
Social Work in a Digital Age: Ethical and Risk Management Challenges

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Digital, online, and other electronic technology has transformed the nature of social work practice. Contemporary social workers can provide services to clients by using online counseling, telephone counseling, video counseling, cybertherapy (avatar therapy), self-guided Web-based interventions, electronic social networks, e-mail, and text messages. The introduction of diverse digital, online, and other forms of electronic social services has created a wide range of complex ethical and related risk management issues. This article provides an overview of current digital, online, and electronic social work services; identifies compelling ethical issues related to practitioner competence, client privacy and confidentiality, informed consent, conflicts of interest, boundaries and dual relationships, consultation and client referral, termination and interruption of services, documentation, and research evidence; and offers practical risk management strategies designed to protect clients and social workers. The author identifies relevant standards from the *NASW Code of Ethics* and other resources designed to guide practice.

KEY WORDS: *digital; electronic; ethics; online; risk management*

Many readers of this article began their social work careers when telephones were always attached to walls by cords, progress notes were produced on typewriters, professional journals and books appeared only in hard copy, and services were provided to clients exclusively in physical offices or homes. Fast forward. Social workers entering the profession today have the option to communicate with clients on social networking sites, provide online and video counseling services to people they never meet in person and who live thousands of miles away, save electronic records in the virtual “cloud,” and exchange e-mail and text messages with clients by using their respective smartphones.

Social work’s pioneers in the late 19th and early 20th centuries could not have imagined that the profession’s tools in the 21st century would include online social networking, video counseling, e-mail, and cybertherapy. Yet here we are, providing services to clients in remarkably novel—albeit complex and controversial—ways that challenge social workers’ understanding of the boundaries of ethical practice. Emerging forms of digital and electronic practice have unleashed a staggering array of ethical and risk management issues involving practitioner competence, client privacy and confidentiality, informed consent, conflicts of interest,

boundaries and dual relationships, consultation and client referral, termination and interruption of services, documentation, and research evidence.

THE DIGITAL LANDSCAPE

Mental health services emerged on the Internet as early as 1982 in the form of online self-help support groups (Kanani & Regehr, 2003). The first known fee-based Internet mental health service was established by Sommers in 1995; by the late 1990s, groups of clinicians were forming companies and e-clinics that offered online counseling services to the public using secure Web sites (Skinner & Zack, 2004). In social work, the earliest discussions of electronic tools focused on practitioners’ use of information technology (Schoech, 1999) and the ways in which social workers could use Internet resources, such as online chat rooms and Listservs joined by colleagues, professional networking sites, news groups, and e-mail (Grant & Grobman, 1998; Martinez & Clark, 2000).

Today’s social work services include a much wider range of digital and electronic options, including a large number of tools for the delivery of services to clients (Chester & Glass, 2006; Kanani & Regehr, 2003; Lamendola, 2010; Menon & Miller-Cribbs, 2002; Wells, Mitchell, Finkelhor, & Becker-Blease, 2007; Zur, 2012).

Online Counseling

The Internet now features hundreds of online counseling services (Barak, Hen, Boniel-Nissim, & Shapira, 2008; Midkiff & Wyatt, 2008; Santhiveeran, 2009). People who struggle with depression, addiction, marital and relationship conflict, anxiety, eating disorders, grief, and other mental health and behavioral challenges can use electronic search engines to locate clinical social workers who offer counseling services using live online chat. According to one service,

Chat counseling offers you the anonymous writing experience of etherapy with the benefit of an immediate response from an individual online therapist. It is even possible to have several health care professionals in the same chat counseling experience. This enables us to ensure you a multi-disciplinary approach to the health issue that is most important to you . . . and allows our staff to view your health care problem as a whole. This is a much more effective way to treat an individual, but has been too impractical and expensive before the advent of etherapy. (www.asktheinternettherapist.com)

Clients can purchase online chat services in 30-min increments paid for by credit card.

Live online chat is an example of what computer experts call *synchronous* communication, meaning it occurs simultaneously in real time. This contrasts with *asynchronous* communication, where communication is not synchronized or occurring simultaneously (for example, when a client sends a social worker an e-mail message regarding a clinical issue and waits for a time-delayed response).

Telephone Counseling

Some social workers provide local and long distance counseling services entirely by telephone to clients they never meet in person. After providing a counselor with a user name and credit card information, clients receive anonymous telephone counseling. According to one provider, "You do not need to schedule a session or be at your computer. You can speak with our professionals at any time of the day or night from anywhere in the US (hopefully the world some day). This is truly unique and powerful" (<http://www.luminentcounseling.com>).

Video Counseling

An increasing number of social workers offer clients live distance counseling using webcams, pan-tilt zoom cameras, monitors, and such services as Skype and vyzit. For example, vyzit "allows health care providers to engage in secure video consultations with patients, care-givers, and specialists at no cost, and without changing the way they practice." The vyzit Web site features a typical scenario where video counseling may be useful:

Terry lives 50 miles from the nearest mental health provider. He needs frequent counseling, and travel to his provider's clinic can be difficult. With vyzit Terry is able to engage with his provider through secure, online video connection. When travel is difficult, and Terry needs help, vyzit allows him to engage safely and conveniently. (<http://www.vyzit.com>)

The University of Southern California offers USC Telehealth, "a completely virtual counseling and therapy clinic that uses the latest online and video technologies to serve a diverse set of clients including adults, children, couples, families, and military personnel" (<http://www.usctelehealth.com>).

Cybertherapy

Some clinicians offer individual and group counseling services to clients by using a 3-D virtual world where clients and practitioners interact with each other visually with avatars rather than real-life photos or live images. An avatar is a digitally generated graphic image, or caricature, that clients and social workers use to represent themselves in a virtual world that appears on their computer screen. Clients and social workers join an online therapy community, create their avatars, and electronically enter a virtual therapy room for individual or group counseling. Many providers use software known as Second Life, a massive multiplayer universe set in a 3-D virtual world.

Self-Guided Web-based Interventions

Social workers now have access to a wide variety of online interventions designed to help people who struggle with diverse mental health and behavioral issues. For example, a Web site known as Drinker's Check-up encourages individuals who are concerned about their alcohol use and

abuse to “develop a better understanding of your drinking including any risks (for example, your health) it could pose; consider whether you might want to change your drinking; and understand the ways you could change if you decide to” (www.drinkerscheckup.com). Users complete online questionnaires concerning their drinking use, patterns, and habits and then receive electronic feedback and resources that can help them decide whether to change their alcohol use.

Another novel Web site, Personal Investigator, is designed for mental health professionals who provide services to adolescents. Recognizing that many adolescents find online services more appealing than in-office services—given their preoccupation with computer-based technology—Personal Investigator uses solution-focused therapy principles to help adolescents address challenges in their lives. In the online game, adolescents visit a detective academy and play the role of a personal investigator hunting for clues that will help them solve a personal problem. Players are given a detective notebook, where they are asked to record their thoughts and ideas. Five solution-focused conversational strategies are mapped into five distinct game areas. In each area, the player meets a character who talks with the player in an informal way and asks the player to answer questions in the notebook. Three of the conversations incorporate videos of adolescents describing how they overcame personal problems by using the strategies described. To complete the game and graduate from the academy, players must complete the tasks set by each character. Upon completing the game, they receive a printout of their notebook (www.aplayspace.com).

Electronic Social Networks

Social networking sites, such as Facebook and LinkedIn, are now pervasive in both clients' and social workers' lives. Some clinicians believe that maintaining online relationships with clients on social networking sites can be used as a therapeutic tool (Barak & Grohol, 2011; Graffeo & La Barbera, 2009); they claim that informal contact with clients on social networking sites humanizes the relationship and makes practitioners more accessible.

As an example of innovations using online social networking, the Substance Abuse and Mental Health Services Administration (U.S. Department of Health and Human Services) and the

National Suicide Prevention Lifeline collaborate with Facebook to help people in crisis. The service enables Facebook users to report a suicidal comment posted by a friend to Facebook administrators by using either the *Report Suicidal Content* link or the report links found throughout the site. The person who posted the suicidal comment will then immediately receive an e-mail from Facebook encouraging him or her to call the National Suicide Prevention Lifeline or to click on a link to begin a confidential chat session with a crisis worker (Substance Abuse and Mental Health Services Administration, 2011).

E-Mail

Multiple Web sites offer people the opportunity to receive mental health services by exchanging e-mail messages with clinical social workers. Typically these practitioners invite users to e-mail a therapy-related question for a flat fee and guarantee a response within 24–48 hr. Some practitioners offer clients monthly e-mail packages that include a set number of e-mail exchanges (for example, six to eight). Other practitioners choose to exchange occasional clinically relevant e-mails with clients as an extension of their office-based services (Finn, 2006; Gutheil & Simon, 2005; Peterson & Beck, 2003; Zur, 2011).

Text Messages

Some practitioners have chosen to exchange text messages with clients informally, for example, when clients wish to cancel or reschedule an appointment or provide the social worker with a brief update during a crisis (Barak & Grohol, 2011; Zur, 2011). Other practitioners and some social service programs have incorporated text messaging as a formal component in their intervention model. For example, staffers in some programs that serve adolescent clients have concluded that they should follow the long-standing social work axiom “start where the client is” and engage with adolescents via text messaging because that is many adolescents' communication medium of choice. In a randomized double-blind controlled study, Whittaker et al. (2012) drew on evidence-based cognitive-behavioral therapy techniques designed to prevent depression to deliver two mobile telephone messages to adolescents for 9 weeks. The intervention used 15 key messages derived from cognitive-behavioral therapy.

Intervention group participants reported that the intervention helped them to be more positive (66.7 percent) and to get rid of negative thoughts (50.2 percent)—significantly higher than proportions in the control group, which received placebo messages focused on healthy eating, sustainability of the environment, and safe practices for using the Internet and mobile phone (cybersafety).

ETHICAL CHALLENGES

These diverse digital, online, and electronic tools pose compelling ethical issues for social workers. Since social work's formal inauguration in the late 19th century, the profession has developed increasingly sophisticated and comprehensive ethical standards (Banks, 2006; Basky, 2009; Congress, 1999; Dolgoff, Loewenberg, & Harrington, 2008; Reamer, 2006b). The first NASW *Code of Ethics*, implemented in 1960—five years after the association was born and decades before the availability of digital and electronic tools for service delivery—was one page long and consisted of 14 brief, first-person proclamations concerning, for example, every social worker's duty to give precedence to professional responsibility over personal interests; respect client privacy; give appropriate service in public emergencies; and contribute knowledge, skills, and support to human welfare programs. In 1967, a 15th principle pledging non-discrimination was added.

The second major NASW *Code of Ethics* was adopted in 1979. It included six sections of brief, unannotated principles with a preamble setting forth the code's general purpose. The major sections focused on social workers' general conduct and ethical responsibilities to clients, colleagues, employers, employing organizations, the social work profession, and the broader society. The 1979 code was revised twice, eventually including approximately 80 principles.

A completely new code of ethics was ratified by the NASW governing body in 1996; this is the current code in the United States, with several relatively minor revisions since then (Reamer, 2006a). In addition to new sections that include a mission statement for the profession and an overview of core values and broad ethical principles, this code includes 155 specific ethical standards designed to guide social workers' conduct and provide a basis for adjudicating ethics complaints.

Significantly, for the first time in social work's history, the current code includes explicit references to social workers' use of electronic media to deliver services to clients, particularly with respect to issues of informed consent, privacy, and confidentiality. However, these standards were ratified in 1996, long before the invention of many forms of digital technology social workers currently use. For example, Facebook, the most popular electronic social network site, was created in 2004; LinkedIn, Skype, and Second Life launched in 2003.

In addition to pertinent ethical standards, NASW and the Association of Social Work Boards (ASWB) collaborated on standards for social workers' use of technology, a number of which focus on ethical concerns (NASW & ASWB, 2005). These standards address such issues as cultural competence, technical competence, privacy and confidentiality, confirmation of client identity, documentation, and risk management.

A number of compelling ethical issues are emerging as social workers make increasing use of a wide range of digital and other electronic technology (Abbott, Klein, & Ciechowski, 2008; Barnett, 2005). Key issues include practitioner competence, client privacy and confidentiality, informed consent, conflicts of interest, boundaries and dual relationships, consultation and client referral, termination and interruption of services, documentation, and research evidence.

Practitioner Competence

Social workers have a duty to meet minimum standards of competence when providing services to clients, particularly when they use novel and emerging intervention protocols. According to the NASW *Code of Ethics*,

Social workers should provide services in substantive areas or use intervention techniques or approaches that are new to them only after engaging in appropriate study, training, consultation, and supervision from people who are competent in those interventions or techniques. (p. 8, standard 1.04[b])

When generally recognized standards do not exist with respect to an emerging area of practice, social workers should exercise careful

judgment and take responsible steps (including appropriate education, research, training, consultation, and supervision) to ensure the competence of their work and to protect clients from harm. (p. 9, standard 1.04[c])

Thus, social workers who choose to use digital and other electronic forms of technology to serve clients have a moral obligation to review pertinent research and practice literature and become familiar with rapidly emerging ethical standards. As part of this assessment, social workers must examine the quality of the available research evidence, giving priority to results obtained from properly designed randomized controlled trials. The NASW and ASWB (2005) standards for practitioners' use of technology state, "Social workers shall be responsible for becoming proficient in the technological skills and tools required for competent and ethical practice and for seeking appropriate training and consultation to stay current with emerging technologies" (p. 7).

Client Privacy and Confidentiality

For decades, social workers have understood their obligation to protect client privacy and confidentiality and to be familiar with exceptions (for example, when mandatory reporting laws concerning abuse and neglect require disclosure of information without client consent or when laws or court orders require disclosure without client consent to protect a third party from harm). However, the rapid emergence of digital technology and other electronic media used by social workers to deliver services has added a new layer of challenging privacy and confidentiality issues. For example, social workers who deliver services using e-mail, avatars, live chat, and video counseling must be sure to use sophisticated encryption technology to prevent confidentiality breaches (hacking) by unauthorized parties and comply with strict Health Insurance Portability and Accountability Act (HIPAA) guidelines. Fortunately, currently available encryption technology protects client confidentiality very effectively and is HIPAA compliant; in fact, such encryption offers significantly more protection than do traditional paper documents (Hu, Chen, & Hou, 2010).

That said, encryption is more challenging with some forms of technology than others. With regard to Skype, for example, NASW attorneys

reviewed relevant research and legal guidelines and concluded that "assuring that clients' confidential communications via Skype will be adequately protected is a difficult and uncertain task" (Morgan & Polowy, 2011). According to the NASW *Code of Ethics*, "social workers should take precautions to ensure and maintain the confidentiality of information transmitted to other parties through the use of computers, electronic mail, facsimile machines, telephones and telephone answering machines, and other electronic or computer technology. Disclosure of identifying information should be avoided whenever possible" (p. 12, standard 1.07[m]). The NASW and ASWB (2005) standards on practitioners' use of technology state, "Social workers shall protect client privacy when using technology in their practice and document all services, taking special safeguards to protect client information in the electronic record" (p. 10). Social workers are wise not to assume that Internet sites and electronic tools they use are necessarily encrypted; the ethical burden is on the social worker to ensure trustworthy encryption.

Informed Consent

In recent years, social workers and other health care providers have been held to increasingly demanding informed consent standards (Berg, Appelbaum, Lidz, & Parker, 2001). The recent advent of distance counseling and other social services delivered electronically has enhanced social workers' ethical duty to ensure that clients fully understand the nature of these services and their potential benefits and risks (see NASW *Code of Ethics*, standards 1.03[a-f]). This can be difficult when social workers never meet their clients in person or have the opportunity to speak with clients about informed consent. Special challenges arise when minors contact social workers and request electronic services, particularly when social workers offer free services and do not require credit card information; state laws vary considerably regarding minors' right to obtain mental health services without parental consent (Madden, 2003).

Although state and federal laws and regulations vary in interpretations and applications of informed consent standards, in general, professionals agree that the following standards must be met for consent to be considered valid: (a) Coercion and undue influence must not have played a role in the client's decision. Practitioners who provide online

and other distance or remote services must ensure that clients do not feel pressured to grant consent. (b) A client must be mentally capable of providing consent. Clearly, some clients (for example, young children and individuals who suffer from serious mental illness or dementia) are unable to comprehend the consent procedure. Other clients, however, may be only temporarily unable to consent, such as individuals who are under the influence of alcohol or other drugs at the time consent is sought or who experience transient psychotic symptoms. In general, social workers should assess clients' ability to reason and make informed choices, comprehend relevant facts and retain this information, appreciate current circumstances, and communicate wishes. Such assessment can be especially challenging when social workers interact with clients only electronically, do not meet with them in person, and may have difficulty confirming their identity and age. (c) Online consent forms and procedures must be valid. Social workers sometimes present clients with general, broadly worded consent forms that may violate clients' right to be informed and may be considered invalid if challenged in a court of law (Recupero & Rainey, 2005).

Conflicts of Interest

Historically, social workers have understood their duty to avoid conflicts of interest that may harm clients (see *NASW Code of Ethics*, standards 1.06 [a][b]). For example, social workers who work full-time in an agency setting should not refer clients to their own part-time online private practice for additional services.

Novel forms of distance counseling may introduce conflicts of interest that were previously unknown in social work. For example, the video counseling site *vizit* is offered free to social workers and their clients; the Web site's sponsors pay for its development and maintenance. In return, sponsors post electronic links on the consultation screen that take users to their Web sites that include information about their products and services. Clients may believe that their social workers endorse these products and services.

Boundaries and Dual Relationships

In recent years, social workers have paid increasing attention to boundary and dual relationship issues (see *NASW Code of Ethics*, standard 1.06[c]). Key examples include social workers' management of

self-disclosure to clients, relationships with former clients, gifts and invitations offered by and to clients, barter for services, and relationships with clients in small and rural communities (Brownlee, 1996; Campbell & Gordon, 2003; Daley & Doughty, 2006; Reamer, 2012).

Social workers' use of digital technology has introduced new and complicated boundary issues. For example, social workers face several challenges involving their use of social networking sites such as Facebook. First, many social workers receive requests from current and former clients—either delivered electronically or in person—asking to be social networking “friends” or contacts. Electronic contact with clients and former clients on social networking sites can lead to boundary confusion and compromise clients' privacy and confidentiality. Clients who have access to social workers' social networking sites may learn a great deal of personal information about their social worker (such as information about the social worker's family and relationships, political views, social activities, and religion), which may introduce complex transference and countertransference issues in the professional–client relationship. Some social workers have managed this risk by creating two distinct Facebook sites, one for professional use (known as a Facebook page) and one for personal use (Facebook profile).

Moreover, clients' postings on social networking sites may lead to inadvertent or harmful disclosure of private and confidential details. In addition, social workers who choose not to accept a client's “friend” request on a social networking site may inadvertently cause the client to feel a deep sense of rejection.

Consultation and Client Referral

Social workers who provide online and electronic services to clients they never meet in person must take assertive steps to ensure that clients are familiar with the information they would need to locate and access emergency, counseling, case management, and other supportive services (see *NASW Code of Ethics*, standard 2.06[a]). In addition, ethically competent social workers are assertive about collaborating with clients' other service providers and facilitating ancillary services when needed (see *NASW Code of Ethics*, standards 2.05 [a][b]). This may be difficult or impossible to do when social workers never meet their clients in

person, do not live in the same community, and do not have professional relationships with clients' other service providers. The result may be inadequate coordination of services and incomplete or inaccurate clinical assessments, particularly when clients are at risk of harming themselves or others.

Termination or Interruption of Services

Social workers who provide online and electronic services also face unique risks related to what lawyers refer to as *abandonment*. Abandonment occurs when a social worker–client relationship is terminated or interrupted and the social worker fails to make reasonable arrangements for the continuation of services, when needed. Online and electronic services could be terminated for a variety of reasons. Clients may terminate services abruptly, “disappear,” or otherwise fail to respond to a social worker’s e-mail, text messages, or telephone messages. Social workers may terminate or interrupt services, perhaps inadvertently, because of computer or other electronic equipment failure or because a social worker fails to respond to a client’s e-mail, text, or telephone message in a timely fashion. The NASW *Code of Ethics* (standards 1.16 [b][e]) holds social workers to strict standards regarding termination of services.

Documentation

There are compelling reasons for social workers to document clinically relevant information electronically; in principle, properly encrypted electronic records are more secure than traditional paper records. Yet social workers’ use of online and other electronic services has posed unprecedented documentation challenges. Social workers must develop strict protocols to ensure that clinically relevant e-mail, text, social networking (for example, Facebook), and telephone exchanges are documented properly in case records (see NASW *Code of Ethics*, standards 3.04[a][b]). These are new expectations that are not reflected in social work’s long-standing literature on documentation guidelines (Sidell, 2011).

Research Evidence

Social workers are obligated to base practice interventions on the best available empirical evidence (see NASW *Code of Ethics*, standard 4.01[c]). Ideally, social workers should base interventions on evidence obtained from well-designed controlled

studies; if such studies are not available, social workers should draw on, in order of preference, nonrandomized controlled trials with predetermined eligibility criteria and outcome measures and opinions of respected authorities based on clinical experiences, descriptive studies, or reports of expert committees (Grinnell & Unrau, 2011; Rubin & Babbie, 2011). Unfortunately, currently available digital and other electronic intervention tools are so new that there is very little high-quality, compelling research evidence demonstrating their effectiveness (Barak & Grohol, 2011; Barak et al., 2008; Ritterband & Tate, 2009).

RISK MANAGEMENT STRATEGIES

It is not surprising that social workers’ use of online and other electronic tools to provide services includes potential benefits and risks. Clients who struggle with anxiety or extreme shyness, for example, may prefer to engage with a social worker remotely, at least initially. Also, clients who are severely disabled physically or who live great distances from social workers’ offices may benefit from online and other distance services that they would otherwise have great difficulty accessing. In addition, people who feel the need for help during nonworking hours or whose work schedules do not align conveniently with social workers’ office hours can access services remotely any hour of the day or night. And people who are in crisis typically can access assistance by telephone or Internet almost immediately, often at a cost that is lower than fees for in-person services. Denying services to people in need simply because social workers are not comfortable with reputable digital and electronic technology is not consistent with social workers’ ethical obligation to meet the needs of vulnerable people (Grant & Grobman, 1998; NASW, 2008).

However, online and other distance services also come with considerable risks (Barak & Grohol, 2011). Social workers fully understand how important visual and nonverbal cues are when providing clinical services; it is easy to miss these cues entirely when services are provided only online and by telephone. The risk of communication misunderstandings may increase when social workers and clients are not together in person. Also, some clients, such as those who struggle with severe and persistent mental illness, may not be well served by clinical services delivered by social workers they never meet in person. Further,

there is always the possibility, although perhaps not the probability, of technology failure and confidentiality breaches that could harm clients.

In addition, clients who e-mail or text social workers may not have realistic expectations of a reasonable turnaround time for responses, and this may lead to misunderstandings and conflict in the social worker–client relationship. Social workers who provide digital and telephone counseling services across state lines run the risk of violating licensing laws that require social workers to be licensed in the state in which the client resides (McAdams & Wyatt, 2010; NASW & ASWB, 2005). Finally, social workers who provide services using digital and other electronic technology run the risk of encountering identity fraud engaged in by clients they never meet in person. According to the NASW and ASWB (2005) standards on social workers' use of technology, "Social workers who use electronic means to provide services shall . . . make efforts to verify client identity and contact information" (p. 10).

To protect clients and themselves, social workers must be cognizant of three sets of ethical risks: ethical mistakes, ethical decisions, and ethical misconduct.

Ethical Mistakes

Ethical mistakes can occur by omission or commission. Examples of mistakes of omission include failing to limit clients' access to personal information on the social worker's electronic social networking site, to obtain clients' fully informed consent before providing online services, to obtain a social work license to practice in the state in which the client resides, to comply with HIPAA confidentiality requirements pertaining to electronic communications, and to respond in a timely fashion to clients' e-mail or text messages. Examples of mistakes of commission include terminating online services to clients abruptly, claiming expertise regarding the provision of online services that is outside the scope of one's education and training, and providing distance services to clients whose clinical needs are so severe that they require in-person services.

Ethical Decisions

In contrast to ethical mistakes, which are often unintentional, social workers sometimes face circumstances that require deliberate ethical

decisions. Examples include whether to provide cybertherapy or avatar therapy to clients with dissociative disorders, use an electronic social networking site as a therapeutic tool, and provide video counseling to clients who live in remote geographical areas.

Ethical Misconduct

Social workers who consider providing digital services must be careful to avoid engaging in any form of ethical misconduct. Potential pitfalls include misrepresenting one's credentials and expertise online, engaging in inappropriate dual relationships with clients electronically (for example, on Facebook or via e-mail), extending online services to clients beyond what is clinically warranted to enhance revenue, and billing for digital services that were not provided.

RESOURCES AND GUIDELINES

In recent years, a number of prominent organizations have emerged whose goal is to promote the use of digital and online social services and promulgate ethical standards and guidelines (Ragusea & Vandecreek, 2003). For example, the International Society for Mental Health Online (ISMHO) was formed to "promote the understanding, use and development of online communication, information and technology for the international mental health community" (www.ismho.org). The ISMHO has developed a comprehensive set of ethical principles concerning informed consent, privacy and confidentiality, records and documentation, and management of emergencies. The UK-based Association for Counselling and Therapy Online, the American Distance Counseling Association, and the American Telemedicine Association also provide useful resources and guidelines designed to promote the quality of online and electronic services and protect the public. In addition, there are handbooks for practitioners who plan to use digital and online technology (Jones & Stokes, 2009; Kraus, Stricker, & Speyer, 2011).

One practical measure social workers can take to use digital and electronic technology ethically and protect clients is to develop what has become known as a *social media policy*. Social workers are quickly discovering that a social media policy reflecting current ethical standards can simultaneously protect clients and practitioners. A carefully constructed social media policy that social workers share with their clients can prevent confusion and

minimize the likelihood of ethics-related problems concerning boundaries, dual relationships, informed consent, confidentiality, privacy, termination and interruption of services, and documentation. Ideally, a comprehensive social media ethics policy addresses the most common forms of electronic communication used by clients and social workers. It explains to clients clearly and directly social workers' policy concerning the use of social networking sites, e-mail, text messaging, electronic search engines, and other online and electronic tools (Kolmes, 2010; Reamer, 2011).

CONCLUSION

Like people, professions mature and develop over time. Social work is now well over a century old. During its evolution, some social workers have moved from delivering in-person services exclusively to providing services using digital and other electronic tools.

It would be a mistake to conclude that social workers should avoid all nontraditional treatment protocols and interventions that involve digital and electronic tools. Creative and fruitful innovation in a profession requires its practitioners to push the boundaries of traditional practice in a constructive effort to create, implement, and evaluate new, yet effective ways of helping people who struggle in life.

The enduring challenge in social work is to locate and walk what can be a fine line between valuable innovation that has therapeutic benefits and harmful, possibly exploitative treatment of vulnerable clients. Social work's task going forward is to assess, thoughtfully and in a constructively critical way, the acceptability of digital, online, and electronic tools. Further, social workers must embark on rigorous, well-designed evaluation of outcomes associated with these novel interventions.

Social work's remarkable strength as a profession is in large part the result of impressive and creative advances in its models and methods of interventions. Practice-based innovations should be viewed somewhat tentatively, with a commitment to critical thinking as an adequate body of sound outcome research evolves over time. Indeed, today's novelty may become tomorrow's standard of practice. Social workers should continue their open-minded pursuit of new ways of helping, recognizing that these efforts

must fall within the profession's venerable moral tradition. **SW**

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