Informed consent is the foundation of the social work profession. From humble beginnings in 1914, when Justice Cardozo stated that “every human being of adult years and sound mind has a right to determine what shall be done with his own body” (Schloendorff v. Society of New York Hospital, 1914, p. 129) to today, informed consent establishes the basis upon which all professional treatment and service interventions begin. With the advent of many innovative online technologies, social workers now have a plethora of resources available for obtaining information and delivering services; however, most informed consent policies and procedures have not been updated to address and include such technological advances.

Informed consent is generally understood as the requirement on the part of practitioners to inform clients of the risks, benefits, and alternatives to treatment and to secure permission from the client before providing services. In a wider context, however, informed consent means that a professional will not intervene in a client’s life unless the client has freely consented. This broader perspective raises new ethical concerns about social workers intentionally accessing information about a client from the Internet. Although the NASW Code of Ethics Section 1.03(e) states that “social workers who provide services via electronic media…shall inform recipients of the limitations and risks associated with such services” (NASW, 2008, p. 8), what still has to be address is the level of privacy clients should assume from social workers before services even begin.

Recent studies show that 92 percent of online adults use a search engine to locate information on the Internet (Purcell, 2011) and 65 percent of adults use social networking sites to stay connected to
friends and family (Madden & Zickuhr, 2011). Consequently, it is not surprising that clients and social workers alike utilize the Internet to get more information about service providers and potential clients, respectively. The Internet offers a wealth of ways to get information, from a simple Google name or image search to a more sophisticated examination of blogs and tweets. Facebook, LinkedIn, and other social networking sites make personal pictures, likes, dislikes, and interests available to millions of users on smartphones, computers, and other digital media. The availability of information online poses new ethical questions for social workers and makes it imperative that all practitioners update informed consent policies to reflect current practices.

Social workers are not immune to the desire for more information, including information about current and potential clients. The categories below provide a more comprehensive and practical analysis by including the level of privacy typically expected by users. Information solicited from the Internet can be divided into four main types:

1. **Information that is publically available.** A general Google or Yahoo! search presents information from newspapers, Websites, and other organizations. There is no relative expectation of privacy, as the information is not protected in any manner. Social workers who get publically available information must always consider the accuracy of the data.

2. **Information that is based on location.** Smartphones and other handheld devices incorporate a global positioning system (GPS) locator that allows location-based applications to report a user’s current physical location. Unless the GPS locator is turned off, there is no expectation of privacy from the user. Popular location-based applications include Foursquare, Loopt, and Yelp. On the surface, these social applications appear harmless; however, they can be used to track a person’s every movement. Social workers who consider obtaining information about a client utilizing a GPS locator must carefully consider the risks and benefits of accessing this type of real-time data.

3. **Information from a site requiring registration.** Popular social networking sites such as Facebook, LinkedIn, and MySpace require users to be registered and to enter a password to log in. Access to these sites can be controlled by the user, and there is some degree of privacy that can be maintained, assuming the user employs proper privacy settings. Social workers who seek information about clients via a social networking site or any site that requires registration must appreciate the inherent dual relationship risks and potential threats to the therapeutic relationship.

4. **Information for a fee.** The final category includes sites that require a fee or payment
self-determination—each individual’s right to choose the types of care want) at the end of life.

for information. Many employers use such online services as HireRight and SentryLink to conduct background checks on potential employees; however, these sites do not limit themselves to human resource departments: anyone with a credit card can acquire the information. Social workers who pursue information from a paid site should have compelling reasons that have been fully discussed with supervisors and colleagues prior to purchasing the information.

Given the vast array of information available on the Internet, what reasonable expectation of privacy should clients expect from social workers? And what role does informed consent play in this evolving technological era? The NASW Code of Ethics Section 1.07(a) states very clearly that social workers should respect a client’s right to privacy (NASW, 2008, pg. 10). Thus, while additional information about a client might be available via the Internet in any of the four categories noted above, the social worker’s ethical obligations are not to intrude in the client’s private life. This ethical standard encourages the client to self-reveal clinically significant information for treatment purposes; however, standard 1.07(a) goes on to state that social workers should not solicit private information from clients unless it is essential to providing services or conducting an evaluation (NASW, 2008, pg. 10). If an Internet search is necessary in order to clarify clinically relevant information or to augment a clinical history, then it seems—at least on the surface—that conducting such a search would not violate the standard. Nevertheless, seeking out expert ethical advice is recommended for clarity. Conducting an Internet search that is irrelevant to the presenting problem or to the provision of services, however, would be a clear violation of the standard.

As is true with most good ethical dilemmas, there are considerable arguments for and against many courses of action. In any case, it is imperative that the social worker fully consider the extent to which practitioner and agency policies permit Internet searches and subsequently inform the client of current practices. The following questions should be fully explored with colleagues and supervisors, and incorporated into informed consent policies.

1. Rationale: Under what circumstances is an Internet search justified? Client safety or well-being? Verification of clinically relevant data? Ensuring the private practitioner’s physical safety? Under what circumstances would a search in the client’s presence be appropriate? What if the client requested the search? What safeguards are in place to ensure client information is protected in the event the client does not return for services? If a search is justified, what category of search preserves the most privacy?

2. Discussion: Will the results of the search be discussed with the client? What if the search reveals information not necessarily anticipated by the scope of the search? Will that be discussed with the client?

Will supervisors or third parties have access to information obtained from the search? How will the results of the search influence the therapeutic relationship? Has consultation about the search and subsequent findings been sought?

3. Documentation: How will the search rationale and results be documented? If no clinically significant information is found, is it necessary to document that the search even occurred? Will a search be conducted before or after the client has signed the consent form? If the search was conducted before the consent form was signed, what steps were taken to protect against unnecessary and irrelevant client searches?

The Code of Ethics states, “There are many instances in social work where simple answers are not available to resolve complex ethical issues” (NASW, 2008, p. 3). The emergence of new technologies and easy access to information online underscore this situation now more than ever. The Internet has launched social work into a new era of accountability and an unexplored frontier of virtual interaction that has the potential to stretch the ethical fabric of the profession in ways yet unknown. As Strom-Gottfried (2007, p. 23–24) noted, “The lack of clear imperatives in professional ethics does not mean that anything goes, that every decision is relative. It doesn’t mean that any action is acceptable as long as you can find a rationale for it. It means that disciplined, critical thinking is required to uphold ethical standards amidst the complexities of professional practice.” As such, social workers must embrace not only the words of Justice Cardozo from nearly a century ago but also the spirit of his convictions. Informed consent policies must be reviewed and updated to include current Internet practices—specifically the use of search engines, location-based applications, social networking sites, and fee-based services—employed to acquire supplementary information about a potential or current client. Informed consent is a critical component of ethical practice in an increasingly complex and information-laden digital world.

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REFERENCES

NASW Center for Workforce Studies & Practice

**Practice Perspectives**

These publications speak to real world issues faced by social workers in practice. NASW members read Practice Perspectives to:
- find fast facts
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**Standards for Social Work Practice**

Many social work experts look to the NASW standards to provide them with the right guiding principles for professional social work practice. Experienced social workers view the standards as “go to” essentials and “must have” resources for defining and upholding best practices in social work.

Visit SocialWorkers.org/practice/default.asp for more details.

**NASW Center for Workforce Studies**

The NASW Center for Workforce Studies bridges the gap between research and social work practice. The Center’s groundbreaking studies on social workers provide information about social work supply and demand, compensation and future trends in practice.


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Mindfulness, as it relates to working with clients, is a word we’ve been hearing often. What is mindfulness, and how is it incorporated into clinical practice? It is a non-religious form of meditation involving paying attention. Mindfulness encourages, in a non-judgmental way, an awareness of what is happening in the moment. This attentiveness allows an individual to become less reactive when dealing with negative situations, thoughts, and feelings. There are three therapeutic techniques that incorporate mindfulness: mindfulness-based cognitive therapy (MBCT), dialectical behavioral therapy (DBT), and acceptance change therapy (ACT).

MINDFULNESS-BASED COGNITIVE THERAPY
Developed by Zindel Segal, Mark Williams, and John Teasdale, MBCT is based on Jon Kabat-Zinn’s mindfulness-based stress reduction program. MBCT uses cognitive behavioral therapy to treat depression. The eight-week program has weekly two-hour group sessions, plus one all-day session (Segal, 2008).

DIALECTICAL BEHAVIORAL THERAPY
Originally developed by Marsha Linehan, PhD, to treat clients with Borderline Personality Disorder, DBT has been adapted to also treat anxiety, depression, eating disorders, and other mental health issues. Mindfulness is one of the core concepts of DBT, individuals learn how to better cope with negative emotions (DeVylde, 2010; Safer et al., 2009, pp. 89–91).

ACCEPTANCE CHANGE THERAPY
ACT is another behavioral therapy with mindfulness at its core. Developed by Steven Hayes, ACT uses acceptance and mindfulness along with commitment- and behavior-change strategies. Clients learn to notice and accept, instead of control, their thoughts and feelings (DeWane, 2008).

DO THE TECHNIQUES WORK?
Considerable research shows that all three of these evidence-based approaches are greatly effective. MBCT has been shown to be helpful with preventing depression relapse (Segal, 2008). ACT has been found to be a valuable treatment for various clinical issues, including depression, anxiety, and stress (DeWane, 2008). DBT is successful with clients who have been diagnosed with Borderline Personality Disorder (DeVylde, 2010). Furthermore—given the mindfulness meditation component of these methods—there is even evidence to suggest that employing these methods may actually be a form of self-care for therapists because they reduce burnout (Association for Contextual Psychology, 2009; DeVylde, 2010).

TRAINING
Among these methods, MBCT is the most time-consuming and costly to learn. MBCT training is typically conducted within a five-day retreat setting. Participants are expected to be a familiar with meditation and have a daily meditation practice already in place. Additional advanced training is also available. Training in DBT and ACT can be obtained at two-day trainings offered nationally. Self-directed learning through online courses, DVDs, books, and training manuals are also available.

REFERENCES


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Critical Service Learning: A Look at Equality, Diversity and Education  •  1.0 CE
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Did You Know?

The complexities associated with cultural diversity in the United States affect all aspects of professional social work practice, requiring social workers to deliver culturally competent services to a broad range of clients.