Ethical Considerations

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MS 3rd Annual Trauma Conference
Who are you?

- Substance Use Disorder Counselor vs. General Mental Health Counselor
  - Social Worker
  - LMFT/LPC
- Educators
- Prevention
- Nurses, Doctors, medical providers
- Law Enforcement/Courts
- Peer Support
- Students
Why do we have professional ethics?

- To Standardize the Profession
- To Ensure the Integrity of the Profession
- To Protect the Public from Harm
Discussion Questions

• What are the main issues in the scenario?
• What ethical issues are of concern?
• Are there particular breaches of ethical principles? What are they?
Don’t be evil
Codes of Ethics

- American Counseling Association (ACA)
- American Nurses Association (ANA)
- American Psychiatric Association (APA)
- American Psychological Association (APA)
- Association for Addiction Professionals (NAADAC/NCC AP)
- Certified Alcohol and Drug Counselor (CADC)
- National Association of Social Workers (NASW)
Laws

• Health Insurance Portability and Accountability Act of 1996 (HIPAA)
• Americans with Disabilities Act of 1990
• Family Educational Rights and Privacy Act of 1974 (FERPA)
• CFR Title 42 Part 2 - Confidentiality of Substance Abuse Patients
• State laws/statutes (e.g., Licensing laws)
• Affordable Care Act (ACA)
Ethics and the Law

- Criminal law system
- Civil law system (malpractice)
- Administrative law system (licensing)
What are some unique ethical challenges in our work?

- Different levels of credentialing and licensing
- Shared value systems?
- Sanctions?
- Level of confidentiality required
- Some workers former recipients of service
- Dual relationships – Ex: meetings
- Peer worker training and competence
- Hinging of services to abstinence
- Punishment vs. rehabilitation?
- Level of contact w/professional (round the clock?)
Why is it important for professionals to have a code of ethics?
Our decisions affect and influence other people’s lives.
Areas of Practice Addressed by the NASW Code of Ethics

- Standards related to the social worker’s ethical responsibility to clients.
- The social worker’s ethical responsibility to colleagues.
- The social worker’s ethical responsibilities in practice settings.
Areas of Practice Addressed by the NASW Code of Ethics

- The social worker’s ethical responsibilities as a professional.
- The social worker’s ethical responsibility to the social work profession.
- The social worker’s ethical responsibilities to the broader.
NAADAC Code of Ethics

“The NAADAC recognizes and encourages the notion that personal and professional ethics cannot be dealt with as separate domains. ...Addiction professionals must act in such a way that they would have no embarrassment if their behavior became a matter of public knowledge and would have no difficulty defending their actions before any competent authority.”
Ethical Code of Conduct
Each profession has its own Code of Ethics, the following principles are found in most Code of Ethics.
Non-discrimination

Do not discriminate regardless of race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression.
Competence

Claim competence only in an area or areas for which they have education, training, and experience.

Ex. Don’t pretend to have education, experience, or skills that you don’t have, such as someone exaggerating their skills on a job resume.
Competence

- Improving self
- Providing quality service
- Act professionally
- Professional improvement
- Acceptance of differences
- Admit limitations
- Act within your boundaries
Integrity

Don’t pretend to be someone you are not.

Do what you say you will do, say what you mean.
INTEGRITY

If it is not right, do not do it.
If it is not true, do not say it.

Marcus Aurelius
In the workplace

• Don’t 'put in time,' instead cheerfully carry out responsibilities
• Don't engage in destructive gossip, instead build confidence, teamwork, and morale
• Don't abuse privileges, instead respect employer's property and reputation
Nature of Services

Do No Harm!
Confidentiality
Confidential information acquired during service delivery shall be safeguarded from disclosure, including - but not limited to – verbal disclosure, unsecured maintenance of records, or recording of an activity or presentation without appropriate releases.
What is Confidential?

To be safe, consider *all* material confidential except:

- In a medical emergency
- Scientific research which does not disclose patient identity
- Court ordered disclosure
Obligations to Society

Be active in public policy and legislative issues
Ethics in Modern Times

■ Social Networking and Ethics
  – Consider everything public
  – Operate transparently
  – Consider what is appropriate
  – Do not use social networking sites for confidential exchanges of information
  – Consider a personal profile and a separate professional profile
Think about how do you feel about the following Electronic Services

- Video/Telehealth
- Phone / Email Therapy
- Synchronous or Asynchronous?
- Text therapy & messaging
- Facebook/Twitter
- Web based assessments
- Patient portals
- Web based self-help with guided steps
- Social Workers having “blogs”
- Video Games with kids
- Avatar therapy
Cyber Therapy/Virtual Reality

- Military Using
- Many schools of social work have labs
Opportunities

• Ability to reach/serve more people
• Ability to keep people better supported
• Way to engage younger generations
• Social Media as way to spread important information to masses or galvanize support for social justice issues
• Ways to market our services/agencies/practice
• Empowerment in client connection to information
And challenges for helping professions...

- How do we decide if services are best for client?
- How do we train employees and clients in use?
- How do we get stakeholder feedback about software systems/portals?
- How do we make sure information is confidential?
- Can/should agencies control use of internet by employees?
- How social profiles of employees might impact reputation of agency?
- How do we avoid boundary violations/dual relationships?
- How do we advocate for equal access for all?
- How do we prevent disconnection?
(Tunick, Mednick, & Conroy, 2011)

- 65% participated in social networking sites
- 9% maintained blogs
- Nearly half reported they had posted material they would not want client to see
- 24% had been approached by clients for friend requests
- 32% reported reading client social networking sites and blogs
- 16% did so without the consent of the client
If Facebook were a country, it’d be the world’s 3rd largest.
Pew Research Center “Health Fact Sheet”

• 87% of U.S. adults use the internet
• 90% of U.S. adults own a cell phone; 58% a smart phone
• 72% of internet users say they looked online for health information within the past year
• 35% of U.S. adults have used internet to try to figure out what medical condition they or someone else has
• 19% of smart phone owners have downloaded an app specifically to track or manage health
• One in five internet users have consulted online reviews and rankings of health care service providers and treatments.
• Source: http://www.pewinternet.org/fact-sheets/health-fact-sheet/
Websites

- https://www.thefix.com/rehab-reviews
- http://www.quitalcohol.com/
- http://www.rehabs.com/top-rated-treatment-centers/
SOCIAL MEDIA CAMPAIGN

Gather your friends, and help us **SHATTER THE MYTHS** about drug abuse by sharing on Twitter, Facebook, Pinterest, your blog, etc. Social media has become the best way for getting information out there fast, so let’s help spread the harmful news about drug abuse! Check out our sample posts.

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2029 EVENTS REGISTERED FOR 2016!

Check out 2016's events from around the country.
CRAN: A trans-NIH initiative to promote collaborative research on addiction.

USING SOCIAL MEDIA TO BETTER UNDERSTAND, PREVENT, AND TREAT SUBSTANCE USE

OCT 16, 2014

NIH announces 11 awards funded across three Institutes

FOR IMMEDIATE RELEASE
Thursday, October 16, 2014
3 p.m. EDT

More than $11 million over three years will be used to support research exploring the use of social media to advance the scientific understanding, prevention, and treatment of substance use and addiction. The awards are funded through the Collaborative Research on Addiction at NIH (CRAN), an NIH
Social Media

Connect with SAMHSA through Facebook, Twitter, the SAMHSA blog, or YouTube, and learn more about SAMHSA's social media outreach efforts.

MEET FRIENDS

Facebook  65,312 likes • 863 talking about this

This is the last week to submit consumer/peer leader nominations for the 2016 #VoiceAwards program. All nominations are due May 13. http://www.samhsa.gov/voice-awards/nominations/consumer-peer-leaders

Timeline Photos

YouTube  716 Videos • 4,573 Subscribers

"Talk. They Hear You." Campaign

SAMHSA's "Talk. They Hear You." Underage Drinking Prevention National Media
Social Media at CDC

Are You Smarter than a Public Health Nerd? Test your Health IQ

Social Media & Digital Tools
- Buttons and Badges
- Campaigns
- Public Health Media Library
- Data & Metrics

Guidance Tools
- Social Media Toolkit
- Writing for Social Media
- Buttons and Badges
- Mobile & Web Apps
- Online Video
- Podcasts
Challenges for our clients...

- Technology/Internet Addiction
- Drug and alcohol use glorified
- Online “cheating”
- Blackmailing with photo/videos
- Cyberbullying
- Online Violence
- Younger access to pornography
- Online grooming of victims
Some Sites Your Adolescent Kids and Clients Know About

Snapchat

Yik Yak

Ask.fm or After School

Secretly Save Snaps
Who knows what “tweckling” is?
Suicidal Veteran Elf Gag

http://www.disabledveterans.org/2015/03/10/suicidal-veterans-portrayed-misbehaving-elf-va-manager/
Anesthesiologist trashes sedated patient – and it ends up costing her
Let’s discuss some ethical challenges in use of technology.
ASWB Model Regulatory Standards

• Agreed upon this year, being reviewed by NASW Task Force Presently
• Meant to be **guidelines** about use of electronic social work services

**PLEASE NOTE THESE ARE NOT:**

• Enforceable legal standards : - regulatory agencies/jurisdictions must decide
• Best practice– NASW Task Force will revise Standards to decide these
ASWB Model Standards: Seven Sections

- Section I. Practitioner Competence and Compliance with Ethical Standards
- Section II. Informed Consent
- Section III. Privacy and Confidentiality
- Section IV. Boundaries, Dual Relationships, and Conflicts of Interest
- Section V. Records and Documentation
- Section VI. Collegial Relationships
- Section VII. Electronic Practice Across Jurisdictional Boundaries
Section I. **Practitioner Competence and Compliance with Ethical Standards**

- SW’s must use ES only after appropriate education, study, training, consultation and supervision.
- Assess cultural, environmental, and linguistic issues that may affect services and if meets clients needs.
- Refer out if necessary.
- Best practice to have face to face w/suicide and mental health screening before deciding if appropriate, and to still have occasional face to face throughout (NASW News, 2015)
Be aware of and develop reasonable strategies to deal with challenges

<table>
<thead>
<tr>
<th>Concerns</th>
<th>Advantages</th>
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<tbody>
<tr>
<td>• Appropriate for those with profound mental health issues? Borderline or suicidal?</td>
<td>• Rural clients or those who live in areas with bad weather</td>
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<tr>
<td>• Potential missed nonverbal cues</td>
<td>• Clients with agoraphobia/anxiety</td>
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<td>• Lack of eye contact/connection</td>
<td>• Clients with disabilities</td>
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<td>• Potential for boundary violations/dual relationships</td>
<td>• Saves travel time /increases productivity for therapists</td>
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Review professionally relevant info about themselves that appears on websites or other media to ensure accuracy

• Google yourself periodically to make sure nothing unflattering/untrue posted
• Use online subscriptions to stay up to date
  – https://www.google.com/alerts
• Can petition to have certain things removed
  – https://support.google.com/websearch/troubleshooter/3111061?hl=en
  – Might still need to contact webmaster
Realize clients can use Google too!

• SW sanctioned after mother googled SW’s name
• The social worker posted: “I’m in court tomorrow for a case where there is a high level of domestic violence amongst many things…” and after the trial finished posted: “It’s powerful to know that…children’s lives have just massively changed for the better and now they are safe and protected from harm and have every hope for the future…”
• One of the posts was accompanied by a small map, pinpointing the location of the court.

Source: http://www.communitycare.co.uk/2014/09/10/social-worker-given-conditions-practice-order-disrespectful-facebook-posts/
Section II. *Informed Consent*

- Inform clients about nature of services, alternative ways of receiving assistance, fees, sharing of info with third parties, limits of confidentiality, benefits and risks
- **BENEFITS:** Immediate access to services, convenient scheduling, privacy, reduced or eliminated transportation barriers
- **RISKS:** lack of visual and auditory cues, delayed responses, need for crisis services, confidentiality breaches and technological failures
- Take reasonable steps to verify identity and location of clients (ex: requesting copies of government issued identification)
- Consider age, clinical and dx issues, technological skills, disabilities, language skills and literacy, cultural issues and safety issues before giving ESWS
Those Developing Professional Websites Should Include...

- Professional profile, license and contact info
- Terms of use, privacy policy and informed consent
- Crisis intervention guidelines
- Risks of interruption of services and protocol
- Consumer information such as license #, regulatory body’s contact info and website for reporting alleged violations of law or practice rule where SW is located
- Inform clients of right to report alleged violations to the governmental regulatory body where the client is located
Do you administer your org’s web platforms?


- Don’t mix professional and personal social media accounts
  Ex: use Google Chrome for your jurisdiction’s accounts and Firefox for your personal accounts

- Policies on passwords, posting, responding, monitoring, etc.

- Search hashtags

- Check facts and authors out

- Good idea to include disclaimer that indicates that your material is not in any way a substitute for obtaining professional help.
Case Studies:

• A client at your inpatient psychiatric center is telling hard to believe stories about their past. You are not sure whether this story is true, or if they are delusional. There are no other collateral sources of information. Can you Google this client to determine whether he is being truthful or not, in order to determine the course of treatment?

• A patient is brought in unresponsive to your ER. Doctors are unsure why, or whether there were drugs or a suicide attempt involved. Could you look at the patient’s Facebook page to get clues?

• A client has spoken about having a criminal record and you are really curious about what they did time for. Can you look in a public arrest database?
What ASWB says....

• Social workers should develop and disclose policies regarding use of internet-based search engines to gather information about a client.

• Social workers should inform the client, and document in the client record, the use of Internet-based search engines to gather information about the client.

• Obtain client consent when using search engines to gather information about the client, with the exception of emergency circumstances when such search may provide information to help protect the client or other parties who may be at risk.
Section III. *Privacy and Confidentiality*

- Inform of risks and consequences
- Use proper safeguards, including encryption, when using things such as email, online posts, chat sessions, mobile and text communications or storing information.
- Inform clients that they are not permitted to disclose or post digital or other electronic communications from employees or other recipients of services without proper consent.
“Friending”, “Following” and “Liking”

- Exposure of identity
- All communication with clients on social networking sites may be part of the clinical record.
- Clients may be Facebook friends with your partner, friends, colleagues, etc.
- Would you be okay with your “likes” tattooed on your forehead?
- Risks of Following. Suicidality? Child Abuse? Relapse?
Should you as a potential employer search social media before hiring?

- Society for Human Resource Mgt. (SHRM) found 77% of companies in 2013 used social networking to recruit candidates.
- EEOC doesn’t prohibit, but says info obtained might be ruled discriminatory
- Better to have third party not in charge of decisions do check
- Check uniformly
- Don’t request passwords

Source: https://www.eeoc.gov/eeoc/newsroom/release/3-12-14.cfm
Some additional advice...

• Skype deemed by many lawyers to not be HIPPA compliant (Reamer, NASW News, 2015)
• Check if online copy available showing HIPAA compliance through a business associate agreement with the government
• Emails
  – Undo Send in G mail: http://bgr.com/2015/06/23/how-to-recall-email-in-gmail/
  – Outlook Exchange server
• Faxing – cover sheet – call before and after?
Using Complex Passwords

I changed all my passwords to "incorrect".

So whenever I forget, it will tell me "Your password is incorrect."
Stolen Laptops and Computers

- Must report breaches to U.S. Department of Health and Human Services Office for Civil Rights within 60 days (OCR)
- Unencrypted laptop stolen from a Physical Therapy Center
  - Facility “had previously recognized in multiple risk analyses that a lack of encryption on its laptops, desktop computers, medical equipment, tablets and other devices containing electronic protected health information (ePHI) was a critical risk. While steps were taken to begin encryption, Concentra’s efforts were incomplete and inconsistent over time leaving patient PHI vulnerable throughout the organization. OCR’s investigation further found Concentra had insufficient security management processes in place to safeguard patient information. Concentra has agreed to pay OCR $1,725,220 to settle potential violations and will adopt a corrective action plan to evidence their remediation of these findings.”
- Unencrypted laptop computer stolen from employee’s car - $250,000, retrain force and create risk analysis/risk management plan

Intentional Breaches

• Those who “knowingly” obtain or disclose individually identifiable health information with the intent to sell, transfer or use the data for commercial advantage, personal gain or malicious harm could face up to 10 years in prison along with a fine of up to $250,000.


• Arkansas: LPN was accused of accessing a clinic patient's private medical information and sharing it with her husband, who then allegedly called the patient and threatened to use the information against him in an upcoming legal proceeding. The nurse was fired from the clinic and sentenced in December 2008 to two years' probation and 100 hours of community service.

• Research assistant who accessed health info for co-workers and celebrities said he did not know it was illegal—court ruled all you have to do is know that the conduct is wrong and knowingly use or disclose personally identifiable information.

• Source: http://www.justice.gov/usao-edtx/pr/former-hospital-employee-sentenced-hipaa-violations
Section IV. **Boundaries, Dual Relationships, and Conflicts of Interest**

- Communicate with clients using digital and other electronic technology only for professional or treatment-related purposes and only with client consent.
- Take reasonable steps to prevent client access to social workers’ personal social networking sites to avoid electronically based boundary confusion and inappropriate dual relationships.
- Avoid posting personal information that might create boundary confusion or inappropriate dual relationships.
- Avoid posting any identifying or confidential information about clients on professional websites, blogs or other forms of social media.
- Be aware cultural factors may influence the likelihood of discovering shared friend networks.
- Refrain from soliciting digital or online testimonials from clients or former clients who, because of their particular circumstance, are vulnerable to undue influence.
Section V. Records and Documentation

- Develop policies regarding sharing, retention and storage of records and inform clients.
- Inform clients about mechanisms used to secure and back up records (e.g. hard drives, external drives, third party servers)
- Tell clients length of time records will be stored before being destroyed.
Section VI. Collegial Relationships

• Avoid cyberbullying, harassment, or making derogatory or defamatory comments about colleagues.
• Don’t disclose private, confidential, or sensitive information about the work or personal life of any colleague without consent (messages, photos, videos, etc.)
• Take steps to correct or remove inaccurate or offensive information they have posted about a colleague
• Not present work of others as their own and acknowledge contributions made by others.
• Take appropriate action if they believe a colleague providing electronic services is behaving unethically or not using safeguards such as firewalls and encryption, or allowing unauthorized access to information.
Blakey v. Continental Airlines, Inc.

- Co-workers posted harassing, false, and defamatory statements about the plaintiff on Continental’s “on-line computer bulletin board called the Crew Members’ Forum.”
- Court found that just because the harassing remarks were posted by employees on the Internet Forum and not necessarily made at the physical workplace the airline might still be liable and have a duty to stop that harassment.
- If the site is considered to be a part of the workplace then “the company has a duty to monitor it and take corrective action if an employee is harassed on the site.”
- Even with personal FB pages or blogs, if it could be shown that the employer was aware of the harassment and did nothing to stop it, a court may find employer liability.

Section VII. *Electronic Practice Across Jurisdictional Boundaries*

- Comply with laws and regulations in both jurisdictions
- May need license in state in which client lives.
Some additional advice...

• Skype deemed by many lawyers to not be HIPPA compliant (Reamer, NASW News, 2015)

• Check if online copy available showing HIPAA compliance through a business associate agreement with the government

• Emails
  – Undo Send in G mail: http://bgr.com/2015/06/23/how-to-recall-email-in-gmail/
  – Outlook Exchange server

• Faxing – cover sheet – call before and after?
E-professionalism: Managing Your Online Presence

• Who has seen a fellow social worker post something on social media that has horrified you?

• How did you handle this?

"Everyone is entitled to their own opinions, but not their own facts."

Daniel Patrick Moynihan
What are some things colleagues have posted that have horrified you?

- negative content towards agency
- disparaging comments about clients
- profanity
- discriminatory language
- depictions of intoxication
- sexually suggestive material
- patient confidentiality violations
Some other cases...

- Hospital employees photographing client x-rays
- Nurses discussing patients on FB
- Nursing student selfie with dying patient
- Social worker working from home on a snow day catches computer screen in pic
Case Study

Kristina is a fairly new employee at your agency. When you are on FB, you see (because Kristina has a mutual friend and has an open page) that Kristina has posted comments that are extremely negative about your agency, and has used vulgar language to describe some of her coworkers. When confronted, Kristina says other employees are the agency are posting similar things.

What do you do?

What should the consequences be?
Case Study

Sidney is a client of yours in a drug and alcohol treatment program. It becomes known to you that Sidney (who says he has been clean and sober for 3 months) has recently tweeted “OMG, so high right now #chronic #420 #blazeit”.

How do you proceed?
Case Study

• Julio was a star participant in your group therapy program but has since graduated. You really connected with him during his time in treatment and he voiced feelings that you had really helped him to change his life and for that he was grateful. Two months after he has left treatment you receive a friend request on Facebook from him.

• What should you do?
• What ethical principles will you apply to this situation?
Other Strategies for using Social Media

• Leave work at work
• Handle problems with co-workers/supervisors directly
• DO NOT post client information
• Place of employment listed? Know you are harming or hurting your agency’s reputation in all you do!
• Agencies: Have social media policies!
• Individuals: Have your own social media policy!
• Make a pact with a co-worker...
Ways to avoid passing on misinformation:

- http://www.snopes.com/
- https://www.truthorfiction.com/snopes/
- http://www.politifact.com/
- http://www.factcheck.org/hot-topics/
- Google
Some suggestions....

• Ask a younger generation or more tech savvy employee for help!
• Advocacy for digital literacy, technology inclusion, and access is needed
• Empower by teaching clients to search for resources online themselves
• Think of ways you can add technology to services you are already offering, in ways that might engage, connect, support clients and communities
Useful Apps for Helping Professions

- Mood Trackers such as Mood 24/7: [https://www.mood247.com/](https://www.mood247.com/) or Thought Diary Pro
- Anxiety/Breathing/Mindfulness
- DSM-V
- Portable Drug Companion
- Translation apps such as Translate or SpanishDict
- Smoking or Gambling Cessation
- Eating and Exercising
- Caring Bridge or Lotsa Helping Hands
- Virtual Reality programs
- Pinterest
Some sources....

- HHS.gov HIPAA Training Modules: [http://www.hhs.gov/ocr/privacy/hipaa/understanding/training](http://www.hhs.gov/ocr/privacy/hipaa/understanding/training)
- SAMHSA Social Media Resources: [http://www.samhsa.gov/social-media/resources-professionals](http://www.samhsa.gov/social-media/resources-professionals)
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Pew Research Center (2012, February 2). *Why most Facebook users get more than they give.* (Retrieved September 1, 2015, from http://www.pewinternet.org/2012/02/03/why-most-facebook-users-get-more-than-they-give/)


In discussing ethics, rarely is there only one answer, rarely is it comfortable, and rarely is it enough.