



Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School



Social Work Jeopardy & the NASW Code of Ethics: How to Navigate Ethical Binds

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SSWLHC, 2022

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No Conflicts To Report

Funding: Macy Foundation & Harvard Medical School

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Ethical Principles

- Beneficence
- Non-Maleficence
- Autonomy
- Paternalism
- Veracity
- Fidelity
- Justice (Social; Distributive; Health Care)
- Professional Integrity & Autonomy
- Double Effect

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NASW Code of Ethics Core Values

- 1. Service
- 2. Social Justice
- 3. Dignity and Worth of the Person
- 4. Importance of Human Relationships
- 5. Integrity
- 6. Competence

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NASW Code of Ethics

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."

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NASW Code of Ethics

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."

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NASW Code of Ethics

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....."

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NASW Code of Ethics

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."

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NASW Code of Ethics

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."

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NASW Code of Ethics

Value: Competence

Ethical Principle: "Social workers practice within their area 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."

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Ethical Decision-Making

A. Ethical Frame

- 1.) Facts
- 2.) Values/Preferences/Beliefs
- 3.) Professional Responsibilities
- 4.) Ethical Principles
- 5.) Courses of Action
- 6.) Justification
- 7.) Preventative Ethics

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Handling Difficult Ethical Judgments and Decisions

- 1. Do the proposed benefits outweigh the proposed burdens from the patient's perspective?**
- 2. Shared Decision-Making Model**
 1. Expertise of Patient or Surrogate
 2. Expertise of Clinical Team
- 3. Patient-Centered Goals of Care**

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What is the 'Expertise' of the Patient (or Surrogate/Proxy)?

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What is the 'Expertise' of the Patient (or Surrogate/Proxy)?

- Values
- Wishes
- Preferences
- Why answers

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What is the 'Expertise' of the Clinician or Clinical Team?

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What is the 'Expertise' of the Clinician or Clinical Team?

- What is possible?
- And how best to achieve whatever is possible?

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Exerpts.....

- “For every potential clinical intervention, the central question to be kept in mind is: "Do the expected benefits outweigh the expected burdens from the patient's perspective?" In trying to answer this question, the primary role of the patient (and family members speaking on the patient's behalf) is to articulate the GOALS and VALUES upon which clinical decisions should be based.....

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- “.....The primary role/responsibility of the clinical team is to assess WHETHER SPECIFIC GOALS ARE ACHIEVABLE, and what the BEST WAY(s) TO ACHIEVE those goals are.”

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NASW Code Revisions (2017, 2021)

- Social Media
- Self-Care

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Social Work Jeopardy:

Social Media, Telehealth and
Communication Case

Examples and NASW Code
Revisions

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Social Media Cases

- #1) You are going to see a new client soon for an evaluation. The client was referred by a health care provider who mentions being skeptical about who the client says they are.
- Is it morally acceptable to look up this person via the internet?

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Social Media Cases

- #2 Your client tells you that she was recently a reiki and yoga teacher with a private practice. You are skeptical.
- Is it morally defensible under the NASW Code of Ethics to do an electronic search of the client?

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Social Media Cases

- #3 – You work in a clinic which espouses that every potential client have an internet look-up prior to being seen.
- Is this morally acceptable under the NASW Code of Ethics?

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Social Media Cases

- #4 – A client sends you a social media invitation via (any number of platforms) to 'connect'.
- Is it morally permissible under the NASW Code of Ethics to connect with the client?
- What if you have grave concerns that the client will experience this as a profound rejection if you were to turn the client down?

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Social Media Cases

- #5 You are actively involved in the gun control movement, especially after the most recent mass shootings. A client of yours sees your postings about attending and organizing demonstrations and asks if she/he can help.
- What is morally permissible under the NASW Code of Ethics?

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Social Media Cases

- #6 A social work colleague is actively involved in the gun rights movement, especially after the most recent mass shootings. You are unaware of the colleague's activities but a client of yours tells you about your colleague's many internet postings in support of gun rights.
- Would you be obligated to do anything under the NASW Code of Ethics?

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Social Media Cases

- #7 You are writing a case report article for publication. You would like the article to ensure the client's perspective. The client volunteers to write a report on their experience and requests that the client's real name be used.
- What guidance would the NASW Code of Ethics have for this situation?

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Cases

- #8 You are asked to give a plenary talk on the benefits and risks of therapy clients having direct access to their on-line therapy notes. The conference would like you to have a client co-present so as to have the "patient perspective".
- What is ethically permissible under the NASW Code of Ethics?

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Cases

- #9 You leave the office with some medical records on your client. You accidentally lose them while enroute home.
- What are your professional obligations under the NASW Code of Ethics?

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Intrastate Case

- #10 Your client is traveling out of state. You have been quite concerned about the client's safety and arrange to have both phone and skype check-ins.
- What would the NASW Code of Ethics say about this circumstance?

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Teletherapy Case

- #11 Your client moves out of state and wishes to continue therapy with you via telehealth or skype technology.
- What are your professional obligations under the NASW Code of Ethics for this type of circumstance?

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The Technologically Challenged Social Worker

- #12 You have been practicing in social work for many years. Your supervisor has been encouraging you to learn more about the use of technology in practice. Your supervisor has been worried that you will not be as attuned to the needs of your client base without more knowledge about technology.
- What would the NASW Code of Ethics say about this?

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#13: 21st Century Cures Act Issue

- You are worried about the emotional effect of your client reading their on-line therapy notes from their health record as is now required under the Cures Act as of 4/5/21. You wonder if it is permissible to hide the record because of the potential for your client becoming upset.
- What can/should you do?

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Cases

- #1 – New client with skepticism about who they are
- #2 Client professing to be reiki/yoga teacher
- #3 Clinic where all clients looked up prior to evaluation

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Informed Consent 1.03 (i)

- (i) Social workers should obtain client consent before conducting an electronic search on the client. Exceptions may arise when the search is for purposes of protecting the client or other people from serious, foreseeable, and imminent harm, or for other compelling professional reasons.

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Informed Consent 1.03 (e)

- (e) Social workers should discuss with clients the social workers' policies concerning the use of technology in the provision of professional services.

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Informed Consent 1.03 (g)

- (g) Social workers.....should assess the clients' suitability and capacity for electronic and remote services.....

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Privacy and Confidentiality 1.07 (a)

- (a) Social Workers should respect clients' right to privacy. Social Workers should not solicit private information from or about clients except for compelling professional reasons. Once private information is shared standards of confidentiality apply.

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Privacy and Confidentiality 1.07 (c)

- (c) Removed the term “identifiable person” and changed to “foreseeable”
- “.....when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or others..... disclose the least amount of confidential information necessary to achieve the desired purpose.....

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Privacy and Confidentiality 1.07 (c) and (f)

- Foreseeability standard utilized for greater ability to act on threats such as school shootings, terrorism, or other serious possibilities.
- Section (f) was amended for social workers who provide counseling to couples, families and groups to reach agreement as to what can be shared electronically and what restrictions there are.

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Privacy and Confidentiality

1.07 (n) (o)

- (n) Social Workers should develop and disclose policies and procedures for notifying clients of any breach of confidential information in a timely manner.
- (o)unauthorized access to.....should inform clients.....

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Privacy and Confidentiality

1.07 (p)

- (p) Social Workers should develop and inform clients about their policies.....on the use of technology.....to gather information about clients
- (q)unauthorized access to.....should inform clients.....

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Privacy and Confidentiality

1.07 (q)

- (q) Social Workers should avoid searching of gathering client information electronically unless there are compelling professional reasons, and when appropriate, with the client's informed consent.

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Privacy and Confidentiality

1.07 (r)

- (r) Social Workers should avoid posting any identifying or confidential information about clients on professional Web sites of other forms of social media.

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Cases

- #1 – New client with skepticism about who they really are
- #2 Client professing to be reiki/yoga teacher
- #3 Clinic where all clients looked up prior to evaluation

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Principle

- Client Self-Determination

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Cases

- #4 Client wishing to connect
- What about if this is a 'past' client?
- #5 SW active politically with client asking to help out
- #6 SW Colleague's worrisome political activity

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Competence 1.04 (e)

- (e) 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.

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Conflicts of Interest 1.06 (e)

- (e) 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.

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Conflicts of Interest 1.06 (g)

- (g) 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.

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Conflicts of Interest 1.06 (h)

- (h) 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.

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Cases

- #4 Client wishing to connect
- What about 'past' client?
- #5 SW active politically with client asking to help out
- #6 SW Colleague's worrisome political activity

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Cases

- #7 Case report article with client
- #8 OpenNotes talk with a client
- #9 Losing records

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Other Considerations

- Client identification such as endorsement of a clinician on one of the sites which 'rates' clinicians:
- Can it effect their future? ie- employers

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Cases

- #10 Client traveling out of state with 'check-ins'
- #11 Client moves out of state and wants telehealth
- #12 Social Worker who is 'behind the times' regarding technology

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Cases

- #13: Cures Act situation of whether okay to hide/segregate a clinic note or not

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Implications

- Need to change the applicable laws and regulations!!

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Social Work Jeopardy

- Part Two.....

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Social Work Jeopardy Categories:

- 1. Boundaries (5 cases)
- 2. Risk Management and Privacy & Confidentiality (6 cases)
- 3. Professional Competence & Integrity (5 cases)
- 4. Termination of Services & Abandonment (3 cases)

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#1 Boundaries

- 1. The Physically Demonstrative Client
- 2. The Client's Invitation to his Professional Performance
- 3. The Client's World Overlapping with Mine
- 4. The Client/Professional Painter's Offer to Paint Your Home
- 5. Assisted Suicide Request

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The Physically Demonstrative Client: A client catches you off guard by giving you a very warm embrace at the end of a session. She states that she is a very physically expressive person by nature and that this expression is consistent with her culture. She states that she would hope that each session could end this way. The agreed upon therapeutic goal is to help her to feel better about herself. She states her belief that it would be both personally offensive and culturally degrading if you could not accommodate her need. Secretly you very much enjoyed the embrace.

What can you say and do?

What should you say and do?

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Client's Invitation to his Performance:

A long-time client of yours has worked hard to achieve success in his profession as a musician. He professes a genuine belief that your therapeutic work together has stabilized, and possibly even saved his life. He is giving a solo performance at a prestigious venue. He would like you to attend and to join at the gathering afterwards.

What can you say and do? What should you say and do?

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Client's Child Overlaps With My

Personal World: I am coaching one of my children's sporting activities.

A client of mine's child is placed on the team. Our children begin to get to know each other and ask at a practice about having an overnight sometime. My client states this would be just fine by her.

What can I say and do?

What should I say and do?

Is there any problem legally if I decide to terminate therapy with this client?

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Professional Painter-Client's Offer to

Paint your Home: Your client is a professional painter. You respect the integrity of your client and understand this person to do very high quality work at a very competitive rate.

Your home desperately needs to be painted. The client has previously offered to do work for you or anyone else if needed.

Could you ask your client about the possibility of painting your home? Why or why not?

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Assisted Suicide Request

- A colleague consults you about a patient with a debilitating life threatening illness who would like assistance in eventually ending his life “rationally and thoughtfully.”
- Your colleague wants to know what is possible to say and/or do in such a circumstance.
- Is it alright to provide information? Is it alright to provide the means? What can you say/do?

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#2 Risk Management & Privacy/Confidentiality

- 1. You Are Served a Subpoena
- 2. The Underpaid Social Worker's Chance
- 3. STD's and the Duty to Warn/Protect
- 4. The Drinking Client and Duty to Warn/Protect
- 5. Disclosure of the Body's Location
- 6. Sexual Assault Victim

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Subpoena

- An attorney arrives at your office and serves you a subpoena demanding that you immediately produce your treatment records of your client.
- What should you do and/or say?

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The Underpaid Social Worker's Chance:

A white-collar client of yours makes a high 6 figure salary. You have a great deal of trust and respect for this client. The client tells you about a new product-line which his company is about to patent and release. Your client recognizes that social workers are underpaid and advises you to buy shares of this company now. The client is telling you this in gratitude for all of the good work you have done, including with this client.

What can you say and do?

What should you say and do?

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Duty to Warn/Protect with STD's:

You are seeing a couple in therapy.

As part of your coordination of care, you speak with one of the client's primary care physicians. The PCP informs you that one partner has contracted a significant STD and thus far is refusing to tell the other partner. The PCP wonders what you should each say or do?

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Duty to Warn/Protect with Drinking Client:

- A client arrives at your office clearly smelling of ETOH. When he suddenly leaves, you believe that he is planning to drive home and you are concerned about his capacity. You are also worried that if he loses his license that he would then lose his job which requires an active license.
- What should you do and say?

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Disclosure of the Body: A client of mine tells me that he has killed someone. He also tells me the circumstances, including the whereabouts of the body.

What can I do and say?

What should I do and say?

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Sexual Assault Victim

- A physician colleague asks you about a patient who suffered a sexual assault approximately 1 year ago. She has pressed charges against her assailant and the case is pending. She has significant PTSD as a result but is hesitant to seek psychiatric care. She fears that her assailant's legal defense will have access to her psychiatric record if she gets care.
- What should you advise?

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#3 Professional Competence & Integrity

- 1. Your Child's or Your Client's Needs: Which One Counts Most?
- 2. Outreach to Newly Bereaved
- 3. Medical Futility
- 4. To Report or Not to Report
- 5 Client's Request to Not Use a Particular Diagnosis

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Your Child's or Your Client's Needs: You are just about to end your last client session of the day. You are quite worried about getting to your child's daycare center on time. The daycare center has been upset with you regarding your tardiness and has begun to fine you. They have also given you a warning that childcare services may be terminated if this tardiness happens again.

The client you are now seeing informs you at the very end of the session that she has been feeling acutely suicidal. You know that to engineer either hospitalization or emergency evaluation will make you very late for your child's pick-up and jeopardize the childcare slot.

What can you say and do? What should you say and do?

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Bereavement Outreach: A social work colleague approaches you about the possibility of doing some outreach to newly bereaved widows/widowers. She is planning to use the obituary page to call newly bereaved persons to offer her clinical services within her private practice.

What should you say and do?

What can you say and do?

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Medical Futility: A 96 yo man is admitted to the hospital with recurrent respiratory failure just a few days after d/c from a prolonged ICU stay. He is reported to be in a persistent vegetative state, is seriously malnourished, and is intubated. He develops renal failure and his daughter insists that dialysis be started.

Should there be any limits to life-prolonging ICU interventions?

Who, if anyone, has the right to decide on such limits? On what criteria?

How should staff respond to family efforts to direct specific technical aspects of care?

As the team's social worker, how should you respond to pressures from others to move him out of the hospital ASAP in order to free the bed up for others in need?

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To Report or Not to Report:

- An elderly gentleman asks you to keep a secret. He discloses that his grandson has been taking some of his money and though it means that he does not have enough to make ends meet that he is glad to help his grandson who takes care of him. He does not want to get him in trouble.

What can and should you say and do, including whether you are obligated to file as a mandated reporter?

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Client's Request to Not Use a Particular Diagnosis

- You are seeing a new client for an assessment of their depression. The client asks you to not enter a diagnosis of depression for fear that it can adversely effect the ability to procure either life insurance or disability insurance.
- What can you do?
- What should you do?

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#4 Termination of Services & Abandonment

- 1. Psychiatric Futility??
- 2. Agency Lay Off of Social Worker
- 3. Non-responsive Social Worker and Parent

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Psychiatric Futility???

- A woman in her 60's with chronic alcoholism has been in two recent motor vehicle accidents. She has missed a series of out-patient appointments. She refuses to allow contact with her family, refuses to consider going for treatment for her alcoholism and refuses to stop driving.
- Can she be treated? Are you ethically obligated to continue treatment? Can you ethically terminate? And what if you wish to continue doing outreach with her and your boss tells you to see other patients instead?

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Agency Lay Off

- You are laid off by your agency and told that the agency will call all of your clients and work on a transition care plan. You are quite worried about several of your clients. The agency forbids you to call.
- What can you do and what should you do?
- Do you have any recourse?

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Non-responsive social worker

- A mother of a child who is in therapy with a social worker wants to file a complaint with NASW against the social worker for not including her in the sessions when that had been her original expectation. The social worker will not even speak to her about this and has not responded to her calls and pleas.
- What should you say to this aggrieved mother? How would you guide her?

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Ethical Framework and Analysis

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Ethical Decision-Making

A. Ethical Frame

- 1.) Facts
- 2.) Values/Preferences/Beliefs
- 3.) Professional Responsibilities
- 4.) Ethical Principles
- 5.) Courses of Action
- 6.) Justification
- 7.) Preventative Ethics

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Handling Difficult Ethical Judgments and Decisions

1. Do the proposed benefits outweigh the proposed burdens from the patient's perspective?
2. Shared Decision-Making Model
 1. Expertise of Patient or Surrogate
 2. Expertise of Clinical Team
3. Patient-Centered Goals of Care

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What is the 'Expertise' of the Patient (or Surrogate/Proxy)?

- Values
- Wishes
- Preferences
- Why answers

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What is the 'Expertise' of the Clinician or Clinical Team?

- What is possible?
- And how best to achieve whatever is possible?

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Take homes.....

- Never worry alone.....supervision, NASW Ethics Hotline, consult with colleagues.
- Avoid cover ups.....transparency is preferred whether in dealing with hot button cases or with clinical documentation. And legally if it's not documented, it can be viewed as if 'it never happened.'
- Make sure you have all of the facts possible, and that you distinguish where the areas of disagreement lie.
- Look for the win-win-wins and avoid a 'defensive or reactive' practice.

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Take homes.....

- All values are 'valuable'. If there is a course of action which comports best with all of the known values, then the question is how and whether that is possible to accomplish.
- And distinguish role responsibilities, particularly bearing in mind the expertise of the client/surrogate from that of the expertise of the clinicians.

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