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The Digital and Electronic Revolution in Social Work: Rethinking the Meaning of Ethical Practice

Frederic G. Reamer

The recent and dramatic emergence of digital and other electronic technology in social work—such as online counseling, video counseling, avatar therapy, and e-mail therapy—has tested and challenged the profession’s longstanding and widely accepted perspectives on the nature of both clinical relationships and core ethics concepts. These developments have transformed key elements of social work practice and require critical examination of the meaning and application of relevant ethical concepts in diverse cultures. This article explores pertinent ethical implications related to social workers’ commitment to clients; privacy/confidentiality; client self-determination and professional paternalism; informed consent; and professional–client boundaries and dual relationships. The author discusses the need for social workers to re-examine time-honored ethics concepts and explore their implications for the profession’s ethical standards pertaining to the practitioner–client relationship.

Keywords Digital; Online; Electronic; Ethics; Ethical Standards

When social work pioneer Mary Richmond delivered her now-famous 1897 speech at the National Conference of Charities and Correction calling for formal education of friendly visitors, she introduced the concept of professional relationship. Since then, legions of scholars have sought to identify the essential elements of what it means for practitioners to engage with clients meaningfully (Horvath 2005). In 1913 Freud pioneered the concept of therapeutic alliance and its essential role in clinical treatment. Over time, a substantial body of empirical research suggests that there are a number of key elements of effective and meaningful practitioner–client relationships, a number of which require or greatly benefit from the clinician and client being in the same room: nonverbal communication (eye contact from the clinician who leans forward in her/his chair), being willing and able to process the therapeutic relationship (talking directly about what is and is not working in the relationship), active listening (repeating and paraphrasing the client’s comments), nurturing greetings and

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farewells (greeting the client with a smile, opening the door for the client to leave, introducing oneself to and shaking hands with the client in the waiting room), displaying comforting decorations and authoritative books in the clinician's office, using humor, and responding to the client's feelings (handing the client a tissue when the client cries) (Hill 2004; Hill & Knox 2009; Kiesler 1988; Lambert 2007; Norcross 2002; Safran & Muran 2000; 'The Therapeutic Relationship' 2006; Wachtel 2008). As social work educator Sudbery (2002) notes, 'it is important to be clear that a core component of social work is the ability to respond to people's emotional needs, to their impulse for emotional development, and to the difficulties they experience in forming or maintaining relationships' (p. 150).

For more than a century, social workers have drawn on this growing body of evidence concerning effective treatment to design and implement clinical interventions (O'Hare 2005; Sands & Gellis 2012). Until very recently, these clinical intervention methods and models assumed that social worker and client are in each other's physical presence.

Along with the evolution of clinical intervention methods and models, social work has developed increasingly ambitious ethical frameworks, guidelines, and standards. Over time, the profession has moved from a relatively simplistic understanding of ethical issues to today's more comprehensive and sophisticated grasp of a wide range of subtle and complex ethical challenges (Banks 2006; Barsky 2009; Dolgoff *et al.* 2009; Reamer 2006).

The recent and dramatic emergence of digital and other electronic technology in social work as it is practiced in many nations—such as online counseling, video counseling, and e-mail therapy—has tested and challenged the profession's longstanding and widely accepted perspectives on the nature of both clinical relationships and ethical issues. Indeed, these remarkably novel forms of clinical social work—what truly amounts to a paradigm shift (Kuhn 1996)—demand a full and diligent reexamination of the profession's understanding of core ethics concepts and principles.

Digital and Electronic Services in Social Work: A Primer

In social work the earliest discussions of electronic tools focused on practitioners' use of information technology (IT) (Schoech 1999) and the ways in which social workers can use Internet resources such as online chatrooms and listservs joined by colleagues, professional networking sites, news groups, and e-mail (Grant & Grobman 1998; Martinez & Clark 2000). 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 websites (Skinner & Zack 2004).

Today's social work services include a wide range of digital and electronic options (Chester & Glass 2006; Kanani & Regehr 2003; Lamendola 2010; Menon & Miller-Cribbs 2002; Wells *et al.* 2007; Zur 2012). Some practitioners use these tools to supplement their face-to-face clinical relationships with clients; others use them to provide services that do not include any in-person meetings.

Online Counseling

The Internet now features hundreds of online counseling services (Barak *et al.* 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. Clients can purchase online chat services in 30-minute increments paid for by credit card.

Live online chat is an example of what computer experts call *synchronous* communication, meaning that 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. Some organizations, such as the Samaritans and other crisis hotlines, provide free emergency telephone counseling to people who are suicidal or despondent.

Video Counseling

An increasing number of social workers and mental health agencies offer clients live distance counseling using webcams, pan-tilt zoom (PTZ) cameras that capture images of practitioner and client, monitors, and live video services such as Skype.

Cybertherapy

Some clinicians offer individual and group counseling services to clients using a three-dimensional (3D) virtual world where clients and practitioners interact

with each other visually using 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 avatars which identify them as either clients or clinicians, and electronically enter a virtual therapy room for individual or group counseling. Many providers use software known as Second Life, a massive multi-player universe (MMU) set in a 3D 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. Typical websites invite users to complete online questionnaires concerning their symptoms, habits, clinical histories, and other personal information, and then provide users with electronic feedback and resources that can help them decide whether to change their behavior. Some specialized websites—for example, those designed for use by adolescents—offer users therapeutic games that draw on evidence-based research (for example, solution-focused therapy principles) to help users address challenges in their lives.

Electronic Social Networks

Social networking sites, such as Facebook and LinkedIn, are now pervasive in both clients' and social workers' lives. Some practitioners (a distinct minority, it appears) believe that maintaining online relationships with clients on social networking sites can be used as a therapeutic tool; they claim that informal contact with clients on social networking sites humanizes the relationship and makes social workers more accessible. Others are concerned that such online relationships may lead to boundary confusion and confidentiality breaches (Kolmes & Taube 2010; Reamer 2012; Zur 2007, 2012).

E-mail

Multiple websites 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 hours. Some practitioners offer clients monthly e-mail packages that include a set number of e-mail exchanges (for example, 6–8). Other practitioners choose to exchange occasional clinically relevant e-mail messages with clients as an extension of their office-based services (Finn 2006; Gutheil & Simon 2005; Peterson & Beck 2003).

Text Messages

Some social workers have chosen to exchange text messages (SMS or Short Message Service) 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. Other social workers 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 longstanding social work axiom 'start where the client is' and engage with adolescents via text messaging since that is many adolescents' communication medium of choice.

The Evolution of Social Work Ethics

It is important to examine the emerging and novel ethical challenges facing social workers in the digital and electronic age in an historical context. Our contemporary assessment of these ethical issues and development of new ethical norms must emanate from the rich conceptual frameworks that have evolved during social work's history.

Values and ethics have always been part and parcel of social work. However, social workers' grasp of and approach to ethical issues have changed dramatically throughout the profession's history. Social work literature in the early twentieth century, during the earliest chapter of social work's development, focused primarily on the nature of social work's values and the moral purposes of the profession (Pumphrey 1959). Up through the 1970s, social work scholars and practitioners grappled with a range of issues focused especially on the profession's core values, values clarification, and the relationship between practitioners' values and the profession's values (Hardman 1975; Teicher 1967; Timms 1983).

Beginning in the late 1970s and early 1980s, a small group of social work scholars began to explore more deliberately the nature of ethical dilemmas in social work, focusing primarily on instances when social workers' duties and obligations clash. The literature during this period identified complex moral dilemmas involving such issues as the limits of clients' confidentiality rights and right to self-determination, professional paternalism, conflicts of interest, whistle-blowing, administrative and organizational ethics, the relationship between the law and social work ethics, civil disobedience, and distributive justice (Loewenberg & Dolgoff 1982; Preston-Shoot *et al.* 2001; Reamer 1982, 1993, 2005). These early efforts were an outgrowth of the dramatic emergence of the specialized field of professional ethics (also known as applied and practical ethics) in the late 1970s (Callahan & Bok 1980).

Since the early and mid-1980s many social work students and practitioners have been introduced to the connections between ethics concepts and ethical

dilemmas that practitioners encounter in the field (Banks 2006; Barsky 2009; Bogo 2010; Doel *et al.* 2011; Dolgoff *et al.* 2009; Homonoff 2008; Reamer 2006; Royse *et al.* 2012). Typically these discussions explore ethical decision-making models and the relationship between standard ethical theories (known as deontology, teleology, consequentialism, utilitarianism, ethics of care, and virtue theory) and ethical dilemmas encountered by social workers. Relevant ethical dilemmas concern clinical practice (for example, confidentiality, client self-determination, boundaries, dual relationships, conflicts of interest, informed consent, professional paternalism, truth telling); program design; agency administration; social policy (for example, adhering to agency policies or regulations, confronting social injustice and oppression, distributing limited resources); and relationships among practitioners (for example, reporting a colleague's unethical behavior, addressing a colleague's impairment). In recent years a great deal of social work education, including university-based and continuing education, has focused explicitly on decision-making strategies that social workers can use when faced with difficult ethical judgments (Mattison 2000). However, only now are social workers beginning to apply these conceptual frameworks and protocols to ethical dilemmas involving digital and other electronic tools with regard to the delivery of services directly to clients.

Most recently, particularly since the 1990s and especially in the United States, where ethics-related litigation and licensing board proceedings are more common than in other nations, social work ethicists have expanded their focus to include a wide range of ethics-related risk-management issues (Houston-Vega *et al.* 1997; Reamer 2003). A major goal of ethics risk-management education is to acquaint social workers with the ways in which sound ethical judgment and management of ethical challenges can protect clients and prevent malpractice lawsuits and licensing board complaints. Unprecedented and novel ethics-related risk-management issues are now emerging related to social workers' use of digital and other electronic forms of services and interventions. Examples include social workers' ethical judgments about whether to provide vulnerable clients with online counseling without ever meeting them in person, use electronic social networking sites as a therapeutic tool in their relationships with clients, and facilitate live web-based group therapy where both clients and social worker are represented by computer graphics (avatars).

Core Ethics Concepts and Principles: A Reexamination

The latest chapter in social workers' efforts to identify and address ethical issues concerns the dramatic and quick-paced emergence of digital and other electronic tools. These developments have transformed key elements of social work practice and warrant critical examination of the meaning and application of time-honored social work concepts. The most relevant core ethics concepts include: (a) commitment to clients; (b) privacy/confidentiality, (c) self-determination

and paternalism, (d) informed consent, and (e) professional–client boundaries and dual relationships.

Commitment to Clients

One of social work's distinguishing features—in comparison to other helping professions—is its enduring commitment to meeting the needs of people who are extraordinarily vulnerable, such as people living in poverty and victims of oppression and discrimination. Every prominent ethics code in the social work profession highlights practitioners' commitment to vulnerable clients. For example, the International Federation of Social Workers (2012) *Statement of Ethical Principles* asserts that 'social workers have an obligation to challenge social conditions that contribute to social exclusion, stigmatisation or subjugation, and to work towards an inclusive society'. The Australian Association of Social Workers (2010) *Code of Ethics* highlights the profession's commitment to 'working to address and redress inequity and injustice affecting the lives of clients, client groups and socially disadvantaged... especially those who are neglected, marginalised, vulnerable, excluded, disadvantaged, alienated, or have exceptional needs'. Similarly, the National Association of Social Workers (2008) *Code of Ethics* states: 'The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty.'

This notion of giving priority to vulnerable populations is reflected also in widely regarded treatises in moral philosophy. In his classic text *A Theory of Justice*, moral philosopher John Rawls (1971) emphasizes our collective moral duty to meet the needs of those who are the most vulnerable in society and least advantaged. Similarly, ethicist Alan Gewirth argues in his influential *Reason and Morality* (1978) that society has a moral duty to meet the 'basic' needs of people, which he defines as those aspects of well-being which are necessary for anyone to engage in purposeful action (for example, life, health, food, shelter, mental equilibrium).

To date, the digital and other electronic tools being used by clinical social workers to deliver services are targeted almost exclusively at people who are able to pay for these services out of pocket. Typical websites require users to post their credit card information prior to receiving services. With some modest exceptions, most third-party payers (private insurers and government agencies) are not paying for 'distance' counseling services. In the United Kingdom, for example, 'Relate' is a national federated charity whose telephone counseling providers charge users per hour; e-mail counseling providers charge users for each e-mail exchange. Many private providers in other nations operate similarly. As a result, for the most part online and other distance counseling services are limited to those who are in a position to pay for them. People who are living in poverty are not likely to be able to afford these services; in addition to having

insufficient assets, they are less likely to maintain active credit card accounts and have access to the Internet in their homes. Thus social workers' increasing use of digital and online technology may limit their ability to satisfy the profession's longstanding commitment to extraordinarily vulnerable clients, especially those living in poverty.

Privacy and Confidentiality

Client privacy and confidentiality have always been sacred in social work practice. The trust between social worker and client typically depends on the practitioner's assurance of privacy protections within the limits of the law and ethical standards (Dickson 1998). Clients' willingness to disclose intimate, deeply personal details about their lives is understandably a function of their belief that their social worker will not share this information with others. Over time, social workers have developed an increasingly rich grasp of ethical duties and challenges associated with clients' privacy and confidentiality rights.

Codified ethical standards in social work have become increasingly comprehensive and detailed. For example, the first NASW *Code of Ethics*, which came into effect in 1960, included only one standard related to privacy: 'I respect the privacy of the people I serve.' In contrast, the current NASW *Code of Ethics* includes 21 standards regarding issues such as disclosing confidential information to protect third parties from harm; disclosing confidential information to the media, law enforcement officials, third-party payers, and during legal proceedings; protecting the confidentiality of research and evaluation data; and protecting the confidentiality rights of deceased clients. The *Code of Practice for Social Care Workers* adopted by the General Social Care Council (GSCC) in England includes two key standards: 'Respecting and maintaining the dignity and privacy of service users' (standard 1.4) and 'Respecting confidential information and clearly explaining agency policies about confidentiality to service users and carers' (standard 2.3). The *Code of Ethics* of the Canadian Association of Social Workers (2005) includes a broad statement concerning social workers' ethical duty:

A cornerstone of professional social work relationships is confidentiality with respect to all matters associated with professional services to clients. Social workers demonstrate respect for the trust and confidence placed in them by clients, communities and other professionals by protecting the privacy of client information and respecting the client's right to control when or whether this information will be shared with third parties. (Value 5)

Most social work codes of ethics do not specify or highlight unique issues embedded in social workers' duty to protect confidential information transmitted online or via telephone or text messaging. One exception is 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. (Standard 1.07[m])

The proliferation of digital and other electronic forms of service delivery now requires social workers to rethink what they mean by the concepts of privacy and confidentiality. Social workers who post personal information on Facebook or other social networking sites to which clients have access are choosing to share private details with clients in unprecedented ways. Conversely, clients who post private details and confidential information on social networking sites, possibly including sensitive details about social services they receive, knowingly or unknowingly are sharing intimate information with a wide audience. Clients who disclose intimate information in e-mail therapy messages run the risk that their computer account will be breached. Clients who use so-called location-based services on their GPS-enabled mobile phones (such as Foursquare) to enable friends and acquaintances to follow their daily itinerary may jeopardize their privacy by inadvertently informing friends and acquaintances that they are visiting a therapist when they ‘check in’ electronically each week.

Self-determination and Paternalism

Social workers are drawn to the profession because of their sincere desire to assist people who are experiencing serious problems in living, such as mental illness, addiction, poverty, domestic violence, physical impairment, and so on. In general, social workers embrace the profession’s longstanding commitment to the principle of client self-determination (McDermott 1975), which ordinarily entails ‘the rights and needs of clients to be free to make their own choices and decisions’ (Barker 1991, p. 210). The General Social Care Council’s *Code of Practice for Social Care Workers* states that practitioners should ‘promote the independence of service users while protecting them as far as possible from danger or harm’. Using different language, the NASW *Code of Ethics* expresses a similar sentiment: ‘Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals’ (standard 1.02). Following this widely accepted principle, social workers should honor clients’ wish to enter into digital and other electronic relationships with them. From this perspective social workers should accept clients’ request to become Facebook friends and exchange casual e-mail and text messages.

Yet social workers are quickly recognizing that engaging in such digital and electronic relationships may harm clients. As a result, many social workers have developed ‘social media policies’ (Kolmes & Taube 2010; Reamer 2012) that inform clients that they will not have electronic social networking relationships with clients or exchange casual e-mail and text messages with them. In this

respect social workers have extended and applied the moral concept of paternalism to guide their policies. Issues of paternalism arise when social workers are inclined to interfere with clients' right to self-determination 'for their own good'.

The concept of paternalism has been debated since Aristotle's time, although the term itself is of more recent origin. Aristotle argued in his *Politics*, written in the fourth century BCE, that some degree of paternalism is appropriate in a society in which certain elite individuals are clearly more informed and wiser than others. The best-known classic statement on paternalism is British philosopher John Stuart Mill's 1859 essay 'On Liberty'.

Debate about the nature and limits of paternalism was especially intense during the 1960s, largely because of the widespread focus on civil rights and civil liberties issues. Controversy about paternalistic treatment of the mentally ill, prisoners, welfare recipients, and children stimulated a great deal of philosophical speculation about the limits of coercion (Buchanan 1978; Carter 1977). In his classic 1968 essay 'Paternalism', Gerald Dworkin, a moral philosopher, defined paternalism as 'interference with a person's liberty of action justified by reasons referring exclusively to the welfare, good, happiness, needs, interests, or values of the person being coerced' (quoted in Wasserstrom 1971, p. 108).

Historically social workers have considered acting paternalistically when clients engage in self-harming behavior or are otherwise at risk; examples include mandating that a client with mental illness who is homeless in dangerously cold weather go to a shelter, or withholding information from a client about his prognosis when sharing this information may cause severe emotional injury. Today's social workers face new questions of paternalism, i.e. when clients exercise their right to self-determination and wish to develop digital and other electronic relationships with care providers who believe that doing so may cause clients harm (for example, when clients' clinical challenges warrant in-person services or when clients may become confused about boundaries as a result of electronic relationships with their social worker).

Informed Consent

Social workers have always recognized the central importance of a client's informed consent, whether to services, release of information, or participation in research projects (Bernstein 1960; Keith-Lucas 1963; Perlman 1965; McDermott 1975; Reamer 1987). The sentiment expressed in the Australian Association of Social Workers *Code of Ethics* is typical: 'Social workers will ensure, as far as possible, that clients understand the principle of informed consent and the circumstances in which it may be required' (standard 5.2.3).

The philosophical roots of informed consent trace to Plato. The medieval French surgeon Henri de Mondeville also stressed the importance of obtaining a patient's consent (President's Commission 1982). By the late eighteenth century

European and American physicians and scientists had begun to develop a tradition that encouraged professionals to share information and decision making with their clients. Although the concept of informed consent has its origins in medicine and health care, over time it has become part of the standard of care in social work.

Social workers' use of digital and electronic services and interventions poses new informed consent challenges. Social workers who provide online, telephone, and video counseling, for example, must obtain consent from people they may not meet in person. Social workers who relate to clients solely via e-mail may find it challenging to engage in a true dialogue with clients in a way that satisfies what have become core elements of informed consent. Although there are different interpretations and applications of informed consent standards, there is considerable agreement about what constitutes valid consent by clients in light of prevailing legislation and case law in many nations. In general, six standards must be met for consent to be considered valid: (1) coercion and undue influence must not have played a role in the client's decision; (2) clients must be mentally capable of providing consent; (3) clients must consent to specific procedures or actions; (4) the consent forms and procedures must be valid; (5) clients must have the right to refuse or withdraw consent; and (6) clients' decisions must be based on adequate information (Dickson 1995; Madden 2003; President's Commission 1982; Reamer 2003; Rozovsky 1984; Stein 2004).

Social workers who solicit and obtain clients' informed consent electronically may find it difficult to demonstrate that clients were fully capable of providing consent and that they truly understood all of the elements of the informed consent process. For example, the fact that clients click 'Submit' on a social worker's Internet site does not demonstrate that they truly grasp the potential benefits and risks associated with online counseling.

Professional–Client Boundaries and Dual Relationships

Social workers are trained to maintain clear boundaries in their relationships with clients. Clear boundaries are important so that practitioners and clients understand the nature and purpose of their relationship with each other. In clinical practice especially, social workers must avoid conveying mixed messages about their role in clients' lives. Confusion about the social worker–client relationship—which can result when practitioners disclose personal information to clients inappropriately, accept expensive gifts from clients, or have social contact with clients—can interfere significantly with the pair's therapeutic goals and process. Clients who view social workers as someone other than their source of professional help—for example, as their friend, lover, or business associate—may have difficulty developing a therapeutic alliance and making maximum use of the social worker–client relationship (Jayaratne *et al.* 1997; Reamer 2012; Zur 2007).

Some dual and multiple relationships involve *boundary crossings*. A boundary crossing occurs when a social worker is involved in a dual relationship with a client in a manner that is not coercive, manipulative, deceptive, or exploitative. Boundary crossings are not inherently unethical; they often involve boundary ‘bending’ as opposed to boundary ‘breaking’. However, other dual and multiple relationships involve *boundary violations*. Boundary violations occur when a social worker engages in a dual relationship with a client that is coercive, manipulative, deceptive, or exploitative (Gutheil & Gabbard 1993).

The proliferation of digital and other electronic forms of service delivery has created entirely new challenges that have the potential to lead to boundary crossings and violations. For example, social workers who have electronic contact with clients on social networking sites (such as Facebook and LinkedIn), provide clients with their personal mobile telephone number to facilitate exchange of text messages, and exchange e-mail messages with clients, broaden the boundaries of the social worker–client relationship far beyond what has been customary throughout the profession’s history. Further, social workers who have extensive electronic contact with clients outside of normal working hours (for example, when a social worker and client exchange e-mail, social network postings, or text messages late at night) may give clients the impression that their relationship is fluid and not bound by the parameters that historically have defined professional–client relationships.

Unless social workers set strict limits regarding clients’ electronic access to them, clients may have unrealistic expectations or be confused about the relationship’s boundaries. Clients whose relationship with social workers is defined exclusively by their electronic contact may find the notion of postponing discussion of a clinical issue until ‘next week’ or ‘our next appointment’ to be antiquated. In addition, the absence of a physical office—which can help establish relatively firm boundaries defined by space and time—can lead to misunderstandings about the nature and limits of the social worker–client relationship. A client may become upset or feel betrayed when a social worker takes six hours to respond to a client’s e-mail message, given that two days earlier the social worker responded 15 minutes after the client sent her an e-mail message at 11:09 p.m.

In addition, Internet-based search engines (such as Google) make it quite easy for social workers and clients to locate personal information about each other, which is yet another significant step in the direction of boundary crossings. Social workers who consider searching electronically for personal information about their clients (for instance, when social workers suspect that a client has not been entirely truthful about his personal history in clinically relevant ways) are taking steps to stretch the boundaries of their relationship with clients. Such electronic searches, or sleuthing, raise complex ethical issues about whether social workers have a duty to inform clients when they search for information about them, whether such searches constitute an invasion of clients’ privacy, and the possibility that clients who learn about social workers’ electronic information searches will feel violated. The dynamics in the clinical relationship may become

unusually complicated if the client learns that the practitioner discovered information about the client that the client chose not to share with the social worker.

Conversely, social workers should expect that clients may conduct electronic searches for information about them. Some clients may conduct such searches as part of their efforts to vet social workers from whom they are considering receiving services; also, some active clients may conduct such searches simply because they are curious and eager for details about their social worker's personal life. Social workers should be keenly aware that any personal information they post on the Internet, or that is posted about them by a third party, may reach clients' eyes. As a result of electronic searches, clients may be privy to a great deal of personal details about their social worker that the practitioner would not have shared in a traditional office-based relationship.

These sorts of inadvertent disclosures also redefine the nature of social worker–client boundaries. Clients who learn personal details about their social worker may be pleased or troubled by what they read on their computer screen, electronic tablet, or smartphone. Clients may have strong transference reactions based on their discovery of their social worker's political affiliation and activity, religious views, organizational membership, previous employment, sexual orientation, and athletic prowess. Social workers have a responsibility to regulate, to the greatest extent possible, the information they make available to the public via the Internet. Of course, social workers may have little or no control over what third parties may include in Internet postings about them, including what former clients may post about their social worker on online business review sites that rate healthcare providers (such as HealthGrades, Yelp, Yahoo! Local, and Bing). In this respect, in the digital age social workers must extend their longstanding reflections about the ethics of self-disclosure to reflections about third-parties' online disclosures about the social worker.

Conclusion

In significant ways, the current contours of social work barely resemble those of the late nineteenth century when the profession was formally inaugurated. Although the foci of many social workers' attention are the same—problems of poverty, housing, employment, mental illness, and health care—the panoply of contemporary challenges has expanded dramatically. Today's social workers attend to a range of social and personal problems that were unheard of in the late 1800s, including responding to challenges associated with HIV/AIDS, caring for people who await organ transplants, and helping people who struggle with Internet addiction.

In important respects, the same is true of social work ethics. Social work's earliest pioneers wrestled with issues of privacy, confidentiality, client self-determination, conflicts of interest, and the distribution of limited resources, as

do today's practitioners. Yet contemporary social workers must manage complex ethical issues that were completely unknown to their professional forbears, such as making decisions about complying with mandatory reporting laws pertaining to abuse and neglect, protecting the privacy rights of minors who seek contraception or treatment for substance abuse, and ensuring the confidentiality of electronic records. Although social workers continue to pay close attention to many of the same ethics concepts that defined the profession in its earliest years, the ways in which these concepts manifest themselves have changed dramatically as a result of significant societal and technological change. In this regard today's social workers view the profession's core ethics concepts through a kaleidoscope; subtle turns display the very same elements in stunningly different configurations.

The relatively recent advent of digital and other electronic tools and services has forced social workers to rethink what we mean by age-old concepts: commitment to clients; privacy/confidentiality, self-determination and paternalism, informed consent, and professional–client boundaries and dual relationships. Ideally, this reexamination should have several key components. First, social workers should examine each of these core ethics concepts critically to assess the unique ways in which they need to be understood differently in the face of new digital and electronic forms of practice. For example, social workers' use of these novel interventions requires expansion of what the terms 'boundaries' and 'dual relationships' mean. Traditional commentary on these concepts refers exclusively to such ethical issues as social workers' in-person self-disclosure to clients, hiring former clients, unplanned encounters with clients in the local community, and accepting gifts and invitations from clients. Social workers' use of digital and other electronic tools to communicate with clients now requires fundamental rethinking of these concepts to include boundaries that occur in a virtual world and that are not defined or constrained by physical proximity and 'live' encounters. Similarly, social workers must rethink what it means to obtain clients' informed consent electronically and protect the confidentiality of clients' electronic information.

Second, social workers should generate realistic case scenarios reflecting the new challenges associated with each of these core concepts in an effort to anticipate challenging ethical dilemmas. Such case scenarios are particularly useful for classroom instruction, staff training, and continuing education. For example, rich case scenarios can be designed to help social workers identify ethical issues and reflect on constructive management of them when clients forward electronic messages asking practitioners to be their Facebook 'friend', ask social workers to provide clinical services using avatar or video conferencing technology, inform social workers that the clients conducted an online search for information about the social worker and discovered very personal information, or inform social workers that they are in crisis and need supplemental services located in the client's city which is very far from the social workers' domicile.

Third, social workers should identify pertinent risk-management challenges that might result from complex ethical dilemmas. Once social workers outline

potential ethical dilemmas and construct instructive case scenarios, it will be useful to anticipate the ways in which social workers' judgments may increase or decrease the likelihood of harm to clients (for instance, breaching or invading client privacy, violating professional–client boundaries, failing to obtain clients' informed consent) and expose practitioners to ethics complaints and litigation.

Finally, social workers should generate new ethical standards reflecting this reconceptualization of core ethics concepts resulting from new digital and electronic forms of practice. This will entail a systematic and microscopic review of current codes of ethics wherever social work is practiced around the world, with an eye toward revising them to acknowledge and address emerging ethical issues. New ethical standards may be necessary to address risks associated with obtaining clients' informed consent electronically, protecting the confidentiality of electronic communications to and from clients, and maintaining clear professional–client boundaries. It is particularly important for social workers to explore the ethical implications of digital and other electronic service delivery with respect to practitioners' commitment to serving what have historically been social work's principal audience: especially vulnerable clients, including those living in poverty.

This kind of re-examination is not simply a matter of repackaging old wine in new bottles. Rather, today's social workers must think carefully, cautiously, and hard about the unique ways in which enduring ethics concepts in the profession warrant fundamental changes in meaning, interpretation, and application. Being willing to take on this challenge—to continually re-examine and rethink, in a constructively critical manner, the way one does one's work—is one of the principal hallmarks of being a professional.

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