

Navigating Ethical Issues in Child Maltreatment Cases During Turbulent Times

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Let's
Hear
From
You!

1. How much experience do you have in working with families impacted by child maltreatment?		
	0-2 years	___
	3-5 years	___
	6-10 years	___
	11+ years	___

Let's Hear From You!

2 How confident do you feel overall in navigating the ethical situations that arise in your work involving child maltreatment?

From 0 (Not at All) to 10 (Completely)

Let's
Hear
From
You!

3 How confident do you feel *in this time of COVID-19* in navigating the ethical situations that arise in your work involving child maltreatment?

From 0 (Not at All) to 10 (Completely)

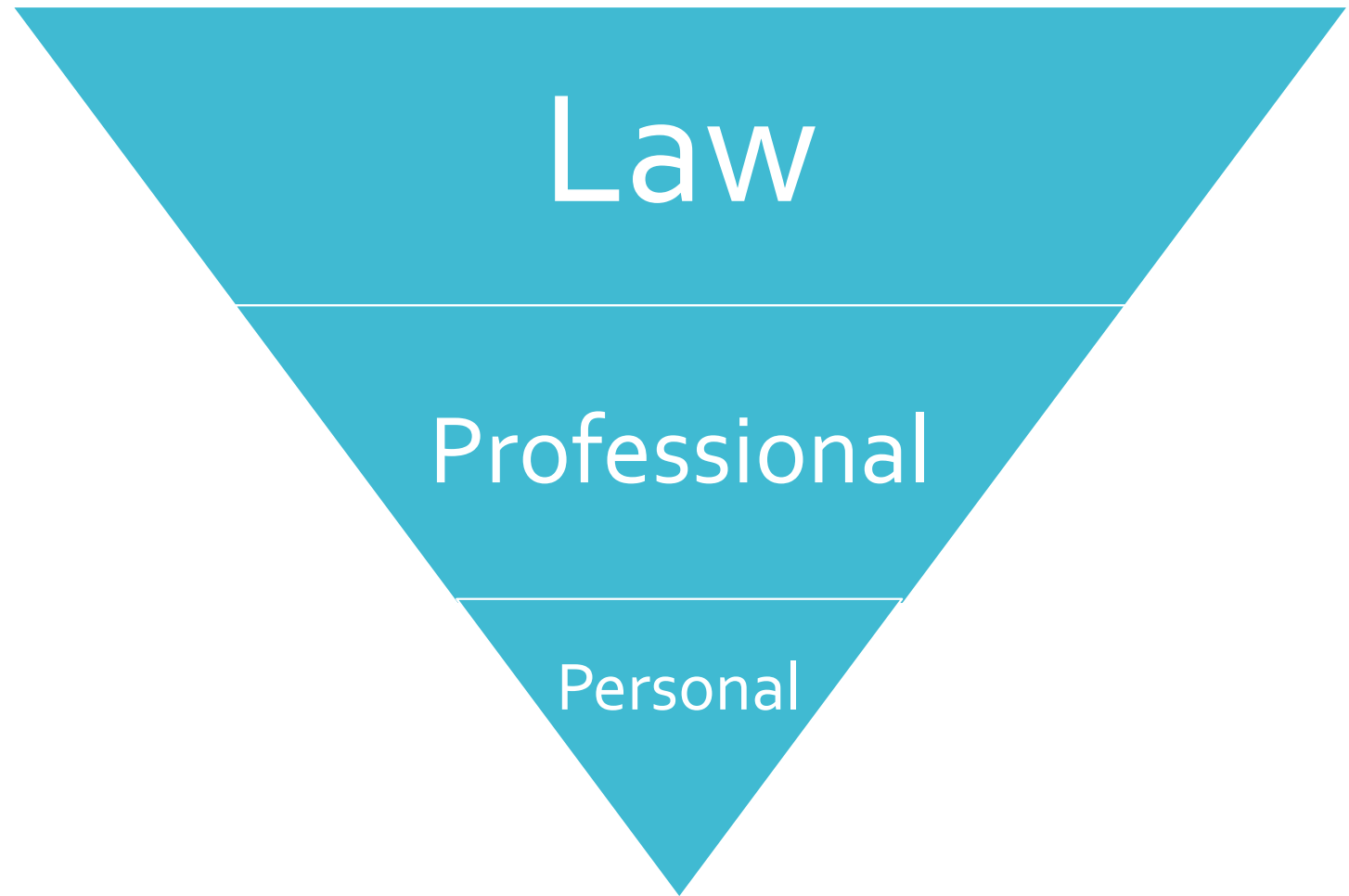
Let's
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What is one example of a professional ethical challenge you've experienced or heard about in since COVID-19?

Ethics Figure Prominently in Addressing Cases of Child Maltreatment

- **BENEFICENCE AND NONMALEFICENCE**
 - Obligation to bring about good through our actions and not do harm or minimize the harm that we do
- **FIDELITY & RESPONSIBILITY**
 - Aware of our responsibilities to society and the profession and uphold professional standards of conduct
- **INTEGRITY**
 - Promote accuracy, honesty, and truth in our work and do what we say we will do
- **JUSTICE**
 - Obligation to treat all people equally, fairly, and impartially
- **RESPECT FOR PEOPLE'S RIGHTS AND DIGNITY**
 - Respect others' rights to privacy, confidentiality, and self-determination and respect individual differences

Ethical Decision Making



Ethical Decision Making

- Answer is not “right vs. wrong”
- Need to look at the comparative ethicality of the options, keeping your personal biases and beliefs in mind
- Need to consider likely outcomes
- Also need to factor in all the rules and mandates of your profession (i.e., informed consent, mandatory reporting, confidentiality, etc.)
- Where does the buck stop?



Ethical Decision Making Framework

- Step 1: Define the parameters of your ethical scenario
 - Who are the specific entities, large and small?
 - What do you HAVE to do?
 - What would you like to do?
- Step 2: Define YOUR parameters in your role
 - What CAN you do?
 - What exactly is your role?
- Step 3: Generate possible tactics



**“We need to draw the line on unethical behavior.
But let’s draw it with an Etch-a-Sketch and
don’t be afraid to shake it a little.”**



Ethics in Multidisciplinary Collaboration

Multidisciplinary Collaboration

- Trying to address problems which are beyond the scope or expertise of any one professional
- Must balance responsibility, values, knowledge, skills and goals with your distinct role
- Ethically, every professional has separate obligations based on their profession and role
 - Also have ethical obligation to other professionals to treat them with respect and act professionally
- For child welfare cases, child welfare is ultimately responsible for the safety of the child – relationships across professionals are not always equal with respect to the family involved.

Multidisciplinary Collaboration Considerations

- Step 1: Define the parameters of your ethical scenario
 - Who are the specific entities, large and small?
 - What do you HAVE to do?
 - What would you like to do?
- Step 2: Define YOUR parameters in your role
 - What CAN you do?
 - What exactly is your role?
- Step 3: Generate possible tactics

What Should You Do If....

- You are working on a multidisciplinary team in one of the following roles on the team: Child welfare, ICWA, foster care agency, mental health provider, or director of the team.
- The child in question is in child welfare custody, is engaging in non-suicidal self-injury, and the foster parents have been reluctant to see this as a concern.
- The foster parents have not acted upon any recommendations to enhance safety for this child.
 - With whom does the buck stop?
 - How might your role on the team affect what you think next steps need to be to protect the child?
 - Who should offer the ultimate guidance?

What Should You Do If.....

- You are working on a multidisciplinary team. A family's case is brought up due to sexual behavior between brothers who are in foster care – pulling on each other's genitalia, pulling down each other's pants and underwear, and using sexual language.
- These behaviors are not reducing despite foster care family's intervention.
- The lead on the MDT says "boys will be boys" and does not think it is a concern.
- The child welfare worker thinks the behavior is problematic and that the boys need to be assessed.
 - What issues do you see in this case?
 - How should it be resolved?
 - When is sexual behavior okay and not okay?

THE MORE YOU KNOW, THE HARDER IT IS TO TAKE DECISIVE ACTION.



ONCE YOU BECOME INFORMED, YOU START SEEING COMPLEXITIES AND SHADES OF GRAY.



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YOU REALIZE THAT NOTHING IS AS CLEAR AND SIMPLE AS IT FIRST APPEARS. ULTIMATELY, KNOWLEDGE IS PARALYZING.



BEING A MAN OF ACTION, I CAN'T AFFORD TO TAKE THAT RISK.

YOU'RE IGNORANT, BUT AT LEAST YOU ACT ON IT.





Ethics in Virtual Service Provision

Virtual Visit Guidelines*

When holding a virtual visit, need to consider:

- Legal requirements
- Ethical Standards
- Telecommunication strategies and limitations
- External constraints related to your discipline, agency requirements, etc.

*Adapted from the American Psychological Association
Telepsychology Guidelines, 2020

<https://www.apa.org/practice/guidelines/telepsychology>

Ensure Ethical and Professional Standards of Care are Met

- First, can the service be provided safely and to appropriate fidelity standards and intervention requirements in a virtual format?
- Psychological Assessment, for example:
 - Limited in ability to use best diagnostic test given virtual nature of the visit
 - Tests that require object manipulation may not be appropriate for virtual administration (e.g., Bayley, IQ tests)
 - Screeners/self-report measures have a greater potential to be administered effectively via virtual format.
- Other examples?

Ensure Ethical and Professional Standards of Care are Met

- Before engaging in virtual visit, the professional or team has assessed the family to determine appropriateness.
- Consider the risks and benefits in providing the service virtually.
- Does this mode of communication meet the family's needs?
- What if the court mandates service but the family does not have access to a device or the internet?

Competency with Technology/ Impact on Families

- Need to know and be confident in your ability to utilize the technology and troubleshoot during a session
- Need to be assured of the family's ability to use the technology and engage in the virtual visit
 - Cultural, language or hearing issues, etc.

Informed Consent to Service, but also to the Technology

- How to obtain signed consent when not in person
- Relating risks related to confidentiality, information security, how secure is the method chosen
- How will records and information be stored
- Billing issues? Inform them of how that will work.

Consent for Treatment Performed

We are providing this information on behalf of Providers:

Telemedicine involves the use of communications to enable healthcare providers at sites remote from patients to provide consultative services. Providers may include primary care practitioners, specialists, and/or subspecialists. The information may be used for diagnosis, therapy, follow-up and/or education, and may include live two-way audio and video and other materials (e.g., medical records, data from medical devices).

The communications systems used will incorporate reasonable security protocols to protect the confidentiality of patient information and will include reasonable measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption. At the end of each encounter, a encounter summary will be kept for the patient's records and may be shared with the patient's local primary care or other provider, as appropriate.

Anticipated Benefits of Telemedicine:

- Improved access to medical care by enabling a patient to remain at his or her home or office while consulting a clinician.
- More efficient medical evaluation and management.

Possible Risks of Telemedicine:

As with any medical procedure, there are potential risks associated with the use of telemedicine. Provider believes that the likelihood of these risks materializing is very low. These risks may include, without limitation, the following:

- Delays in medical evaluation and consultation or treatment may occur due to deficiencies or failures of the equipment.
- Security protocols could fail, causing a breach of privacy of personal medical information.
- Lack of access to complete medical records may result in adverse drug interactions or allergic reactions or other negative outcomes.

By accepting these Terms, you acknowledge that you understand and agree with the following:

1. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine; I have received the HIPAA Notice of Privacy Practices which explains these issues in greater detail.
2. I understand that telemedicine may involve electronic communication of my personal medical information to medical practitioners who may be located in other areas, including out of state.

3. I understand that I may expect the anticipated benefits from the use of telemedicine in my care, but that no results can be guaranteed or assured.
4. I understand that my healthcare information may be shared with others (including health care providers and health insurers) for treatment, payment, and healthcare operations purposes. Psychotherapy notes are maintained by clinicians but are not shared with others, while billing codes and encounter summaries are shared with others and with me. If I obtain psychotherapy from Provider, I understand that my therapist has the right to limit the information provided to me if in my therapist's professional judgment sharing the information with me would be harmful to me.
5. I further understand that my healthcare information may be shared in the following circumstances:
 1. When a valid court order is issued for medical records.
 2. Reporting suspected abuse, neglect, or domestic violence.
 3. Preventing or reducing a serious threat to anyone's health or safety.
 4. As further detailed in the HIPAA Notice of Privacy Practices
6. I agree to not share my password for the Telemedicine system with others as unwanted access to my information may occur. I understand that my Provider will not ask me for my password. The password is my sole responsibility for upkeep.
7. I understand that refusal to sign this form will not affect my ability to obtain treatment.
8. I may revoke this Authorization at any time in writing by delivering my revocation to OU Child Study Center or to the University Privacy Official, 1000 Stanton L. Young Boulevard, Room 221, Oklahoma City, Oklahoma 73107, but if I do, my revocation will not affect any use or release of information prior to OU's receiving the revocation.
9. I understand the information discussed during the use of telehealth services may indicate the presence of a communicable disease or non-communicable disease, mental health diagnosis, or substance use disorders.
10. I understand that this service of electronic communication and telehealth services is offered solely at the discretion of my provider and may be withdrawn at any time.

Patient Consent to the Use of Telemedicine

By clicking on the Zoom link below, I am acknowledging that I have read and understand the information provided above, and understand the risks and benefits of telemedicine, and by accepting these Terms I hereby give my informed consent to participate in a telemedicine visit under the terms described herein.

Confidentiality of the Visit within the Home

- Who is sitting out of view?
- Inability to talk to child alone, especially really young children who can't manage the technology without supervision.

What Should You Do If....

- You are providing an intervention to a youth and family via Zoom. This intervention involves seeing the youth alone for a portion of the session, the caregiver alone for a portion, and the youth and caregiver together for the remainder of the session.
- There is limited-to-no private space in the family home for individual session time with the youth and the caregiver.
 - What are the key ethical considerations as a provider?
 - How might you collaborate with the family in this scenario?

What Should You Do If....

- A child welfare-involved family is engaging in virtual parent-child visits via Zoom.
- The foster parent asks you to watch a recording of a recent parent-child virtual visitation.
 - What are the ethical considerations the following professionals should consider in deciding whether or not to listen to the recording?

Mother's Therapist

Pediatrician

Child Welfare

Child's Therapist

Child's Attorney

Worker

Scenario Shift...

- You are working with a family with child welfare involvement, and the child is in tele-mental health treatment with a provider via Zoom.
- The foster parent asks you to watch a recording of a recent therapy session in which the child talked about seeing domestic violence and substance use in the parents' home.
 - Do you listen to the recording?
 - If you listen to the recording, what would make you take action on anything that you might hear?



Ethics and COVID-19

Audience Scenarios
and Questions



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