically helpful. Examples include: having lunch with an anorexic client, going for a vigorous walk with a depressed client, making a home visit to a bedridden elderly client, accompanying a client to a medically essential doctor's appointment they are avoiding and that they would not go to on their own, maybe even flying in an airplane with a client who suffers from a fear of flying. Boundary crossings should be undertaken according to the client's unique needs and specific, necessary, and documented situations. It is recommended that the justification for boundary crossings be clearly documented and included in the treatment plan. (Zur, 2021).

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

Case Example 4

Marianne is a divorced LCSW who has been in practice for 14 years. One night when she is out with her girlfriends, she runs into a former client, Tommy. She first met Tommy about three years ago when he and his teenage son came to see her about relationship difficulties they were experiencing. Marianne worked with Tommy and Adam for approximately three months until the relationship improved, and all parties agreed to terminate therapy. Tommy has been divorced for four years. When they see each other at the restaurant, Marianne and Tommy talk briefly. She learns that Adam is away at college and that he and Tommy have been doing well overall. She does not really think

anything about it until he calls her the following week to ask her out to dinner. Marianne tells Tommy that she will have to think about it and agrees to call him back later in the week. While Marianne feels some attraction toward Tommy and knows that it has been over two years since their last professional encounter, she also wants to think about all the ethical considerations that would come into play if she were to date and pursue an intimate relationship with Tommy.

Questions for Consideration

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

Unfair advantage - Is Marianne taking unfair advantage of the relationship she had with Adam if she chooses to enter into a personal relationship with his father?

Integrity - It is a good moral decision to enter into a personal relationship with Tommy, even though time has passed? Would she be behaving in a trustworthy manner?

Multiple relationships - Does entering into a personal relationship with Tommy create a situation of exploitation or potential harm, and will the influential position that she had as the clinician carry over and create an unhealthy dependency?

Sexual Relationships - According to the NASW Code of Ethics, social workers should not engage in sexual activities or sexual contact with clients' relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation or potential harm to the client. Sexual activity or sexual contact with clients' relatives or other individuals with whom clients maintain a personal relationship has the potential to be harmful to the client and may make it difficult for the social worker and client to maintain appropriate professional boundaries. Social workers assume the full burden for setting clear, appropriate, and culturally sensitive boundaries, not their clients, their clients' relatives, or other individuals with whom the client maintains a personal relationship (NASW, 2021). Can Marianne be assured that establishing a personal relationship with Tommy will not in any way exploit or cause injury to Tommy or Adam?

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

Reflection Question

What is an example of a boundary crossing you would be comfortable with between you and a client? How would you document your ethical considerations prior to the boundary crossing?

Dual Relationships

Dual or multiple relationships take place when social workers interact with clients in more than one relationship or situation, this can be professional, business, or social. Dual or multiple relationships can happen simultaneously or consecutively. Social workers should not participate in dual or multiple relationships with clients or former clients where there is a risk of potential harm or exploitation to the client. When there is a situation when dual or multiple relationships are unavoidable, it is on the social worker to take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries (NASW, 2021).

Case Example 5

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

In the above scenario, the issue of multiple roles/dual relationships is presented to Roger without any intent on his part to create the situation. Although Roger is contemplating what the best course of action is as he is faced with his professional, personal, and community role, he doesn't feel the need to process anything with Leo until he finds out if Leo has made the team. He knows that he and Leo have made positive steps toward dealing with Leo's grief and loss, and has no intention of abandoning Leo in the therapeutic process. He also knows that he must consider

confidentiality and boundary issues if he is going to see Leo outside of the office. Multiple relationships that do not cause impairment, risk exploitation, or harm are not unethical and often, especially in rural communities, inevitable and unavoidable (Zur, 2018).

Questions for Consideration

Is the dual relationship avoidable or necessary? What actions could be taken to minimize risk if the situation is unavoidable?

What is the nature of the professional relationship? Does the context of practice make a difference?

What impact on one's objectivity and decision-making is the relationship having?

Whose needs, the social workers' or the clients', are being met by the dual relationship?

Is this creating a blend between one's personal and professional life? Does this result in a conflict of interest (actual or perceived)?

Could client confidentiality be compromised?

Are exceptions being made for one client but not for another? If so, why?

What policies, standards, or ethical values are applicable to the situation?

How might this dual relationship be perceived by one's social work colleagues, employer, or community members?

What cultural aspects, if any, need to be considered?

What options are available for addressing the dual relationship? (NLASW, 2018).

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

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

A Social dual relationship is where a therapist and client also have some other type of social relationship or are friends. Social multiple relationships can be in person or online. For example, having a client as a Facebook 'friend' on one's personal profile rather than on one's professional profile may also be considered a social dual relationship. Therapists need to be aware of their interactions with clients online and how they may constitute social dual or multiple relationships (and potentially jeopardize confidentiality).

A professional dual relationship is where a therapist and client are also professional colleagues. This may take place in colleges or universities, presenters in professional conferences, training organizations, and co-authoring a book together are some examples of professional dual relationships.

A Special treatment-professional dual relationship is where a therapist, in addition to psychotherapy and counseling, is also providing additional integrative medical supports, such as progressive muscle relaxation, nutrition or dietary consultation, Reiki, etc.

A Business dual relationship is where a therapist and client are also business partners or have an employer-employee relationship.

A Communal dual relationships is where a therapist and client live in the same community. This may lead to them both belonging to the same church or synagogue, participating in the school's PTA together, or the therapist shopping in a store that is owned by the client or employees the client. Communal multiple relationships are common and often unavoidable in small communities when clients know each other within the community.

An Institutional dual relationships take place in the military, prisons, mental hospitals, and in some police department settings where dual relationships are an integrated part of the institutional hierarchy. For example, some institutions, such as state hospitals or detention facilities, mandate that clinicians serve simultaneously or sequentially as therapists and evaluators.

A Forensic dual relationship involves a therapist who serves as a treating clinician, evaluator, and witness in trials or hearings. Serving as a treating psychotherapist as well as an expert witness, rather than a fact witness, is considered a very difficult balance to maintain and is a frequently ill-advised dual relationship.

A Supervisory relationship is often a dual relationship by default. The supervisor performs multiple roles, responsibilities, loyalties, and functions. The supervisor must

balance their professional relationships and duty not only to the supervisee and to the supervisee's clients but also to the profession and the public.

A Sexual dual relationship is where the therapist and client are involved in a sexual relationship. This can be concurrently or upon the termination of psychotherapy. Sexual dual relationships with current clients are always, without exception, unethical and may also be illegal, and there may be ethical or legal consequences with terminated clients as well.

A Digital, online, or internet dual relationship is an interaction between therapist and client that takes place online on blogs, chats, email, or social networking sites, such as Facebook, Twitter, or LinkedIn, which constitutes unique dual relationships. While these can be professional (for example, on LinkedIn or professional Facebook or Instagram profiles), social (for example, on personal Facebook or Instagram profiles or other social networking sites being used for personal interactions), or other types of multiple relationships that take place on chats, blogs, forums, groups, etc.

While many of the above examples of dual relationships could be viewed as unavoidable and pass the code of ethics of most professional associations (does not cause impairment, exploitation, or harm), the one dual relationship that all groups agree is unethical is having a dual sexual relationship with a client. Not only is it unethical, but it is also illegal in many states. Other considerations of how a dual relationship might impact the therapeutic relationship include:

- There is a lack of objectivity: An example of this might be a therapist who treats a social media influencer they follow and admire, which could skew their clinical judgment.
- The boundary between roles is unclear: If a therapist and client are friends, they may inadvertently begin to discuss social matters during sessions or mental health issues outside the office.
- There are no guidelines or goals for when therapy will end: A client may struggle to end therapy with a close neighbor for worry of awkward interactions in the future.
- There is a power difference that has the potential for the therapist to harm the client: The therapist is also the client's teacher and can give the client a bad grade. (GoodTherapy, 2019).

Reflection Questions

Have you been in a situation where a dual relationship with a client was unavoidable? What type of dual relationship was it? Do you believe you ethically handled the interaction or would you do things differently now? If you have not been in a situation before, what type of dual relationship would you be comfortable having with a client and what type would you not be comfortable with?

Privacy and Confidentiality

Licensed clinical social workers have an ethical and professional obligation to safeguard the information that is shared during clinical interactions. Confidentiality issues often become complicated when the client is a minor or when the therapist is seeing more than one person in a family or unit and must protect the confidences of each individual. When social workers provide counseling services to families, couples, or groups, they should seek agreement among the parties involved concerning each individual's right to confidentiality and the obligation to preserve the confidentiality of information shared by others. Social workers should inform participants in family, couples, or group counseling that they cannot guarantee that all participants will honor such agreements (NASW, 2021).

According to the Code of Ethics, the general expectation that social workers will keep the information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or other identifiable person. Additionally, social workers should protect the confidentiality of clients during legal proceedings to the extent permitted by law. When a court of law or other legally authorized body orders social workers to disclose confidential or privileged information without a client's consent and such disclosure could cause harm to the client, social workers should request that the court withdraw the order or limit the order as narrowly as possible or maintain the records under seal, unavailable for public inspection. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed (NASW, 2021).

Informed consent forms should minimally cover situations when confidentiality will no longer be kept. Therapists can make them detailed or broad to fit their practice situation and population. Theranest practice management provides the following statement regarding confidentiality and limitations in their example of Informed Consent for Psychotherapy (Theranest, 2021).

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

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

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

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

Case Example 6

Brian is a social worker who provides group counseling for those with severe and persistent mental illness in an outpatient mental health clinic. During the most recent group he ran, one of the participants became very agitated, sharing an incident that

happened between him and his partner. He terminates his rant about the situation by stating that this time she has gone too far by calling the police again, and she's going to pay for it. His level of agitation over the situation and his statements are concerning to Brian, who is facilitating the group session alone that day, so he does not have his co-facilitator to debrief the situation with and share his concerns.

Questions for Consideration

Should Brian disclose the participants' statements that were said in a private and confidential counseling group? If so, who should he disclose them to? What guidelines around confidentiality should Brian consider? What ethical considerations need to be taken regarding the situation that happened in the group?

Reflection Questions

What information would you include in your informed consent that is not listed in the example above?

Confidentiality with Minors

The age to give one's own informed consent and what privacy and confidentiality are protected under law for minors varies by state. It is the social worker's responsibility to know what their state laws and regulations are that they are licensed to practice.

For example, in New York State, a minor can give their own consent to outpatient treatment if it is from a provider practicing in an office that is licensed Office of Mental Health AND the minor knowingly and voluntarily seeks such services AND the services are clinically indicated and necessary to the minor's well-being, AND a parent or guardian is not reasonably available (or requiring parental or guardian consent or involvement would have a detrimental effect on the course of outpatient treatment, or a parent or guardian has refused to give such consent and a physician determines that treatment is necessary and in the best interests of the minor). To receive psychotropic medication, all the above criteria must be met, plus the minor must be 16 years of age, and the prescribing doctor must also seek a second opinion to verify their medical judgment. Without meeting all those criteria, parental consent must be acquired. When a minor consents to mental health care, their treatment information may not be disclosed without their permission. Furthermore, even when parents have given consent to mental health services, this does not guarantee them access to treatment

information. Should parents request access to a patient's record who is 13 years or older, the patient can be informed and can deny the request. Practitioners may also deny a parent's request should they believe that releasing the information would be detrimental to the professional relationship with the patient, or the treatment of the patient, or on the relationship between the parent and patient. As a reminder, this is the current New York State law for the treatment of minors. Social workers in different States should familiarize themselves with their individual State laws regarding confidentiality with minors (NYCLU, 2018).

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

Case Example 7

Susie (a 16-year-old) and Susie's parents came in to discuss treatment with LCSW Mark. Mark reviewed his standard informed consent with both Susie and her parents, including a section on confidentiality that briefly mentioned reasons for a breach of confidentiality, including "harm to self."

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

Questions for Consideration

At what point, had you been the social worker, would you have involved Susie's parents? Where is the line within confidentiality that Susie's privacy is or is no longer protected? What ethical considerations need to be made prior to taking action? What should Mark be documenting to support his decision?

The ethical issue that seems to be of greatest concern in this vignette is Susie's level of self-harm and the risk of greater future harm. Although risky sexual behavior is dangerous, the therapist may not be able to justify breaking confidence. One professional pointed out that she would not likely do so "unless I felt the client was

risking consequences such as acquiring the HIV virus through highly risky behavior and was unwilling to change her behavior.” However, the clinician also stated that the cutting behavior definitely met the threshold of self-harm and warranted parental involvement. Another clinician went on to say, “Given the facts stated in this vignette, the nature of Susie’s cutting is unclear. However, because there are multiple serious risk factors described, including heavy use of alcohol by the client with reported blackouts along with high-risk sexual behavior, the therapist would have to consider the possible need to disclose confidential information to Susie’s parents as a protective measure” (The Therapist, 2012).

Reviewing this case through the lens of the code of ethics, once Mark determined there was harm to self, and it was sufficient to break confidentiality with Susie and speak with her parents, he should also have “informed clients, to the extent possible, about the disclosure of confidential information and the potential consequences, when feasible before the disclosure is made” (NASW, 2021). Common practice would dictate that Mark could have sought consultation from peers and supervisors before making a decision to talk to the parents. It would also be important for Mark to involve Susie in the process of informing her parents and to determine the best way for the parents to buy into a more intense treatment plan to help Susie, rather than seeing a need to punish her for the behaviors. Mark should also be documenting all aspects that led him to the decisions he made to not break confidentiality and what escalated to the level of the harm he felt justified breaking confidentiality.

Reflection Question

What are your state laws regarding informed consent and privacy and confidentiality surrounding mental health services and minor clients?

Duty to Warn

Social workers are expected to protect the confidentiality of all information obtained during the course of professional service rendered, and any exception must be for compelling professional reasons. The exception to social workers keeping information confidential is when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or others. When social workers must disclose information, they should strive to disclose the least amount of confidential information necessary to achieve the desired purpose. Only information that is directly relevant to the purpose for which the disclosure is made should be revealed (NASW, 2021). By allowing social

workers to breach confidentiality to protect non-identifiable people (including the public at large), the code of ethics gives social workers broad discretion to break confidentiality to protect lives. Still, breaking confidentiality is not the first option when deciding how to respond to threats of harm. When determining how to respond to such threats, social workers need to consider the seriousness and imminence of the risks, as well as various approaches to dealing with them. Social workers may be able to engage clients in effective counseling so that they can eliminate or reduce the risks (Barsky, 2019). Barsky brings up the trickiness of duty to warn when there is an identifiable potential victim versus a broader threat. Social workers should also be aware that the factors for deciding whether and how to share confidential information to protect someone from harm will be different for cases involving identifiable versus non-identifiable intended victims. When there is an identifiable intended victim, workers may be able to warn that person, which is a relatively limited break in confidentiality. Warning a specific individual allows that person to take appropriate steps to be protected. When the intended victim is not known, there is no single person to warn. The worker may need to inform the police, a school, a neighborhood, or a larger system. In this situation, confidential information may need to be shared with a larger number of people, and it may be harder to predict which course of action is the best way to protect people from the intended harm (Barsky, 2019).

The following is an example of a number of ethical decisions that may need to be made regarding the duty to warn from the American Counseling Association.

Case Example 8

Dominique is a 28-year-old male and the star player of a professional football team. He was recently arrested on drunken driving charges, and his team is requiring that he complete mandatory counseling in order to be eligible to continue playing in the season. As part of the referral, it is noted that several teammates have observed that Dominique no longer cares for his physical appearance, as he once did, and that he is often "moody." In his third counseling session, Dominique reveals that he was diagnosed with AIDS 3 years ago and feels that his life is harder to deal with because of the disease. He reports that he frequently takes medication "holidays" because the side effects impact his performance on the field. Thus far, through a series of payments to the team doctor, Dominique has been able to hide his diagnosis from both the team and the public. During a session, Dominique discloses that he has been in a relationship for two weeks. He has not informed his girlfriend, Michelle, of his diagnosis because he believes she will reject him. He states that if she rejects him, he will kill her. Michelle and Dominique have come close to being intimate a number of times, and Dominique is considering moving forward

in the relationship without telling her. Dominique reports that he has had many previous sexual encounters with other partners without informing them of his diagnosis. The day after the third session, the counselor logs into his/her Instagram account and views the popular page. Two of Dominique's pictures have made the Popular feed, and the pictures, along with his notes, display him showing off guns and knives and comparing himself to Shakespeare's Othello.

Questions for Consideration

Is there imminent harm to self by taking "medication holidays"?

Dominique is a mandated client, what informed consent was reviewed and what are the team's expectations for reporting back on Dominique's participation in therapy?

Is there imminent harm to others? Dominique has stated he has not informed previous sexual partners of his AIDS status, and he does not plan to inform Michelle. If she does find out and rejects him, he states he will kill her. Different state laws may impact how much information you can and cannot share regarding HIV/AIDS diagnoses.

What are the ethical implications of looking at Dominique's Instagram account? While the therapist did not intentionally seek his account out, it was viewed on the popular accounts page.

The NASW code of ethics (2021) clearly states: "Social workers should avoid searching or gathering client information electronically unless there are compelling professional reasons, and when appropriate, with the client's informed consent."

Should she seek consultation from a supervisor, knowledgeable colleagues, an attorney, or all of the above?

As is often the case for behavioral health clinicians, there is no clear-cut, black or white answer to the conflict that is faced in this scenario. After consulting with others, speaking further with her clients, and making a decision, the counselor should document the action is taken and the rationale for doing so.

Reflection Question

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

Technology & Ethics

Social Media

There are ongoing concerns that ethical standards surrounding technology are constantly lagging behind the fast-paced progress of today's technology. It would be easy for most to come up with a list of the benefits and dangers of social media, both personally and professionally. The challenge for social work is to use the benefits and opportunities that social media enables without causing harm and reflect critically on their incorporation into everyday practice. Many practitioners utilize social media to publicize professional services. Social media enhances their capacity for career building by promoting themselves as employable and professional. This is important for job-seekers, as many employers check a job applicant's personal websites and social media postings and use social networking sites for recruitment.

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

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

- Social workers should avoid communication with clients using technology (such as social networking sites, online chat, e-mail, text messages, telephone, and video) for personal or non-work-related purposes. (These are not secure methods of communication and may violate privacy and confidentiality and HIPAA regulations).
- Social workers should be aware that posting personal information on professional Web sites or other media might cause boundary confusion, inappropriate dual relationships, or harm to clients.

- Social workers should be aware that personal affiliations may increase the likelihood that clients may discover the social worker's presence on Web sites, social media, and other forms of technology. Social workers should be aware that involvement in electronic communication with groups based on race, ethnicity, language, sexual orientation, gender identity or expression, mental or physical ability, religion, immigration status, and other personal affiliations may affect their ability to work effectively with particular clients.
- Social workers should avoid accepting requests from or engaging in personal relationships with clients on social networking sites or other electronic media to prevent boundary confusion, inappropriate dual relationships, or harm to clients.

The following case example illustrates some of the challenges and concerns with social media usage potential for conflicts of interest, dual relationships, and numerous ethical dilemmas.

Case Example 9

A relatively new graduate social worker enjoys being active on social media and particularly on Facebook. He has numerous friends, posts updates regularly, and believes he has set clear boundaries with whom he is friends online. He does not friend or accepts friend requests from clients or former clients. His Facebook profile and posts are personal and not work-related. On occasion, he does have friends reach out to ask for advice about mental health issues, such as resources for parenting or support programs for smoking cessation. One evening while scrolling through Facebook, he receives a private message from a friend whom he attended high school with but has not seen since their graduation. While merely an acquaintance, the friend who lives in another state writes a very long and detailed message about her son and his serious and persistent mental illness that was diagnosed several years ago. She is worried he is beginning another psychotic episode, and she asks him what she should do.

The social worker replies to his friend's message with advice on how to access emergency services, including where the closest mental health facility was in their town. He emphasized the need to address her son's mental health crisis with urgency. Over the next week, she sends numerous messages describing the escalating psychotic episode her son is experiencing and the chaos it is causing in their home, but that he is refusing to receive any help. She shares that her family is actively involved in their local church and has a strong faith. She has reached out to their pastor, who has been to their home and prayed with them and for their son. The son has agreed to meet with the pastor for counseling. She continues to ask her friend through Facebook messenger what they

should do. He continues to encourage them to seek an emergency evaluation at an inpatient psychiatric facility or emergency department at their local hospital. He shares his concern with his friend in his message back to her that with the escalating behaviors she is describing, her son is in urgent need of professional help and that there could be a potential danger to himself or others should they delay seeking more intensive help.

He gives his friend his home telephone number and offers to talk with her about the situation with her son. In the meantime, the friend has disclosed multiple "family problems" on her Facebook news feed without details about the distress in the family's home.

The next day the social worker receives a message that causes him a great deal of alarm. In it, his friend states she is going to pay him for the time he has spent helping her and how she feels like he is her therapist. She discloses she has given her son her friend's phone number and hopes he will be able to convince him to attend his counseling appointment next week. She goes on to say she believes God has brought her friend back into her life at just the right time, and he has been an answer to prayer. The social worker is now experiencing a great deal of anxiety over the misunderstanding of the lack of a professional relationship and the breach of personal boundaries. He responds immediately via Facebook messenger and shares the limits of his professional care that he would not be able to accept the son or his family as they are friends and he is not licensed in their state to provide counseling, and repeats again that emergency services should be sought. His friend does not respond to the message, and the social worker screens his calls over the next few days to avoid potentially talking to either the son or the mother.

Later that week, the social worker sees a Facebook status posted by the old high school friend who shares that her son found one of his father's guns and accidentally shot himself. He is injured and in the hospital but should make a full recovery. She asks for prayers.

The social worker is upset and does not know how to respond to the post and does not receive any more messages from his friend. He decides to discuss the situation with his supervisor as he is shaken and feels like he may have breached ethical standards (Rainer, 2022).

Questions for Consideration

What ethical issues did you identify in the above case example? Using the code of ethics to support your decision, what options were available to the social worker? What ethical standards should have been considered during these Facebook interactions?

Reflection Question

If you were to complete a social media ethical standards audit using the four bullet points above, would you need to make changes to any of your social media profiles, friends, or affiliations?

TeleMental Health

A study investigating the use of cyber communications (email, texting, and social network sites) in the social worker-client relationship concluded that "cyber communication has dramatically impacted traditional social work practice in clinical, practical, ethical, and legal ways" and "revolutionized the communication of practitioners and clients, even those engaged in traditional face-to-face therapy". Whether intended or unintended, cyber communication has inched its way into professional service relationships, and this trend is likely to accelerate. Clients are more likely to be the initiators of cyber contact with social workers, often without the intentional consent of the clinician. Even when texting and emailing are initiated exclusively for scheduling purposes, workers fear the potential boundary crossings and violations that may arise when the relationship strengthens, and clients feel increasingly comfortable sharing therapeutic dialogue in email exchanges. Although the advantages of digitally communicating with clients are many and include client preference, client empowerment, increased therapeutic contact and buttressing the therapeutic relationship, convenience, improved accessibility, and feelings of safety and reduced vulnerability, these must be balanced against identified risks. Known risks include threats to privacy and confidentiality, absence of formal training in text-based counseling techniques by practitioners, unequal access based on socioeconomic status, misinterpretation of written messages, missed verbal and nonverbal cues, technology glitches, and access to computer-mediated communications by unauthorized and unintended recipients. Social workers are cautioned to avoid addressing client problems in an online format if the practitioner lacks the expertise to treat a similar problem in person. The therapeutic communication skills required to establish online relationships with clients are decidedly different from those used in face-to-face encounters. A

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

Consideration should be given to a number of different confidentiality challenges that do not arise in face-to-face office visits. The rapid growth of electronic media and digital technology and their use by social workers to deliver services has added a new layer of challenging privacy and confidentiality issues. However, there are also sophisticated encryption technologies that, while not foolproof, can protect client confidentiality very effectively. Therapists who offer video counseling services must recognize they have much less control over confidentiality when compared to providing traditional office-based services. One example of protecting confidentiality being removed from the therapist's control is a client participating in video counseling and inviting a family member or acquaintance to sit in on a session—outside of camera range—without the social worker's knowledge or consent (Reamer, 2020).

The code of ethics states, "Social workers should take reasonable steps to protect the confidentiality of electronic communications, including information provided to clients

or third parties. Social workers should use applicable safeguards (such as encryption, firewalls, and passwords) when using electronic communications such as email, online posts, online chat sessions, mobile communication, and text messages".

See Appendix C for sample telehealth informed consent.

Case Example 10

A social worker agreed to change an in-person appointment with an established client to a virtual telemental health appointment by video. The client had recently begun to attend community college and was having transportation difficulties. When the client connected for their video appointment, it became clear she was still on campus and had not been able to make it home. The social worker discussed with her immediately the limitations of confidentiality if she was sitting in the student lounge. The client stated she had her back to the wall and her earphones plugged in. Therefore no one could see her screen, and they would only be potentially hearing her side of the conversation, not the social workers. As the session progressed, the client shared how she was overwhelmed by her class work demands, her verbally abusive home life, and lack of transportation. Not only did college feel impossible to complete, but life was also feeling impossible as well. The client would not confirm nor deny the level of suicidal ideations she was having.

Questions for Consideration

What ethical concerns can you identify in the above case example? Should the social worker have had the client fill out a telemental health informed consent form just for one session? Why or why not?

Reflection Questions

If you offer telemental health, do you need to update your informed consent?

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

Social Workers' Ethical Responsibilities to Colleagues

Social workers should treat their co-workers with respect and cooperate with colleagues for the well-being of their clients. Social workers should avoid unjustified negative criticism of colleagues. Social workers should respect confidential information shared by co-workers. Social workers should seek consultations from colleagues and offer consultation in return for the well-being of clients. Social workers who are aware of a colleague's impairment, incompetence, or unethical behavior are charged with first attempting to consult with the colleague and assist them in taking remedial action. Should the intervention be unsuccessful or insufficient, the social worker should take action through appropriate channels established by employers, institutions, NASW, licensing and regulatory bodies, and other professional organizations (NASW, 2021).

Impairment of Colleagues

Social workers who have direct knowledge of a colleague's impairment are required to consult with that colleague when feasible and assist him or her in taking remedial action. Examples of impairment may include personal problems, psychosocial distress, substance abuse, or mental health difficulties that interferes with practice effectiveness, incompetence, or unethical conduct. This also includes unprofessional conduct involving social workers' use of technology. If these assistant measures do not address the problem satisfactorily, social workers are required to take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations. Practitioners are also expected to defend and assist colleagues who are unjustly charged with unethical conduct (Reamer, 2018).

Case Example 11

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

Margie is very concerned about her friend and colleague. She immediately begins to think about her responsibility to the profession as well as her desire to help Sally. According to her professional code of ethics, if she has direct knowledge of a social work

colleague's impairment that is due to personal problems, psychosocial distress, substance abuse, or mental health difficulties and that interferes with practice effectiveness, she should consult with that colleague when feasible and assist the colleague in taking remedial action (NASW, 2021). Although she does not have any direct knowledge that Margie's actions are interfering with her professional competence, she is concerned about the severity of the incident. Margie decides that she will give Sally some time and then speak to her about her concerns. If down the road, Margie believes that Sally is continuing to have an impairment that is interfering with her effectiveness and that she has not taken adequate steps to address the issue, ethical requirements state that she should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations (NASW, 2021).

Questions for Consideration

Do you agree with Margie's decision? What other ethical responsibilities around her knowledge of Sally's DUI should she consider? What would you do differently if you were Margie?

Reflection Questions

Think of social workers you have known, are there any examples of impaired, incompetent, or unethical behaviors you have observed in the past? What were some of the signs? What steps did you take to address the behavior? Would you do anything different now, with more experience and knowledge around ethical behavior?

NASW Professional Review

The NASW professional review process is to review alleged unethical behavior by one of its members. The goal of the review is to assist the member in taking necessary corrective action to improve their practice and attempts to be educational rather than punitive. Penalties may be imposed for cases of serious misconduct. Below are the steps to filing a complaint.

How to file a complaint

1. Is the social worker a member of NASW? Email the Office of Ethics and Professional Review at ASWProfessionalReview@brightkey.net with the following

information: First and last name of the social worker, the City and State where the violation occurred, and the date of the alleged violation. The OEPR office will respond within 14 days. Once they have confirmed the person is a member of NASW, you may continue to step 2.

2. Review the NASW Code of Ethics. Does the complaint violate ethical standards, and can you provide examples?
3. If you answered yes to #2 proceed with completing the NASW Procedure for Ethical Review. The Office of Ethics and Professional Review will assign you a consultant to help with completing the necessary paperwork, including the Request for Professional Review form and the Confidentiality Pledge/Statement of Understanding form.
4. The respondent will be notified. The respondent has 14 days to submit a response. They will be assigned a separate consultant to assist them in completing response paperwork.
5. Once both parties have submitted their paperwork, the review process begins with the Intake Subcommittee of the National Ethics Committee confirming the criteria for acceptance for review have been met. They will then determine if the case is rejected or accepted and referred to mediation or adjudication.

Mediation is a collaborative problem-solving process in which a neutral third party facilitates a discussion to aid the parties in the dispute in identifying the issues, obtaining relevant information, and generating reasonable options for resolution. Mediation is a conflict resolution process in which the participants decide on the outcome. Therefore those who use mediation resolve the ethical issues independently, and NASW does not determine whether specific violations of the Code of Ethics have or have not occurred.

Adjudication is the process of determining whether a professional behavior is in violation of the NASW Code of Ethics. When a Request for Professional Review is referred to adjudication, a hearing is held to determine if the social worker's action was actually a violation of the Code. The Hearing Panel will then submit a review, issue a conclusion, and make appropriate recommendations as necessary (NASW, 2022).

Social Workers' Ethical Responsibilities in Practice Settings

Social workers at times may encounter ethical dilemmas in the workplace. These ethical concerns may arise surrounding supervision, consultation, education, training, performance evaluation, client records, client transfer, administration, continuing education and staff development, commitments to employers, and labor disputes.

Supervision and Consultation

Just as a therapist should not provide counseling outside their education and knowledge, neither should an LCSW offer supervision outside their scope of practice. The code of ethics states,

Social workers who provide supervision or consultation (whether in-person or remotely) should have the necessary knowledge and skill to supervise or consult appropriately and should do so only within their areas of knowledge and competence (NASW, 2021).

In clinical settings, it is on the therapist, not the client, to set expectations and social workers who provide supervision are similarly responsible for setting clear, appropriate, and culturally sensitive boundaries with their supervisees.

Social workers should not engage in any dual or multiple relationships with supervisees in which there is a risk of exploitation or potential harm to the supervisee. This includes dual relationships that may arise while using social networking sites or other electronic media. Social workers who function as supervisors or educators should not engage in sexual activities or contact (including verbal, written, electronic, or physical contact) with supervisees, students, trainees, or other colleagues over whom they exercise professional authority (NASW, 2021).

Social workers who provide supervision should evaluate supervisees' performance in a manner that is fair and respectful. Supervisors should treat supervisees as colleagues, assisting them in growing professionally.

Case Example 12

Jennifer is an LCSW and works as a clinician and supervisor at an outpatient mental health clinic. Megan is a recent MSW graduate who has been hired by the clinic and is supervised by Jennifer. Megan grew up and attended school in a different part of the country and is new to the region. She does not know many people in the town outside of

her co-workers and clients. Jennifer likes Megan and occasionally invites her to events in her neighborhood to help her meet new people (ex. 4th of July celebration, backyard barbeque, pool party). Jennifer and her husband decide to introduce Megan to their son the next time he is in town from his graduate program at a university a few hours away. Megan and their son hit it off, and they begin dating. Megan spends increasing amounts of time with Jennifer outside of work.

Questions for Consideration

What ethical dilemmas can you identify in the above case example? What potential complications could arise for Jennifer or for Megan?

Reflection Question

Have you been in a situation with a supervisor where responsibilities or boundaries were unclear? Have you been in a situation that would be labeled a dual or multiple relationships with a supervisor? With your increased experience and knowledge, would you handle the situation differently now than you did in the past?

Education and Training

Social workers in education, field instruction, or other training settings should provide instruction only within their areas of knowledge and competence. The information they provide should be based on the most recent knowledge and advancements in the professional area of expertise. Evaluation of student performance should be completed in a fair and respectful manner. Social work educators should support their students in informing clients services are being provided by a student.

Social workers whose role is that of educator or field instructor for students should not engage in any dual or multiple relationships with students in which there is a risk of exploitation or potential harm to the student. This includes dual relationships that may arise while using social networking sites or other electronic media. It is the responsibility of social work educators and field instructors to set clear, appropriate, and culturally sensitive boundaries (NASW, 2021).

Case Example 13

Jacob is a social worker field instructor and clinician at a family services agency and is supervising Olivia, who is an MSW student. Olivia is assigned to work with foster parents and assist them when they have questions or concerns regarding the challenging behaviors of their foster children. Jacob meets with Olivia on a regular basis to review the families and the challenging behaviors they are bringing to her. They review behavior management techniques and the agency's protocols around appropriate parenting skills. At the end of their supervision time, Jacob shares with Olivia that she should keep her status of being a student to herself and allow the foster parents to assume she is an employee of the agency. He states that in the past, they have had foster parents object to having a student as their case worker, and they tend to respect the worker more if they think they are an employee instead of just a student.

Questions for Consideration

What ethical standards may be violated in the above case example? How might Jacob have addressed the issue foster parents have with students differently? How should Olivia respond to this expectation placed on her by her field instructor?

Reflection Question

Thinking back on your education and training and reviewing the ethical standards surrounding this topic, were there situations you could have handled differently?

Client Records

Social workers should ensure documentation is accurate and reflects the services provided to the client. The importance of timely and sufficient documentation not only protects the social worker providing services but also guarantees the clients continuity of care should there be multiple providers involved in the case (ex. clinician, group facilitator, and prescriber) or should unforeseen circumstances arise that transfer of providers must happen abruptly (ex. Injury or death). To protect the client's privacy, only information that is directly relevant to the services provided should be included in the record. Social workers should store records following the termination of services should future access be necessary. Records should also be maintained for the number of years required by relevant laws, agency policies, and contracts. Once again, it is the social

worker's responsibility to know what their state laws require for maintaining records. The length of time often differs for adult clients and minor clients.

Case Example 14

Emma is a social worker at an outpatient community mental health clinic who is being sued by a former client. The former client attempted suicide and was hospitalized following the failed attempt. The former client is alleging that Emma failed to intervene sufficiently when the former client presented with suicidal ideations. Upon receiving the legal paperwork, Emma reviews her clinical records. To her horror, she discovers she did not document a phone call to the prescribing psychiatrist to discuss the management of the clients escalating mental health concerns, including her suicidal ideations. Emma contemplates writing a brief note to document the telephone call that transpired just prior to the client's suicide attempt.

Questions for Consideration

What should Emma do that does not expose her to further risk or increase her potential for further ethical violations?

It would be unethical for Emma to alter her notes after the fact to document the phone call, as this may appear as if she is falsifying records in an attempt to protect herself from litigation. She could create a new note with the current date, stating that upon review of her records, she discovered she was missing documentation of a phone call made to the prescribing doctor on a previous date and then proceeded to document the phone call as it transpired. This allows Emma to acknowledge the late entry and document the phone call with the psychiatrist in an accurate manner.

Reflection Question

What documentation issues or challenges do you see in your own practice or that of your agency?

Social Workers' Ethical Responsibilities as Professionals

Ethical dilemmas social workers may encounter as professionals include competence, discrimination, private conduct, dishonesty, fraud, deception, impairment, misrepresentation, solicitations, and acknowledging credit. Many of these are similar

responsibilities that social workers have to their clients that they are also expected to have as professionals, such as competence, discrimination, and impairment. One area to expand on that is exclusive to the responsibilities of a professional is that of solicitation.

Solicitation

Social workers should not engage in solicitation of potential clients or testimonial endorsements from current or previous clients. This is because clients' circumstances may leave them potentially vulnerable to undue influence, manipulation, or coercion. Social workers should not take advantage of people's predicaments to solicit new clients. Social workers should avoid asking current clients for testimonials as they may feel coerced into giving one to continue to receive services. Social workers should avoid asking previous clients for testimonials as this may cause them to feel indebted and obligated to provide a positive testimonial.

Case Example 15

Amy is a social worker who volunteers her crisis intervention services through the Red Cross during a hurricane response. Part of the response efforts includes meeting with people being sheltered in the local high school gym who have lost their homes to the hurricane. Upon the conclusion of the meeting with the individual or families, Amy gives them her private practice business card and encourages them to call her should they need any more assistance.

Questions for Consideration

Would this situation be considered solicitation? Why or Why not? What alternatives might Amy give to these displaced people should they need additional services?

Reflection Question

What guidelines should a social worker opening a new private practice follow in regards to soliciting new clients to build their caseload? What guidelines should a social worker follow in recruiting testimonials for their new website?

Social Workers' Ethical Responsibilities to the Social Work Profession

A social worker may experience ethical dilemmas surrounding their responsibility to the social work profession; these may include integrity of the profession and evaluation and research.

Competence and Integrity of the Profession

The NASW Code of Ethics views competence as an important ethical issue and the professional responsibility social workers have to maintain their competence.

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

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

Reflection Question

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

What are your state regulations regarding using the title of licensed masters social worker, licensed clinical social worker, or other social worker title?

Evaluation and Research

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

the people and communities whom they study; (2) ethically and effectively participate in mentoring relationships that are crucial to scientific activity; (3) manage apparent and implicit conflicts of interest and commitment; (4) collaborate ethically with researchers from other professions and disciplines; (5) ensure that research data issues are managed properly; (6) employ responsible publication and authorship practices; (7) responsibly conduct and contribute to the peer-review process; and (8) understand and prevent research misconduct" (CSWE, 2021). Please see the NASW Code of Ethics or other relevant professional codes for more guidance in this area.

Case Example 16

Jerry is a social worker graduate student completing a year-long research project on adolescents who live in supportive independent housing due to various family circumstances. The goal of the study is to interview the adolescent participants, assess what psycho-social-emotional skills they enter the program with, to then create a skill-building program to address the areas of deficit so that upon aging out of the program, they will be competent to live independently and be successful. During an interview, one of the participants begins to sob uncontrollably as he shares the physical and sexual abuse he experienced in his family unit prior to being admitted to the supportive independent living program. Jerry did his best to comfort the adolescent boy and quickly ended the interview and sent him back to his apartment.

Questions for Consideration

Looking at the eight areas of responsible research conduct, what areas was Jerry lacking in? How might he have handled the situation differently and, therefore, in a more ethical manner?

Reflection Question

What aspect of research do you see as potentially the most challenging?

Social Workers' Ethical Responsibilities to the Broader Society

Social workers should promote the general welfare of society. Areas of consideration should include both the local and global level, the development of people, their

communities, and their environments. Examples may be advocating for living conditions conducive to the fulfillment of basic human needs and promoting social, economic, political, and cultural values and institutions that are compatible with the realization of social justice. Social workers should facilitate informed public participation in social policies and institutions. When possible and appropriate, social workers should provide professional services in response to public emergencies.

Social workers should participate in political and social action with the goal of ensuring all people have equal access to resources, services, employment, and opportunities they need to meet their basic human needs and meet their full potential. Social workers should have an awareness surrounding the impact of politics on practice, and they should advocate for changes in policy and legislation to improve social conditions to meet basic human needs and promote social justice.

Social workers should advocate expanding choice and opportunity for all people, especially for those people and groups who are vulnerable, oppressed, disadvantaged, and exploited.

Social workers should encourage situations that promote respect for cultural and social diversity both locally and globally. Social workers should advocate for policies and practices that show respect for differences, support the growth of cultural knowledge, advocate for programs and institutions that demonstrate cultural competence and resources, and promote policies that protect the rights of and confirm equity and social justice for all people.

Social workers should act to prevent and eliminate discrimination and exploitation against any person, group, or class based on race, ethnicity, color, national origin, age, sex, sexual orientation, gender identity or expression, marital status, religion, political belief, immigration status, or mental or physical ability (NASW, 2021).

Case Example 17

Nancy is a social worker employed by a community action agency that provides emergency food, clothing, and shelter to people in need. Approximately 30% of the program's budget comes from city funds. The mayor has just declared that all agencies receiving city funds must verify people who seek services are U.S. citizens or hold legal visas. The mayor made the announcement at a press conference that the city could no longer afford to assist undocumented immigrants (Reamer, 2018).

Questions for Consideration

How may Nancy react to this order? What steps might she take to respond to the mayor's proclamation? What ethical standards should Nancy consider?

Reflection Questions

Were you aware of the ethical standards to the broader society? Which points do you agree with? Which ones might you struggle with?

Ethical Decision-Making Process/Guidelines

A decision-making model is a way to analyze a decision in a step-by-step manner, looking at the sequence of potential events and the consequences each may have. Decision analysis models provide an objective framework to assist practitioners in ethical dilemmas make the best possible decision given the situation. They help build logic and rationale into a process that is often intuitive and help flush out the various decision possibilities. Ethical decision-making models help intellectualize moral decision-making and remove the personal and subjective from the situation. Ethical decision-making frameworks all include the following steps: identifying the problem, identifying alternatives, consulting with others, and implementing and evaluating the decision. While these frameworks help organize information and discuss solutions to a problem, they do not guarantee an infallible decision. The final decision may not be the only option or the best option, but it is the best option given the information available for the situation at that time.

Taking into consideration social work values, the NASW Code of Ethics, and social work professional contexts, E.P. Congress developed the ETHIC Model for decision-making. It is as follows:

Examine: examine relevant personal, societal, client, agency, cultural, and professional values. Social work professionals should identify all the different values that impinge on their worldviews—their own personal values, the agency in which they operate, the client's values and belief systems, and the discipline's values.

Think: think about what ethical standard of the NASW Code applies to the situation, as well as the relevant laws and case decisions and agency practices and regulations.

Hypothesize: hypothesize about the possible consequences of different decisions. Scenarios that look at the risks versus advantages of different decisions can be developed to help in the decision-making process.

Identify: identify who will benefit and who will be harmed depending on the decision made. Consideration should be given to social work commitment to the most vulnerable.

Consult: consult with supervisors and colleagues about the most ethical choice (Congress, 2018).

The second example of an ethical decision-making model was created by Patricia Kenyon. The Kenyon ethical decision-making model has ten steps with a few corresponding questions for consideration for each step. This method begins with simpler questions and builds to higher, more complex aspects of ethical considerations. They are as follows:

1. Describe the issue or ethical dilemma: Who is involved? What is their involvement? Whose dilemma is it? What implications are there? What risks are there? What are the relevant situational features? What type of issue is it?
2. Consider ethical and legal aspects: What ethical guidelines and legal standards need to be considered? What are your own personal values relevant to the issue? What are societal or community values relevant to the issue? What are relevant professional standards? What are relevant laws and regulations?
3. Examine any conflicts: What conflicts are you experiencing internally? What conflicts are you experiencing that are external? Decide which of these conflicts is less important.
4. Resolve the conflicts, seeking assistance with your decision if needed: Consult with other colleagues, experts, or supervisors. Review relevant professional literature. Seek guidance from professional organizations or ethics committees.
5. Generate action alternatives.
6. Examine and evaluate the action alternatives: What are the client's preferences based on their values and ethical beliefs? Are there alternatives that are inconsistent with the client's values and beliefs and, therefore, should be eliminated? Are there alternatives that should be eliminated due to a lack of resources or support? Would you recommend other professionals act this way? Would you approve if a colleague did so? Could you explain that action to your

colleagues or in public? Would they accept that explanation? Does the action treat people fairly? Would you do the same with other clients in a similar situation? Would you do the same if the client were well-known or influential? Anticipate any possible consequences of the remaining acceptable alternatives. Prioritize the acceptable remaining alternatives. To the greatest extent possible, which of the alternative ethical actions will protect your client's rights and welfare as well as the rights and welfare of others? To the greatest extent possible, which alternative action will protect society's rights and interests? What can you do to minimize any conflicts between protecting the rights and welfare of clients, society, others, etc.? Which alternative action will result in your doing the "least harm" possible?

7. Select and evaluate the preferred action: Especially if we have not chosen the action that was in the first place, we have to evaluate our decision, asking ourselves if we are being influenced by some factor that we would not have recognized or if there is something we should reconsider.
8. Plan the action: Develop and implement a plan of action.
9. Assess the result of the action you have taken: Were the results as expected? Do you still think that was the best decision?
10. Examine the consequences/implications: What have you learned from the process and its results? What implications does it have for future ethical decision-making processes? (Uriz et al., 2017).

There are limitations to ethical decision-making frameworks. One limitation is that they portray decision-making as a linear process which is unrealistic for many life decisions, including professional and ethical decision-making. Another limitation to ethical decision-making models is many fail to take into consideration diversity or culture.

Reflection Questions

What other limitations do you see with ethical decision-making models?

Case Example 19

Jessica, a licensed social worker, has worked for a major hospital for the last five years, two of which have been in a community-based outpatient facility. Her newest client is Carmen, a 40-year-old Latina woman who was recently diagnosed with type 2 diabetes. Carmen and her five children, ranging in age from 2 to 18, moved into a shelter for the

homeless last year when Carmen's husband became abusive. Several ethical dilemmas surrounding Jessica's work with Carmen arose. The first involved agency policy and the client's need for ongoing treatment, while the other dilemma involved client self-determination. Jessica first began with an examination of what were relevant values. She looked at her own beliefs in that she could not understand how a person could have had five children and continue to live with a man who was abusive and not supporting his family. Jessica also recognized that she felt that a person should take more responsibility for her own health care and became concerned when Carmen reported eating a large piece of cake at a family party. Jessica was also aware of agency policy and how this impacted her work with Carmen. The hospital had very strict guidelines for only providing medical care if clients were covered by Medicaid or self-paying. Carmen had a part-time job in a neighborhood pizzeria, so her income was slightly above Medicaid standards, and she could not afford medications to treat her diabetes. In the shelter, a conflict developed when Carmen continued to see her estranged spouse, and the shelter had very strict rules about visits from male guests. In terms of values, Carmen really questioned taking pills for her diabetes. Her aunt had given her a special medication from the botanica, and she thought it would work just as well, if not better.

Questions for Consideration

Examine: How do Carmen's and Jessica's values differ? What health care agency and shelter values affect this case?

Think: what ethical standard of the NASW Code applies to the case? What are other laws or agency regulations relevant to the situation?

Hypothesize: What would be the consequence of Jessica telling Carmen that she must abide by agency rules about male visitors or insisting that Carmen follow the health procedures of her employing agency? What are other alternative courses of action?

Identify: Who is the most vulnerable in this case example, and how much should this affect Jessica's ethical decision-making?

Consult: Whom should Jessica speak with about this case? (Congress, 2018).

Reflection Questions

Should you experience a difficult ethical dilemma, which ethical decision-making model would you feel most comfortable using to help come to a final, ethically based decision? Why?

Ethics of Self-Care

In 2021 the NASW code of ethics was modified to address self-care and the impact it has on social workers on both a professional and personal level. Those who advocated for this addition believed that self-care is a key component of providing excellent and ethical professional services. Research supports that regular self-care enhances job satisfaction, reduces the likelihood of professional impairment, and increases professional longevity. By including self-care in the NASW Code of Ethics, the goal is that it will serve as a powerful prevention of burnout and poor decision-making and promote a healthy culture among social workers. The amendment, under the "Purpose" section of the Code of Ethics, reads:

Professional self-care is paramount for competent and ethical social work practice. Professional demands, challenging workplace climates, and exposure to trauma warrant that social workers maintain personal and professional health, safety, and integrity. Social work organizations, agencies, and educational institutions are encouraged to promote organizational policies, practices, and materials to support social workers' self-care (NASW, 2021).

It is also acknowledged under the Value of "Integrity" and the Ethical Principle of: "Social workers behave in a trustworthy manner" with the addition of the following sentence within that section: "Social workers should take measures to care for themselves professionally and personally" (NASW, 2021).

Self-Care is important to fight compassion fatigue, secondary trauma, and burnout.

Compassion Fatigue occurs when mental health providers take on the suffering their clients have experienced through stress or trauma. Compassion fatigue can happen to other caregivers, both in professional or personal roles. It is deep, emotional exhaustion that a person experiences after repeated exposure to traumatic events or stories. This exhaustion reduces one's ability to feel empathy towards clients, colleagues, or even loved ones. People who are empathetic tend to associate with traumatic events and stories more deeply, making them more susceptible to compassion fatigue. Charles R. Figley, Ph.D., from the Traumatology Institute at Tulane University, states compassion fatigue is an occupational hazard of any professional who uses their emotions and their heart and represents the psychological cost of healing others (Clay, 2022).

Vicarious Trauma or **Secondary Traumatic Stress** is the emotional residue or strain of exposure from working with those coping with the symptoms of traumatic events. It can occur due to exposure to one case or cumulative level of trauma. Although the mental

health provider has not experienced the traumatic event themselves, their response to it has led them to have symptoms similar to PTSD, such as intrusive images and dreams. Vicarious trauma has a more rapid onset and faster recovery.

Burnout is a cumulative process marked by physical and emotional exhaustion, disconnection from others, withdrawal associated with increased workload and institutional stress, work-related hopelessness, and feelings of inefficacy. Burnout is NOT caused by trauma. Once one is in the full throes of burnout, one needs to get out of the situation in order to recover.

Another measurement of how one is feeling in the profession is on the positive side with **compassion satisfaction**. Compassion satisfaction is the pleasure one receives from doing their job well. It may be the pleasure of helping clients navigate a difficult situation, supporting colleagues in their work, or completing a project for the community that one is proud of.

Self-care is so important to the practice of social work as, without it, one is more susceptible to burnout, compassion fatigue, and vicarious trauma. This can lead to the social worker leaving the profession or continuing their work but placing their clients at risk for harm. Self-care is activities and practices that one can do regularly to reduce stress and improve one's health and well-being. Some goals of self-care may include:

Managing and reducing stress

Physical Health: Eating regularly and healthy, getting enough sleep, exercising or other fun physical activities, massage, healthy sexual activity, addressing medical needs and keeping regular preventive appointments, wearing clothes that make you feel good, and taking vacations.

Psychological health: scheduling time for self-reflection, taking days off and vacations, journaling, having screen-free hours or day(s) (no email, internet, phone), counseling, paying attention to thoughts, feelings, attitudes, and beliefs, non-work-related reading, learning something new, say no to new responsibilities.

Emotional Health: Spend time with people you enjoy, keep in contact or re-connect with people who are important to you, practice self-affirmations and positive self-talk, and participate in comforting activities (re-read a favorite book, re-watch a favorite movie or show, make a favorite childhood recipe), allow yourself to cry, find things that make you laugh,

Spiritual Health: Find a spiritual connection or community, take time for reflection, spend time in nature, pray, meditate, sing, experience moments of awe, identify important non-material aspects of life, make financial or time contributions to causes you believe in, read or listen to inspirational material, find what is meaningful to you.

Maintaining Relationships: Schedule regular dates with your partner, schedule regular activities with your children, spend time with friends, check in on relatives, spend time with pets, accept help from others and ask for help when you need it, meet new people, be vulnerable with those you trust.

Professional Health: Take a break during the workday, take lunch, take time to talk to coworkers, set limits with clients and coworkers, have a comfortable workspace, balance caseload schedule, participate in regular supervision or peer support, and participate in projects that are exciting, negotiate for professional needs to be met (pay, benefits, support) (University of Buffalo, 2022).

Reflection Questions

What are other areas of self-care that are relevant to you? How well would you rate your self-care in each area? Are there areas you had not considered as part of self-care?

One tool that can be used to assess one's compassion fatigue, secondary trauma, burnout, and compassion satisfaction is through completing the Professional Quality of Life Scale. This can be found in Appendix D.

Conclusion

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

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

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Appendix A: Informed Consent

Provided by: Theranest Practice Management Software For Therapists,
Psychologists, Social Workers, And Counselors

Informed Consent for Psychotherapy

General Information

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

The Therapeutic Process

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

Confidentiality

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

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

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

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

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

Appendix B: Ethical Principles

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

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

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

Value: *Service*

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

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

Value: *Social Justice*

Ethical Principle: *Social workers challenge social injustice*

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

Value: *Dignity and Worth of the Person*

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

Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients' socially responsible self-determination. Social workers seek to enhance clients' capacity and opportunity to change and to address their own needs. Social workers are cognizant of their dual responsibility to clients and to the broader society. They seek to resolve conflicts between clients' interests and the broader society's interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession.

Value: *Importance of Human Relationships*

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

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

Value: *Integrity*

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

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

Value: *Competence*

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

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

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Appendix C: Informed Consent for Telemental Health

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

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

Telemental Health Informed Consent

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

I understand the following with respect to telemental health:

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

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

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

Emergency Protocols

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

In case of an emergency, my location is:

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

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

Signature of client/parent/legal guardian _____ Date _____

Signature of therapist _____ Date _____

****The information is provided as a service to members and the social work community for educational and information purposes only and does not constitute legal advice. We provide timely information, but we make no claims, promises or guarantees about the accuracy, completeness, or adequacy of the information contained in or linked to this Web site and its associated sites. Transmission of the information is not intended to create, and receipt does not constitute, a lawyer-client relationship between NASW, LDF, or the author(s) and you. NASW members and online readers should not act based on the information provided in the LDF Web site. Laws and court interpretations change frequently. Legal advice must be tailored to the specific facts and circumstances of a particular case. Nothing reported herein should be used as a substitute for the advice of competent counsel.*

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Appendix D: Professional Quality of Life Scale (ProQOL)

COMPASSION SATISFACTION AND COMPASSION FATIGUE

(PROQOL) VERSION 5 (2009)

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

1=Never

2=Rarely

3=Sometimes

4=Often

5=Very Often

1. I am happy.

2.

I am preoccupied with more than one person I *[help]*.

3.

I get satisfaction from being able to *[help]* people.

4.

I feel connected to others.

5.

I jump or am startled by unexpected sounds.

6.

I feel invigorated after working with those I *[help]*.

7.

I find it difficult to separate my personal life from my life as a *[helper]*.

8.

I am not as productive at work because I am losing sleep over traumatic experiences of a person I *[help]*.

9.

I think that I might have been affected by the traumatic stress of those I *[help]*.

10.

I feel trapped by my job as a *[helper]*.

11. Because of my *[helping]*, I have felt "on edge" about various things.
12. I like my work as a *[helper]*.
13. I feel depressed because of the traumatic experiences of the people I *[help]*.
14. I feel as though I am experiencing the trauma of someone I have *[helped]*.
15. I have beliefs that sustain me.
16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
17. I am the person I always wanted to be.
18. My work makes me feel satisfied.
19. I feel worn out because of my work as a *[helper]*.
20. I have happy thoughts and feelings about those I *[help]* and how I could help them.
21. I feel overwhelmed because my case *[work]* load seems endless.
22. I believe I can make a difference through my work.
23. I avoid certain activities or situations because they remind me of frightening experiences of the people I *[help]*.
24. I am proud of what I can do to *[help]*.
25. As a result of my *[helping]*, I have intrusive, frightening thoughts.
26. I feel "bogged down" by the system.
27. I have thoughts that I am a "success" as a *[helper]*.
28. I can't recall important parts of my work with trauma victims.

29. I am a very caring person.

30. I am happy that I chose to do this work.

Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

Compassion Satisfaction _____

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 23, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job. (Alpha scale reliability 0.88)

Burnout _____

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

If your score is below 23, this probably reflects positive feelings about your ability to be effective in your work. If you score above 41, you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a “bad day” or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern. (Alpha scale reliability 0.75)

Secondary Traumatic Stress _____

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other’s trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful

events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

If your score is above 41, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a healthcare professional. (Alpha scale reliability 0.81)

In this section, you will score your test so you understand the interpretation for you. To find your score on **each section**, total the questions listed on the left and then find your score in the table on the right of the section.

Compassion Satisfaction Scale

Copy your rating on each of these questions onto this table and add them up. When you have added them up you can find your score on the table to the right.

- 3. _____
- 6. _____
- 12. _____
- 16. _____
- 18. _____
- 20. _____
- 22. _____
- 24. _____
- 27. _____
- 30. _____
- Total :** _____

T h e s u m o f m y C o m p a s s i o n S a t i s f a c t i o n q u e s t i o n s i s	And my C o m p a s s i o n S a t i s f a c t i o n l e v e l i s
	22 or less
Between	Low
23 and 41	Moder ate
42 or more	High

Burnout Scale

On the burnout scale you will need to take an extra step. Starred items are "reverse scored." If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question

1. "I am happy" tells us more about the effects of helping when you are not happy so you reverse the score

- *1. ____ = ____
- *4. ____ = ____
8. ____
10. ____
- *15. ____ = ____
- *17. ____ = ____
19. ____
21. ____
26. ____
- *29. ____ = ____
- Total : ____**

Secondary Traumatic Stress Scale

Just like you did on Compassion Satisfaction, copy your rating on each of these questions onto this table and add them up. When you have added them up you can find your score on the table to the right.

2. ____
5. ____
7. ____
9. ____
11. ____
13. ____
14. ____
23. ____
25. ____
28. ____
- Total : ____**

The sum of my Secondary Trauma questions is	And my Secondary Traumatic Stress level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

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