



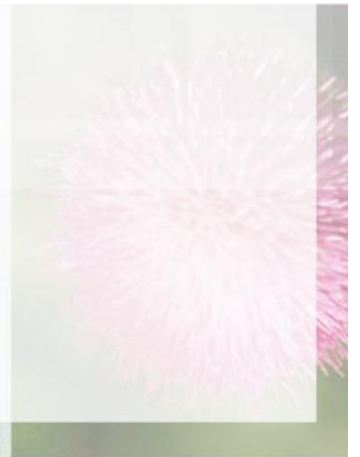
THE NASW CODE OF ETHICS AND INTERDISCIPLINARY TEAMS

Terri Cooley-Bennett, LCSW, LSCSW, CCDP-D
Behavioral Health Consultant at Swope Health Services & Adjunct
Professor/Lecturer at the University of Kansas, School of Social
Welfare



“In terms of work setting, social workers are more often employed in host (non-social work) settings than in nonhost (social work) settings.” (DiFranks, 2008).

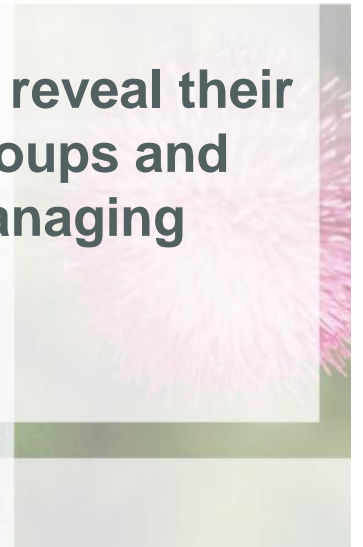
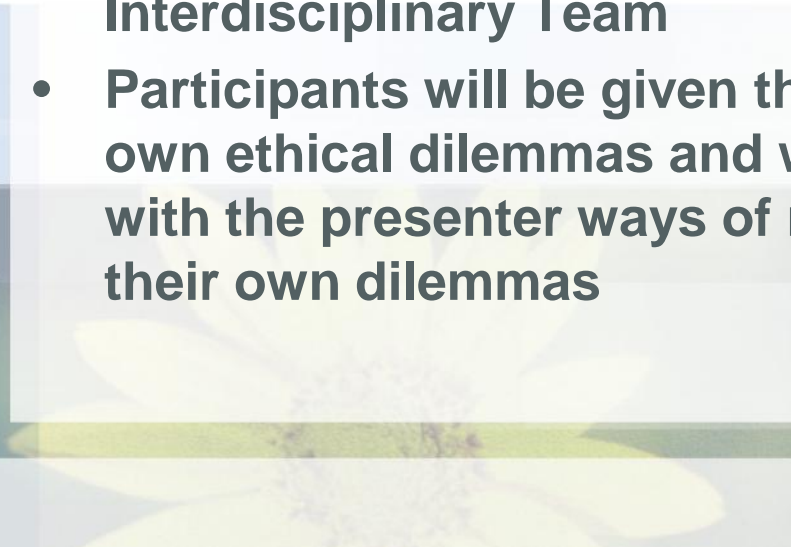
THE NASW CODE OF ETHICS AND INTERDISCIPLINARY TEAMS



EDUCATIONAL OBJECTIVES



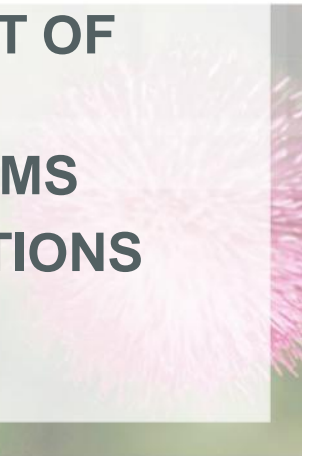
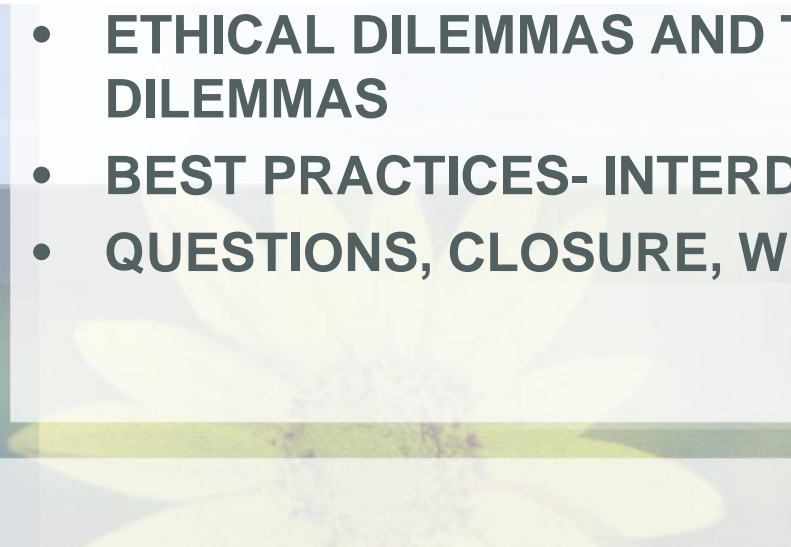
- **Participants will be provided with an overview of the NASW Code of Ethics with attention to codes regarding Interdisciplinary Teams and Ethical Responsibilities to Colleagues**
- **Potential Ethical Dilemmas that arise from being part of an Interdisciplinary Team (mostly in Host Settings) will be considered and options for managing the dilemma will be introduced**
- **Participants will acquire Conflict Resolution Skills and Techniques to use when managing dilemmas within an Interdisciplinary Team**
- **Participants will be given the opportunity to reveal their own ethical dilemmas and will discuss in groups and with the presenter ways of resolving and managing their own dilemmas**



AGENDA



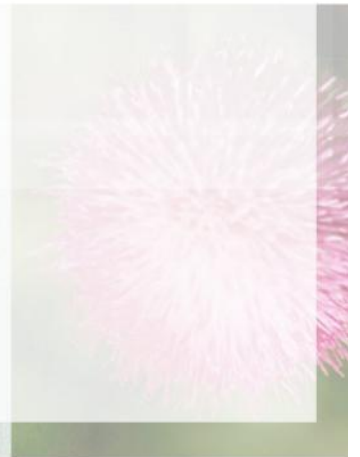
- **INTRODUCTIONS & YOUR ROLE AS A SOCIAL WORKER IN AN INTERDISCIPLINARY SETTING**
- **REVIEW ETHICS CODES PERTAINING TO SOCIAL WORK AND INTERDISCIPLINARY TEAMS**
- **INTEGRATIVE CARE: NEW ROLES IN SETTINGS THAT TYPICALLY HAVE NOT HAD SOCIAL WORKERS**
- **SCREENING TOOLS TO USE IN INTEGRATIVE OR INTERDISCIPLINARY (HOST) SETTINGS**
- **INTERDISCIPLINARY COLLABORATION AND TEAM WORK**
- **ETHICAL DILEMMAS AND THE MANAGEMENT OF DILEMMAS**
- **BEST PRACTICES- INTERDISCIPLINARY TEAMS**
- **QUESTIONS, CLOSURE, WRAP-UP, EVALUATIONS**





**WHAT TYPE OF SETTING DO YOU WORK IN?
WHAT ARE THE TYPICAL ROLES SOCIAL WORKERS PLAY
IN YOUR AGENCY/ORGANIZATION?**

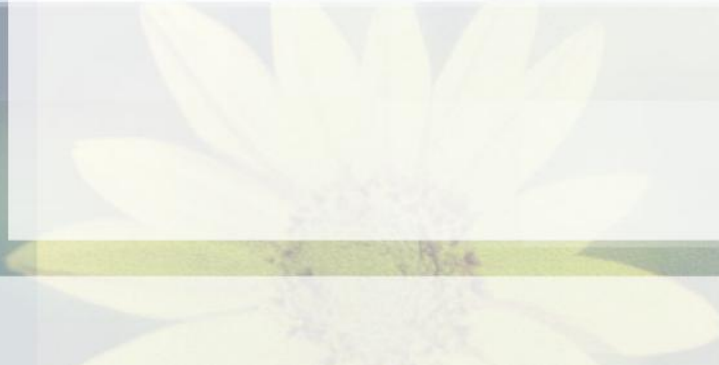
ROLES OF SOCIAL WORKERS IN INTERDISCIPLINARY TEAMS





NASW ETHICS CODES PERTAINING TO INTERDISCIPLINARY TEAMS

NASW CODE OF ETHICS





ETHICAL STANDARDS



“The following ethical standards are relevant to the professional activities of all social workers.”

“Some of the standards are enforceable guidelines for professional conduct, and some are aspirational.”

- 1. Social Workers’ Ethical Responsibility to Clients**
- 2. Social Workers’ Ethical Responsibility to Colleagues**
- 3. Social Workers’ Ethical Responsibilities in Practice Settings**
- 4. Social Workers’ Ethical Responsibilities As Professionals**
- 5. Social Workers’ Ethical Responsibilities to the Social Work Profession**
- 6. Social Workers’ Ethical Responsibilities to the Broader Society**

(Source: Code of Ethics of the National Association of Social Workers, 2008)





**SOCIAL WORKERS'
ETHICAL
RESPONSIBILITIES TO
CLIENTS**

1.02

SELF-DETERMINATION

“Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients’ right to self-determination when, in the social workers’ professional judgment, clients’ actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.”

- 
- 1.01 Commitment to Clients
 - 1.02 Self-Determination
 - 1.03 Informed Consent
 - 1.04 Competence
 - 1.05 Cultural Competence & Social Diversity
 - 1.06 Conflicts of Interest
 - 1.07 Privacy & Confidential
 - 1.08 Access to Records
 - 1.09 Sexual Relationships
 - 1.10 Physical Contact
 - 1.11 Sexual Harassment
 - 1.12 Derogatory Language
 - 1.13 Payment of Services
 - 1.14 Clients Who Lack Decision-Making Capacity
 - 1.15 Interruption of Service
 - 1.16 Termination of Service

(National Association of Social Workers, 2008)





**SOCIAL WORKERS'
ETHICAL
RESPONSIBILITIES TO
COLLEAGUES**

2.03


INTERDISCIPLINARY COLLABORATION

- 
- 2.01 Respect
 - 2.02 Confidentiality
 - 2.03 Interdisciplinary Collaboration
 - 2.04 Disputes Involving Colleagues
 - 2.05 Consultation
 - 2.06 Referral for Services
 - 2.07 Sexual Relationships
 - 2.08 Sexual Harassment
 - 2.09 Impaired Colleagues
 - 2.10 Incompetence of Colleagues
 - 2.11 Unethical Conduct of Colleagues

“(a) Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.”

(Source: Code of Ethics of the National Association of Social Workers, 2008)





**SOCIAL WORKERS’
ETHICAL
RESPONSIBILITIES IN
PRACTICE SETTINGS**

3.09


COMMITMENTS TO EMPLOYERS

- 
- 3.01 Supervision & Consultation
 - 3.02 Education & Training
 - 3.03 Performance Evaluation
 - 3.04 Client Records
 - 3.05 Billing
 - 3.06 Client Transfer
 - 3.07 Administration
 - 3.08 Continuing Education & Staff Development
 - 3.09 Commitments to Employers
 - 3.10 Labor-Managing Disputes

(c) “Social workers should take reasonable steps to ensure that employers are aware of social workers’ ethical obligations as set forth in the NASW Code of Ethics and of the implications of those obligations for social work practice.”

(Source: Code of Ethics of the National Association of Social Workers, 2008)





**SOCIAL WORKERS'
ETHICAL
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 - 3.09 Commitments to Employers
 - 3.10 Labor-Managing Disputes

(d) “Social workers should not allow an employing organization’s policies, procedures, regulations, or administrative orders to interfere with their ethical practice of social work. Social workers should take reasonable steps to ensure that their employing organizations’ practices are consistent with the NASW Code of Ethics.”

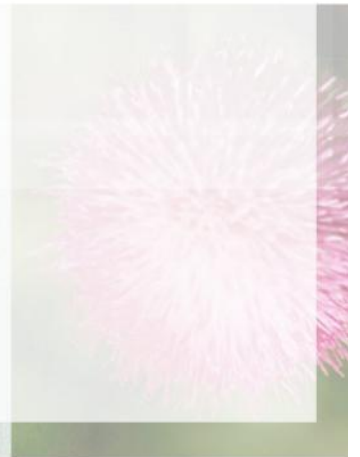
(Source: Code of Ethics of the National Association of Social Workers, 2008)





**SOCIAL WORKERS AS PART OF A COLLABORATIVE,
INTERDISCIPLINARY TEAM; BEST PRACTICES;
INTEGRATED CARE; POTENTIAL INTERVENTIONS;
COMMON PRESENTING PROBLEMS**

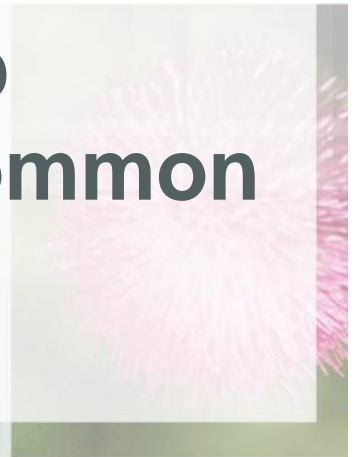
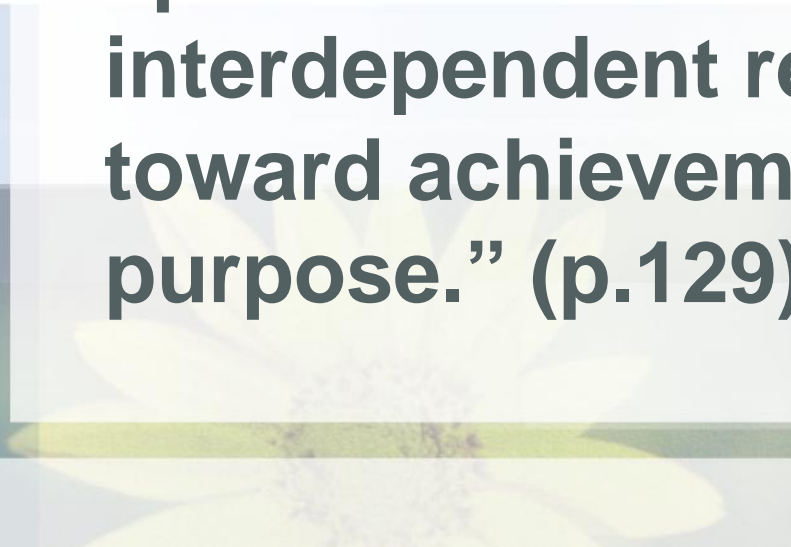
INTERDISCIPLINARY COLLABORATION AND TEAM WORK



INTERDISCIPLINARY TEAMWORK



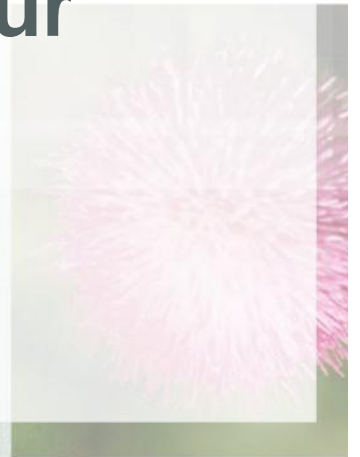
- **Interdisciplinary Teamwork is defined by Carlton (1984) as: “practice by two, or more practitioners from two or more fields of learning and activity, who fill distinct roles, perform specialized tasks, and work in an interdependent relationship toward achievement of a common purpose.” (p.129)**



INTERDISCIPLINARY TEAMWORK & COLLABORATION



- In your work on an interdisciplinary team, what works well for you? What are the positives?
- What are the challenges, or the negatives?
- How can you improve in your collaborative efforts?

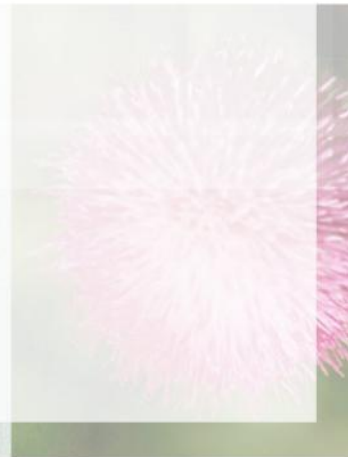


INTERDISCIPLINARY TEAMWORK & COLLABORATION



TED TALK ON COLLABORATION:

http://www.ted.com/talks/margaret_heffernan_dare_to_disagree/transcript?language=en#t-303051



INTERDISCIPLINARY TEAMWORK & COLLABORATION



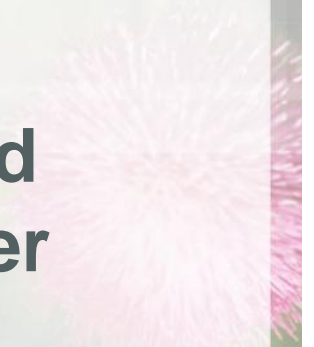
Abramson & Mizrahi (1996):

“...pooling interdisciplinary expertise yields a better understanding of client needs and resources while enhancing the range of options considered and skills applied in problem solving.

(Abramson & Rosenthal, 1995; Brunner, 1991)”

“directly benefits collaborators”

“Individuals expand knowledge and expertise through exposure to other professionals.”



SOCIAL WORKERS AS PART OF A COLLABORATIVE, INTERDISCIPLINARY TEAM



Literature Review by Abramson & Mizrahi (1996):

- **Most literature has a negative emphasis**
- **Tensions occur due to Role Competition, Role Confusion, Turf Issues, and Role Definition**
- **Conflict arises from differences in the professional socialization processes**
- **There are issues around Physician-dominated teams and interprofessional decision making**

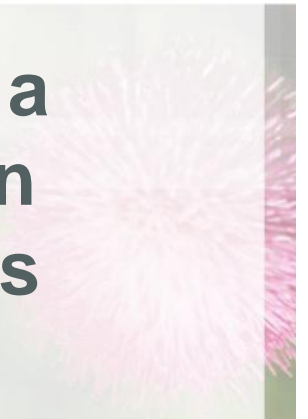
INTERDISCIPLINARY TEAMWORK & COLLABORATION



Hospital Interviews by Abramson & Mizrahi (1996):

- 1. Social Workers were found to focus more on relationship with physicians & what the collaborator thought of them**
- 2. Physicians focused more on what social workers did**
- 3. Communication appeared to be a universal aspect of collaboration equally important to both groups**

Authors note that their sample interviewed was not random



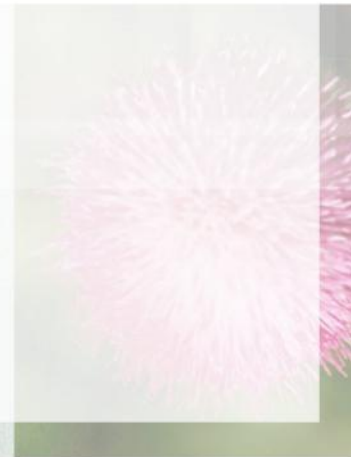
INTERDISCIPLINARY TEAMWORK & COLLABORATION



**Model for Interdisciplinary Collaboration
(Bronstein, 2003)**

COMPONENTS:

- 1. Interdependence**
- 2. Newly Created Professional Activities**
- 3. Flexibility**
- 4. Collective Ownership of Goals**
- 5. Reflection on Process**

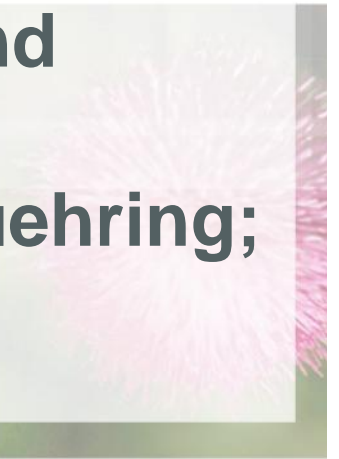


INTERDISCIPLINARY TEAMWORK & COLLABORATION



Vicarious Liability on an Interdisciplinary Team:

- “Imputed Negligence” or “doctrine of respondeat superior”
- “...anyone can be held accountable for the malfeasance, misfeasance, or nonfeasance of subordinates and assistants, supervisees, or colleagues.” (Houston-Vega; Nuehring; & Daguio, 1997)



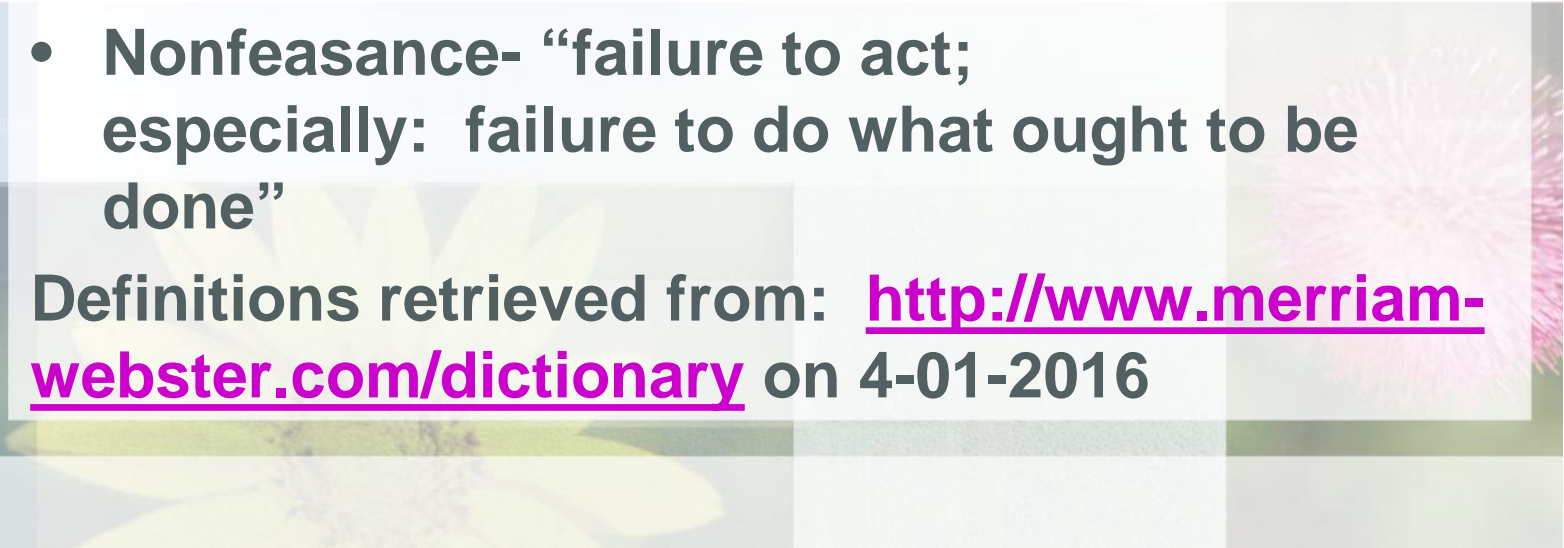
INTERDISCIPLINARY TEAMWORK & COLLABORATION



Vicarious Liability on an Interdisciplinary Team:

- **Malfeasance-** “illegal or dishonest activity especially by a public official or a corporation”
- **Misfeasance-** “the performance of a lawful action in an illegal or improper manner”
- **Nonfeasance-** “failure to act; especially: failure to do what ought to be done”

Definitions retrieved from: <http://www.merriam-webster.com/dictionary> on 4-01-2016

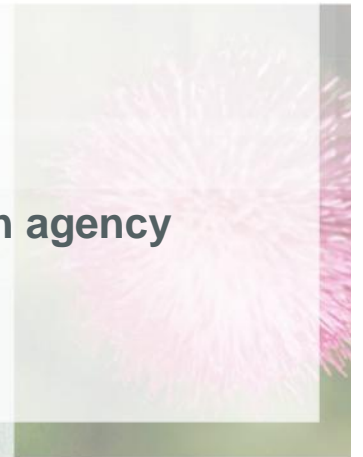


INTERDISCIPLINARY TEAMWORK & COLLABORATION



Vicarious Liability: According to Houston-Vega; Nuehring; & Daguio (1997), the following heighten a social worker's vulnerability:

- Employing or supervising paraprofessionals
- Independently contracting to supervise other social workers preparing for licensure
- Supervising professional coworkers in an agency setting
- Supervising student interns
- Arranging internships and field placements
- Serving as a case consultant
- Teaching or Training
- Referring clients to other professionals
- Serving on Boards of Directors
- Serving in an executive or administrative capacity in an agency group practice
- Affiliating with others in a group practice
- Associating with impaired colleagues



INTEGRATED CARE



- **As a social worker in host settings, what problems do your clients present with?**
- **What is your biggest challenge and why?**
- **What are possible solutions? You can only change your behavior and the interdependent interventions you provide, even if you do not receive support from your Interdisciplinary Team.**

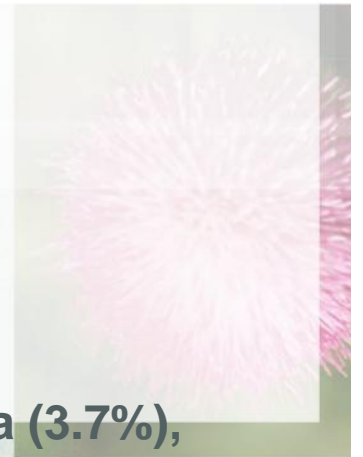


INTEGRATED CARE



At Swope Health Services, a Federally Qualified Health Care Center, in an 8 month sample of 158 patients referred by Medical Providers to a Behavioral Health Consultant in 2015, the following were found by Cooley-Bennett (2016):

- 1. 43 or 27% of referred patients needed to establish long-term behavioral health care**
- 2. 31 or 20% presented depressed or had a positive depression screening**
- 3. 20 or 13% presented with their main problem being homelessness (other homeless clients were seen, but had a different reason for being referred)**
- 4. 16 or 10% presented with Grief and Loss issues**
- 5. 15 or 9% presented with Anxiety**
- 6. 10 or 6 % presented with Substance Use Issues**
- 7. 8 or 5% presented Suicidal**
- 8. 8 or 5% presented Psychotic**
- 9. Less than 5% presented with reasons of Trauma (3.7%), Health Problems (2.5%), Nicotine (2.5%), and Other**





SCREENING TOOLS, INTERVENTIONS, REFERRALS, & RESOURCES

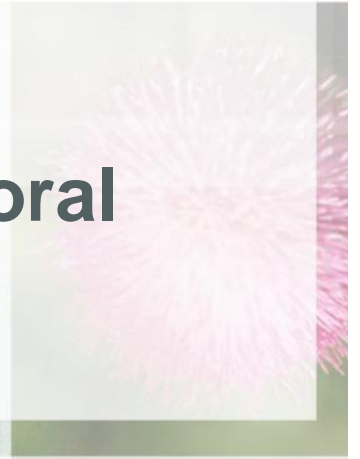


SCREENING TOOLS



For Integrated Care:

1. SBIRT for Substance Abuse
2. PQ-2 and PQ-9 for Depression
3. QPRT for Suicide
4. DLA-20 for Adults, DLA-20 for Youth, DLA-20 for Substance
5. Primary Care Screening Tool developed by St Louis Behavioral Medicine Institute



SCREENING TOOLS



1. Anxiety Scales on-line

1. <http://www.psychiatrictimes.com/all/editorial/psychiatrictimes/pdfs/scal-e-GAD7.pdf>

2. Hudson Scales

3. Other Scales developed by you for screening clients

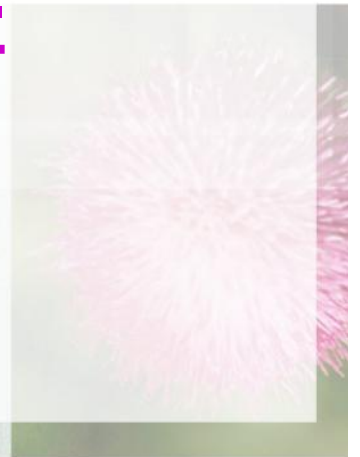


SCREENING TOOLS



- **WHODAS and other scales- on the American Psychological Association website & in the DSM-5**

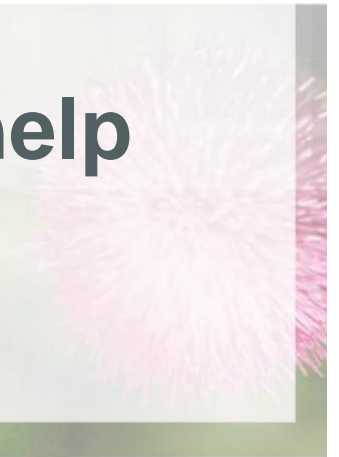
<http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures>



SCREENING TOOLS



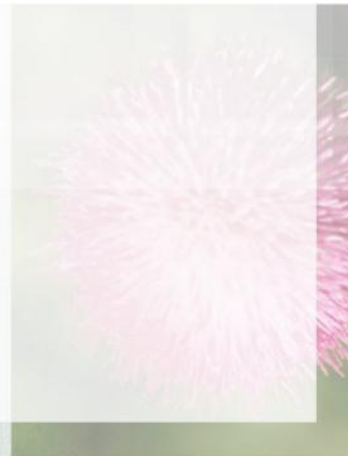
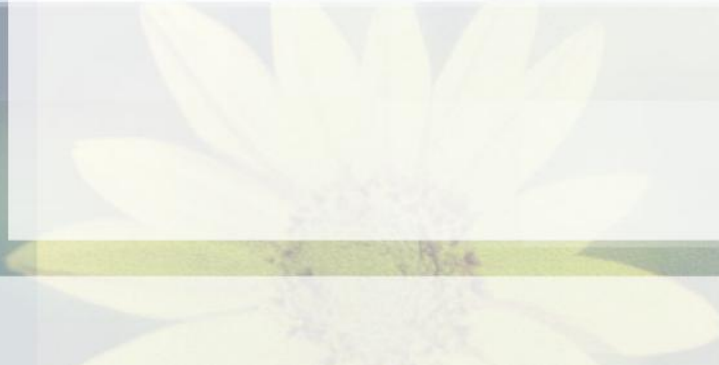
- 1. What Tools do you find most useful in your practice and why?**
- 2. Discuss the different tools and scales. Do you believe they are reliable and valid for your practice?**
- 3. How do the tools you use help you in your work on an interdisciplinary team?**





INTERDISCIPLINARY TEAMS

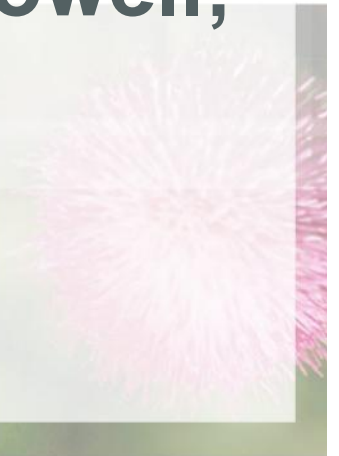
ETHICAL DILEMMAS



ETHICAL DILEMMAS



“An ethical dilemma is experienced when a social worker cannot adhere to professional values or when adhering to one ethic requires behaving counter to another.” (Proctor; Morrow-Howell; & Lott, 1993, p. 166)



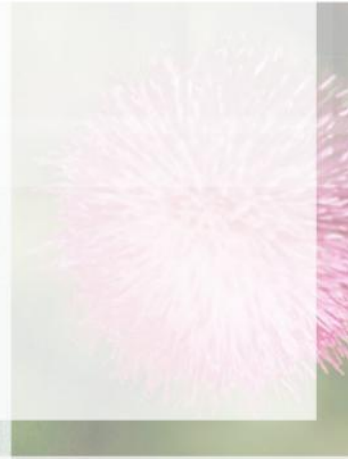
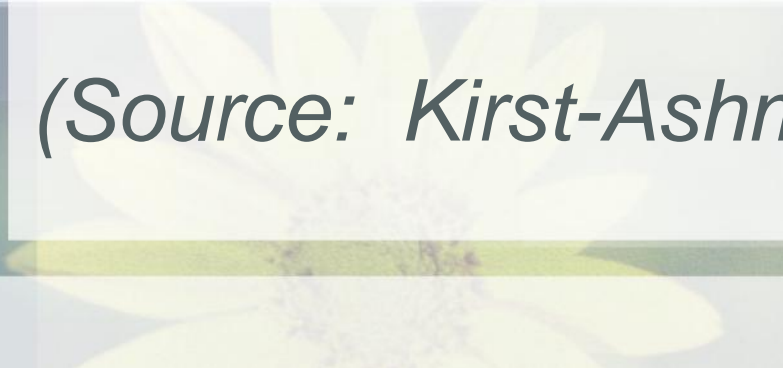
ORGANIZATIONS



To Consider:

- *Organizational Politics*
- *Dynamics that Contribute to Political Behavior in Agencies*
- *Organizational Justice*
- *Inappropriate and Unethical Behavior in Organizations*

(Source: Kirst-Ashman, 2012)

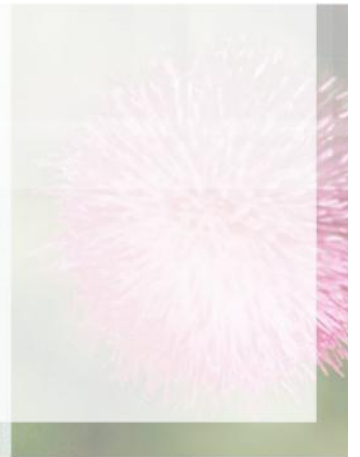
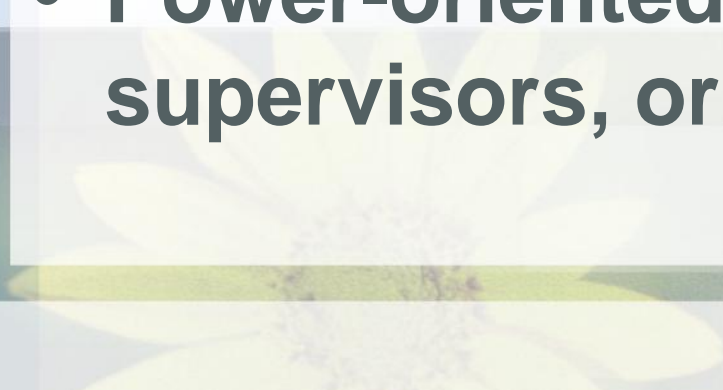


ORGANIZATIONS



Dynamics Contributing to Political Behavior in Agencies (Kirst-Ashman, 2012):

- **Competition and Power**
- **Scarce Resources (intensifies need for power)**
- **Uncertainty**
- **Power-oriented workers, supervisors, or managers**

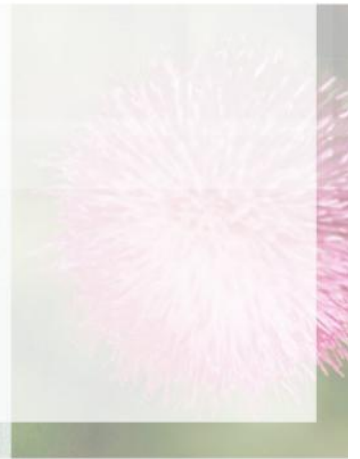
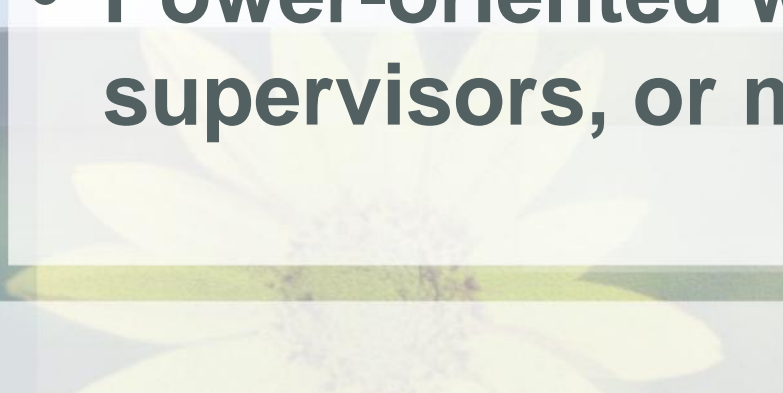


ORGANIZATIONS



Dynamics Contributing to Political Behavior in Agencies (Kirst-Ashman, 2012):

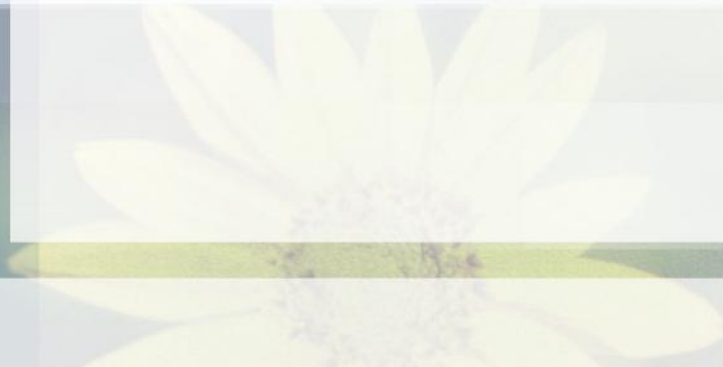
- **Competition and Power**
- **Scarce Resources (intensifies need for power)**
- **Uncertainty**
- **Power-oriented workers, supervisors, or managers**



ETHICAL DILEMMAS



- **What types of Ethical Dilemmas do Social Workers encounter in Interdisciplinary Teams?**
- **What are some ethical dilemmas you have experienced?**
- **Be cognizant of potential Ethical Dilemmas and plan ahead.**

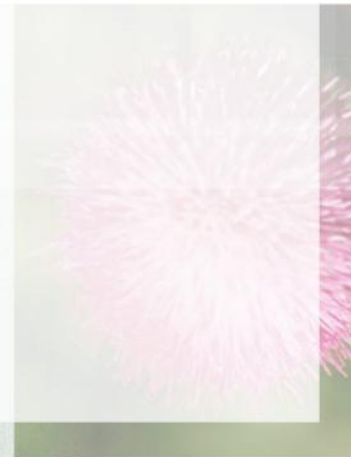


ETHICAL DILEMMAS



Proctor, Morrow-Howell, & Lott (1993) found that most Ethical Dilemmas in hospital social work were regarding (p.166):

1. Conflicts in the Client's Right to Self-Determination & Client best interest
2. Dilemmas were more likely to occur when the client's mental status was impaired & the client had problems making decisions
3. Delayed Discharge
4. In-patient Hospital Mortality
5. Inadequate Post-Discharge Care



ETHICAL DILEMMAS



Principles in Conflict in Hospital Study (Proctor, Morrow-Howell, & Lott, 1993)

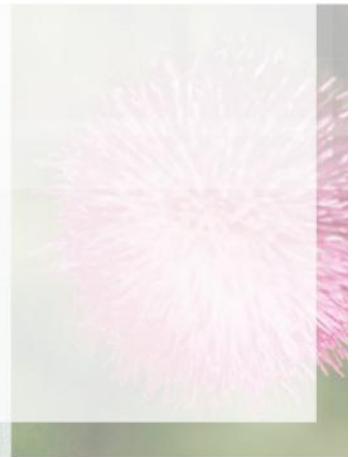
- 1. 57% arose between pursuing a client's best interest and fostering maximum client self-determination**
- 2. 22% arose because of multiple loyalties between serving the client and colleagues**
- 3. 6% of dilemmas involved workers' commitment to the organization and serving the client's best interest**
- 4. 15% did not have a conflict with one principal against another**

14% of social workers in this study reported a dilemma while providing discharge services for Medicare patients

ETHICAL DILEMMAS



<https://www.youtube.com/watch?v=B5p3OZCGPrA>

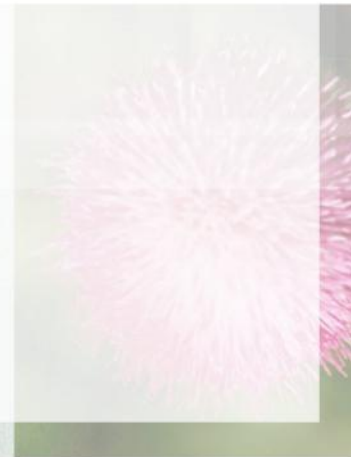


ETHICAL DECISION MAKING



DECISIONS APPROACH (Hobody, 2016)

- D- Determine Facts**
- E- Ethical Considerations, what standards apply?**
- C- Consider Impact of Values**
- I- Impact of Self on the Decision**
- S- Stakeholders, who are they**
- I- Incorporate Professional Literature Review**
- O- Other Considerations**
- N- Narration of your Decision**
- S- Secure and Support your Decision**



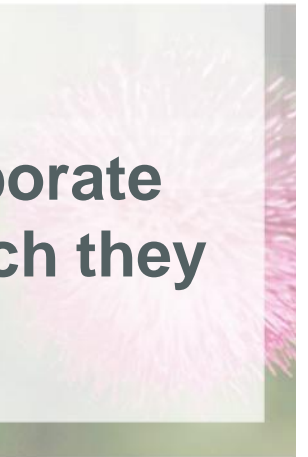
ETHICAL DECISION MAKING



TACTICS NOT TO USE IN AGENCY POLITICS (KIRST-ASHMAN, 2012):

- “Backstabbing”
- Don’t set up a person for failure
- Don’t exclude the opposition
- Don’t go over your supervisor’s head without first exhausting all options
- Don’t throw temper tantrums

Reminder: Social workers should incorporate social justice in the organizations in which they work, just as they would for clients

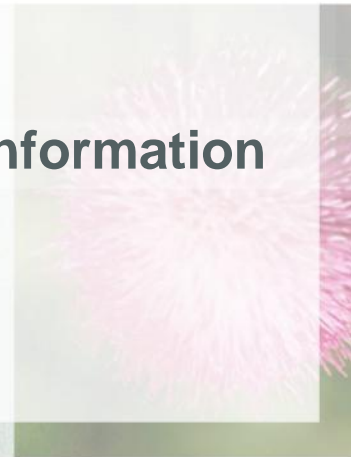


ETHICAL DECISION MAKING



TIPS TO SAFEGUARD VICARIOUS LIABILITY IN SUPERVISION

- Have a written agreement with supervisees
 - Document supervisory sessions
 - Have the proper qualifications to supervise
 - Supervise with “an eye toward ethics—including referring frequently in supervision to the NASW Code of Ethics”
 - Ensure that services provided by supervisees are above minimal
 - Obtain consultation
 - Assure supervisee’s clients have released information for supervision
 - Treat supervisee with respect
- (Houston-Vega; Nuehring; & Daguio, 1997)

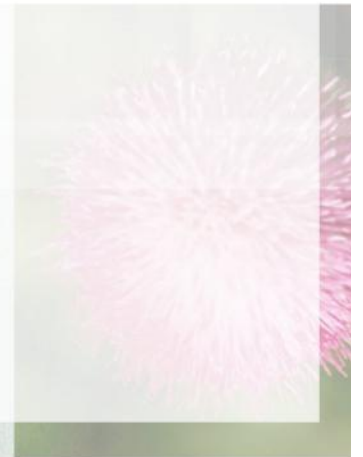


ETHICAL DECISION MAKING



Dr. Kaptein's Study on motivations for unethical Behavior (as cited by Bradberry, 2016)- mind tricks to be aware of.

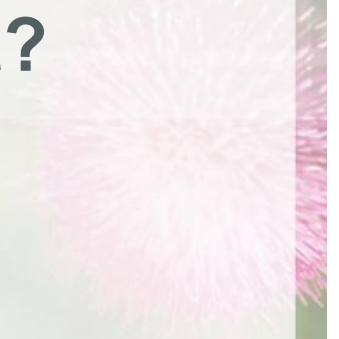
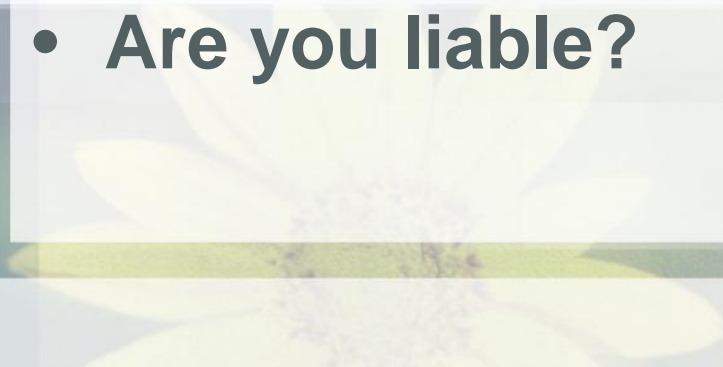
- **The compensation effect**
- **The power of names**
- **Cognitive Dissonance**
- **Broken Window Theory**
- **Tunnel Vision**
- **The Pygmalion effect**
- **Pressure to conform**
- **Obedience to Authority**
- **Winner-take-all competition**
- **Social Bond Theory**
- **The Binding Effect of power**
- **Conspicuous Consumption**
- **Acceptance of small theft**
- **Reactance Theory**



ETHICAL DECISION MAKING



- What helps you in making ethical decisions?
- What resources are available?
- How do you manage conflict in an ethical way in an interdisciplinary team?
- What do you do if you feel the team is making an unethical decision and they will not listen to your view-point?
- Are you liable?

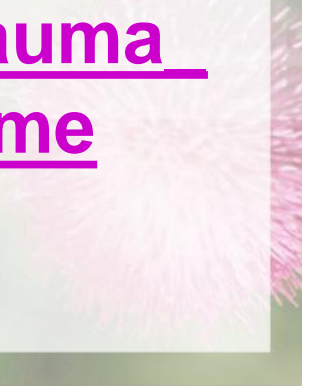


IMPORTANT Best Practices



- Vicarious Trauma needs to be assessed and addressed
- Trauma Informed Care & its Relationship to the Interdisciplinary Team

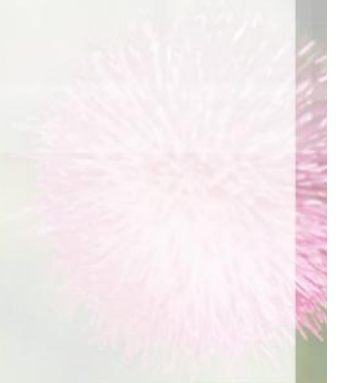
– https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime



TRAUMA-INFORMED CARE



According to Jennifer M. Howes, LCSW-C in her article in the NASW Specialty Practice Sections, Trauma Informed Care (TIC) incorporates our understanding that there is a high prevalence of trauma in the clients we see.





Questions, Evaluations, Final Comments

CONCLUSION AND WRAP-UP

