



# **Professional Standards and Ethics**



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# Agenda

Introduction

Standards of Care

Dilemmas

Informed Consent

Privacy and Confidentiality

# Objectives

**Indicate the differences between how laws, ethics, and standards of care impact practice and how to resolve conflicts that may arise between these elements.**

**Recall at least 3 specific duties that professionals have regarding legal and ethical care, confidentiality and consent to provide treatment.**

**Describe actions that can be taken to make sound ethical decisions and effectively mitigate the risk of ethics violations or malpractice complaints.**

# During Our Time

**Stand up, stretch, move around, take a break as needed.**

**Silence Devices**

**Step outside for phone calls**

**Mindful of confidentiality and privacy**

**Take care of yourself**

# Standards of care



# Standards of Care

**Standards of care, ethics, and laws are an effort to guide and define appropriate care,  
and they often relate closely to each other.**

**Standards of care are based on scientific and professional literature, expert consensus,  
widely accepted guidelines, standards in one's profession, and professional judgement.**

# Standards of Care

**Standards of care may be written in laws, organizational policies, contracts, widely accepted standards in a profession, professional licensure requirements, or codes of ethics.**

**Professional organizations often provide guidance on standards of care.**

# Standards of Care

*Standards of care describe how a reasonable, prudent professional would act in a given situation.*

- **When no written standard exists, a professional's conduct is assessed by comparing their behavior to that of an "ideal" professional in the same community under the same or similar circumstances.**

**Failure to follow a standard of care can give rise to claims of malpractice and result in disciplinary action by a licensing board. (Behavioral Regulatory Sciences Board/BSRB)**

# Standards of Care

**Ethics** relate to moral principles and standards of conduct that govern the behavior of an individual or group.

**Laws** are rules, standards, and principles that are established and enforced by federal, state, or local government entities.

# Standards of Care

**Statutory law** relates to legislation or actions of the legislative branch of government, whether federal, state, or municipal.

This is the body of government that enacts a law that is often referred to as a statute. For example, The Health Insurance Portability and Accountability Act (HIPAA) is a federal statute that includes many provisions regarding protection of clients' health-related information. Statutory law may be civil or criminal.

# Standards of Care

**Administrative law governs the organization, operation, and procedures of government agencies.**

**These agencies may have powers to establish rules and regulations, hold proceedings, and enforce rules and regulations related specifically to the operation of the agency.**

**E.g., state departments of health, state departments of licensure, and licensure boards are often granted powers under administrative laws to hold disciplinary proceedings, administer fines or penalties, and revoke licenses.**

# Standards of Care

**The U.S. Constitution is the ultimate source of law and takes precedence over federal, state, and local laws.**

**Occasionally, the U.S. Constitution is relevant to court cases involving behavioral health practitioners.**

## **Examples:**

- A practitioner's right to publicize their controversial religious beliefs in the workplace (First Amendment)**
- A practitioner's right to search a client's personal belongings (Fourth Amendment).**

# Standards of Care

The therapist moved for summary judgment on the basis of the states duty to warn statute, which immunizes licensed professionals from liability for any failure to warn of or to protect from a patient's violent behavior *except "where the patient has communicated to the licensed professional a serious threat of physical violence against a reasonably identifiable victim or victims"*.

# Standards of Care

**The therapist argued he could not be liable for failing to alert the police and the intended victim to danger posed by his patient because the patient had never directly disclosed to him a threat.**

**The trial court granted the motion and dismissed the case because the communication was not from the patient and therefore was immunized under the statute.**

# Standards of Care

**The importance of confidentiality and trust in the therapeutic relationship for a person's willingness to seek therapy if they believe confidences may be violated.**

**Exceptions to the rule of confidentiality are narrow and definitive. A careful balance of public interest in maintaining confidentiality against public/community safety.**

**May deter an individual with potential/risk for dangerous acts, from fully disclosing thoughts or seeking treatment.**

# Dilemmas



# Dilemmas

**Behavioral health professionals have long faced moral dilemmas related to the care they provide.**

**Professional codes of ethics are frameworks for understanding and approaching these problems.**

**Codes of ethics have been revised as new ethical dilemmas were recognized, many of which correspond with societal issues.**

**Recent changes that have a broad impact include support for LGBTQ+ community, cultural competence, and appropriate use of technology to provide services.**

# Dilemmas

***Some common principles addressed in professional codes of ethics are:***

- **Doing no harm**
- **Acting in the best interest of others, particularly the client**
- **Showing compassion, respect, and recognizing the inherent dignity and worth to all individuals served**
- **Respecting individual choice, self-determination, and informed consent.**
- **Providing care in a manner that is free from bias or prejudice**
- **Maintaining competence and always acting within scope of practice and standard of care.**

# Dilemmas

**Codes of Ethics will not cover every situation.**

**Professionals must think critically about all relevant circumstances when determining an ethical course of action.**

**Consulting with colleagues who share your professional code of ethics may offer additional insight or perspective into what actions would or would not be ethical.**

# Dilemmas

**We must be aware of how personal values, beliefs, and practices impact professional activities, and be prepared to responsibly address any conflicts between personal and professional values.**

**If personal values interfere with your ability to act in accordance with your professional values, you may need to remove yourself from the situation.**

**Professional codes of ethics generally agree that it is unethical to impose personal values on a client.**

# Dilemmas

Laws and codes of ethics fundamentally shape behavioral health services by defining a professional's scope of practice.

Scope of practice delineates what kind of treatment or services can or cannot be provided by different types of professionals.

# Dilemmas

*This includes requirements related to practitioners':*

- Education
- Training
- Supervision
- Experience
- Continuing education

# Dilemmas

## *Scope of practice may be defined in:*

- State statutes and regulations that govern behavioral health professions
- An agency's policies regarding scope of practice for specific job titles and classifications
- Profession's practice standards

# Dilemmas

**Competence refers to practicing within the scope of your profession or field and within the limits of your education, training, and experience.**

**This may be established through state law. It means you operate within established therapeutic practices and standards of care.**

**Maintaining competence includes on-going education (treatment, diagnosis, etc.), and supervision/guidance.**

# Dilemmas

**It is our responsibility to remain knowledgeable of the standards that apply to the profession and to comply with the expectations.**

**Violating a standard can have significant consequences.**

***Financial:* Fines assessed by a state licensing board, payment to successful plaintiffs in lawsuits, legal fees**

***Professional:* Restriction or loss of license, mandated supervision or continuing education, tarnishing of reputation**

***Criminal:* Criminal conviction, jail or prison time, or probation**

# Dilemmas

**Use of technology to provide services has significantly increased**

**It is the provider's responsibility to make sure services are delivered as confidentially and safely as possible.**

**E-therapy and e-supervision platforms as tele-therapy, real-time video-based therapy and services, emails, texting, chatting, and instant messaging.**

**Consider if electronic/technology assisted services are appropriate intellectually, emotionally, and physically.**

**Be sure professional liability insurance covers this.**

# Dilemmas

**Many states restrict or forbid the provision of distance professional services by behavioral health professionals who are not licensed in their state.**

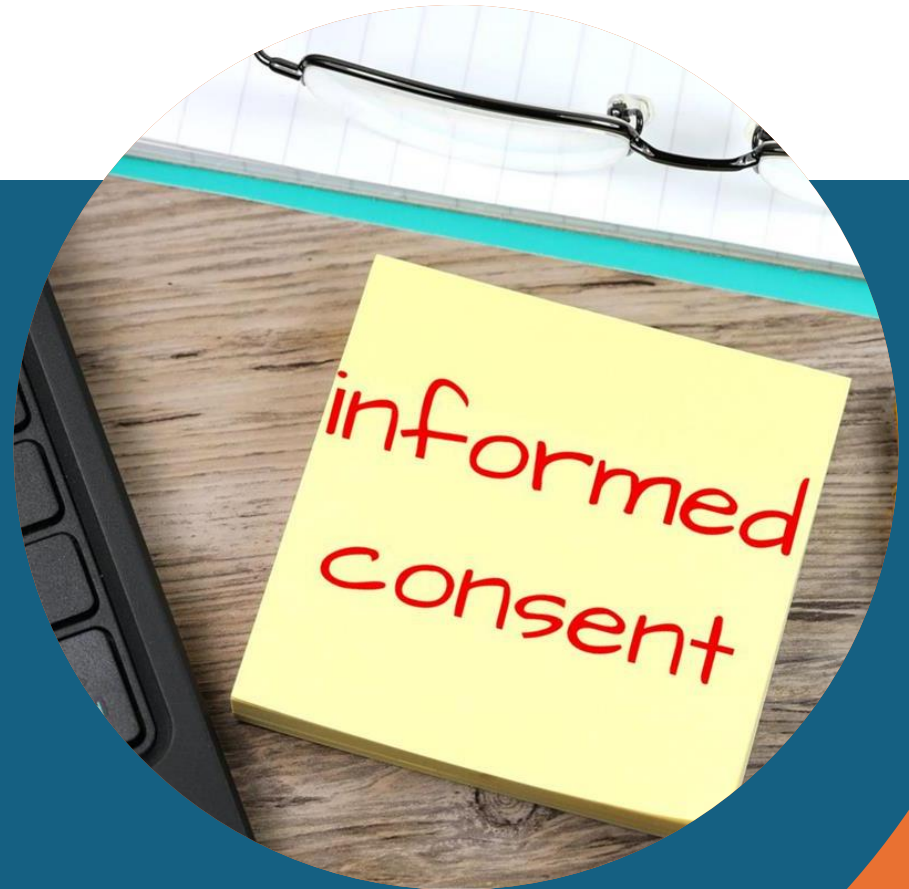
***Before providing any services across state lines, research relevant laws.***

**If you fail to comply with those laws, you may face fines or even imprisonment.**

**If you are in violation of the law, your liability insurance may not provide adequate coverage.**

**You may be subject to disciplinary action in all jurisdictions where you are licensed.**

# Informed Consent



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# Informed Consent

Legally and ethically obligated to obtain *informed consent* before beginning treatment.

Informed consent process should start at the first contact with the client and be addressed periodically throughout services.

# Informed Consent

*For consent to be informed, the individual giving consent must receive information about all aspects of treatment and the treatment process.*

*This includes information about:*

- The nature and purpose of treatment
- Potential benefits of treatment
- Limits to treatment
- Possible risks/adverse effects related to the treatment
- Treatment alternatives
- Risks associated with not receiving treatment
- Limits to confidentiality

# Informed Consent

When an individual will not, or is not able to, provide consent for treatment that most reasonable individuals would agree they need, a judge may require that the person obtain treatment involuntarily.

Treatment may be a condition of probation, parole, or other status in the justice system.

Court-ordered treatment introduces concerns related to client coercion, informed consent, and right to refuse treatment.

# Informed Consent

**If the person you're working with is not able to make their own decisions regarding treatment, the activated DPOA or legal guardian must provide informed consent.**

**Informed consent efforts should be made directly to the person you're providing services to and meeting them at their level.**

# Privacy and Confidentiality



# Privacy and Confidentiality

**Confidentiality** refers to ethical and legal obligation to not share client information with others.

**Confidentiality** relates both to things you say or disclose to others and to the security of the records you keep.

# Privacy and Confidentiality

**Privacy** is the right of the individual to decide how much, when, and in what manner the personal information can be shared with others.

Physical media, including paper, flash drives, and other formats of record storage, should be secured in a locked filing cabinet or other secure container when not in use.

# Privacy and Confidentiality

**Professionals that transport protected health information (PHI) should take care to secure this material when “in the field,” for example, used a brief case or bind that has a lock and locking PHI in the trunk. There should still be “2 Locks” to protect the PHI including a laptop or electronic devices.**

**Privacy standards apply to all agency or practice employees, not just licensed clinicians.**

# Privacy and Confidentiality

## *Technology and Information Security*

Computers, cell phones, and other electronic means of storing material, such as electronic health and medical records, and cloud-based storage should be password-protected.

Many behavioral health organizations use specialized HIPAA-compliant software and smartphone apps to ensure protection of clients' private and confidential information.

# Privacy and Confidentiality

HIPAA protects the privacy, security, and integrity of “individually identifiable health information” held or transmitted by a covered entity (U.S. Department of Health and Human Services, 2013).

HIPAA requires that professionals and organizations who maintain PHI have written policies regarding who can access PHI (U.S. Department of Health and Human Services Office for Civil Rights, 2013).

They must also enact physical and technical safeguards to prevent unauthorized disclosure of PHI and maintain the integrity of client records.

# Privacy and Confidentiality

This protected health information (PHI) may be in any form or medium, including electronic, paper, or oral. It includes demographic information, as well as information relating to a client's:

- Past, present, or future mental health or condition
- Healthcare
- Past, present, or future payment for the provision of healthcare

# Privacy and Confidentiality

HIPAA treats psychotherapy notes differently than other types of PHI because of their highly sensitive nature and because they are typically not useful except by the professional who created them.

Progress notes usually follow a standardized format that covers symptoms, assessment, diagnosis, and treatment plan.

Psychotherapy notes may include content of sessions, keep track of progress in therapy, ideas about topics for future sessions, etc.

Psychotherapy notes also do not include any information that is maintained in a patient's medical record.

# Privacy and Confidentiality

## *Exceptions to Releasing Information*

**Providers may release identifiable information in some circumstances, including:**

**Notifying medical personnel of a medical emergency, including natural disasters.**

**Court-ordered disclosures. A program can request a court order to disclose information if there is a health or safety risk that is not covered in one of the previously listed exceptions.**

# Privacy and Confidentiality

**Notifying law enforcement of immediate threats to health and safety related to a crime on program premises or against program personnel. Disclosure is limited to the client's name, address, last known whereabouts, status at the time of the incident, and the circumstances surrounding the incident.**

# Privacy and Confidentiality

**Court-ordered disclosures. A program can request a court order to disclose information if there is a health or safety risk that is not covered in one of the previously listed exceptions.**

# Taking Care Of Ourselves



# Taking Care Of Ourselves

We have an ethical obligation to ourselves, our coworkers, our clients, and the profession to take care of ourselves.

Self-care includes using our coping skills to deal with stress.

On-going self-assessment of our mood, thoughts, and actions give indications of how we are managing stress.

# Taking Care Of Ourselves

Self-care is more than "Treat Yo'Self" or spa treatments.

Self-care is the daily tasks we do to meet our own needs and set ourselves up to be successful in the future.

Self-care may look different for everyone.

# Taking Care Of Ourselves

Coping skills are the things we do to manage our emotions and stress.

Identify what helps us to relax, feel better, and improve our mood when we are having a hard time.

# Taking Care Of Ourselves

## Burnout Self-Test

Instructions: For each question, place the corresponding number in the column that most applies.

Questions	Not At All (1)	Rarely (2)	Sometimes (3)	Often (4)	Very Often (5)
I feel run down and drained of physical or emotional energy.					✓
I have negative thoughts about my job.					✓
I am harder and less sympathetic with people than perhaps they deserve.				✓	
I am easily irritated by small problems, or by my co-workers.				✓	
I feel misunderstood or unappreciated by my co-workers.				✓	
I feel that I have no one to talk to.			✓		
I feel that I am achieving less than I should.					✓
I feel under an unpleasant level of pressure to succeed.					✓
I feel that I am not getting what I want out of my job.				✓	
I feel that I am in the wrong organization or profession.			✓		
I am frustrated with parts of my job.					✓
I feel that organizational politics or bureaucracy frustrate my ability to do a good job.					✓
I feel that there is more work to do than I practically have the ability to do.					✓
I feel that I do not have time to do many of the things that are important to doing a good quality job.					✓
I find that I do not have time to plan as much as I want to.					✓
<b>Total</b>					67

**Score interpretations (No matter your score, pay attention to areas you ranked a 5)**

15-18: No sign of burnout.

60-75: Very severe risk of burnout.

19-32: Little sign of burnout.

33-49: At risk of burnout.

50-59: Severe risk of burnout.

# Taking Care Of Ourselves

Compassion fatigue is a stress response that affects people who have been exposed to or help others who are suffering from trauma or distress.

It can cause emotional and physical exhaustion, decreased empathy, and burnout.

Compassion fatigue is different from burnout, but can co-exist with it<sup>34</sup>. It can occur due to one case or a cumulative level of trauma<sup>4</sup>. It is especially common in healthcare and social work.

# Taking Care Of Ourselves

**'Fit for work'** means being able to answer **'YES'** to **ALL** these questions:

- |                   |                                                  |
|-------------------|--------------------------------------------------|
| <b>Illness</b>    | Am I physically well?                            |
| <b>Medication</b> | Am I free from the effects of medication?        |
| <b>Stress</b>     | Am I free from significant stress?               |
| <b>Alcohol</b>    | Am I free from the effects of alcohol and drugs? |
| <b>Fatigue</b>    | Have I had enough rest?                          |
| <b>Eating</b>     | Have I eaten properly?                           |

# Putting It Into Practice



# Putting It Into Practice

**Ethical dilemmas in social work are situations where social workers face conflicts between their professional values, ethics, or conduct and the best interests of their clients, colleagues, or society.**

Client refuses care: A client refuses mental health treatment, but is a danger to themselves or others.

# Putting It Into Practice

**Personal bias: A social worker's personal or professional values conflict with serving their client.**

# Putting It Into Practice

Conflict with ethics guide: A social worker's values or conduct deviate from the professional code of ethics that governs social work.

# Putting It Into Practice

Confidentiality safety: A social worker must balance the duty of confidentiality with the duty to protect the client or others from harm.

If you cannot help, do not hurt.

# Putting It Into Practice

## Recognizing the Importance of Human Relationships

As healers and helpers, social work professionals strive to improve relationships among people to support the well-being of clients ,families and communities. Often, this means modeling and maintaining appropriate boundaries in professional relationships.

# Putting It Into Practice

## **Cultural Awareness and Diversity**

When professionals grapple with ethical dilemmas in social work, the client's cultural background is an important consideration. Standard 1.05 of the *NASW Code of Ethics*, "Cultural Awareness and Diversity," emphasizes that social workers should continuously seek to heighten their awareness of people of diverse cultures and backgrounds and strive to better meet their needs.

# Putting It Into Practice

## **Example: Receiving Gifts**

Suppose a client, Daniel, gives his social worker an expensive gemstone ring for her birthday. Refusing to accept the gift may damage the rapport the social worker has built with Daniel over many years; it may leave him feeling personally rejected. Accepting the ring, however, would cross the line into an inappropriate relationship because its expense could imply a bribe, and its nature has intimate, romantic connotations. A social worker weighing the two options would likely decide to refuse the gift.

# Putting It Into Practice

However, a social worker may decide that accepting another client's inexpensive gift of a handcrafted clay figurine or a homemade fruitcake might be a more desirable option than refusing it and risking harm to the professional relationship. The age of the gift-giver may also come into play, as with the case of Ava and her handmade valentine in the scenario above.

# Putting It Into Practice

## **Example: Social Media**

Given the importance of upholding social relationships when many interactions between individuals occur online, how should a social worker handle professional relationships on social media? The issue gets complicated.

For instance, if a client sends their social worker a friend request on Facebook, should the social worker ignore or accept the request? How should a social worker handle posting to their own social media accounts? Would their posts influence a client outcome or breach confidence in a professional relationship?

# Putting It Into Practice

## **Dignity and Worth of the Person**

Overall, social workers support and protect their clients' right to self-determination — that is, to decide how to live their lives without interference. The *NASW Code of Ethics*, however, includes a qualifying statement to this principle: “Social workers may limit clients' right to self-determination when, in the social worker's professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.”

# Putting It Into Practice

Zack describes to his social worker in specific detail how he would like to harm his partner. Zack also exhibits disorientation, laughs and becomes aggressive as he describes his intent to do harm.

# Putting It Into Practice

The ethical dilemma for the social worker is between confidentiality and duty to warn. Not all states have adopted a duty to warn. Trained social workers are aware of local and state regulations, professional responsibility and liability, and use their social work education along with good clinical supervision to maneuver challenging decisions like this.

# Putting It Into Practice

Before issues arise, social workers understand they should be prepared to address them. Professionals in the field recommend these steps:

- Study the *NASW Code of Ethics*, which includes the social work profession's mission, values and principles.
- Learn an ethical decision-making process. For example, as a foundation, the *Code of Ethics* contains a brief guide for dealing with ethical issues and dilemmas in practice.
- Seek professional supervision, and discuss issues and how to address them with supervisors and professional consultants.
- Keep current in the profession and stay apprised of Code of Ethics updates.

# Resources



# Resources

[Socialworkers.org](https://www.socialworkers.org) - NASW

[NASWKansas.com](https://www.naswkansas.com)

[Ksbsrb.ks.gov](https://ksbsrb.ks.gov)

# Resources

National Association of Social Workers  
*Code of Ethics*

**PREAMBLE**

*The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual well-being in a social context and the well-being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.*

**CORE VALUES & ETHICAL PRINCIPLES**

The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession's history, are the foundation of social work's unique purpose and perspective. Core values, and the principles that flow from them, must be balanced within the context and complexity of the human experience.

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


**Value: Social Justice**  
**Ethical Principle:** *Social workers challenge social injustice.*

**Value: Dignity and Worth of the Person**  
**Ethical Principle:** *Social workers respect the inherent dignity and worth of the person.*

**Value: Importance of Human Relationships**  
**Ethical Principle:** *Social workers recognize the central importance of human relationships.*


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

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

 **NASW**  
National Association of Social Workers

The above is an extract of the NASW Code of Ethics approved by the 1999 Delegate Assembly. The complete text, including ethical standards, is available from the National Association of Social Workers, 750 First Street NE, Suite 700, Washington, DC 20002-4211. [www.SocialWorkers.org](http://www.SocialWorkers.org)

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# Questions/Wrap- Up/Discussion

