

## **Social Work Ethics in Child Welfare Practice**

**Hot Topics in Child Welfare**  
**Casey Family Services**  
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## **Child Welfare Practice Sources of Authority:**

- Social Work Code of Ethics
- Laws and Regulations
- Standards of Care
  - Clinical Standards
  - Practice Policies

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## **NASW Standards Child Welfare (2005)**

### **Social workers in child welfare shall**

- demonstrate a commitment to the values and ethics of the social work profession,
- emphasizing client empowerment and self-determination,
- use the NASW *Code of Ethics* as a guide to ethical decision-making.

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### Potential Legal/Ethical Risks

- Ethical mistakes, poor judgment
- Difficult ethical decisions:  
rock/hard place calls
- Competing roles clinician/witness
- Violation of statute/regulation
- Violation of agency policy

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### Intentional Disclosure: Allowed Exceptions

- duty to protect/warn
- mandatory reporting
- disclosure: within programs/units
- Supervision/Consultation
  - Sharing enough information for the purposes of the disclosure; limited

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### Privacy & Confidentiality

- Complicated in child welfare practice
  - Who is the client?
  - Obligations to the system?
  - Requirements of the courts.
  - Competing roles: child, family, agency

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### Unintentional Disclosures

- waiting rooms
- hallways
- desk
- office phone
- office notes
- elevators
- restaurants
- photocopies
- cell phones
- fax and voicemail
- Internet/email facebook, etc.
- Laptops, computer screen
- envelope return address
- Car, bus, train, plane

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### Authorization to Obtain/Release Clinical Information

- All written and spoken communications are protected
- Signed release required (HIPAA compliant form)
- Dated, to whom, what information, expiration date, limitations, special language for some protected information:
  - HIV/AIDS
  - Drug/Alcohol Treatment information

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### Informed Consent

- As an element of confidentiality
- Discussion with clients of limits of confidentiality
- Determination of competence
- Discussion of role in legal process: Testimony issues

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### **Informed Consent: Process**

- Establish competence of client
  - May need authorized representative to sign
- Verbal explanation provided
- Opportunity for Q & A
- Language barriers addressed
- Two part process: initial consent followed by consent to treat following the assessment/diagnosis

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### **Informed Consent: Content of Form**

- Detailed statement of treatment purpose
- Right to refuse and withdraw
- Provision of reasonable alternatives
- Costs/benefits/risks of treating/not treating
- Avoid jargon
- Expiration date
- Acknowledgment statement signed
- Exceptions, e.g., emergency

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### **Cultural Competence**

- Requires workers to maintain stance of looking at context and environment
- Ethical decision making in cases where cultural practices conflict with system beliefs and standards
- Concept of cultural relativism?

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## Cultural relativism

- The principle that an individual human's beliefs and activities should be understood in terms of his or her own culture.
- Reichart argues that this term requires a view that all cultures are equal and universal values become secondary when examining cultural norms.
- However, uncritical adherence to this principle fails to examine and account for the societal structure that creates the cultural norm.

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## Common Practice Dilemmas with Legal Consequences

- Treatment of minor or legally incompetent client: adequate authorization to treat
- Child Custody mixed with child welfare
- Mandated reporting of abuse
- Responding to lawyers and records requests

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## Ethics and Liability

- Core values and ethical obligations
- Potential and actual conflicts among values and duties
- Ethical decision-making strategies
- Ethical violation as legal liability
  - Lawsuit/malpractice
  - Licensing Board Complaint
  - NASW Complaint

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## Boundary Issues

- Boundary *crossings* v. boundary *violations*
- Common boundary issues: sexual, physical, social, financial
- **Common themes of boundary violations:**
  - Intimacy
  - Personal benefit
  - Emotional and dependency needs
- **Common themes of boundary crossings:**
  - Altruism
  - Unavoidable, unanticipated circumstances

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## Dual Relationships

- Conflict of Interest present?
- For social workers deployed in rural settings:
  - Friendships in community
  - Social settings, religious services, etc.
  - Can you treat someone you supervise or someone who you have an outside relationship with?
  - If not you, who will?

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## Documentation: Key Issues

- The role of documentation and case recording in clinical practice
  - assessment
  - planning and delivering services
  - accountability: clients, insurers, agencies, other providers, courts, utilization review
  - continuity and coordination of services
  - supervision
  - evaluation of services

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**Documentation:  
Practice Guidelines**

- Attribution is critical
- Right amount? too little, too much
- wording: precision, specificity, and ambiguity
- avoid abbreviations unless approved list
- Avoid biased language
- Write your notes for others, not for yourself

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**Documentation: Records  
Logic model of record keeping**

- Intake information sufficient to the purpose of the work; referrals
- Assessment that flows from the intake; initial and more formal
- Treatment plan based on the assessment; revisit and update
- Case notes: presentation/status of goals, plan and responsible parties

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**Defamation of Character**

- Libel (publication) v. slander (spoken)
- Key elements
  - the statements are untrue
  - the practitioner knew the statements were untrue or should have known
  - publication of the statements caused harm or injury

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### Termination of Services: Abandonment Issues

- Provide at least 3 appropriate referrals when it is necessary to terminate.
- Follow up with a client who has been terminated. If the client does not go to the referral, write a letter to him or her about relevant risks.

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### Termination of Services: Abandonment Issues

- Provide as much advance warning as possible.
- When clients announce their decision to terminate prematurely, explain risks involved and suggestions for alternative care.
  - Include this information in a follow-up letter.
- Carefully document in the case record all decisions and actions related to termination.

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### Supervision Guidelines

- Key concepts
  - *Respondeat superior*: “let the master respond”
  - Vicarious liability
- Key considerations:
  - Content of supervision
  - Frequency of supervision
  - Duration of supervision
  - Documentation of supervision

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## Ethical Dimensions of Diagnosis

- Under-diagnosing
- Over-diagnosing
- Client advocacy motivations
- Mission advocacy motivations

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## Expertise/Experience Issue

- Requisite training, education, license, experience, certification, supervision
- Emergency exceptions where no one else is available: general practitioner approach
- Use of high-risk, unorthodox interventions
- Use of interventions that include physical touch

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## Four Takeaways of Workshop

1. Supervision and consultation are the critical elements for safe and ethical practice and reduction of liability.
2. Review and update agency policies that reinforce good practice and establish expectations for every person in the agency: a narrative of excellence and careful adherence to ethical and safe practice.

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## Takeaways

3. Use electronic communication and social media with great care. There are new challenges here that must be managed proactively.
4. Practice self-awareness: when you feel strongly about a case and you are in your advocacy role, use the skill of restraint until you have analyzed the action you are considering.

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