

VSCSW Guidance Document:

Adding a New Service to Your Practice: Applying An Ethical Decision Making Protocol

Clinical Social Work occurs in a dynamic landscape of professional practice with new methods, techniques, services and models of practice developing every year. Part of the Clinical Social Worker's ethical duty is to engage in continuing education and keep abreast of new developments in the field. When a new practice skill is presented in the professional literature, and the Clinical Social Worker decides to add this skill to their clinical skill repertoire, ethical standards require that you not practice outside of your "areas of competency." So the ethical practitioner reads the professional literature, seeks out training opportunities, and may seek supervision, consultation or mentoring. A good way to organize this effort is to use the "Ethical Decision Making" protocol developed by Frederick Reamer LCSW:

1. *Identify the ethical issues, including professional values and duties that conflict*
2. *Identify the individuals, groups, and organizations that are likely to be affected by the ethical decision.*
3. *Tentatively identify all possible courses of action and the participants involved in each, along with possible benefits and risk for each.*
4. *Thoroughly examine the reasons in favor or and opposed to each possible course of action, considering relevant: ethical theories, principles, and guidelines, codes of ethics and legal principles, social work practice theory and principles, personal values (including religious, cultural, and ethnic values and political ideology).*
5. *Consult with colleagues, and appropriate experts (such as agency staff, supervisors, and agency administrators, attorneys, ethics scholars, and ethics committees)*
6. *Monitor, evaluate and document the decision.*
7. *Make decision and document the decision making process.*

The Social Work Ethics Audit, A Risk Management Tool, By Fredric G. Reamer, NASW Press, Washington, D. C. 2001

APPLYING THE MODEL TO A PRACTICE SITUATION

A Clinical Social Worker writes an inquiry describing her situation:
(The below reflect an ongoing dialogue with the LCSW and Response to her)

LCSW: *I use mindfulness meditation in sessions with some clients and teach them to use the process (particularly with anxiety), as a tool in my work. I have received quite a bit of training in conscious living, being in the present moment, using meditation, etc. I plan to start a meditation group in my home, which may also work into small weekend women's retreats with overnight stays at the same location, focusing on several aspects of consciousness practice. I expect some of my clients, who are using this practice in their healing process, will want*

to attend. I want to be sure that the way I handle this meets ethical standards, so that nothing is considered a dual relationship.

There will be a fee for the weekend retreats. I am looking at whether this venture should be totally separate from my therapeutic work as an LCSW, or whether it can be appropriately billed to clients as a weekend intensive, adjunctive to their regular clinical sessions. I originally thought it should be totally separate, but now that training for this work is being widely offered at professional association sponsored seminars, I wonder otherwise. I am also concerned about the issue of a client (or former client) sleeping in my home during these weekend retreats. (There is of course no socialization with them in any other context.)

Another related issue is that I am also looking into the option of, at some time in the near or distant future, turning two rooms in my home into a private office, from which I may practice. My practice is currently small, which I own, as an S-Corporation.

LCSW: I have given quite a bit of thought to the best interests of my clients, and have not discovered any way that I believe participation in such a group would be harmful to them; on the contrary. However, you understand, perhaps better than I, my duty to prevent the appearance of a dual or inappropriate relationship. I want very much to provide such a group to the people who are interested (clients and non-clients). Remuneration is not a consideration, except as I might need to charge something, if this is done as clinical social work. The modality is becoming more and more accepted as a tool in providing therapy, and of course the value of group work has been accepted for quite a long time. I believe the group content could accurately be called psycho-educational or therapeutic; so it appears to me that my presentation of it either way would depend on which type of group I could lead, without compromising my licensure. Whichever way I end up presenting it will be of course clearly delineated to the members. It seems the critical point is finding an appropriate way to serve both clients and non-clients in the same group, if that is possible. If it has to be called therapeutic, I am assuming there is no way the interested family member (who has her own individual therapist) could participate?

LCSW: I have made the following decisions:

(1) An every-other-week mindfulness group at my office (some are clients, some not), with a nominal cash fee to all, no insurance claims. A couple clients have larger copay than what I will charge, so this plan would be more doable for them. For their individual work, insurance claims are filed.

(2) A quarterly Sat and Sun retreat in my home for the same women (not overnight), which will offer movement and other therapeutic modalities, in addition to the meditation work. The reason I want to have it in my home is the calming effect of being in a tranquil outdoor setting for part of the work. The retreats, offered four times a year, would be adjunctive to the ongoing group work in the office.

I cannot have a business in my home with groups, only individuals. I am therefore looking at not charging for the group retreats, and just covering costs by accepting donations that anyone would voluntarily like to give.

Using the Ethical Decision Making Protocol:

1. Identify the ethical issues, including professional values and duties that conflict

First I think it is useful to put the issues in context. The way that questions about the ethics of this activity will be considered is if someone alleged that some sort of bad outcome occurred and did one of the following:

- Filed a complaint with the Virginia Board of Social Work (VBSW)
- Filed a malpractice suit
- Filed a complaint with a professional association of which you are a member

In those three contexts you have to consider who the audience is that is going to hear the allegations. So the 9 members of the VBSW- 7 LCSW's and 2 citizens will be hearing the allegations, or a judge or jury will be hearing the allegations, or members of your professional association disciplinary committee. So keep that context in mind.

Ethical Issue # 1.

"Does this service I am providing fall within the definition of Clinical Social Work?" In order to evaluate this question I have included below some definitions of Clinical Social Work:

1. NASW Standards for Clinical Social Work Practice

<http://www.socialworkers.org/practice/standards/NASWClinicalSWStandards.pdf>

Clinical Social Work

Clinical social work is the professional application of social work theory and methods to the diagnosis, treatment, and prevention of psychosocial dysfunction, disability, or impairment, including emotional, mental, and behavioral disorders (Barker, 2003).

2. REGULATIONS GOVERNING THE PRACTICE OF SOCIAL WORK

VIRGINIA BOARD OF SOCIAL WORK

Title of Regulations: 18 VAC 140-20-10 et seq.

Statutory Authority: §§ 54.1-2400 and Chapter 37 of Title 54.1 of the *Code of Virginia*

Revised Date: March 2, 2011

"**Clinical social work services**" include the application of social work principles and methods in performing assessments and diagnoses based on a recognized manual of mental and emotional disorders or recognized system of problem definition, preventive and early intervention services and treatment services, including but not limited to psychotherapy and counseling for mental disorders, substance abuse, marriage and family dysfunction, and problems caused by social and psychological stress or health impairment.

Both of the definitions are quite broad and I believe the service you propose providing would meet both definitions

Ethical Issue #2:**Is this activity part of the practice of the profession of Clinical Social Work?**

1. You are charging a fee for the service,
2. You describe the services as “adjunctive to the regular clinical work”,
3. You indicate that “clients” may attend and,
4. You note that professional associations are offering training in this area thus more clearly identifying this as a Clinical Social Work professional activity.
5. You might use your MSW or LCSW in advertising for the service
6. You might use your letterhead of your practice stationary in any communication about this service

My assessment is that the VBSW, the Court and Professional Associations are going to say that this activity is part of your professional practice of Clinical Social Work.

Ethical Issue # 3:**Are there ethical/legal concerns that arise out of establishing a professional practice in your home?**

I am assuming that you do not usually practice social work from your home but have a separate office location. This brings up the issue of does your malpractice insurance carrier cover you for social work services delivered at a different location than your office? You also note that the client or former client will be sleeping in your home on those weekends. Again how does you malpractice carrier view that situation? It would be good to call or write your malpractice carrier and ask now, prior to there being any issue and find out what they say. (You may also have some zoning issues and local business licensing issues to clarify concerning having a practice in your home)

You are offering to the participants of the mindfulness group a quarterly retreat at your home on a Saturday and Sunday and an overnight stay in which clients, former clients and non-clients sleep in your home. The focus is on:

- Movement
- Other therapeutic modalities
- Meditation
- Tranquil setting

You say it is "adjunctive to the ongoing group work in the office". I think you need to be clear that it is not "adjunctive therapy". I would not want to use the description "other therapeutic modalities" because it begins to sound like you are doing group therapy in your home.

I am assuming that the rule to not have a business in your home with groups but only individuals is a zoning regulation. The idea of no fee for the group experience but accepting donations seems like it might satisfy the zoning requirement. It would be the same as you having a social gathering at your home and folks kicking in some money for beer and pizza.

There does seem to be a difficulty. If you call it by one name in order to meet the zoning regulations then it is clearly not part of your professional practice of clinical social work. So if it is not part of your practice then you are having some clients come to your home for some type of

event that is not part of your professional relationship with them and thus it might be considered to be a dual relationship of some sort.

I was reading a Board of Counseling discipline Order that dealt with several issues, one of which was that the LPC admitted that Client A was involved in a "Course of Miracles" class taught in the LPC's home. The class involved both individual and group sessions. Client A' reported to the board that it was their perception that these classes were therapy sessions and the board disciplined the LPC for a dual relationship. This sounds similar to your proposal.

I think there is some confusion in what your role is in this situation. I think you either have to:

- A. Be doing the activities as part of your professional social worker role:
- that is clinical social work practice,
 - that is conducting a business activity in your home,
 - that is covered by your malpractice insurance because you notified them of practicing in two locations
 - You decide all of the folks are clients and charge a fee that you determine to be fair.
 - You can charge any fee you choose because this is not a covered service by any insurance companies or managed care companies and thus you don't run any risk of inadvertently committing insurance fraud by charging a different fee to insurance and non-insurance clients for a covered service.
 - You are charging a fee and you say it is adjunctive to the regular clinical work so I think you are practicing social work when you do the meditation group.

OR

B. You are not engaged in professional activity and are not going to include current clients or former clients or their family members in any meetings that take place in your home so you do not create the appearance of a dual relationship.

For me the proposal at least brings up what Frederick Reamer calls "boundary crossings"- that is behavior that may not be all the way to a "boundary violation" but is possibly on the slippery slope headed that way. On the other hand it might be that the VBSW would call it a boundary violation. If you were before the licensing board trying to explain your choices, it might not be easy to have an expert social work witness willing to testify that this was good ethical practice to have clients spend overnight in your home. I think this item really puts you at risk and if there was another way of doing the retreats away from your home that would be a better choice.

2. Identify the individuals, groups, and organizations that are likely to be affected by the ethical decision.

- 1. Your clients**
- 2. Your neighbors**
- 3. Your malpractice insurance company**
- 4. Your Zoning authority**
- 5. Your local government business licensing authority**
- 6. Possibly the VBSW, The Courts or your Professional Association**
- 7. You**

3. Tentatively identify all possible courses of action and the participants involved in each, along with possible benefits and risk for each.

OPTION 1: Have the mindfulness meditation group and women’s weekend retreats in your home **not** as part of your professional practice and charge a fee and allow both clients and non-clients to attend.

		POSSIBLE BENEFITS	POSSIBLE RISK
PARTICIPANTS	CLIENTS	Get to work more in depth on mindfulness.	<ul style="list-style-type: none"> • may perceive this as therapy. • May have increased transference feelings and confusion about the therapeutic relationship. • May expect that other boundaries are also allowed to be crossed.
	NEIGHBORS	May see this as a positive addition to the neighborhood.	May see this as a zoning violation and file a complaint or sue you for some damages.
	NON-CLIENT ATTENDEES	May enjoy the members of the group and not even know who is a client and who is not a client	May be confused about the nature of the group experience.
	CLIENTS WHO DO NOT ATTEND	May be relieved that they can get benefit of mindfulness experience without dedicating an entire weekend of time.	May increase their transference feelings as not being “special” by not being part of the weekend retreats.

OPTION 2: Have the mindfulness meditation group and women’s weekend retreats in your home as part of your professional practice, charge a fee and allow both clients and non-clients to attend.

		POSSIBLE BENEFITS	POSSIBLE RISK
PARTICIPANTS	CLIENTS	Receive services in a more intense weekend retreat setting.	Possible dual relationship as viewed by VBSW or other authority.
	NEIGHBORS	May enjoy the service themselves. May not mind the extra cars parking a few times a year.	May see this as zoning violation and file a complaint.
	NON-CLIENT ATTENDEES	May become clients as a result of this positive experience	May be confused that this is part of your professional

			practice but they are not your clients. May be that your malpractice company and the VBSW would define all of the participants as clients and raise question about why records are not maintained the same for each client.
	CLIENTS WHO DO NOT ATTEND	May be fine with seeing you only in your professional location.	May have confusion about not being “special” in this way and have transference feelings increased,

OPTION 3: Have the mindfulness meditation group and women’s weekend retreats at a professional location as part of you professional practice, charge a fee, and define all persons who attend as clients of your professional practice.

		POSSIBLE BENEFITS	POSSIBLE RISK
PARTICIPANTS	CLIENTS	<ul style="list-style-type: none"> All participants are defined as clients and all are afforded the benefits of that status. There is no dual relationship issue to be concerned about. There is no transference-countertransference issues 	No more risk than exist in current practice structure.
	NEIGHBORS	Not an issue	Not an issue
	NON-CLIENT ATTENDEES	Not an issue	Not an issue
	CLIENTS WHO DO NOT ATTEND	No more of an issue than in current practice structure where some clients receive some services and some clients receive other services	No more risk than exist in current practice structure.

2. **Thoroughly examine the reasons in favor or and opposed to each possible course of action, considering relevant: ethical theories, principles, and guidelines, codes of ethics and legal principles, social work practice theory and principles, personal values (including religious, cultural, and ethnic values and political ideology).**

OPTION 1: Have the mindfulness meditation group and women’s weekend retreats in your home **not** as part of your professional practice and charge a fee and allow both clients and non-clients to attend.

REASONS IN FAVOR		REASONS OPPOSED	
1	I am assuming that the rule to not have a	1	If you call it by one name in order to meet

	business in your home with groups but only individuals is a zoning regulation. The idea of no fee for the group experience but accepting donations seems like it might satisfy the zoning requirement. It would be the same as you having a social gathering at your home and folks kicking in some money for beer and pizza.		the zoning regulations then it is clearly not part of your business, it is not part of your social work practice. So if it is not part of your practice then you are having some clients come to your home for some type of event that is not part of your professional relationship with them and thus it might be considered to be a dual relationship of some sort.
2		2	VBSW might define this as dual relationship and take disciplinary action. Malpractice company might cancel policy if not notified of second business-practice location

OPTION 2: Have the mindfulness meditation group and women's weekend retreats in your home, with participants spending the night, as part of your professional practice, charge a fee and allow both clients and non-clients to attend.

REASONS IN FAVOR		REASONS OPPOSED	
1	Relaxed, tranquil atmosphere and opportunity for more in depth experience.	1	Most likely violates zoning regulations and possibly local business license rules.
2	More cost effective for you to not have to pay rent for professional office space but use your home for an office and benefit from tax advantage.	2	Allowing clients in your home for a retreat and overnight accommodations raises dual relationship questions. There are discipline cases that the VBSW has found LCSW in violation of regulations when clients spend the night at the LCSW's home.

OPTION 3: Have the mindfulness meditation group and women's weekend retreats at a professional location as part of you professional practice, charge a fee, and define all persons who attend as clients of your professional practice.

REASONS IN FAVOR		REASONS OPPOSED	
1	<i>So the retreats will have to be in a location other than my home in order to avoid any appearance of dual relationships.</i>	1	You don't get tax and financial advantages of practice in your own home
2	<i>No zoning or other local government regulations to negotiate.</i>	2	

3. **Consult with colleagues, and appropriate experts (such as agency staff, supervisors, and agency administrators, attorneys, ethics scholars, and ethics committees)**

LCSW: *I had concerns that some of my ideas would put me in danger, hence my reaching out for expert opinion. I have honestly shared what I would like to do, but have no intention of engaging knowingly in an action that would jeopardize my license. The sticking point seems to*

be that zoning regulations prevent me from doing what I would like to do in my home with this group. As you saw, I was trying to find a way to satisfy both (since the service to the clients would be the same), but I do understand and appreciate your view that it has to be one or the other. So the retreats will have to be in a location other than my home.

Remaining questions now, as this idea evolves:

- (1) When considering my options, you mention not including current clients in meetings in my home to avoid appearance of a dual relationship. Some of our mandates regarding dual relationships include former clients, as well as current. If at some point in the future, I consider a group in my home without current clients, would not former clients have to be omitted, as well? Some expected group attendees are clients who terminated about a year ago.*
- (2) Is there ever a situation in which I can conduct a psycho-educational workshop/group/retreat for a fee in a setting other than my home or my office, which is attended by non-clients and either current or former clients? If so, please share your thoughts on how I can safely do this. I have already received an offer from a group member to hold the retreats in her community clubhouse.*
- (3) When facilitating the twice a month groups planned in my office, attended by both clients and non-clients, charging the same flat fee to all, could I safely do that as a psycho-educational group and avoid charting for those members, who are clients? I prefer not to open files on the group members, who are not already clients.*
- (4) Let me tell you more specifically what it is that I would like to accomplish on a broader level, and just ask if you can think of a way that my objectives can be reached, without those objectives causing concerns over clinical impropriety. The complexity of my desire to meet the needs of the various people I wish to serve is becoming clearer to me; as is my growing awareness that I may not even know all of the questions I should be asking. Some of my history is:*
 - I have always traveled to major psychotherapy symposiums to learn as much as possible about treatment modalities directly from some of the internationally recognized clinicians and authors in our field.*
 - I have been using mindfulness meditation when appropriate for some clients, as one of several techniques within my CBT tool bag.*
 - I also at times suggest to clients supplemental readings by different authors, depending on the focus of treatment.*
 - Concerning meditation, I have been taking part in conferences and retreats for the past few years, offered by one of the authors I study. I have also suggested this author, among others, to some of the clients, with whom I have used mindfulness meditation. A few of them, who have read some of his works, have become interested in traveling to similar conferences, and indeed, a handful has done so.*
 - I sponsored and coordinated a local weekend talk and workshop by this author and arranged for CEUs for therapists in attendance. It was well attended by the general public, some colleagues, friends, family members, and a few clients.*
 - Several clients, non-clients, colleagues and others asked me if I would coordinate and lead a regular meditation group, to include occasional longer weekend opportunities.*

(5) *Is there a way to conceptualize the group, such that I can combine in the same group all of the people who desire to attend (clients, former clients, a family member, an alternative healer from whom I have received services)? If I call it a clinical group, then it seems the family member and healer could not attend, or even the former client, without becoming a client again*

I realize I may be trying to do the same thing in this discussion as when trying to satisfy clinical requirements and zoning restrictions with the same brush stroke. Nonetheless, I guess it is necessary to at least ask the questions, when trying to expand existing concepts to provide what we believe to be the best service to those we serve.

(6) *As I am rejecting some options and considering others, I have a question relative to one of your comments. You had responded to the info I gave you earlier, that you believed the service offered would meet the NASW and VBSW definition of Clinical Social Work. You followed with, "You are charging a fee and you say it is adjunctive to the regular clinical work....." My question is: what is your understanding of the importance of charging a fee? The standards speak of reducing fees and pro bono work as acceptable, even desirable in some circumstances, to continue services to clients, when payment becomes a problem. I will have to provide the retreats to two clients pro bono anyway, as they can't pay. Do you see any problem with not charging for those quarterly retreats, but accepting donations?*

RESPONSE;

In terms of some of the details:

1. Your office or a neutral location sounds fine for any psycho- educational group.
2. Informed Consent Form is the key to the process. I would develop a separate one for the current client and former client. It would be good to develop a briefer one for all other participants just to clarify that this is not therapy or treatment. Any record keeping on these participants could be minimal, just the signed informed consent and date of the educational event.

The VBSW Regulations specific to Dual Relationships.

Part V. Standards of Practice.

18VAC140-20-150. Professional conduct.

D. In regard to dual relationships, persons licensed by the board shall:

1. Not engage in a dual relationship with a client or a former client **that could impair professional judgment or increase the risk of harm to the client.**

(Examples of such a relationship include, but are not limited to, familial, social, financial, business, bartering, or a close personal relationship with a client.) Social workers shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs.

4. **Recognize conflicts of interest and inform all parties of the nature and directions of loyalties and responsibilities involved.**

5. Not engage in a personal relationship with a **former client in which there is a risk of exploitation or potential harm** or if the former client continues to relate to the social worker in his professional capacity.

I underlined and put in bold the parts of the Regulations that I think are the critical items to be addressed. I think the word "harmful" is the key concept in the regulation D-1 above and is part of what you are trying to address up front. Then for me in D-4 the key concept is "inform" and in D-5 the key concept is "risk." The way for you to address all of these issues is with an Informed Consent for either current or former clients to sign if they choose to participate in any psycho-educational activity you conduct. The items that must be addressed within an informed consent are:

1. *The nature and purpose of services being offered:*
 2. *The existence of alternatives to the types of services being offered:*
 3. *Likely potential benefits and risks involved in accepting or refusing these services:*
 4. *The expected frequency of contacts and duration of treatment:*
 5. *Therapists will maintain appropriate boundaries in their interactions with clients:*
3. With the use of the Informed Consent forms then all of these folks (clients, former clients, a family member, and others) can participate in an educational event and would address the issues that the regulations and Codes of Ethics identify. If you have some sort of preregistration requirement it would allow you to select the specific informed consent form for each person and demonstrate that you took action to prevent any risk of exploitation or harm. On your preregistration form the applicant could be asked if they were a current client, former client, family member, friend of client or former client, and any other information that you want to have so you can demonstrate you did ask and consider that information in screening for participation in the event.
 4. Ann Abbott presented a workshop at the March 2012 NASW VA conference for NASW Assurance Services on Ethics and Malpractice. Ann was clear that their insurance covered Social Work Services not just Clinical. So your mindfulness psycho-educational group would be a covered social work service.
 5. The conceptualization of the group can be as a social work service that is a psycho-educational event, open to the public with a preregistration requirement for you to screen applicants for any "rule out" criteria and for acquiring the correct Informed Consent.
 6. Concerning the issue of charging a fee. One of the elements of malpractice is defining the conditions that prove that a professional relationship existed between the two parties. Once it is established that a professional relationship existed then certain legal duties are ascribed to the health care professional. So the charging of a fee for a professional service is one of the items that help to prove that a professional relationship existed and therefore the legal duties were required to be met by the practitioner. A donation instead of a fee begins to make it confusing about the question of was this a professional relationship or not?

7. I assume that you would have some broad criteria for an applicant to qualify for attending the group- there may be clients or former clients with a history of psychosis or some other clinical issue that in your judgment would make them not an appropriate candidate for this educational event. Those would be your private criteria nothing published publicly but kept in your documentation about the group.

It seems like it is coming together in a way that satisfies ethical and regulatory and ever zoning board issues. Would be glad to look at the Informed Consent forms you develop if you would like.

LCSW: *Thanks so much for the last info, which encourages me that I will be able to meet the ethical and regulatory requirements “with some tweaking” of my original ideas. My understanding is that I could likely proceed safely with the following requisites:*

- (1) Offer the group and retreats in my office or a neutral location, but not in my home, because of the zoning restriction;*
- (2) Use a carefully worded Informed Consent to be signed by all participants (perhaps a different one for former clients than for present clients);*
- (3) Follow the steps in the Ethical Decision Making Protocol (including documentation throughout).*

4. Monitor, evaluate and document the decision.

This entire paper is part of monitoring, evaluating and documenting the decision. Below is one of the informed consents that were developed:

Informed Consent for Psycho-Educational Group Experience

The Group is offered by LCSW as a learning and experiential opportunity in the practice of conscious living and mindfulness meditation. LCSW provides a psychotherapy practice for individuals, couples and also provides psycho-educational offerings in the area of personal development.

This form is used to clarify expectations and avoid any misunderstandings about the nature of the services provided in this group.

The Group is a psycho-educational offering, intended to provide both information and an experiential opportunity in the practice of conscious living and being in the present moment through mindfulness meditation. This service is available to members of the general public, as well as to clients of LCSW. All participants are screened for appropriateness for this offering. This group is not meant to provide psychotherapy or treatment.

Expectations of participation in The Group: The group may help you to acquire greater effectiveness in being fully present and consciously aware, in conquering your fears and even in experiencing a new enthusiasm for living. There is also the possibility it will not help you with any of these things. There is a low risk that you may feel worse as you engage in this experience. Engaging in a psycho-educational, experiential group is a voluntary choice. Choosing not to attend the group or choosing to attend another psycho-educational activity is always your

option. LCSW will insure a safe environment for you to learn and do experiential work. LCSW will always maintain appropriate boundaries in her interactions with participants.

The frequency, length of sessions and duration of *The Group* are negotiated between the facilitator and the group participants. Payment for each group session is \$25.00. There is no insurance coverage for this group.

By signing below I am acknowledging I have been informed about becoming a member in *The Group* and have had the opportunity to ask questions about my expected experience in the group. I consent to become a member of *The Group*.

----- Name	----- Date
----- Witness	----- Date

5. Make decision and document the decision making process.

As the LCSW develops the informed consent for each type of client she is making the decision to make this new service a part of her professional practice, to offer the service at a professional location not at her home, and to document the provision of the service.

SUMMARY:

This LCSW has applied Reamer's Ethical Decision Protocol to a real life professional challenge of adding a new service to her Clinical Social Work practice.