



UNIVERSITY OF
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FACULTY OF SOCIAL WORK

Social Work Practice During the COVID-19: Navigating Client Needs & Boundary Challenges

The Hong Kong Polytechnic University

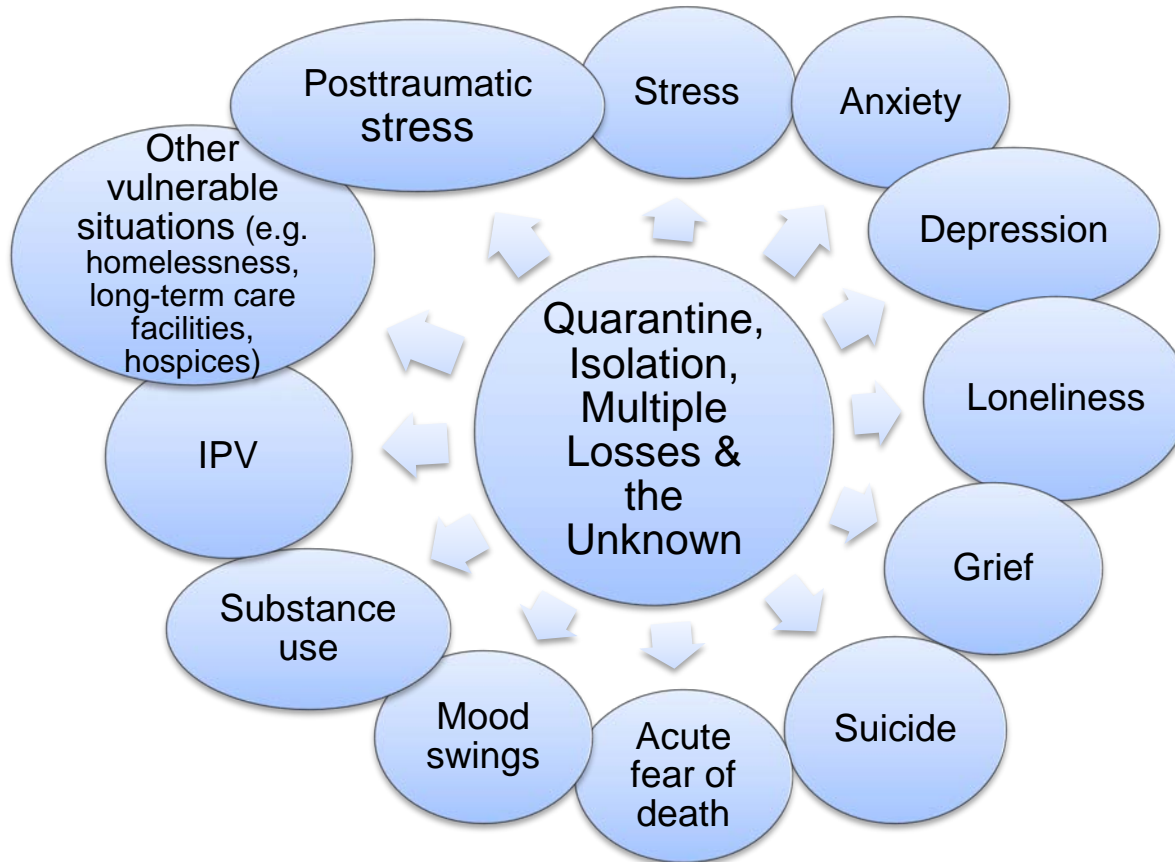
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The New Context of COVID-19

- The **COVID-19 pandemic** has imposed changes to the way most services around the globe are delivered, due to physical distancing measures



The New Context of COVID-19

Moving from in-person to online services

- Due to restrictions, the quick **shift from in-person to online services forced practitioners to change how they delivered services**
 - Navigating the delivery of services in ways **not normally authorized** by agencies, laws, or code of ethics (Barsky, 2020)
- Practitioners have the skills/ training to help clients during crises
- For practitioners, however, online service delivery:
 - **Has resulted in unclear ethical obligations; &**
 - **Has demanded creativity, adaptability, & innovation** (Boahen, 2020; Farkas & Romaniuk, 2020; Galea et al, 2020; Simpson et al, 2020; Waller et al, 2020; Zuatsky et al., 2020)

The New Context of COVID-19

Flexibility & ambiguity towards practitioners' selection of ICTs with clients

- In Canada, regulatory bodies published announcements on how practitioners should deal with the new situation
 - **Ontario College of Social Workers & Social Service Workers** (OCSWSSW, 2020a) recommended **suspending all non-essential services** & advised members to **use professional judgment** when determining which services were essential
 - **OCSWSSW** “strongly advises all members to continue, wherever reasonably possible to **provide services by electronic means**” (2020c)
 - Some members may be permitted to provide in-person practice

The New Context of COVID-19

Lack of formal training to offer online services

- Many practitioners have been challenged by replacing in-person visits with online or telephone service (Barsky, 2020; Taylor et al, 2020)

Characteristics that may Challenge Practitioners

Lack of training or experience (Doorn et al, 2020; Simpson et al, 2020)

Considering online services a less effective option (Doorn et al, 2020; Simpson et al, 2020)

Ethical dilemma to provide online services without enough training to continue to support clients (Barsky, 2020)

Learning as they go how to provide online services, including changes to the therapy itself (Taylor et al, 2020)

New Opportunities

Increasing access to treatment

- Remote communities
- Anxiety (Razai et al, 2020; Simpson et al, 2020; Matheson et al, 2020)
- Youth in foster care
- Youth who depend on adults to bring them to a session
- Caregiving responsibilities made it hard to leave home for sessions (Silver et al, 2020)
- Working & commuting to a session

- Some studies found increased participation/attendance from pre-COVID numbers due to removing barriers (Burgoyne & Cohn, 2020)

Extending a flexible & client-centered approach beyond COVID-19

- Important to work with clients to create a model that attends to their needs
- Focus on the client's experience of virtual services & how these services can help clients achieve their goals (Simpson et al, 2020)

New Opportunities

Enhanced ability to maintain connection & therapeutic relationship

- Central factor in treatment; research shows the **therapeutic relationship** to be more important to client outcomes than specific techniques used by practitioners (Bhatia & Gelso, 2018)

Online Services & the Therapeutic Relationship

Concerns

- In-person connection lost (Doorn et al, 2020)
- Interruption to service (Simpson et al, 2020)

Clients' experience

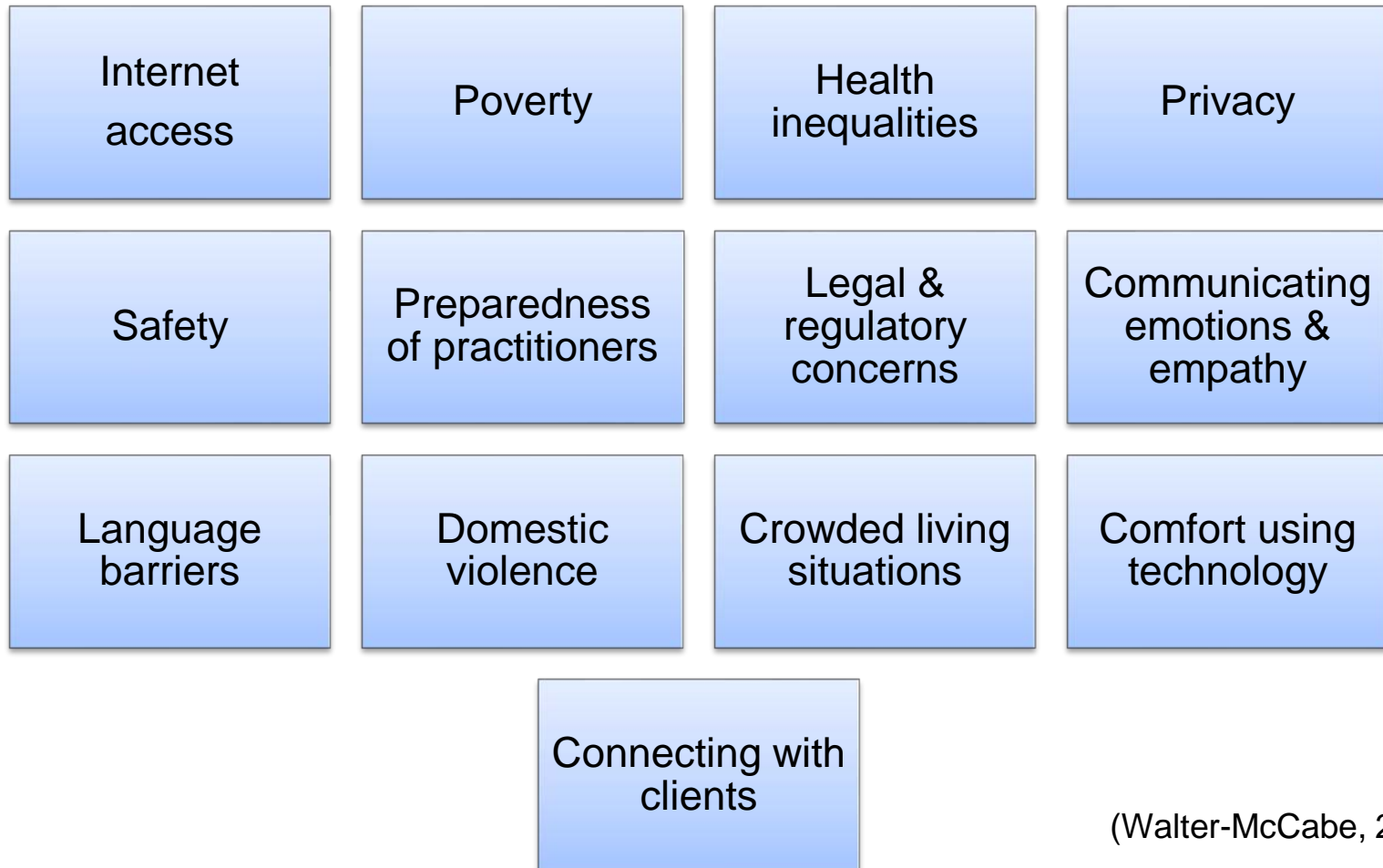
- Grateful for continuity of care even in different format (Burgoyne & Cohn, 2020)
- Relieved to have access to therapy & support (Sasangohar et al, 2020)

Practitioners' experience

- Practitioners felt less connected than in-person, though the online relationship was still considered strong & real (Doorn et al, 2020; Sasangohar et al, 2020)

New Challenges & Barriers

Barriers to Online Service Delivery



(Walter-McCabe, 2020)

Implications

*“From conducting virtual assessments, to integrating new elements of communication & interaction, even working behind a mask, **we must recognize that our work may be forever changed, & that as social workers we must be engaged in that evolution**”* (Easton 2020, p. 3)

- **Appropriate training related to virtual care** is now more important than ever (Di Carlo et al, 2020; Pierce et al, 2020; Simpson et al, 2020; Wells et al, 2020)
- Practitioners must create more opportunities to **engage in peer consultation & supervision** as they adapt to the new normal (Simpson et al, 2020)
- Telehealth should be **accompanied by the support of public policies & appropriate reimbursement protocols** (Canady, 2020; Di Carlo et al, 2020; Kam, 2020; Matheson et al, 2020; Moring et al, 2020; Perrin et al, 2020; Pfender, 2020; Waller et al, 2020).
- More changes may be required when integrating telehealth to **address health inequalities & improve access for marginalized & oppressed groups**, & to prioritize care to populations with higher needs (Maurya et al, 2020; Muriel, 2020).

Study Background

Studying the “CREEP”: Participants

Criteria to participate

1. 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

Initial Conclusions (2009)

- ICTs had revolutionized communication between practitioners & clients
- ICTs had dramatically impacted traditional face-to-face therapy
- **Elements of practice affected**
 - Boundaries (time & space)
 - Disclosure of information (practitioners' & clients')
 - Therapeutic/working relationship
 - Ethical & legal issues & dilemmas
 - Policies & procedures

Initial Conclusions (2009)

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



***SIGNIFIED A
TURNING POINT***

Findings: Phases 1 & 2 (2010 & 2011)

4 major themes emerged in phases 1 & 2

1. Client Driven Practice

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

2. Pandora's Box

3. Ethical Grey Zone

4. Permeable Boundaries

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?”

Pre-COVID-19 ICT Use

FORMAL

- Standalone (e.g., e-counseling & telepsychiatry) (Boydell et al., 2014)
- Effective (Dunn, 2012)
- Therapeutic relationship equivalent to face-to-face (Gordon et al., 2015)
- Includes comprehensive security protections (Hollis et al., 2015)
- ICT ⇒ single mode; substitute for face-to-face practice (Murphy et al., 2009)

BLENDED

- ICTs & face-to-face are integrated through blending of planned online elements (Kenter et al., 2015; Van der Vaart, 2015)
- Both components structured & monitored by practitioner (Kenter et al., 2015)
- Online component includes comprehensive security protections

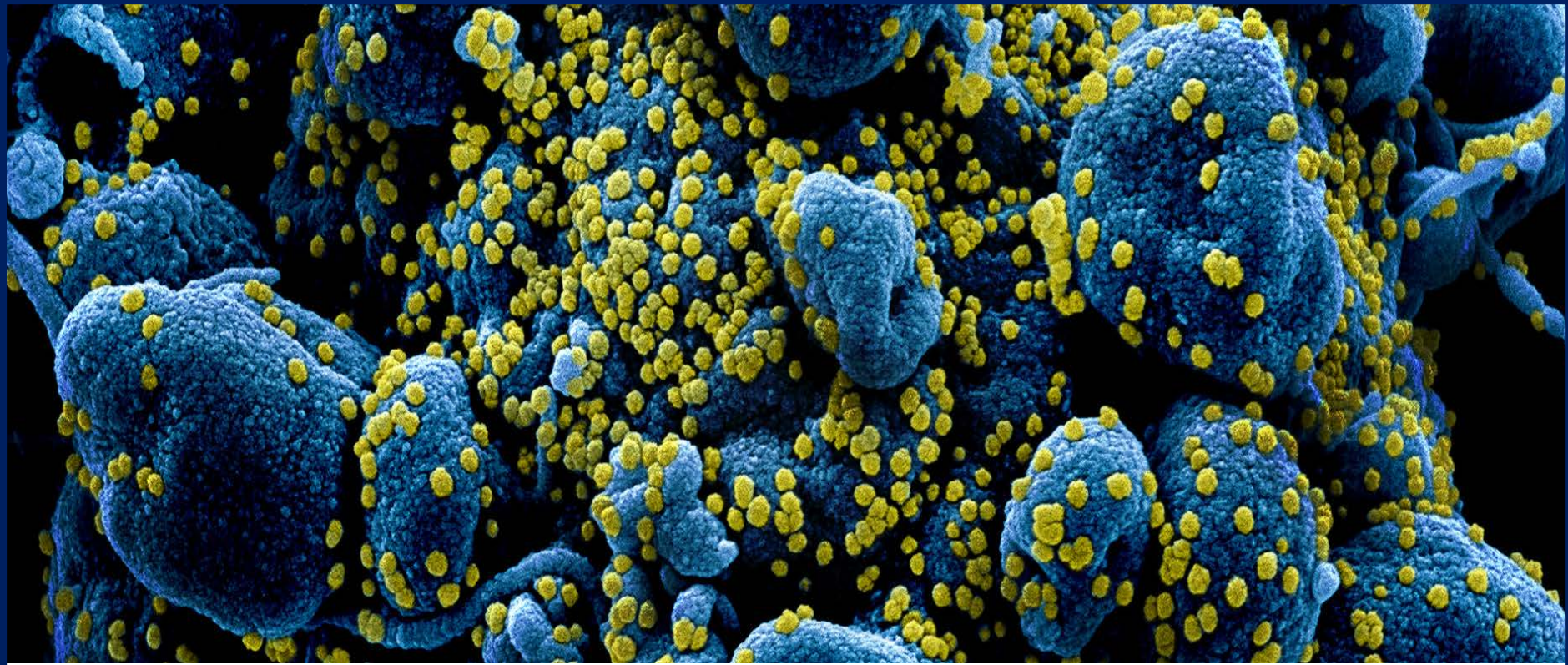
Pre-COVID-19 ICT Use

INFORMAL

- Ubiquity of ICT, devices, social media, smartphones
- “Crept” into practice informally ⇒ typically between sessions
(Gabbard et al., 2011; Mishna et al., 2015, 2022)
- Primary/ formal modality is face-to-face; addition to face-to-face
(Bullock & Colvin, 2015)
- Interactions ⇒ practical (e.g., scheduling) to complex (e.g., distress)
- Range of security protections, including none
- Lack of research (Mishna et al., 2012, 2022)

Working Relationship

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



COVID-19

Current ICT Use

COVID-19 created a sudden, radical paradigm shift in ICT use

- With the **cessation of face-to-face practice**, the traditional conceptualization of informal ICT use, as an adjunct to face-to-face service, no longer exists
- Practitioners suddenly relied on ICTs for all communication with clients
- Governments, regulatory bodies & licensing boards in Canada & elsewhere temporarily **relaxed restrictions surrounding ICT use**
- Informal ICTs (e.g., emails, Zoom, phone calls) were used as a **replacement for formal treatment**
- This new formal ICT use does not directly fit within the traditional definition of “formal ICTs” because these ICTs **range in security protections & there is a lack of clear protocols**

Mixed Method Study: #socialwork

2 sequential phases of data collection & analysis

Information & Communication Technology (ICT) as an adjunct to face-to-face practice

Phase 1: Survey

- Administered to social workers in Canada, U.S., Israel & U.K. (between May & December 2017)
- Questions on frequency, nature & scope of informal ICT use in face-to-face practice

Phase 2: Semi-Structured interviews

Pre-COVID-19

- Interviews with 14 practitioners & 16 clients
- Investigated impact of informal ICT use on face-to-face practice & working relationship

Post-COVID-19

- **Interviews** = 24 practitioners & 6 clients
- **New interviews** = 13 practitioners & 6 clients
- **2nd interviews**: 11 practitioners
- Investigated practitioners' & clients' use of ICTs during the pandemic, & the impact of this use on practice

#socialwork

- #socialwork online survey distributed to social workers in Canada, U.S., Israel, & U.K.
- Through Qualtrics software
- Professional organizations/ universities distributed #socialwork survey
- Eligible participants: registered or licenced social workers, working directly with clients
- Examined informal ICT use & effects on practice (working alliance, boundaries & ethics)
- Univariate analysis reported the frequencies of each variable
 - Crosstabs & Chi-square analysis used to explore how participant demographics & organizational factors were related to the informal use of ICTs

Methods

Online survey #socialwork

- Distributed May to December 2017

● 5 sections

- Section 1: Participant demographics
- Section 2: Organizational factors
- Section 3: Informal ICT use with clients
- Section 4: Boundaries
- Section 5: Supervision & policy

#socialwork: Phase 1 Participants

Canada

n = 2,609

**United
States**

n = 1,225

Israel

n = 386

**United
Kingdom**

n = 134

#socialwork: Phase 1

Demographics

Race/ Ethnicity

- 85-90% self-identified as white
- Israel: 85.2% self-identified as Jewish

Education

- **BSW:** Canada & U.K. 50%
- **MSW / PhD:** Canada 48% U.K 50%; Israel 62%; U.S. 94%

Age

- **Mean age**
Israel 41; Canada 42; U.K. 43; U.S. 52

Agency Setting

- **Majority:** urban or suburban settings
- **Majority:** clients across all age groups

#socialwork: Phase 1

Key Findings

Informal ICT use with clients was ubiquitous

- **Overwhelming similarities in Canada, U.S., Israel & U.K.**
- **Majority of social workers in the 4 countries** used informal ICTs to interact with clients
- Over **70%** informally used ICTs to interact with clients
- Over **95%** who used informal ICTs with clients will continue
- Over **65%** of participants stated that both clients & social workers initiate ICT contact

#socialwork: Phase 1

Key Findings

Searching online

- **Over 33%** searched online for clients' personal information online (Canada 35%, U.S. 36%, Israel 42%, U.K. 38% , Israel 68%)
 - **1/3** intentionally searched clients online
 - **1/2** to gather more assessment information
 - ~ **1/3** did so out of concern about the client
 - **18.1%** did so with the client's consent
- **About 1/3** considered searching for a client's personal information online inappropriate
- **Over 3/4** were uncomfortable with clients searching for their information (U.K. 86%, Canada 84%, U.S. 80%, Israel 79%)

#socialwork: Phase 1

Key Findings

Friend Requests through social media

- Close to ½ of participants in Canada (45%), the U.S. (56%), & Israel (51%) had received a 'friend request' from a client through social media, while in the U.K. 25% had received a request
- **Variation in how participants responded/ followed up** on 'friend requests'
 - A considerable number **did not follow up with the client** after either accepting or declining the request

#socialwork: Phase 1

Key Findings

- *Between approximately **25% & 33% of the participants in the four countries** reported that they **had not discussed** their informal ICT use with supervisors or colleagues*

Discussion

Discomfort with clients searching for practitioners' personal information

- **Information gathered online is public**

- Practitioners “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, pp. 171-172).

Discussion

Working Relationship

- **The core of clinical practice**
- **Most crucial factor associated with client outcomes** (Falkenstrom et al., 2014; Wampold & Budge, 2012)
- **Findings have implications for working relationship**
 - How to discuss therapeutic boundaries (Kezelman & stavropolous, 2012; Knight, 2015)
 - How to address 'friend requests'
 - How to navigate expectations of a practitioner's availability beyond work hours (Peterson & Beck, 2003)

Discussion

Self-care/Boundaries

- **Self care**
 - Attending to professional roles & boundaries
 - Work-life balance
 - Discussing reactions to clients/ clinical situations in clinical supervision (Newell & Nelson-Gardell, 2014)
- **Social workers may not be engaging in self-care when using informal ICTs**
 - Working with clients outside of formal work hours
 - Not discussing ICT use with supervisors or peers
 - Likely, navigating ICT use independently/ not at all

Discussion

ICT Training & Support

- Professionals managing novel/complex ethical/boundary & clinical considerations without consultation, & with little training (Finn & Barak, 2010; Mishna et al., 2014)
- Despite considerable attention to ethical concerns, rare mention of clinical supervision (e.g., Chan, 2016)
 - Typical literature on ICT use to provide supervision (e.g., Dombo, Kays, & Weller, 2014)
- Absence of supervision is not new
 - Research; policy initiatives

Discussion

Informal ICT use raises complex ethical/clinical issues

- *Searching online for clients' personal information*
 - Social workers bound by Codes of Ethics (NASW, 2017)
 - Ontario College of Social Workers & Social Service Workers, Practice Note (Van Sickle, 2017)
 - Israeli Social Work Code of Ethics (2018)
 - British Association of Social Workers Code of Ethics (2018)

Vagueness of regulators' guidelines highlights complexities & nuances with which practitioners must grapple in using ICTs

Discussion

Policy

- Need for increased policies on informal ICT use in practice
- Recognition of complexities/ nuances

Education

- Critical that practitioners, supervisors & administrators become knowledgeable, & engage in discussions
- To manage these complex online interactions
 - Social work curricula that incorporate informal (& formal) ICT use
 - Continuing education programs
 - Older/ more experienced social workers using ICTs

#socialwork Phase 2: Method

- Semi-structured interviews conducted with social workers & clients in partner agencies
- Survey data (phase 1) informed the interview questions
- Questions investigated the impact of Informal use of ICTs on face-to-face practice, & its influence on the working relationship

#socialwork Phase 2: Agencies

Family Services Toronto (FST)

- **Locations:** Downtown, West Toronto, East Toronto

Hong Fook

- **Locations:** North York, Scarborough

Native Child & Family Services of Toronto

- **Locations:** Downtown, West Toronto, East Toronto, North York, Camp Locations

Reach Out Centre for Kids (ROCK)

- **Locations:** Burlington, Oakville, Milton

#socialwork Phase 2: Participants

Staff

N = 27

Clients

N = 22

Total

N = 49

#socialwork Phase 2: Practitioner Demographics

Age

Mean = 32

Gender

- **Female = 24**
- **Male = 2**
- **Non-binary = 1**

Years in Practice

- **6-10 years in practice = 47.06%**
- **1-5 years in practice = 35.29%**

#socialwork Phase 2: Client Demographics

Age

- Mean age = 47

Gender

- Female = 11
- Male = 7
- Missing = 4

Occupation Status

- Employed 41.6%
- Unemployed = 16.67%
- Retired = 16.67%
- Student = 8.33%

#socialwork Phase 2: Interviews with Clients: Findings

- Clients had positive experiences in informal ICT use with social workers
- Social workers' response through ICT indicates caring & validation for clients
- Clients understand boundaries surrounding contact during business hours
 - e.g., only expect response during business hours
- ICT communication with social workers ⇒ a variety of purposes
 - Clinical issues (e.g., emailing vulnerable information related to trauma, mental health, emergencies)
 - Practical issues (e.g., applying for ODSP, translating legal documents, finding employment)
 - Scheduling
 - Reminders

How Clients Think Informal ICT Use has Affected Relationship with Social Worker



#socialwork Phase 2: Interviews with Social Workers: Findings

- Most practitioners report using some form of ICTs informally with clients
 - Email & text messaging most common method
- Describe various benefits of informal ICT use in their practice
 - e.g., efficiency, greater openness by clients
- Report ethical issues arising from informal ICT contact with clients
 - e.g., responding to clients' emergencies after hours, privacy concerns

#socialwork Phase 2 Findings

Two Key Themes

1. **Theme 1: Boundaries**
2. **Theme 2: Diverging client needs**

#socialwork Phase 2: Theme 1 – Boundaries

- During COVID-19 **agencies permitted ICTs previously prohibited**
 - e.g., text messaging, WhatsApp, Zoom, Facetime, etc.
- With these **new ICT options**, practitioners reported adopting **new ICT practices** in their work with clients
 - Many introduced phone calls for their formal sessions
 - Video-conferencing platforms (e.g., Zoom, OnCall), as main platform
 - Email & text messaging
 - Examples of practitioner creativity (e.g., dealing with depression)

#socialwork Phase 2: Theme 1 – Boundaries

ICT communication outside of work hours

- **Before COVID-19** ⇒ **over 50%** of practitioners interacted with a client during their personal time
 - While practitioners in the agencies said they set clear boundaries to avoid such contact, **managing clients' expectations required ongoing effort**
 - **Despite efforts many responded to clients' ICTs outside of business hours**
 - Conflicted, noted **effects of such struggles on their wellbeing**
- **Before & during COVID-19, practitioners felt pressure to respond to ICT communication**, if they received & saw it outside of work hours
 - “If I see [the messages], I cannot un-see them.”

#socialwork Phase 2: Theme 1 – Boundaries

During COVID-19: ICT communication outside work hours

- Practitioners ⇒ clients' assumptions of worker availability led to **new boundary issues**
 - Clients assumed they had greater flexibility: “before COVID-19, it was a lot clearer for people to understand, ‘she’s in the office 9-5 Monday-Friday’. That’s blurrier now.”
- Several practitioners changed their habits during the pandemic
 - Agencies loosened ICT restrictions: workers checked messages after work hours
 - “More prone to check emails outside of work hours now that I’m working from home & even respond to emails outside of work hours.”
- Felt wellbeing was affected
 - Not responding to messages created “what-if” scenarios, & “anxiousness” that they were missing something or “doing a very bad job.”

#socialwork Phase 2: Theme 1 – Boundaries

ICT communication outside of work hours

- **Before & during COVID-19**, most clients acknowledged contacting practitioners **outside of work hours**
 - “I’ll send it [email] whenever. There’s no boundary around when to send it.”
 - Most clients said they **did not expect an immediate response**
 - “If I email her after work hours, the next morning she answers me.”
 - Most clients found the prompt response important ⇒ **made them feel cared for**
- **During COVID-19**
 - Felt the practitioner’s availability **especially helpful**
 - Some found that practitioners **responded more outside of work hours**

#socialwork Phase 2: Theme 1 – Boundaries

Searching for information online

- Practitioners explained that they did not want their clients searching for them online because they would feel “exposed”
- Only some practitioners admitted to looking up clients ⇒ they **felt “creepy”**
- Clients said it was **never appropriate** for workers to search clients’ information online
- Practitioners described managing their social media requests in various ways (e.g., having discussions with client; ignoring)
- Practitioners realized that youth may take ignoring their friend requests personally

#socialwork Phase 2:

Theme 2 – Clients’ Diverging ICT Needs

- Before & after COVID-19, practitioners reported choosing ICTs based on **clients’ different needs & preferences**
- **During COVID-19**, some clients experienced **more access to services**
 - e.g., clients with anxiety, living in remote locations or relying on others for access
- Improved ability to communicate with youth ⇒ helping them feel “safer” & more “comfortable”
- Some clients experienced decreased access to service
 - e.g., lack of ICT access/ comfort/ literacy/ WIFI; lack of private space for ICT use
 - e.g., one client with anxiety explained, “the thing that got me outside regularly was my appointments, so the fact that I don’t have these appointments, makes me stuck inside longer, which does affect my mental health.”

#socialwork: Phase 2

Gaps in ICT policies & lack of supervision surrounding ICT use

- Several practitioners explained that their agencies' ICT policies were not up to date or were not made explicit
- Lack of agency guidelines & mixed messages regarding maintaining boundaries
 - “message from management is if I saw it, I need to respond. But they highlight I shouldn't see it. It's contradictory & brings unnecessary stress.”
- Others explained that their agencies' policies were too rigid & focused on liability
- Some practitioners discussed ICT issues with supervisors when in need of direction or to “keep the supervisor in the loop”
- Other practitioners did not discuss ICT use with supervisors or would not again because of contradictory messages, lack of clear direction & /or reported they were “managing okay”

Process Challenges

Process Challenges

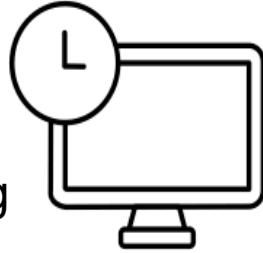
- **Practice Approaches**
- **Online Presence**
- **Personal Health Information**
- **Access & Equity**

Practice Approaches

A. Contact outside of scheduled working hours

Description of issue:

- Clients contacting practitioners outside of working hours & expecting response
 - Increased expectations due to working from home
- Maintaining boundaries while offering enhanced flexibility of working hours (due to affordances of working from home)
- Managing clients' boundary crossings without disrupting the therapeutic relationship
- Deciding whether to respond, after practitioner sees the message
- Respecting need for personal time, while prioritizing client needs
 - e.g., Deciding what to do if a client contacts practitioner after worker has had drinks



Practice Approaches

B. Responding to follow requests on social media



Description of issue:

- Receiving follow requests from clients or former clients on social media (whether for personal or professional reasons)
- Maintaining boundary between professional & personal lives online, despite the accessibility of the Internet
- Managing clients' feelings of rejection, anger, embarrassment or shame if practitioner decides to decline the 'friend request'

Practice Approaches

C. Client Safety

Description of issue:



- High-risk clients may abruptly end sessions or technology may cause sessions to end abruptly
- Clients may have difficulty identifying places where they can participate in online sessions privately (e.g., without family members hearing or observing them)
 - If living in unsafe homes, lack of privacy may put clients in greater danger during remote sessions
- Abusive partner, parent or family member may:
 - Monitor client's online activity (e.g., emails, instant messaging, etc.) & find out that client is participating in online support/intervention
 - Have access to client's online accounts & impersonate client in communicating with worker

Online Presence

A. Searching clients' information online

Description of issue:

- Deciding when (if ever) it is appropriate to search online for client information to gather additional assessment information or out of concern for the client, **without the permission of the client**
 - Deciding when & whether it is appropriate to use this information in sessions with the client
 - Considering how this might impact rapport, trust and the therapeutic relationship



Online Presence

B. Clients searching practitioners' information online

Description of issue:

- Determining what kind of information is appropriate to post on personal social media
- Addressing negative comments & threats left by clients on professional websites
- Posting information online related to client work such as family photographs, art work or other group work or using client testimonials on professional website



Personal Health Information

A. Storing notes from online contact



Description of issue:

- Deciding when & how (e.g., electronic or paper) to document & retain ICT communication
 - Storing client details on a personal phone or tablet may open practitioners up to potential confidentiality breaches
- Deciding whether to document information on clients found online (e.g., client's online blog, google search, social media account, etc.)

Personal Health Information

B. Ethical issues related to technology

Description of issue:

- Assessing the confidentiality & security of ICT platforms (e.g., encryption) & keeping up to date with changing privacy & confidentiality guidelines related to these platforms
- Responding to repeated client requests to use insecure ICTs (e.g., text messaging, WeChat)
- Assessing potential ramifications of using insecure ICTs with clients (e.g., text messaging, emails), & fully understanding & then handling potential risks & privacy concerns for clients
- Assessing personal competency in ICT use
- Difficulties protecting the privacy of clients when working from home



Access & Equity

A. Clients' unequal access to technology



Description of issue:

- Some clients may not own or have access to ICTs (e.g., cell phone, computer, etc.) &/or Internet
- Some clients may lack digital literacy skills or feel uncomfortable using ICTs due to skill level or find it triggering
- Clients may feel increasingly isolated due to lack of ICT access during COVID-19

Access & Equity

B. Transitioning back to face-to-face practice during a pandemic



Description of issue:

- Managing disjuncture between clients' need & practitioners' comfort levels as agencies begin to reopen
 - e.g., if a client is better off with face-to-face service, but practitioners are not comfortable meeting due to COVID-19

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