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Social Work, Technology, and Ethical Practices: A Review and Evaluation of the National Association of Social Workers' Technology Standards

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Information and communication technologies (ICTs) are becoming essential to social work practice by providing increased treatment possibilities and reducing barriers to service. While recognizing the importance of ICTs in practice, social work practitioners have had concerns about ethical use. In response, NASW compiled the Standards for Technology and Social Work Practice. While the guidelines set the groundwork, they were not embedded in a process that would allow them to adapt to the swift pace of ICT changes. This article reviews the current Standards, evaluates how these have been implemented by practitioners, and offers suggestions for updates.

KEYWORDS *technology, ethical practices, NASW Technology Standards*

INTRODUCTION

Through their Facebook and Twitter feeds, the National Association of Social Workers posed this question to their friends and followers: “What are your thoughts on online therapy and virtual clinical social work practice? Legal and ethical concerns? What technology would be best to facilitate social work practice online?” (National Association of Social Workers [NASW], November 4, 2011). While the responses from Facebook friends and Twitter followers

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were mixed, those responding acknowledged the potential benefits of being able to provide services to remote or disenfranchised populations. Despite positive support, there were also several statements about concerns about ethical practices when using technology, such as maintaining confidentiality or concerns regarding social work clients who may not have the financial resources to participate in technology based activities. In addition to these comments, the friends and followers on the social media sites acknowledge they have been using technology based communications, but without much guidance as to how to proceed.

Since NASW is communicating with a social media audience concerning relevant practice questions, one must assume that NASW believes that a sizable portion of the audience who would respond to questions about “online therapy” and “virtual clinical practice” regularly use Facebook and Twitter. It is clear that there are two issues embedded in this example. The first issue is a social work practice issue. In other words, there are pressing needs to examine the principles that will guide social workers in their use and application of ICTs in the various fields of practice (i.e., in mental health, substance abuse, child welfare, administration, community organization). The second issue relates to the ubiquity of ICT use in American life. In other words, ICTs are in use in everywhere and in every field of practice, including professional organizations like NASW, despite legal and ethical issues.

As ICT practices have increased over the past ten years, concerns have been raised by mental health professionals about their use in the therapeutic encounter. Several different mental health practice organizations have developed Codes of Conduct related to the practice of “online therapy” (Recupero & Rainey, 2005; Ross, 2011). Social work responded to the need for guidance with *Standards for Technology and Social Work Practice* (NASW & ASWB, 2005). In this document, NASW and the Association for Social Work Boards (ASWB) developed eight specific standards to address issues related to the use of technology in the social work field. While these standards provided a foundation for ethical ICT practices and address many concerns, they are ambiguous, abstract, and increasingly out of date. This article outlines the standards as they are now, provides studies related to how these standards have been implemented, and provides suggestions for revisions of the guidelines based on new and emerging technologies.

FEDERAL AND STATE LAWS REGULATIONS OF ONLINE SOCIAL WORK PRACTICES

While there are laws and policies that provide some guidance about mental health treatment and social work services in general, there are no specific

federal laws directly related to the provision of online treatment services (Cwiek, Rafiq, Qamar, Tobey, & Merrell, 2007). Although bills have been introduced requesting both funding and corroboration of states regarding licensing rules, there is not currently a statute that addresses national or international provision of medical or mental health services online (U.S. Department of Health and Human Services, Health Services and Resource Administration, 2013). The provision of online services has received support from the Centers for Medicare and Medicaid Services, allowing for reimbursement of psychiatric telehealth, including mental health therapy, for Medicare and Medicaid patients (Centers for Medicare and Medicaid, 2013).

Although some therapy practices have some federal guidelines, for the most part, each state is responsible for creating and enforcing laws and regulations related to the provision of social work services and psychotherapy practices, including online therapies (Beahrs & Gutheil, 2001). The first of the states to address online therapy practices was California. Under the Telemedicine Development Act of 1996, a health care practitioner was permitted to provide medical services using interactive audio, video, or data communications without person-to-person contact with the patient (CA Assembly Bill 116, 1996). However, it was not until 2003 that mental health practitioners, including, psychologists, marriage and family therapists, and clinical social worker were included as eligible providers of telehealth services (Centers for Technology and e-Health, 2013). Only 10 other states also regulate technology based medical practices, but the levels of regulation vary greatly by state (U.S. Department of Health and Human Services, Health Resources and Service Administration [HRSA], 2013).

When issues are of importance, but not yet addressed by state or federal policies, practice organizations may choose to address such issues in their Codes of Ethics. As state and federal policies vary in terms of regulations of the practice of online therapy, practice organizations are addressing the issue (Recupero & Rainey, 2005; Santhiveeran, 2009). The NASW and ASWB determined the need to acknowledge the use of technology within social work practices. The NASW/ASWB *Standards for Technology and Social Work Practice* (2005) were created as a set of ethical guidelines and recommendations on how the social work profession should proceed in this new area. While these suggestions outlined in the *Standards for Technology and Social Work* practice offer guidelines and recommendations for practice, at this time, that is all they are—recommendations. As the NASW Code of Ethics states, “A code of ethics cannot guarantee ethical behavior. Moreover, a code of ethics cannot resolve all ethical issues or disputes or capture the richness and complexity involved in striving to make responsible choices” (NASW, 2008). As such, although ethical online social workers are expected

to follow these standards of treatment, at this time, there is really no way to enforce them. Reviews of e-therapy sites and surveys of online counselors demonstrate that while some practitioners are attempting to follow ethical guidelines, there are those who are not (Finn & Barak, 2010; Santhiveeran, 2009, Shaw & Shaw, 2006). Despite the fact that there is little way to enforce these standards, they do offer guidelines to those who want to implement these practices in an ethical and appropriate manner.

Evaluation of the Technology Practice Standards

In the development of these guidelines, several issues were raised as concerns including possible technology failures, data security and management, and credibility of those representing themselves as social workers. In addition, because through the Internet, social workers can have an international client base, there were concerns about legal and cultural issues when practitioners are able to do their work worldwide (NASW & ASWB., 2005). Each of these concerns is addressed in a specific standard to provide guidance and recommendations. The goals of these standards are “to maintain and improve the quality of technology-related services provided by social workers, to serve as a guide to social workers incorporating technology into their services” (NASW & ASWB., 2005, p. 8). Through their eight areas of interest, the NASW/ASWB have attempted to outline responsible practice of social work in a digital age. While some of the areas of concern are already areas may be addressed by state laws regulating psychotherapy, some of the other standards remain primarily recommendations for ethical practice. By evaluating each standard individually, it can be determined which standards have been useful, which need to be revised and which may be covered, or should be, under stricter guidelines, such as state or federal law.

STANDARD ONE: ETHICS AND VALUES

“Social workers providing services via the telephone or other electronic means shall act ethically, ensure professional competence, protect clients, and uphold the values of the profession” (NASW & ASWB., 2005, p. 4). This standard simply reinforces that social workers engaged in online practices should follow all guidelines already in place through the NASW Code of Ethics (NASW, 2008). This first standard sets the foundation for the rest of the expectations and asserts that the values of social work practice. Although not critical to technology standards specifically, this statement reinforces that ethical behavior is expected of social workers regardless of the treatment setting.

STANDARD TWO: ACCESS

“Social workers shall have access to technology and appropriate support systems to ensure competent practice, and shall take action to ensure client access to technology” (NASW & ASWB., 2005, p. 5). In fact, social workers do not uniformly have access to technology and appropriate support systems. In mental health systems, workers are routinely limited in their use and access to ICT for other than administrative purposes. This has not been a subject widely discussed in the literature. The poor preparation of social workers in ICT use and application in social work practice translates into compliance with organizational limits, technological incompetence, and misunderstandings about ICT. It is usually the case in mental health that professional social work access to ICT has been seen as a privilege not a practice tool (LaMendola & Krysik, 2008).

This standard also addresses lack of access for less privileged populations to ICT. But there are no guidelines for action. The Internet is a disruptive technology and can open barriers regardless of time, space, geography, or political power (Lehavot, Barnett, & Powers, 2010). Because access to technology and the Internet can be so powerful, it is important for social workers to help distribute this power to support open access and free exchange of ideas and resources. However, even though the information may be available to all, the ability to access this information is not equally distributed. Certain populations still lack computers or service to connect them to the Internet (Raffoul, 2008). Ability to access the Internet varies depending on a number of factors, but overall, those who have higher income, more education, are younger and are White are more likely to have access to both a computer and Internet services (Steyaert & Gould, 2009). In a nationwide survey of families, only 22.6% of families in the lowest income quartile had access to both a computer and Internet services as compared to 76% of families in higher income quartiles (Hick, 2006). Recent statistics from the 2013 Pew Institute American Life project indicate that a divide still remains, with Whites more likely to have access to Internet than Blacks or Hispanics; 89% of college graduates have Internet at home in comparison to only 39% of those without a High School Diploma, and only 46% of those over age 65 had access to ICT (Rainie, 2013). Given the power that technology has to provide information, and that variables impacting access are related to income, age, ethnicity, and education, lack of equal access to technology becomes an issue of social exclusion and social justice (Steyaert & Gould, 2009).

As a whole, social work should go beyond being aware of these issues and actively work to implement practices that support equal access (Ferguson, 2008). Social workers may lack interest and credibility in advocating for changes in telecommunications policy and infrastructure that may address some of these issues. However, they can make use of those programs

already in place to help provide technology to low income individuals. Social workers should have some knowledge about those programs that may help provide this type of assistance to social work clients. One example of this kind of program is the Federal Communication Commission's Lifeline Assistance Program, which offers telephone services to those receiving government low income financial assistance. In 2008, this program began offering cellular phones in addition to landline telephones (Sullivan, 2011). A similar program, Internet Essentials, offers computers, discounted Internet services, and computer training to low income families (Rich, 2011). In addition, there are often local programs through foundations and or telecommunications companies where people can receive computers or discounted cellular phone plans (Sullivan, 2011). Social workers could take an active role in educating clients about services and programs that may already be available to them.

Some social work agencies have also taken on the role of providing technology for clients to use. For example, some agencies offer "Internet Cafés" with computers and Internet service available. Others may offer free Wi-Fi in their building for use while the clients are in the waiting rooms (Parrott & Madoc-Jones, 2008). However, those agencies who want the clients to be able to use technology for therapeutic purposes may need to take the next step to physically provide the necessary resources. For example, agencies could offer laptop computers or iPad tablets with data plans for accessing the Internet. These items could be checked out or loaned to clients and taken home between sessions.

Access is also a consideration those with disabilities. While online treatment options may provide a benefit to some disabled populations, such as those home bound, these technologies may also need adaption to meet the needs of a variety of different populations. Any Web-based program must be accessible to the client and the manner in which the site is designed must make information available to a variety of users (Government Services Office, 2006). There are a number of ways in which this can be done to meet these needs, through the use of enhanced technology. Examples may include the addition of a page reader, such as Odiogo, for those with visual impairments or voice recognition technology to accommodate those who may not be able to type or use a mouse. There are a number of design options that can be added to make information more useable to the intended population (Kennedy, 2012).

STANDARD THREE: CULTURAL COMPETENCE AND VULNERABLE POPULATIONS

"Geographical barriers are inherently absent on the Internet. Social workers should be aware of the potential for exploitation and misuse of electronic methods" (NASW & ASWB., 2005, p. 6). Much like standard number one, this standard reiterates social work core values of cultural competence regardless

of the practice setting. Social workers are would be expected to follow the same procedures regarding cultural competence in online communications as they would in face-to-face encounters, such as asking about relevant cultural practices, addressing issues of privilege and oppression or relying on outside consultation as necessary (Murphy & Dillon, 2011). Even with best practices in place, there are aspects of the Internet that may complicate these issues. Because the Internet is able to access people worldwide, there is more opportunity for people to establish, build, and maintain relationships without geographic or social boundaries. While this globalization might assist in issues of social justice through access to information, it also has the possibility for increased exploitation of those unfamiliar with American culture and processes (Raffoul, 2008). This could potentially create problems if the practitioner or the clients are addressing issues that may arise in the global community of the Internet. In this case, the practitioner can proceed in a similar fashion as face-to-face interaction, but there may be a greater need for practitioners to be able to recognize the limits of their multicultural competency and expertise in a global marketplace (Murphy & Dillon, 2011). For example, there may be times when typical Western methods of therapy or mental health treatment may not be applicable or even understood by clients in other parts of the world (Tapascott & Williams, 2010).

Depending on the type of technology being used, there are online methods where culture of both the therapist and the client may not be as readily apparent as it would in a face-to-face setting. Certain marginalized social groups have benefited from the anonymity of mediated communications when judgments could not be made based on traits of physical appearance (Leibert, Archer, Munson, & York, 2006). However, because issues related to marginalization, oppression or cultural beliefs or value may be important to the treatment itself, the practitioner should attempt to gather any information regarding cultural beliefs or values that may become pertinent through the course of treatment and may not be obvious outside of a face-to-face setting (Ross, 2011).

STANDARD FOUR: TECHNICAL COMPETENCY

“Social Workers should be 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” (NASW & ASWB, 2005, p. 7). This standard reiterates the NASW Code of Ethics Standard of Competence (NASW & ASWB, 2008), adding in the components related to technology-based practices. Those who are going to use technology as part of their practices should have the necessary skills just as they would to implement any other kind of specialized practice. Some universities have implemented courses specific to online counseling practices, which may provide a foundation for social workers to gain this information (Murphy,

McFadden, & Mitchell, 2008), but many schools of social work still offer no options related to technology mediated work. Although the Council for Social Work Education (CSWE) encourages the use of technology in instruction and practice, at this time, there is nothing in place requiring that MSW students learn or are proficient in technology use (Youn, 2007). Beyond basic skills regarding technology, many clinicians are not directly trained in e-therapy methods. In fact, very few practitioners have had any training specific to online counseling (Finn & Barak, 2010). There should not be an assumption that therapeutic competence automatically translates to technology mediated communications. Beyond traditional therapy skills, the therapist also should have a high level of comfort with the computer, be good at typing, and be able to easily express thoughts and emotions in written form (Rochlen, Zack, & Speyer, 2004). Like other specific practice competencies, to claim expertise in this area, there could be requirements that practitioners demonstrate competencies through continuing education credits, informal methods such as teaching or publication, or an exam to ensure that if a therapist wishes to engage in e-therapy, he or she has the proficiency to do so (Midkiff & Wyatt, 2008).

Although the *NASW/ASWB Standards* address issues of technical competence for workers, this standard should include a recommendation that the clients' level of technology use should be evaluated as well. Clients themselves should be technologically proficient in terms of being able to type, to represent thoughts and feelings in written language, and to understand the limitations of what technology based services can provide (Ross, 2011; Rochlen et al., 2004). Beyond this, clients should be able to demonstrate an understanding of basic security procedures, such as logging out of secure sites so others cannot access their online therapy sessions (Santhiveeran, 2009).

It should be the responsibility of the therapist to ensure that the clients meet these requirements. Prior to engaging in any online work, the therapist and client should review each of these competencies. Much like in traditional mental health treatment, the client and provider should develop goals, set treatment expectations and outline the process for the work that will be done together. Often, therapists will have clients sign paperwork that explains limitations, fees, and procedures for mental health emergencies (Cwiek et al., 2007). Those engaging in online treatment will need to cover all of the same topics as face-to-face therapists do, but they may also have additional responsibilities that must be covered prior to treatment, such as helping clients create passwords to secure privacy of their treatment sessions. The therapist may also need to set up after-hours technical support for issues such as accessing the site or providing a method for password reset if the client cannot remember their passwords. In a review of existing mental health websites, 59% of these sites provided information about mental

health emergencies, however, none of them addressed what could or should be done if the client has after-hour technical problems (Santhiveeran, 2009).

STANDARD FIVE: REGULATORY COMPETENCIES

Social workers who use telephonic or other electronic means to provide services shall abide by all regulation of their professional practice with the understanding that their practice may be subject to regulation in both the jurisdiction in which the client receives services as well as the jurisdiction in which the social worker provides services. (NASW & ASWB, 2005, p. 7)

The subject of jurisdictional boundaries has been one of the most difficult issues relating to the regulation of online therapy (Cwiek et al., 2007). Despite the *NAS/ASWB Standards* and recommendations, one study of online counselors found that 78% of online therapists offered services in states other than the ones in which they were licensed to practice (Maheu & Gordon, 2000). A second survey of online therapists revealed that there is a common belief that therapists are only liable for following the laws and regulatory requirements in the state in which their office is located (Finn & Barak, 2010). Some online therapists have been able to avoid the licensing issue altogether by advertising themselves as “life coaches” but still providing services similar to that of online therapists (Recupero & Rainey, 2005). At this time, there is no case law or legal precedent addressing the jurisdictional issues (Zack, 2008), but a few states have begun to include online practices to their behavioral health statutes. For example, Arizona added a clause to their professional competence regulations to cover jurisdictional concerns, saying “whether occurring in this state or elsewhere, unprofessional conduct includes . . .” (Ariz. Rev. Stat. Ann. § 32-3251, 2006 as cited in Zack, 2008). While many of these issues must be addressed by lawmakers, until that time, social workers should understand their legal responsibilities in cross-state therapy.

STANDARD SIX: IDENTIFICATION AND VERIFICATION

“Social workers who use electronic means to provide services shall represent themselves to the public with accuracy and make efforts to verify client identity and contact information” (NASW & ASWB, 2005, p. 9). This standard is intended to address concerns that the anonymity of the Internet allows for the possibility of misrepresentation by both practitioner and client. One such concern is that there may be people representing themselves as social workers when they are neither trained nor licensed as such. For example, in Colorado, State Law has addressed issues of misrepresentation by protecting the term “Social Worker.” Only those persons possessing a social work

license through the Colorado Department of Regulatory Agencies board can say he or she is a Social Worker or claim to be providing social work services (C.R.S. § 12-43-405, 2013a). Because this law covers written materials as well, the term social worker is also protected on items that could be considered advertisements, such as websites. However, because not every state has this legal protection, social workers should be willing to share their credentials and explain what makes them qualified to provide social work services.

Those social workers providing these types of services should be aware that clients may also be verifying the credentials of the person providing the therapy. In a survey of e-therapy users, eight in ten users reported using the internet to look up the credentials of their therapist (Lehavot, Barnett, & Powers, 2010). Studies relating to online deception and misrepresentation have found that those who use the Internet regularly were more likely verify information that may be taken for granted in face-to-face interactions and people were easily able to verify and dispute what they believed to be deceptive practices (Burgoon, Chen & Twitchell, 2010).

Although this *Standard* was implemented to protect clients from practitioners who might misrepresent themselves, there are also concern is that online therapists are not taking the time to verify the identity of clients. In a study reviewing compliance to Codes of Conduct of online therapists, less than half the providers required some type of identification such as a full name, address, or date of birth (Ross, 2011). Many practitioners of e-therapy websites did not require that users have secure log on or password as a means of verifying identity of the person with whom they were communicating session to session (Finn & Barak, 2010).

It is recommended that therapy websites require passwords to verify identity both for tracking and privacy purposes, (Rochlen et al., 2004) or to require full name or other types of identification prior to the start of treatment. When possible, it may even be recommended to have a face-to-face session prior to using technology mediated communications. If these are not possible, there are other technology based methods to provide some verification. Through checking Internet Protocol (IP) addresses of users, the therapist could verify whether the person is indeed in the town, state or country they are reporting to be in (Midkiff & Wyatt, 2008). While these issues may not appear to necessarily be important to the therapeutic relationship, being able to verify client identity may become important for issues of confidentiality or risk management.

STANDARD SEVEN: PRIVACY, CONFIDENTIALITY, DOCUMENTATION, AND SECURITY

“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” (NASW & ASWB, 2005 p. 9). This

standard acknowledges the special protections that should be addressed in an electronic environment, such as protection of the data through the use of firewalls, passwords, and e-mail encryption services (NASW & ASWB, 2005). Parts of this standard are already addressed through State Law, such as the Disclosure of Confidential Documents Law (C.R.S. § 12-43-218, 2013b) as well as through NASW Code of Ethics (NASW & ASWB, 2008). Specifically, both the law and the Code of Ethics require that practitioners take steps to protect client information. Federal Law also addresses this issue in more depth and with much stiffer penalties for violation. Client records are protected through the Health Insurance Portability and Accountability Act (HIPAA) (P.L. 104-191, 1996), which requires that any information about clients receiving health care services are protected and will remain confidential. The HIPAA Security Rule requires that any health care entity using technology must have three things in place to ensure privacy and security. The first is a log on procedure that verifies only authorized users, typically only the therapist or billing agent, can access electronic information. The second is that there must be hardware or software that can monitor access and log on activity to determine who is accessing client records and when. The third requirement is that providers will have network protections such as firewalls for information shared through electronic networks (U.S. Department of Health and Human Services, 2013). Prior to the start of any social work activity, online practitioners should provide information about HIPAA regulations, security procedures and limits to confidentiality in a manner similar to the notices that are provided at the start of face-to-face therapy sessions (Midkiff & Wyatt, 2008). Despite these strict laws, in the study of social work websites, only 49% of the websites used some type of encrypted e-mail, secure chat or specific software to prevent hacking. In addition, only 44% of the sites had a statement for the clients about how to protect their private therapy information, such as the use of firewalls, privacy software or simply logging off the computer when the session was completed (Santhiveeran, 2009). Although there are strict legal penalties for those providing therapy services, many social work practices, such as community organizing, do not fall under HIPAA regulations. This standard should mention the legal implications for those providing direct services, but also outline how those involved in macro-level practice can also ensure privacy and confidentiality.

STANDARD EIGHT: RISK MANAGEMENT

“Social workers providing services through the use of the telephone or other electronic means shall ensure high-quality practices and procedures that are legally sound and ethical to protect clients and safeguard against litigation” (NASW & ASWB, 2005, p. 10). While this standard is also common in many social work practices, this standard is intended to ensure that the distance between client and provider does not create additional risk to the client

(Zack, 2008). Client safety and risk management was an area in which many of the websites were lacking in the review of online therapy sites. In this study, 26% of online practitioners report having a client who they believed was a danger to themselves, yet of these, fewer than half (46%) contacted local authorities to follow up on the situation (Finn & Barak, 2010). Even though emergency situations in online therapy exist, only 59% of the social work websites had procedures in place to deal with emergency situations. In many of these cases, this included only a statement saying, if this is an emergency, please call 911 or contact your local mental health agency. Only 32% of the sites required that a client provide the therapist with local contacts in case of an emergency (Santhiveeran, 2009). In addition to mental health emergencies, there was disagreement among online counselors about child abuse and neglect issues. Although 86% of e-therapists have had situations in which they believed child abuse or neglect was occurring, only 42% of them actually made a report to local authorities. In addition, 23% felt as though they did not meet the requirements of a mandatory reporter in an online environment (Finn & Barak, 2010). While the distance is a concern, suicide hotlines routinely deal with the situation of working with people in remote locations and have procedures in place to manage crises (Fenichel et al., 2002). For example, suicide hotlines use validated screening risk measures to determine the severity of the threat. If there is an indication that immediate intervention is needed, the suicide hotline workers have access to local emergency services (Joiner et al., 2007). In this same manner, online social workers could make suicide rating scales or other similar types of client assessments available online, with the program set to alert the therapist via e-mail or text messaging if the assessments indicate high risk or urgent situations. The therapist can then work with local authorities as needed to follow up on client safety concerns. This is why it is critical that social workers to gather all the necessary client information, including clients' physical location, when starting online therapeutic work (Rochlen et al., 2004).

Implications for Social Work Practice

At this time, as there are no formal laws or regulatory practices for legal and ethical online social work, there are also no mechanisms for ensuring enforcement and no consequences for breaking the rules. As online therapeutic work becomes more commonplace, state licensing boards may be able to take on these issues in the same manner they would handle other professional complaints, but at this time, there is little to guide boards on what may or may not be ethical and what might constitute the need for disciplinary action. The Technology Standards and Codes of Conduct may be a good start, but much more is needed to prepare and protect both clients and online practitioners when it comes to online social work practices.

A good first step may be to provide more information to practicing social work on these standards. There is currently no process in place for disseminating practice standards to social workers other than through the NASW website (NASW, 2014). Many social workers may not even know that these technology standards exist. As more social workers become interested in implementing technology, there will have to be some improved method for sharing the information that already exists. Recently, NASW promoted some of their practice standards through use of social media (NASW Facebook, 2014), so using technology-based methods such as these as manner for dissemination of these standards may be useful in the future. Many social workers may find the information useful and beneficial, if they knew these standards were available. How to best share these standards remains a significant limitation.

Once there is increased awareness of the problem, another way social workers can get involved is to advocate for policy changes. Although there are some laws and policies that regulate therapy practices, because the Internet is a global system, there are questions about which jurisdiction would have responsibility for enforcement of the laws (Cwiek et al., 2007). If a law is violated by a practitioner in another state, there may be no way to prosecute residents of other jurisdictions. For example California has law stating only those licensed in California can provide mental health services to residents of California, but the state has no means of enforcing their laws in a different state (Midkiff & Wyatt, 2008). As has been requested for telemedicine, a national or international system for regulation of social work therapy services, including rules for enforcement, may be warranted.

Because social work practices are governed by regulatory bodies in each individual state, one option a client has is to file a complaint with the licensing board in the state where the therapist holds a license. However, not only does the client have to determine which board to file with, licensing board in that state must agree to take responsibility for any potential disciplinary action. Without guidance on this issue, the board of regulatory agency may or may not be willing to accept a complaint from an online patient (Midkiff & Wyatt, 2008). For those social work practices not covered by state psychotherapy laws, clients may be covered by interstate commerce laws where, as with any contract, a client may file a lawsuit and claim breach of contract, fraud, or duress (Zack, 2008).

Additional Areas of Consideration

Although legal issues and client protection are of the utmost importance, the *Standards for Technology and Social Work Practice* can also offer guidance on ethical issues. In addition, there may be certain ethical issues specific to technology that are not addressed here.

INTELLECTUAL PROPERTY

While it may not seem necessary to state that social workers should not steal others' work, this is something that should be mentioned in the *Standards*. One of the benefits of the Internet is that information can be freely accessible and is intended to be used for the purposes of working together to create better products. Through the use of a Creative Commons license or open access to social work research data, there are times and places when using a global community may improve or enhance existing knowledge (Tapscott & Williams, 2010). However, there is also information that is not intended to be used or shared. Through advancements in software, copy and paste of code or graphics or even entire websites is very easy to do with only a few clicks of the mouse (Kennedy, 2012). Something as seemingly as innocent as linking to another agency or social worker's website may in fact be a violation of copyright laws.

Not only is it easy to steal others' work, if legal action is initiated, it is often difficult to prove and there are rarely penalties for misuse of others' site designs or ideas (Bouchoux, 2001). Although some of this may be addressed through current copyright laws, social workers using online treatments or advertising should be aware of the issues related to intellectual property, by using only that information and graphics that they have expressed permission to use and taking steps to protect their work through copyrights or patents when appropriate (Bouchoux, 2001; Kennedy, 2012; Tapscott & Williams, 2010).

MOBILE TELEPHONES

The advent of the smartphone has put a world of information into the pockets of social workers everywhere. Because so much of social work practice is done in the field rather than an office, access to this kind of technology has changed the way in which social workers can do their jobs. Through the use of these phones, clients have access to therapy based applications, text messaging, video and sound recordings as well as still pictures that could be a useful part of the therapy process (Rettie, 2009). The use of these technologies creates a freedom for social workers and clients to be able to do their work anywhere. While these technologies may be useful in treatment, this type of information may or may not be addressed in agency policies directing their use (Ferguson, 2008). The *Standards* could offer suggestions on when and how these powerful technology tools, such as audio and video recording devices, photographs and geo-tracking applications, like four-square, can be used as part of social work practice for the benefit, but not the detriment, of the client.

Related to issues of access, mobile telephones and data plans are also subject to the digital divide. While there may be some federal programs that

can assist social work clients gain access to mobile phones, data plans, text messaging, and minutes used for telephone communication may be limited or regulated. Much like other issues of access, social workers will want to be aware of these financial implications when asking clients to use their mobile phones for treatment or case planning services.

SOCIAL NETWORKING

When the *Standards* were created, social networking was rarely used by the general public; however, social networking and social media sites are used around the world for connection, communication. Eighty-five percent of adult Internet users report having some type of social networking profile (Moreno et al., 2011). Given the proliferation of use of social networking sites, there are could be ethical dilemmas related to “friending” clients or allowing clients to be followers or contacts on the various sites. In addition, there may be confidentiality risks, even if the social worker is using the social networking sites only for business purposes (Dunlap & Lowenthal, 2009). While most social networking sites have privacy settings, there are still risks that clients could access personal and private information about the social worker and about other clients (Young & Quan-Haase, 2013).

There are also questions about whether these same privacies should apply to clients. The *Standards* do not address the ethical uses of the Internet to gather information on their clients. In a survey of therapists about their online activities, 40% of providers admitted to looking up a client on Google or on a social networking site (Lehavot et al., 2010). While there may be times when accessing client information through social media may be useful, this may also limit a client’s right to self-determination. Social workers may benefit from some guidance around how and when to access a client’s personal information available through the Internet. Because social networking has become such a delicate area with many pitfalls, that rather than trying to include guidelines in the technology standards, social work may benefit from developing specific guidelines and recommendations in this potentially grey area, much like other professions, such as nursing (National Council of State Board of Nursing, 2011).

Needs for Frequent Updates

Because technology changes so quickly, the Standards should be updated frequently. The current document was published in 2005 and several changes have taken place since that time. There are now multiple social networking sites for both personal and professional use. There have been improvements to teleconferencing technologies, such as Skype, where clients and workers can interact with many of the same visual cues as face to face settings.

Developments within the use of Avatar-based therapy sessions and groups, such as those conducted in Second Life, where both clients and social workers can make representations of themselves and interact in virtual world are on the rise (Good, Gnanayutham, Arunasalam, & Vahid, 2011). Smartphones provide a world of information and the ability to document information with a device that can be easily carried and transported. Although it will likely be impossible for NASW/ASWB or individual agencies to address each new technology that arises, efforts should be made to update social workers on best practices around uses of new technologies and the related ethical issues that may emerge. Universities and schools of social work could also include these discussions as part of their coursework in training ethical treatment providers.

But these issues could also be addressed using an online document that can be updated and changed quickly. The Internet allows for mass collaboration on any number of issues (Tapascott & Williams, 2010), why not include the technology standards as something that can be accessed and routinely updated by those social workers most interested?

CONCLUSION

Until there is a time when these issues are addressed through policy on an agency, state, national, or international scale, Codes of Conduct, Practice Standards and recommendations from professional organizations may be the next best option. *The Standards for Technology in Social Work Practice* offer a good starting point, but more could also be done. Many of the suggestions made in these codes are statements of good practice, regardless of the treatment setting, including the online or virtual world. While it is hoped that all practitioners would behave in an ethical manner, there may be times when the ethical choice is not clear. So while the *Standards* provide some guidance, there may also be room for social work to provide education and advocacy, helping both practitioners and clients understand their rights and responsibilities when using technology to conduct social work practice.

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