Ethical Conundrums and Documentation

Jamie VanderLinden, LCSW, LAC

The Roadmap

1. A Look at Ethics through a Social Worker's Perspective
2. Common Ethical Pitfalls and Strategies to Avoid Them
3. Documentation Tips
4. Support One Another with Ethical Situations

Your Role

- Know your role on the team and the limitations of your practice.
- What does your organization expect from you?
- What is the context of your work?
- Staff with your supervisor!
- For our purposes today – I am going to assume that we are helping professionals working in a community or organizational context.

Social Work Code of Ethics

The values and principles that guide social workers

Service

Our primary goal is to help people in need and to address social problems

Social Justice

We challenge social injustice

Integrity

We behave in a trustworthy manner

Importance of Human Relationships

We recognize the central importance of human relationships

Dignity & Worth of the Person

We respect the inherent dignity of worth of the person

Competence

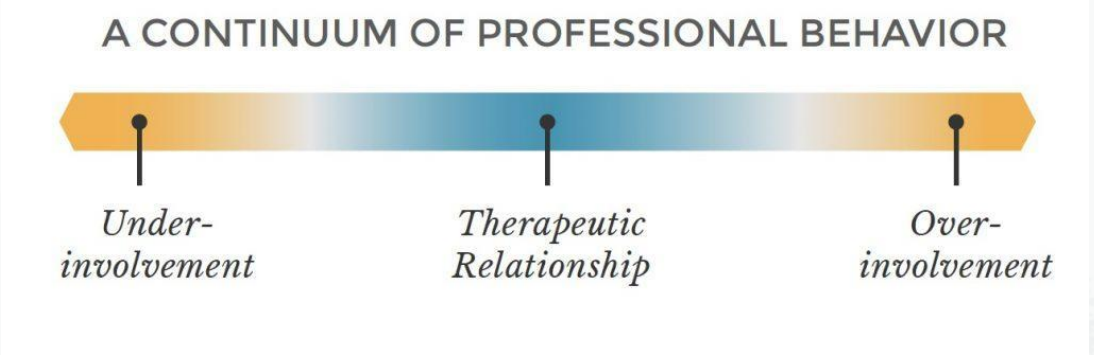
We practice within their areas of competence and develop and enhance their professional expertise

NASW Code of Ethics

Accepted Standard of Practice for Social Work

Ethical Care

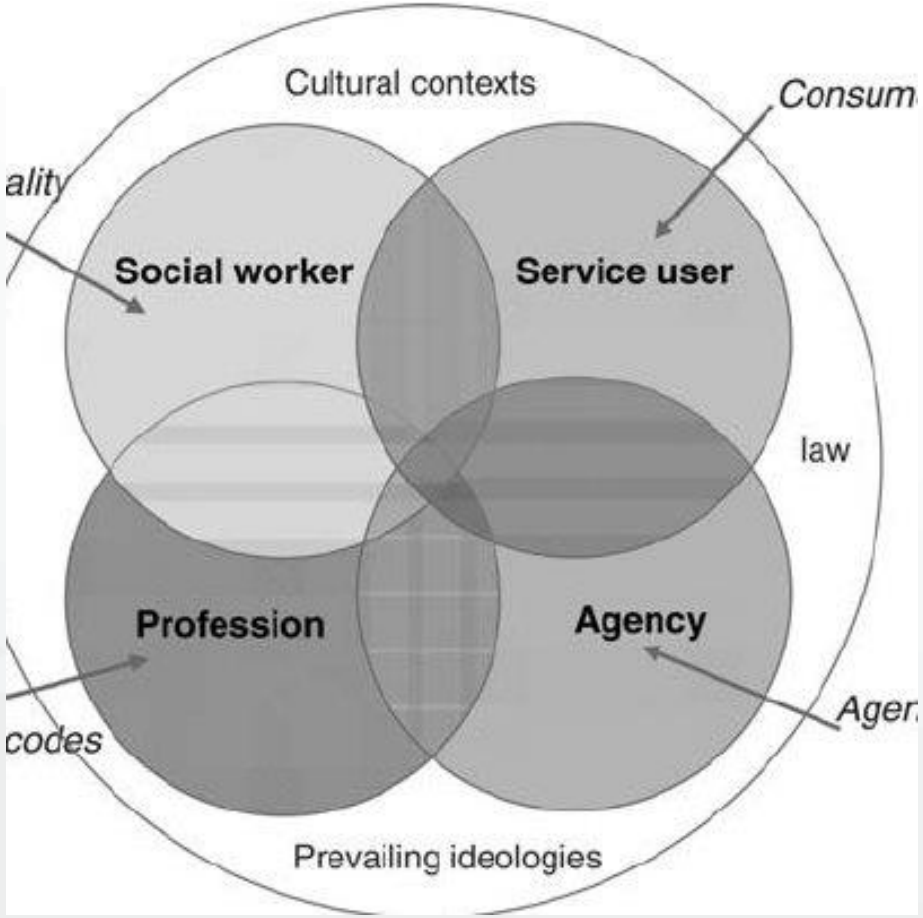
- Practice Confidentiality – Be trustworthy!
- Timely communication with patient about their care and needs – Address Social Needs
- Showing empathy and compassion – Dignity of All People
- Utilize my entire team to meet patient needs – Practice in my Scope.
- All of this involves…
- **BOUNDARIES**!



Boundaries

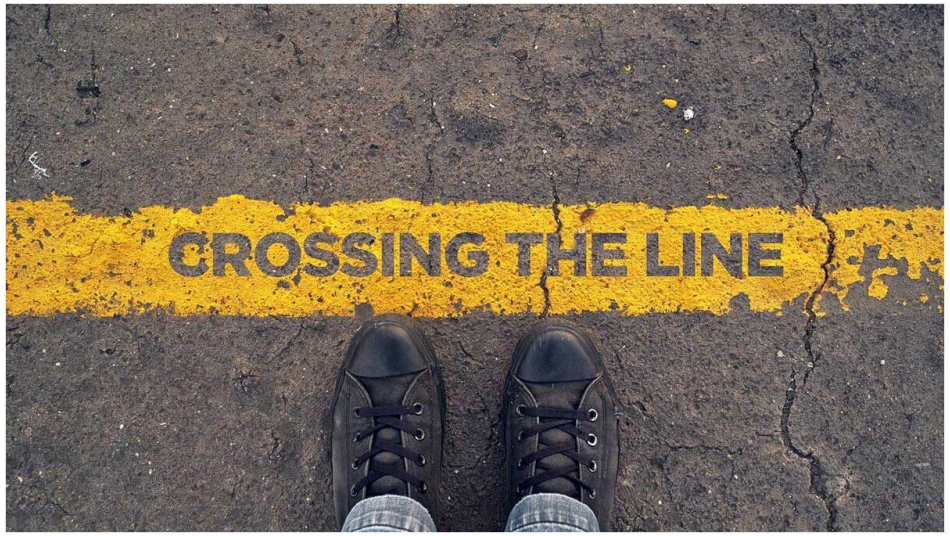
- The frame around the working relationship with your patient/client.
- To have good ethics, you MUST have great Boundaries!
- The limits that allow for safe, appropriate connection with patients.
- Guided by your organization and your professional code of ethics.
- Simple, right?

Why Are Boundaries So Hard!?



- Dual relationships – may know each other from another setting. Montana is one big, small town.
- Values conflicts –different viewpoints on choices, relationships, lifestyle, etc.
- Vicarious trauma – feeling triggered when hearing about patient's experiences.
- Playing the "hero" – helping professional wants to "save" the patient.
- *Not trusting our team or believing we can provide services better. "This patient can only work with me…"*

Examples of Boundary Crossings



1. Intimate Relationships.
2. Personal Benefits.
3. Patient is meeting your emotional needs.
4. Sharing personal information.
5. Asking for advice from a patient.
6. Driving a patient to an appointment or errand. (Unless organization approves) Giving patients gifts or supplies yourself.
7. Visiting or socializing with a patient outside of work.
8. Incorrect or fraudulent documentation.

Discussion:

- In your profession, have there been times that it was impossible to keep a boundary?
- What did you do about this?

Dual Relationships

Some dual relationships may be unavoidable:

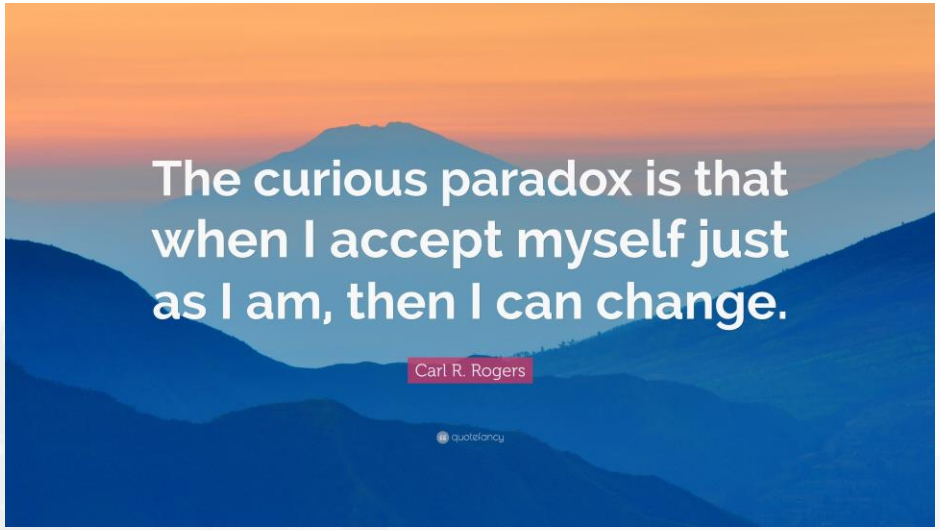
- Your patient attends the same church as you or lives in your neighborhood
- Your patient coaches your son's baseball team – and you are the only therapist in town
- Your agency hires patients as staff or volunteers

BUT within this dual relationship, we maintain professional boundaries and staff it with your supervisor! (Or a trusted colleague)

Power Imbalance

- In our professional roles, we have a perceived power.
- We are held to a higher standard.
- We have an expertise.
- We know our patients well and in ways that others may not.
- Consider those imbalances with both current and former clients/patients as you navigate relationships.

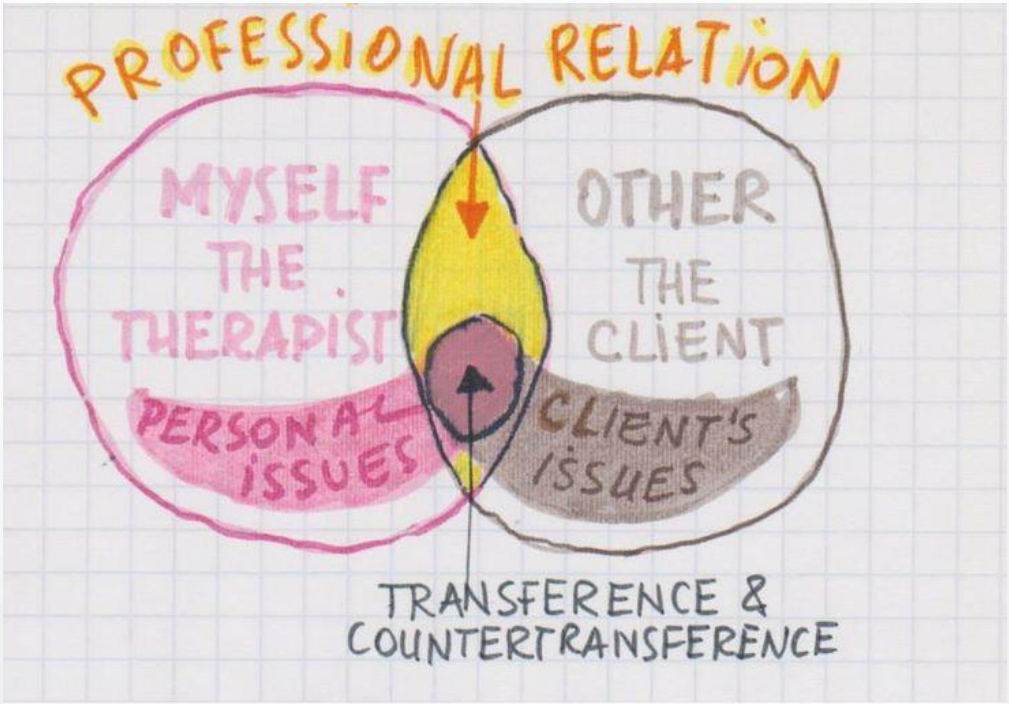
Values Conflict



- Check your worldview
- Engage your Spirit of Motivational Interviewing
- Quick Self-Assessment – Am I experiencing an intrinsic bias?
- Staff with your Supervisor

Vicarious Trauma

- Experiencing physical symptoms related to trauma/anxiety.
- Seeing similarities between the patient and someone I know or even myself.
- Unable to stop thinking about the patient or situation.
- Engage your own helping professional/therapist as needed!

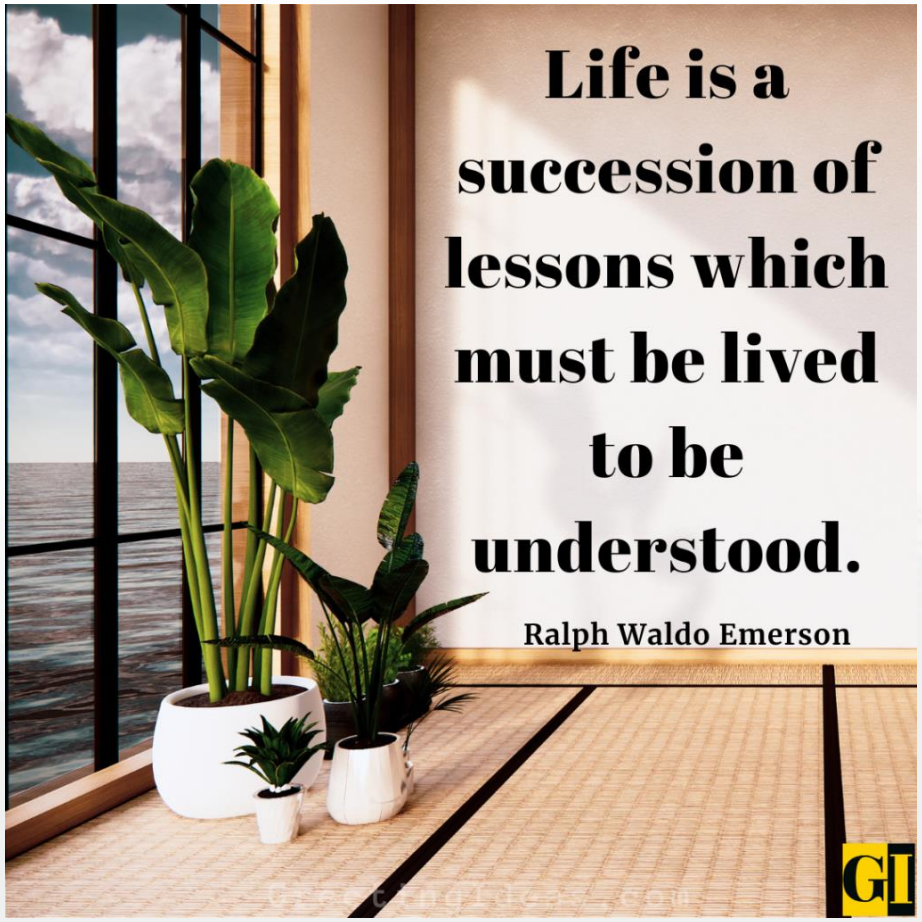


Personal Disclosure

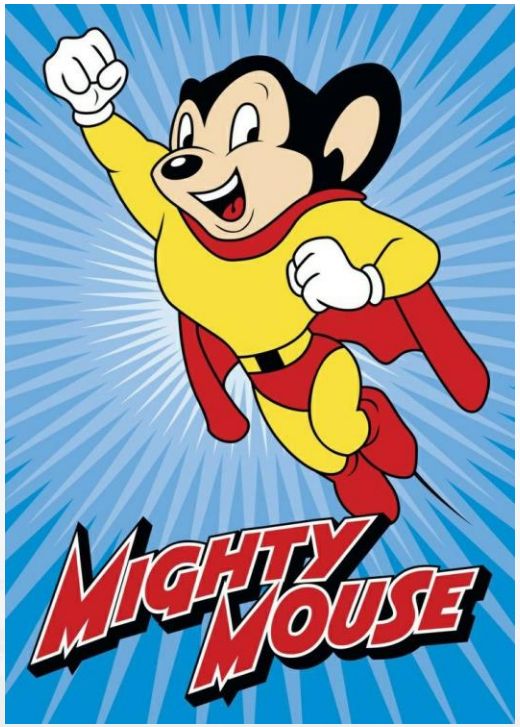
- **Transference & Counter-Transference.** The more a patient knows about you, the more likely they are to confuse their relationship with you with other significant relationships in their life.
- **Shifts of focus**. The focus of your relationship with your patients should be them. The more you bring your own life into the relationship, the less clear this becomes. Your emotions and your needs can start to invade on the focus of the relationship.
- **Encourages patients to see you as a friend.** The more your patients know about you, the more personal your relationship becomes and the more likely it is that they will become confused about your role.
- ***Creates dependency.*** The more information you and your patient share, the greater the personal bond and the more likely the patient is to become dependent upon you.
- It can be a therapeutic tool! Before sharing – ask yourself what you hope to achieve by sharing? Who/how will this help?

Discussion:

- Have you ever had a client/patient that was experiencing a problem you've also been through?
- Have you ever used a personal disclosure with a patient/client?
- How did it go?



Playing the Hero



- Working excessive hours
- Strong desire to be “liked” by your patient
- I’m the only one that can help this person…
- Frustration when you can’t meet the need
- Frustration with the job and state of the world…
- BURN OUT!

Signs of Boundary Issues

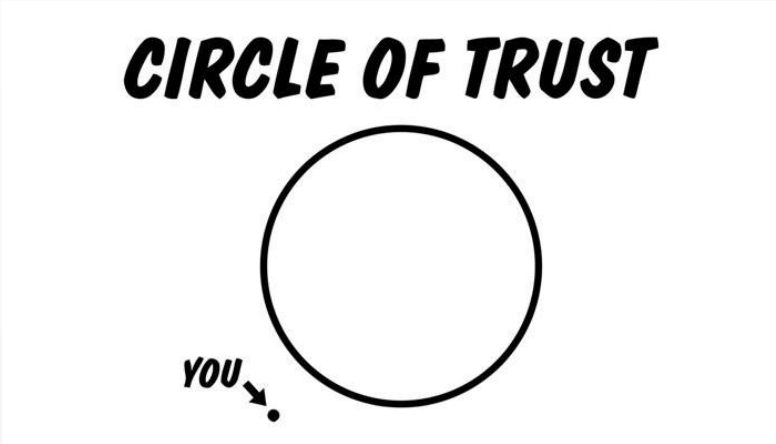
- Referring to each other as “friends.”
- Receiving gifts from or giving gifts to a patient.
- Sharing personal contact information.
- Hanging out outside of the professional setting.
- Disclosing excessive personal information to patient.
- Talking about work or your patients excessively in your private life.
- Offering to help your patient outside of work.
- “Venting” to your patient about other providers or coworkers.

Questions to Ask Yourself…

- Is this in my patient's best interest?
- Whose needs are being served?
- How would I feel telling a co-worker about this?
- How would this be viewed by the patient's family or significant other?
- Does the patient mean something 'special' to me?
- Am I taking advantage of the patient?
- Does this action benefit me rather than the patient?

Consequences

- Compassion fatigue – role may not feel sustainable.
- Patient may feel betrayed, abandoned, or poorly served.
  - And may not re-engage in treatment in the future because of that.
- Collaboration with your team and other agencies may fall apart.
- Helping professional may act unethically.
  - And lose employment or licensure
- Reputation of organization/profession may be compromised.
- Physical or emotional harm to the patient or helping professional.
- Patient may never feel empowered to manage their situations without the support of a professional.



Creating & Maintaining Boundaries

- As early as possible in the relationship, establish clear agreements regarding your role as a service provider.
- **Your availability, best ways to communicate with you, what to do if you see each other in a public setting**
- When boundary issues appear, **address them quickly** and clearly being sensitive to your patient's feelings
- If you **disclose personal information, make sure it is relevant to the patient's goals**.

Creating & Maintaining Boundaries

- You will likely need to give frequent reminders and reinforcers of your boundaries.
- Use your supervisor or professional colleagues as a sounding board if you have questions or concerns.
- Dual relationships – if you had a social relationship with a patient prior becoming a service provider, consider how interactions may impact a patient's confidentiality and the working relationship.

Creating & Maintaining Boundaries

COLLABORATE WITH YOUR TEAM WITH POSITIVE, OPEN COMMUNICATION AND RESPECTFUL SHARING OF INFORMATION.

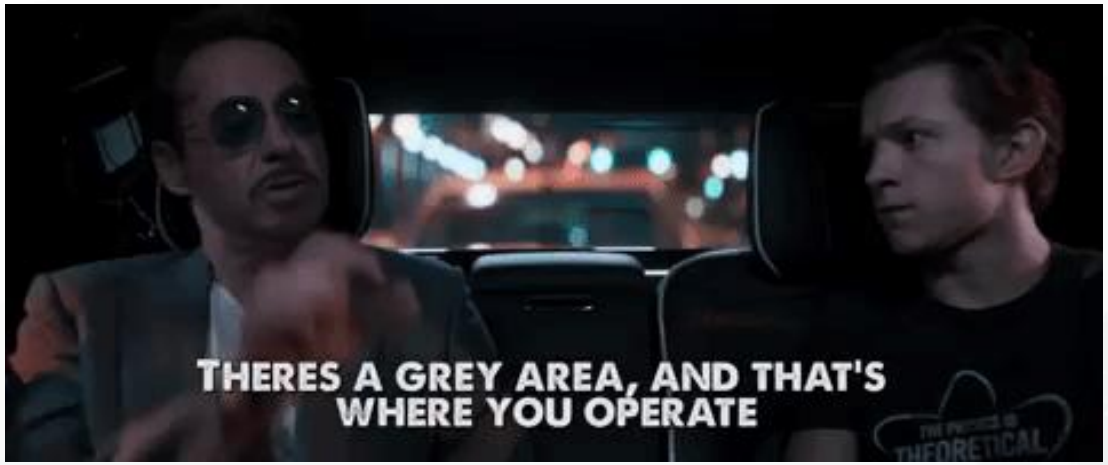
BUILD TRUST AND RECOGNIZE THAT YOU CAN'T AND SHOULDN'T BE THE ONLY HELP YOUR PATIENT RECEIVES.

TAKE CARE OF YOURSELF!

MAKE SURE YOU ARE GETTING ENOUGH SLEEP, EAT WELL, HAVE HEALTHY RELATIONSHIPS, EXERCISE, AND "LEAVE WORK AT WORK".

Managing Grey Areas

- **Informed consent**: Letting patients know their treatment options.
- **Confidentiality**: Respecting and maintaining patient privacy.
- **Conflict of interest**: Identifying and managing situations where personal or financial interests may influence care.
- **Respect Patient decisions**: When will you disclose information?
- **Make sure you have paperwork signed and….**
- **DOCUMENT!**



Documentation: The Gist

WHO – Who is the Patient?

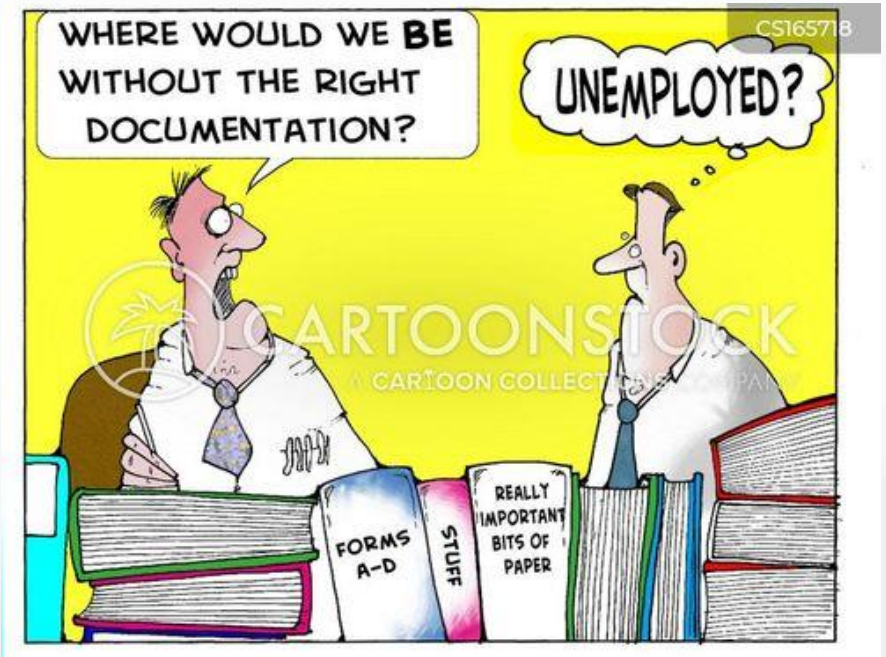
WHAT – What is the reason for the encounter/care?

WHEN – When was the encounter? Time/Date.

WHERE – Where did the occur and who was present?

WHY – What is the reason for referral?

HOW – How did they respond to your intervention?



Things to Consider First

Context and Your Role:

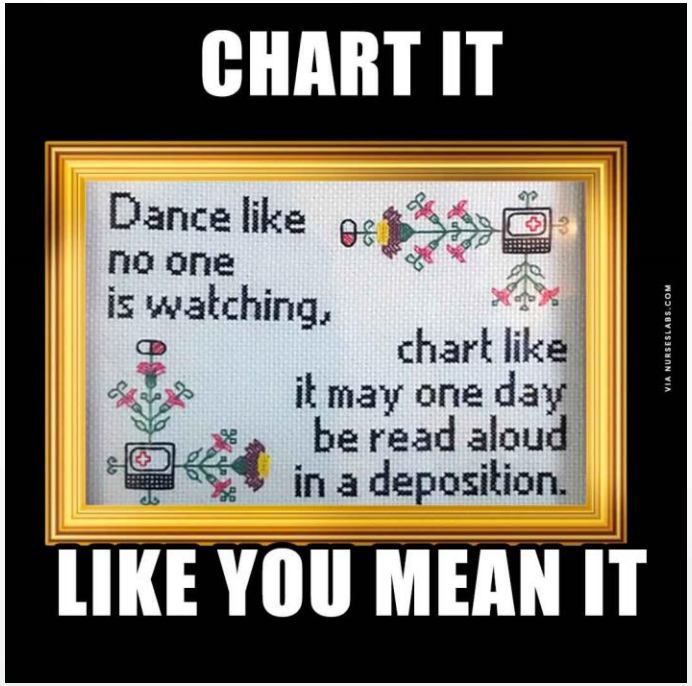
What does your organization say about how and what you need to document? Who needs to be able to understand your documentation?

Treatment Planning:

Decide what to chart based on importance to their care (whatever your context may be…) and relation to their treatment plan.

Be Transparent:

Use collaborative documentation as often as you can. Depending on your setting, your patient may have immediate access to their records. How would you feel if this documentation lived in your medical record forever? Is this pertinent to their care?



Follow Your Organization's Policies and Procedures!

Documentation Tips

Subjective or Data:

Brief Overview. What the patient said and how you responded. Make sure it is pertinent to your role and the treatment for the patient.

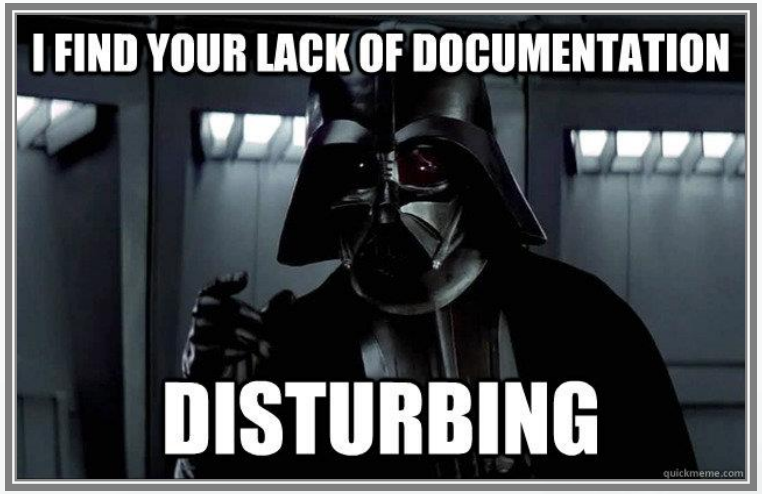
Objective:

More is not always better. Stick with the facts. How do you know this is the fact? How did you measure improvement on care goals? What did you objectively see?

Assessment:
How did you interpret what happened in the encounter? What evidence led you to that belief? Was the patient engaged? How do you know?

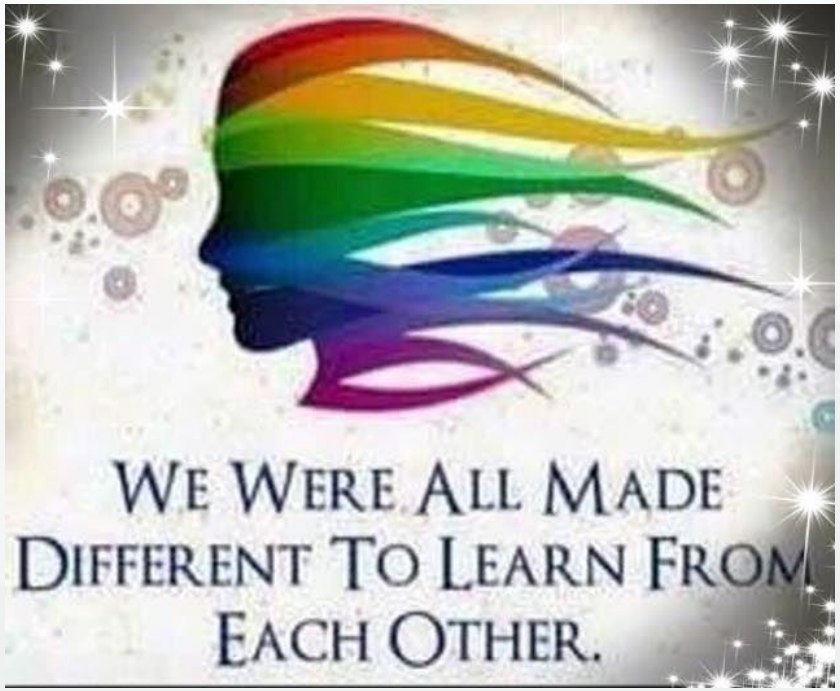
Plan:

What will the patient do next to address their goals? Did you send a referral anywhere? When will you follow up?



Discussion:

- Consider an ethical conundrum you have experienced. How did/are you managing this?
- What did you learn from that ethical issue? How did you document it?
- In retrospect, would you have done anything different?



When in Doubt…ASK!

Up Next…

Wednesday, November 6th 9:00-10:00

Session 4: SDH: Developing an "Upstream" Mindset

According to Maslow's Hierarchy, individuals must have their most basic needs met to thrive. In this session, we will look at the research behind the importance of SDH, the use of Empathic Interview, and potential care pathways for implementation in your organization.

IBH Team Contact Info:

Barbara Schott

bschott@mtpca.org

Jamie VanderLinden

jvanderlinden@mtpca.org