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***CENTER FOR PRACTICE TRANSFORMATION***

# **BOUNDARIES & ETHICS UPDATE--2021**

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# Walk-In Counseling Center

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- **Non-profit founded 1969**
- **Uses 170 professionals & advanced grad. students who volunteer**
- **Provides free no-red-tape counseling**
- **Also provides consultation & training**
- **Has a history of taking on ethical & practice challenges – helps consumers & professionals**

# Standards for Conduct

- Organizational rules & policies
- Ethics codes (e.g. AAMFT, NASW)
- Codes of conduct (licensure related)
- Laws & rules (e.g. HIPAA, CFR-42, state & national laws & rules)
- Standard of care: what a reasonable & prudent practitioner would do in the same or similar circumstances  
(*failure to meet standard of care = malpractice*)

## **Some Practical Challenges**

- **Our central duty to engage – to establish a trusting relationship vs. obtaining “informed consent”**
- **Building dependency with the goal of building better independence**
- **In USA, “healthcare marketplace”**
- **Dealing with economics & societal pressures**

## **Our current context**

- **Pandemic – remote services rather than face-to-face**
- **When will face-to-face be possible?**
- **If there is an option, how to decide which to provide?**
- **Economic insecurity -- recession**
- **Pandemic-related ethical challenges**
- **Impact of BLM & distrust of police**

# Ethical Framework I Use

- **Beneficence** – doing good; helping
- **Non-maleficence** – avoiding harm
- **Autonomy** – client's input and role
- **Fidelity** – consistent with what was promised
- **Justice** -- welfare of client vs. others; fair use of resources – having a basis to proportion them

# Ethical Decision Making

- **It is not what is ethical vs. unethical but the comparison of options & the likely consequences of each**
- **It involves identifying options – consultation often helps**
- **Then analyzing options based on how various ethical principles are carried out by doing each**
- **Document that consultation was gotten**

# Decision Chart for Options

## Case: reporting neglect/abuse in home

### Option

### Positive vs. Negative outcomes

- Tell mother before
  - Report w/ mother on phone
  - Tell mother after
  - Explain only if something happens
- Issues which may be relevant:
- Impact on Trust
  - Impact on working relationship
  - Safety of the child – danger
    - Threatening child to be quiet
    - Environment – e.g. tipping off a crack house
    - Fleeing with the child
  - Parent collaboration with CPS



# Remote Services

- **Competence – skills?**
- **Phone vs. picture – *digital divide in terms of equipment.***
- **Phone vs. picture –impacts?**
- **Obtaining releases, sending records**
- **Privacy from client's end – who is in the room or nearby?**
- **challenges of transportation**
- **Risk of excessive texting, etc.**

## **Services to clients out of state/province/country**

- **Question as to place – Jurisdiction**
- **Extra-territoriality**
- **Exec. Order (4/6/20) Out-of-state licensed mental health providers can provide telehealth in Minn. during pandemic, but must register.**
- **Other states/countries may have rules – temporary or permanent**

## **Out of Area, in State**

- **Some people are in-state, but living out of town**
- **Some of the same problems as out of state – crisis services, supports, etc.**
- **Important to establish main resource guide for whatever area client is in**
- **Reporting duties are same, and this true if you are out of town**

## **Face-to-face option**

- **Some substance abuse programs are still doing face-to-face currently**
- **State: issue is safety plan – social distancing, ventilation, disinfecting, & eventually probably testing**
- **Offering options vs. determining what is best choice for given client**
- **Support groups are mostly virtual**

# **Pandemic Related Issues**

- **Increase in family tension**
- **Problems with living arrangements**
- **Difficulty in visiting family & friends**
- **Challenges to support groups**
- **Family tension & struggles over safety issues, precautions**
- **Risky behavior by family members – example of an adolescent situation**

# **Black Lives Matter & Similar Movements**

- **Increase in awareness of racial issues & greater likelihood they will arise**
- **Greater awareness and sensitivity to items posted on social media**
- **Political polarization**
- **Using police for wellness checks or transportation to hospital**
- **Health differences = vulnerabilities**

# **Danger of client violence – Ethics of Warning Police/Victim**

- **Beneficence**? Not good for client to hurt somebody/commit crime (+)
- **Non-maleficence**? Could damage your relationship with them (-)
- **Autonomy**? Violates autonomy (-)
- **Fidelity**? Is it consistent w/ your role, what you disclosed to client? (?)
- **Justice**? Protecting others (+)

## Legal factors in duty to warn

- Long before *Tarasoff* case most felt a moral duty to prevent harm
- Part of the standard of care
- Emotional liability to practitioner
- States vary: statutes vs. case law
- May be part of licensure laws
- Give strong protection, but focused on narrow type of dangerousness



# **Client Dangerousness**

- **Dangerous Clients & the Threat of Violence**
- **Duty to warn or protect**
- **Although not licensed, trainees now protected in Minn. – states vary**
- **Variety of situations**
- **Client stalking or harassment of service provider**

## **Another Ethical Example: Web research -- googling**

- **Now that without expense and requiring little time we can research clients.....but should we?**
- **NASW Code of Ethics (8/17): obtain consent before conducting an online search for information about clients (unless emergency sit.)**
- **Reasons for searches?**

# Decision table or chart

## *do web research (google) a client*

	<b>Positives</b>	<b>Negatives</b>
<i>Never</i>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<i>Some</i>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<i>All</i>	<hr/> <hr/>	<hr/> <hr/>

# Who is a client?

- Remember definition is very broad & includes even brief contacts
- Follow-up can continue relationship
- What is “termination”?
- What is “abandonment”?
- Duty to limit care
- Relationships With Former Clients / Patients

# Internet posts & violence

- We do not have empirical evidence on predictions based on posts
- Preliminary data suggests that posts do not in general predict
- In general this provides a basis for discussion and inquiry in a session, not a report
- Susan Klebold [A Mother's Reckoning](#)

# **Dual or Multiple Relationships**

**Professionals should not engage in dual or multiple relationships with current or former clients in which there is a risk of exploitation or harm to the client. Where dual or multiple relationships are unavoidable, professionals are responsible for setting clear, appropriate, & culturally sensitive boundaries.**

# Text Messaging

- Many people text instead of phone call
- This is an abbreviated type of message with less information;
- This the only way to quickly reach people who don't answer phones but text;
- To make, cancel, or change appointment
- Risk of having a conversation-social banter; or discussing client's problems
- A printed record can be made

# **Cell Phones: A potential treasure trove of tools**

- **A practitioner can record & share clip**
- **A practitioner can make an instructional clip – a client can even film a demonstration done in office**
- **What are boundary issues in creating this sort of App or tool?**
- **What risks to client confidentiality?**



# **Client's Ability to Use App**

- **Hardware – enough memory?**
- **Shared? (privacy issues)**
- **Client buy in? Cultural issues?**
- **Technical literacy**
- **Quality of manual**
- **Research on outcome/risks**
- **Psyberguide.org (key resource)**

# Networking for support

- Pro-ana blogs: social support, ways to cope, self-expression – risk of exposure & question about identity (look up *Pro-ana* on Wikipedia)
- Pro-Mia blogs: bulimia - related
- Victims of abuse: rape and sexual assault victim bulletin boards
- Support vs. Trigger – endless challenges

# Google & Net Research

- **Should you “Google” a client?**
  - **Emergency Room – identity issue;**
  - **Client denies suicide history but has prior attempts;**
  - **Reality check on claims by client;**
  - **Checking criminal justice history;**
  - **Screening for sex offenders;**
  - **Custody studies; adoption**

# Communications & Social Media Policies

- **Do you have any, and if so, how are they communicated?**
  - **Email**
  - **Texting**
  - **Web research/googling**
  - **Interaction on the internet**
  - **Friending on Facebook**
- **Do you have any office rules about recording devices (e.g. cell phones)?**