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**#Digital Social Work**

**Finnish Social Work Research Days 2017**

**Social Work in An Increasingly Digital World**

**February 16, 2017**

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# Purpose

- Discuss how social workers/therapists **respond to & navigate the changing digital landscape** in their traditional face-to-face practice
  - Others forms of practice (e.g., policy, advocacy) also affected



# Objectives

1. Examine how the use of information & communication technologies (ICTs) has crept into traditional face-to-face clinical practice
2. Explore benefits & associated ethical & clinical turning points
3. Review implications for practice

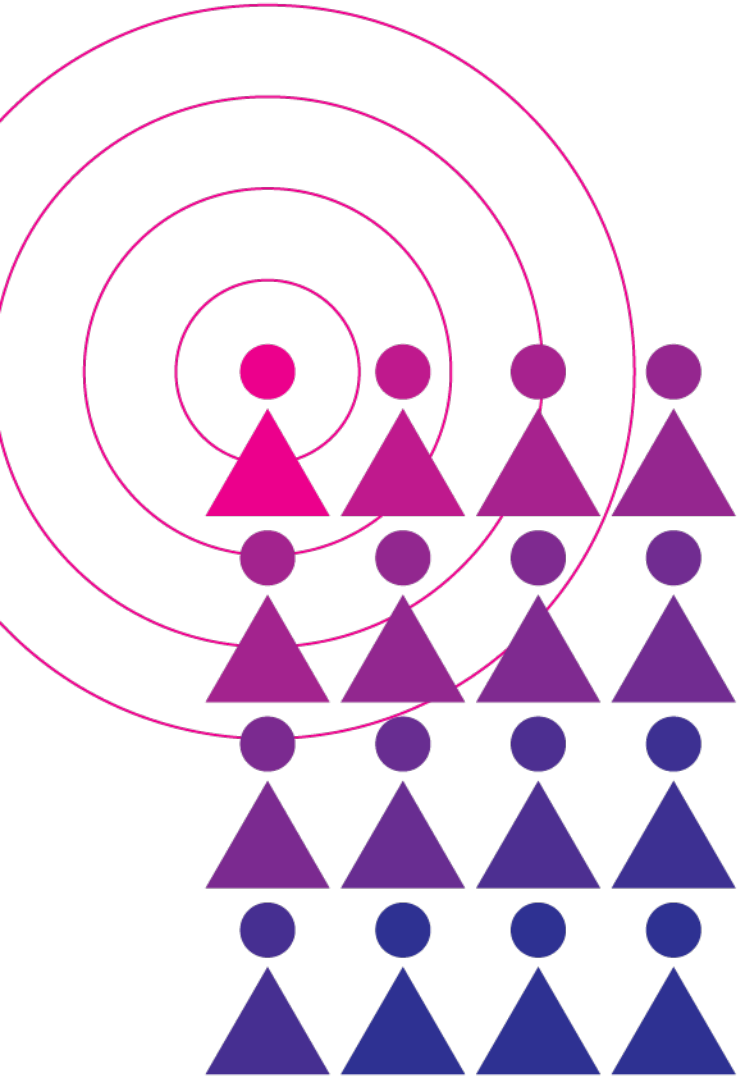
# Fundamentally...



**How people relate to one another has drastically changed**

**Boundaries of relationships have changed with technology**

# ICTs & Clinical Practice



- Digital age has **revolutionized** how individuals of all ages interact (Migone, 2013; Perron, Taylor, Glass, & Margerum-Leys, 2010)
- Has permeated how individuals seek support for a wide range of issues
- Increased use of ICTs presents unique complexities for practitioners
- Increasingly, requirement for clinical practice
  - e.g., criteria for posted job positions include experience with cyber counseling

# Information & Communication Technology

- **Staggering pace & significance** in global technological change  
(Blais, Craig, Pepler, & Connolly, 2008)
- **Youth & adults rely on ICTs**
  - Social connections
  - Entertainment
  - Information
  - Personal help & advice
- Allows clients to access practitioners with a newfound ease...  
**regardless of whether practitioner gives out information**
- With exponential increase of handheld devices, individuals of all ages now utilize text-based communication with fluency & ease

# Information & Communication Technology

- Sheer amount of information publicly available highlights this dramatic shift in the landscape of practice
- Information a client obtains on the Internet is public
  - “They cannot block certain aspects of their lives from their patients, & they must learn to adapt to the new world that cyberspace has created” (Gabbard et al., 2011, p. 171-172)
  - Therapists who feel invaded because of a client accessing such information must recognize & address their reactions as **countertransference for which supervision, consultation or even therapy may be required** (Gabbard et al., 2011)

I'd like to speak to you for a moment, not as your psychiatrist, but as your Facebook friend.

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# Information & Communication Technology

- **ICTs have led to transformative changes across professional fields** (Bradley, Hendricks, Lock, Whiting, & Parr, 2011; Tunick Mednick, & Conroy, 2011)
  - **Psychology** (Dowling & Rickwood, 2013; Richards & Vigano; Zur 2012)
  - **Psychiatry** (Jones et al., 2015; Saeed, Bloch, & Diamond, 2012)
  - **Guidance counselling** (Wilczenski & Coomey 2006)
  - **Health services & informatics** (Koch-Weser et al., 2010)
  - **Education** (Jackson et al. 2009)



# Dramatic, Constant Growth & Change

- Transition to ICT use in therapy seems inevitable
- Social worker must be aware of impact on the intersubjective processes between client & therapist
- Unique to each dyad
- Must be addressed as integral facet of the therapy

(Bayles, 2012)



# Benefits of Technology Use in Clinical Practice

- Increased accessibility
- Faster way to communicate with clients
- Continuity in therapeutic relationship (Mishna et al., 2015)
- Help structure upcoming session & forecast issues
- Strengthen therapeutic rapport (Bradley & Hendricks, 2009)
- Space for clients to reflect (Rochlen et al., 2014; Wright, 2002)
- Freedom to express oneself with a level of openness that is difficult for some to tolerate in the physical presence of the therapist (Gabbard, 2001)



# Risks/Challenges associated with Technology Use in Clinical Practice

- Maintaining confidentiality & privacy for clients & therapists/practitioners (Bradley et al., 2011; Mattison, 2012; Mitchell & Murphy, 2002; Reamer, 2013)
- Potential shift in managing professional boundaries (Bradley et al., 2011; Reamer, 2013)
  - Associated experiences of being overburdened
- Personal information readily found online (Reamer, 2013; Zur & Donner, 2009)
- Unplanned cyber interactions nonetheless become part of the therapeutic exchange (Gabbard et al., 2011)



# Risks/Challenges associated with Technology Use in Clinical Practice

- Inequitable ICT access
  - Due to sociodemographic disparities  
(Aguilera & Muñoz, 2011; West & Heath, 2011)
- Lack of non-verbal cues, feedback  
(Barak, et al., 2009; Bradley & Hedricks, 2009; de Bitencourt Machado et al., 2016)
- Variations in Organizational Policies



# **Impact of ICTs on Clinical Practice**

**ICTs have impacted clinical practice in three distinct ways:**

- 1. Formal Online ICTs**
- 2. Formal Blended ICTs**
- 3. Informal Intersession ICTs**

# Formal Online ICTs

- Standalone ICT programs/interventions
  - e.g., e-counseling, tele-psychiatry/psychology (Boydell et al. 2014; Hadjistavropoulos et al. 2014; Mewton et al. 2014)
  - Cyber communication single mode of intervention (Abbott et al., 2008; Murphy et al., 2009)
    - Substitute for traditional face-to-face practice
  - Clear protocols
    - Interventions through designated software
      - e.g., asynchronous email, synchronous chat
      - Security protection: computers / Apps / messaging services / video counseling (Epstein & Bequette, 2013; Hollis et al., 2015; Luxton et al., 2014; Prentice & Dobson 2014; Whittaker et al. 2012)

)



# Formal Online ICTs

- Gradually evolved as alternative to in-person treatment (Murphy, Parnass, Mitchell, Hallett, Cayley, & Seagram, 2009)
- Online therapeutic interventions have been found to be effective (Barak, Hen, Boniel-Nissim, & Shapira, 2008; Dunn, 2012)
- The therapeutic relationship / alliance in e-therapy has been found equivalent overall to that in traditional face-to-face therapy (Andersson et al. 2014; Gordon et al., 2015; Hanley 2009; Holmes & Foster, 2012; Preschl, Maercker, & Wagner, 2011); Reynolds et al. 2013; Socala et al. 2013)





# Formal Blended ICTs

- Integrated through planned & structured online elements within traditional face-to-face practice  
(Kenter et al. 2015; Richards & Simpson 2015; van de Wal et al., 2015)
- Online exercises implemented to replace or supplement some face-to-face sessions  
(Kenter et al., 2015; Van der Vaart, 2015; Watkins et al., 2011)



# Formal Blended ICTs

- Both online & face-to-face components structured & monitored (Kenter et al., 2015; Kooistra et al., 2014)
- Online elements include: journaling, e-mail reminders, text message monitoring, psycho-educational activities &/or administration of assessment & testing instruments (Aguilera & Muñoz, 2011; Butcher et al. 2004; Gonchar & Roper Adams, 2000; van der Vaart et al. 2014; Yager, 2001)



# Informal Intercession ICTs

- Have entered practice through informal (at times unpredictable or unsanctioned) use
  - typically between, but also within, sessions  
(Gabbard, 2001; Gabbard et al., 2011; Mishna et al., 2012; Mishna et al., 2015)
- Primary & formal modality is face-to-face (Mishna et al., 2012; Mishna et al., 2014)



# Informal Interession ICTs

- ICT use in conjunction with face-to-face practice
  - asynronous or synchronous
    - Email, texting &/or social networking
  - not meant to replace face-to-face practice  
(Bullock & Colvin 2015; Jaskyte 2012)
  
- Interactions range from practical (e.g., scheduling) to complex (e.g., communicating intense distress or updates on critical incidents/events)



# Frameworks

- 3 frameworks illustrate & underscore significance of ICT use in therapy
  1. Ecological Systems Framework
  2. Technological Acceptance Model
  3. Concept of the Working Relationship
- Each contributes knowledge & promotes understanding of how ICTs have inevitably entered & impacted traditional face-to-face practice



# Ecological Systems Framework

- Incorporates reciprocal contributions of nested levels of a person's environment (Bronfenbrenner, 1979; Germain & Gitterman, 2008)
- Situates individuals in social & environmental contexts
- Recognizes multi-level factors influencing behaviour / wellbeing
- Adapted to keep pace with ICT's expanding influence
  - A techno-subsystem proposed as a component of the individual-level microsystem &/or as encompassing ring (Johnson, 2010; Johnson & Puplampu, 2008; Martin, 2013; Martin & Alaggia, 2013; Martin & Stuart, 2008)
  - Broaden understanding of influence & how ICTs impact practice

# Technological Acceptance Model

(David, 1989)

- Enhances understanding of attitudes towards & adoption of technology in professional contexts (Bullock & Colvin, 2015; Chau, 1996)
- Increased utilization of ICTs (especially mobile ICTs) driven by 2 factors:
  1. Perceived Usefulness
  2. Perceived Ease of Useby both therapists & clients (Phan, 2011)
- Explicates whether benefits of ICTs in practice outweigh effort by therapists & clients to actually use ICTs
- How ICTs are encouraged or discouraged by societal & organizational norms & perspectives of therapists, clients & administrators  
(Carrilio, 2007; Wilson & Lankton, 2004)



# Working Relationship

- Evidence indicates that the working relationship is the most crucial determinant of client outcomes (Bachelor, 2013; Falkenstrom, Granstrom, & Holmqvist, 2014; Wampold & Budge, 2012)
- With exponential increase of ICTs, it is critical to consider how working relationship has been adapted & affected
- Research on a formal blended program showed that ICT use facilitates a positive working relationship, & can help to enrich face-to-face practice (Mishna, Bogo, & Sawyer, 2015; Mishna et al., 2012).
- As there is a lack of research, essential to systematically study the integration of informal ICT use in face-to face clinical practice as it affects the working relationship



# Information & Communication Technology

- **Significant increase in use** of cyber communication among professions even when cyber communication is not primary mode of treatment
- Offers benefits & raises challenges/issues
- **Lack of research** on cyber communication (e.g., texting, email) “creeping” into traditional face-to-face clinical practice & implications

# Research on Use of ICT in Practice

- Considerable research on Formal Online ICTs & growing research on Formal Blended ICTs
- **Virtually no research** exclusively on Informal Intersession ICTs
- The research generally confounds ICT use for administrative purposes, educational tools, online programs, & informal / unplanned use (Bullock & Colvin 2015; Jaskyte 2012)
- Informal / unplanned use has unique implications for practice & policy
  - Need for rigorous distinction of ICT use in diverse practice contexts
- As therapists grapple with rapid expansion of ICTs, it is necessary to:
  - Understand how & why practitioners informally use ICTs in practice
  - Address ethical, legal, systemic benefits, challenges & ambiguities

# Studying the “CREEP”

- **2009:** Began exploring how cyber communication has “crept” into traditional face-to-face practice
- **2010-2013:** Focus groups/interviews with practitioners, Executive Directors & ‘new’ practitioners (*N=42*)
- Qualitative analysis of emerging themes & concepts related to associated benefits & practical, legal, & ethical issues
- **Current Study:** *#SocialWork: Informal Use of Information & Communication Technology as an Adjunct to Traditional Face-to-Face Practice*

# Studying the “CREEP”: Participants

- 2010 - 2013, 42 participants were interviewed in 2 phases
  - Based on theoretical sampling
- 29 females; 13 males
- Ranged in age from mid-20s to mid-60s
- Held MSW degrees, all practicing social workers or administrators
- Represented diverse practice fields, including health, mental health, education, and child and family
- Practice experience ranged from 2 to over 20 years
- University of Toronto Research Ethics Board approval

# Studying the “CREEP”: Participants

## Wave 1: 2010

- 15 participants characterized as ‘experienced practitioners’
  - Criteria to participate
    1. Possession of a BSW or MSW
    2. Registered with the Ontario College of Social Workers & Social Service Workers
    3. Currently employed in a practice setting that involves working directly with agency clients or in private practice
    4. Reside in the Greater Toronto Metropolitan Area

## Wave 2: 2011

- 11 participants who were administrators
  - Executive directors & managers of social service organizations

# Studying the “CREEP” : Participants

## Wave 3: 2013

- 16 participants described as ‘young & new practitioners’
  - Additional criteria for this group of practitioners
    1. Less than 35 years [to ensure a younger cohort, considered relevant when examining ICT use]
    2. Practiced in social work for fewer than 5 years
  
- 9 of the original participants in phase 1 who were practitioners were re-interviewed

*Consistent with grounded theory methodology, theoretical sampling in phase 2 was based on emerging concepts & the need to explore new ideas & questions arising from the data in phase 1*

# Participants

- **2010:** 1<sup>st</sup> wave (15) - 'experienced practitioners'  
– 9 re-interviewed in 2013
- **2011:** 2<sup>nd</sup> wave (11): administrators' [Executive Directors/Managers] of social service organizations
- **2013:** 3<sup>rd</sup> wave (16) - 'young & new practitioners' (the 9 re-interviewed 'experienced practitioners')

# Major Finding

The use of Information & Communication technologies has dramatically impacted traditional practice

- *“It is kind of a given that emailing is part of the world. It’s not realistic for a practitioner, an agency, or anybody to say we’re not going to email.”*



# Initial Major Themes

**4 major themes** emerged from initial analysis:

1. Client Driven Practice
2. Pandora's Box
3. Ethical Grey Zone
4. Permeable Boundaries

# Theme 1: Client Driven Practice

- Clients initiated cyber communication **more often, more purposefully, & more persistently** than the practitioners

# Theme 1: Client Driven Practice

## Practitioners related client initiated emails to:

- **Client Age:** *“younger clients are much more assuming that we’ll set something up by email...”*
- **Client Preference:** *“start where the client is at”*
- **Advantages:** Complements face-to-face sessions, especially for clients with difficulty expressing themselves
- **Challenges:** Dilemma – *slippery slope* – *“it might start with an email to change an appointment & then can shift from that to emails about issues to a crisis.”*

# Theme 2: Pandora's Box

- Once cyber communication begins, **it is hard to undo**. Practitioners expressed concern about opening a 'Pandora's Box'

# Theme 2: Pandora's Box

- **Unexpected consequences**
  - Positive (e.g., greater access for clients with challenges, such as mobility or hearing)
  - Negative (e.g., issues of privacy & confidentiality)
- Concern about **clients misinterpreting** & the effect of this on the therapeutic relationship
  - *“There was one time that I didn’t respond right away [to email]. She knows that I also get busy & she knows the boundaries & all that but she had a very difficult week because I hadn’t responded right away.”*

# Theme 2: Pandora's Box

- **Unexpected Consequences**

- *“A client started a blog about us & about how horrible we had treated him. This is 4 years later & he still blogs about [the agency] regularly.”*

# Theme 3: Ethical Grey Zone

- Practitioners expressed concern about not being able to ensure client (or practitioner) **privacy or confidentiality**, along with the associated liabilities

# Theme 3: Ethical Grey Zone

## ■ Client Confidentiality

- If ensuring or maintaining confidentiality is uncertain, respondents felt uneasy
- *“It’s my responsibility to protect the confidentiality in the therapeutic process but cyber space does not allow me to do that.”*



# Theme 3: Ethical Grey Zone

## ■ Practitioner Privacy / Intrusion

- Practitioners want to give clear messages about their availability, office hours, & responsibilities
- Practitioners want to maintain professional boundaries
  - Cyber communication can undermine these efforts
- *“I let kids know I won’t answer emails 24/7. I check email a lot but I don’t want to create the kind of open 24/7 because it’s unrealistic & creates an expectation.”*

# Theme 3: Ethical Grey Zone

## ■ Liability

- Infringement of confidentiality or unethical practice
- No clear standards of practice related to cyber communication – uncertain how best to manage it
- *“My concern at this stage is the standards of the College in terms of confidentiality, disclosure & the whole nine yards, not only just protecting clients but protecting myself so I’m careful with it [email].”*

# Theme 3: Ethical Grey Zone

## ▪ Social Networking

- The use of blogs & social networking sites (e.g., Facebook, Twitter) generally viewed with skepticism
  - Including after termination
- Not all participants thought contact with clients through social networking sites should be controlled
  - *“Facebook is a social tool. Regulation in terms of how I decide to lead my social life makes me really anxious.”*

# Theme 3: Ethical Grey Zone

## ■ Agency Policy

- Need for organization policies & codes regarding ethics
- Organizations vary a great deal regarding policies
- Difficulty maintaining client records without clear guidelines
- Practitioners may decide to comply or circumvent policy

# Theme 4: Permeable Boundaries

- Clients' choices & behaviours **stretch traditional boundaries**
  - *“There is a kind of chummy friendliness – so there’s a casualness – that’s a bit different than in the session. It’s not that the sessions are so formal but it feels different on email. This person will sign it, ‘we’ll speak soon’ or ‘how are you doing?’ It’s a bit friendlier so it’s in the direction of boundaries but it changes or it introduces a new kind of dimension in terms of how we relate.”*

# Theme 4: Permeable Boundaries

- Using email for administrative purposes **opens the door** to non-administrative communication
  - *“It wasn’t part of a plan. They just did it [e-mailed] spontaneously. When I got it, I felt a little bit like a boundary had been crossed a bit for me. I didn’t really welcome it.”*

# Theme 4: Permeable Boundaries

- Often uncertainty among practitioners about **re-establishing boundaries**
  - *“She’s now literally this week started sending me these really abusive letters that her husband has been e-mailing her so she’s now sending all this stuff to me. She’s asking me ‘tell me what you think.’ My fear is, oh my gosh, what do I do?”*

# Theme 4: Permeable Boundaries

- Issues related to boundaries in practice with **couples & families**: notion of shared communication among all members
  - *“A husband who did not think his wife’s untidiness was sufficiently addressed in the sessions, “took pictures of the house & emailed that to me. The next morning I go in & I told her that he had done this. I saw that as if he wanted to share a secret with me but I had to let her know. She was very, very uncomfortable with it. She turned to him & said, ‘you had no right to do that.’”*




# Theme 4: Permeable Boundaries

- Issues needed to be shared because of potential for harm
  - *Alarmed late on a Friday night by a male adolescent's text indicating suicidal thoughts the practitioner said, "I need to talk to your dad." The dad was awakened & a chain of events ensued. "I don't know what would have happened had he not sent a text because I don't think he would have gone to his dad."*

# Initial Conclusions [2009]

- Just as ICTs have shaped how people of all ages communicate, these have **revolutionized communication between practitioners & clients**
  - Even those engaged in traditional face-to-face therapy
- **Elements of practice affected:**
  - Boundaries (time & space)
  - Disclosure of information (practitioners' & clients')
  - Therapeutic relationship
  - Ethical & legal issues & dilemmas
  - Policies & procedures

# Initial Conclusions [2009]



Information & communication technologies have not only “crept” into traditional practice....

**SIGNIFY A  
TURNING POINT**



## 3 Years Later ...

- Re-interviewed original participants
- Interviewed new practitioners
- **Social work practice transformed**



# Major Theme: From Reaction to Intentional Use

- Reflective practice leads to learning what works & what doesn't work
  - “Educate my instincts”
  - “Shift with the times”
  - “How is this meaningful to clients?”
  - “What is this going to mean in terms of the impact on my personal life?”
  - “How can I figure out what works?”

# 3 Years Later: Major Themes

1. [***Client Driven Practice***]: Recognizing therapeutic effects of cyber communication
2. [***Pandora's Box***]: Attempt to understand & discuss the range of possible issues
3. **Ethical Grey Zone**
  - Educating self & clients about potential vulnerability due to lack of confidentiality
4. Attempt to address the ***Permeable Boundaries*** through explaining access & expectations

# Theme 1: [*Client Driven Practice*]: Recognizing Therapeutic Effects of Cyber Communication

- Adjunct to sessions
  - *“some clients like to write their thoughts after the session – it helps them process & reflect on issues in more depth. If they send me these reflections I acknowledge them & have the client print it out & bring it to the next session for discussion if they wish.”*

# Theme 1: [Client Driven Practice]: Recognizing Therapeutic Effects of Cyber Communication

- Helps client initiate agenda for next session
  - *“A lot of clients want to bring something forward into our next session so they will e-mail me & say please, please let’s not spend too much time at check-in, for example. I really want to make sure we get to this because this has really been on my mind.... it’s the whole act of ‘press & send.’ Oh good, xxx has it. Then they can just let the rest of their time go by until I see them at their next session &, of course, we then have what’s on the top of our agenda for the next session.”*



# Theme 1: [Client Driven Practice]: Recognizing Therapeutic Effects of Cyber Communication

- Maintains the relationship between sessions
  - *“For this client knowing that she can connect with me on email is very meaningful ... someone is hearing her - she has found someone she can trust.”*
  - *“Clients take strength in feeling they are connected to you.”*

# Theme 1: [Client Driven Practice]: Recognizing Therapeutic Effects of Cyber Communication

- Regulates the client
  - *“They’re e-mailing me to say I need to share this with you...it takes a bit of a burden off their shoulders. The stress & the anxiety of whatever they’re suffering can be alleviated or decreased knowing that okay, I’ve shared, & I am able to now let this go until I see xxx.”*

## ***Theme 2: [Pandora's Box] Attempt to Understand & Discuss the Range of Possible Issues***

## ***Theme 4: Attempt to Address the Permeable Boundaries through Explaining Access & Expectations***

- Convey clear expectations
  - *“In the initial session I tell them what to expect re: reminders of appointments, when I will read & respond to emails, what type of responses they will get – for example, acknowledgement but not in depth discussion of issues.”*

## **Theme 2: [Pandora's Box] *Attempt to Understand & Discuss the Range of Possible Issues***

## **Theme 4: *Attempt to Address the Permeable Boundaries through Explaining Access & Expectations***

- **Provide rationale**

- *“Once it’s written down, it’s written down, & they have to be mindful of the impact. So, if they really want to discuss something that’s particularly sensitive, maybe, they should wait to do it in person.”*
- *“explain in a clear, kind, emotionally present way – I know there are times when you may want to reach me & I would like to be available...but there is only one of me...”*

## **Theme 2: [Pandora's Box] *Attempt to Understand & Discuss the Range of Possible Issues***

## **Theme 4: *Attempt to Address the Permeable Boundaries through Explaining Access & Expectations***

- Have separate email/Facebook for work & personal
- Boundary crossings
  - *“Some cross boundaries & email constantly – where does it stop? – they become so enraptured in a dependent kind of a relationship with me...I reiterate the expectations about email ...otherwise I can see myself working 24/7 very easily.”*
  - *“As long as I am clear about boundaries I’m really fine in terms of the transference that goes on, & if there are issues, I will redefine it as many times as I have to about my boundaries.”*

# Theme 3: Ethical Grey Zone

- Variation in agency policy & procedures
  - Some have explicit procedures & secure servers whereas others do not
- Variation in practices with other providers
  - e.g., lawyers, insurance adjusters

# Theme 3: Ethical Grey Zone

- Educate clients about potential vulnerability due to lack of confidentiality
  - *“...ever increasingly mindful of my responsibility to be concerned about client vulnerability in this aspect of it.”*
  - *“My primary concern about the content is the interpretation of it.”*
  - *“...any kind of cyber communication is now open to being hacked & used against the client.”*



# Young/New Practitioners

- Some approached the use of ICT differently from experienced practitioners
  - assuming benefit of ICT in social work practice:

*“It allows for easier access, frequent check-ins.”*

*“Why not help clients gain easier access to service and support what is easy for them – it takes two seconds to send a text?”*





# Young/New Practitioners

- Seamlessly integrate technology into their practice
- View technology as reflexive tool: valuable to clinical relationship
- Theoretically linking technology to practice – social justice & advocacy frameworks
- Frustrated by lack of organizational endorsement & policy directives OR overly constraining policy



# Seamlessly Integrate Technology

- *“...we still have to maintain that basic of ‘meet the client where they’re at’. And if they’re texting & emailing at 11:00 at night because that’s when they can, then that’s what we work with. And if it means we have to make a phone call when an email would be easier, we make the phone call.”*



# View Technology as a Reflexive Tool

- *“Why am I checking my email at midnight? I’m probably overly stressed out or not feeling equipped with this particular situation or it brings up something for me that makes me feel a deeper connection with this particular client. And yeah, I just think it offers an opportunity for observation & reflection that we can learn a lot about our own practice, clinically, by **looking at how we’re using email.**”*



# Link Technology to Equity & Social Justice Issues

- *“...we have a social justice approach that is integrated into our discipline – to think about class or socioeconomic implications for newcomers, for older folks... There are a number of groups in society that I think have differential access to technologies & we really need to think about that.”*



# Link Technology to Equity & Social Justice Issues

- *“...the Internet is not seen as a basic need. It’s not included in the social assistance budget. So, I think that we can play a role around advocacy & trying to bring more of that social justice analysis to how technology is intersecting in our different areas of social work for the people that we’re serving.”*



# Frustrated/Constrained by Policy

- *“...there are ethical questions. We have to use our judgement in some cases. There might be rules from the College or an agency policy. But we can’t, in many aspects in our roles as social workers, we can’t always rely on them. And we are often in situations where we have to make judgement calls that are more ethical or that have to do with our own personal / professional boundaries. And it could be different for different people in different scenarios. Blanket policies don’t work – it’s context specific.”*

# Young/New Practitioners

- Others approached ICT similarly to experienced practitioners
- For some, understanding ICT gave them appreciation of how vulnerable, exposed, & unsafe they could be
- While valuing ICT in their work, some were cautious: “it makes it a little bit stickier to keep professional boundaries.”
  - Some maintain boundaries with a phone & Facebook/Twitter account they use only for work
  - Stressed importance of “transparency about where boundaries lie”
  - Make it clear they are only available through ICT during “office hours”
  - Stressed need for agency to provide ‘after hour’ emergency services
  - Spoke about need to clarify what were appropriate conversations using technology & those more appropriate face-to-face

# Executive Directors / Senior Managers

- Recognize the ascending digital world
- Recognize the complexities of developing policies/procedures related to technology
  - **Driven by professional ethics**, not organizational policy
  - **Limiting or supporting** innovative practice





# Driven by Professional Ethics, Not Policy

- *“Many organizations, & mine in particular, love to manage by policy & it drives me crazy. Because if we’re having professionals **you have to be standards based**, you have to be **guidelines based**, so you have to look at best practice, you have to **look at evidence.**”*



# Unrealistic Policies

- *“...at the end of the day clinicians will do what they believe is right for the client & for the practice not what the organization tells them to do.”*



# Limiting Innovation

- *“I want social workers that think - I want the ones that say ‘it’s about my client, & how am I going to innovate?’ So if we want that innovation then we don’t need to tie their hands down with rules.”*

# Policy Implications

A decorative graphic on the left side of the slide. It features a series of concentric circles in a light pink color, centered around a solid pink circle. A pink triangle is positioned between the inner circles. To the left and bottom-left, there are dark blue geometric shapes, including circles and triangles, some of which are partially cut off by the edge of the slide.

- Right now I want to encourage exploration, frankly, & you can't encourage exploration with a million 'don't do this'."

– Executive Director

# Conclusions

- Practitioners are beginning to tailor their own technology-informed practices
- It's not whether to use or not use
  - **HOW** to use technology effectively & responsibly
- Must be aware of policies of particular web-based services
  - e.g., terms of use





# Conclusions

- Experienced & ‘new’ practitioners adjust **differently in some ways & similarly in others**
- It is **not feasible** to adopt & maintain a policy that prohibits cyber communication with clients
- By “creeping” into practice, information & communication technologies have **extended boundaries** between social worker & client
- **Responsible position** is to examine & understand the consequences & implications in order to inform practitioner behaviour

# #SocialWork: Informal Use of Information & Communication Technology as an Adjunct to Traditional Face-to-face Practice

## Objectives

1. Understand the nature & scope of *Informal Intersession ICT* use among social workers across Canada & the U.S.
2. Identify the ways in which *Informal Intersession ICTs* professionally & ethically impact traditional face-to-face social work direct practice in agencies that serve diverse populations across the lifespan
3. Explore how *Informal Intersession ICTs* influence the working relationship for both social workers & clients

# **#SocialWork: Informal Use of Information & Communication Technology as an Adjunct to Traditional Face-to-face Practice**

- Mixed-method study utilizing 2 sequential phases of data collection & analysis:
  1. Online survey administered to social workers across Canada & the U.S.
    - Questions related to the frequency, nature & scope of Informal Intersession ICTs in their traditional face-to-face practice
  2. Semi-structured interviews with social worker & clients
    - Investigate the impact of Informal Intersession ICTs on face-to-face practice, & its influence on the working relationship





# Thank you

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**Thank you!**

