

Exercises for Chapter 2



Exercises

These exercises can also be filled out online at CengageBrain.com.



Exercises I: Ethics

Instructions: The hypothetical practice situations that follow are designed to stimulate thinking and discussion on the issue of confidentiality. Each situation is followed by a multiple-choice list of possible responses you might make. Choose the responses that you consider the best. In some cases you might want to use more than one of the responses listed. Others may choose a different answer. Discuss with your fellow students the different possibilities and what might present the best outcome for the client.

1. Paula is a 17-year-old client in the daytime partial hospitalization program. Her mother phoned and requested to know Paula's psychiatric diagnosis so that she could inform the family's physician who is treating Paula for diabetes. You should:
 - a. Advise the mother of the diagnosis and the name of the psychiatrist who made the diagnosis.
 - b. Call the family physician directly and advise him of the diagnosis.
 - c. Ask Paula to sign a release of information form giving consent for the physician and the mother to be advised of her diagnosis.
 - d. Refuse to release the information at all.
2. Kelly requests a copy of his current treatment plan. You should:
 - a. Have Kelly put the request in writing and discuss the issue with the treatment team.
 - b. Make a copy of the current treatment plan and give it to Kelly.

- c. Discuss the treatment plan with Kelly and then see that he has a copy.
 - d. Refer Kelly to the attending psychiatric physician.
3. A 13-year-old boy requests that his school counselor be sent a copy of his initial interview and discharge summary. He signs a release of information form, documenting his written consent for the information to be transmitted. You should:
- a. Forward the material to the school counselor.
 - b. Give the information to the boy who can deliver it to the school counselor.
 - c. Have the medical records department forward the information to the school counselor.
 - d. Refuse to release the information until a parent cosigns the release of information form.
4. In the case above you would
- a. Release the complete chart
 - b. Release just the discharge summary
 - c. Release only those portions of the discharge summary that the school needs for their work with the boy and not release the initial intake summary as it contains information that is no longer relevant but taken out of context could be damaging to the boy's family
 - d. Meet with the parents to go over what you have decided to release as outlined in C before anything is released to the school.
5. Mary Smith is a depressed elderly woman who was admitted to PolyclinicHospital due to severe back pain. She was advised she might need surgery to correct the problem. You are her case manager at the Office of Aging, and she calls to say she is considering suicide. The constant back pain has made her feel like "just giving up." Mary is currently at home, awaiting a surgery date. You know Mary has a supply of pain pills, and she says

she wants to take all the pills. You feel there is a substantial risk that Mary might follow through on her threat. You should:

- a. Contact the Polyclinic orthopedic staff who are currently seeing Mary in the outpatient clinic.
 - b. Maintain frequent contact with Mary, but respect her wishes to keep her suicide plans confidential.
 - c. After discussing with Mary what you are about to do, contact crisis intervention.
 - d. Advise the city police department of Mary's suicide plans.
6. Bill Jones is a client who has been in alcohol treatment programs at your facility. He is currently depressed about his pending divorce and present marital separation. He has signed a release of information form for you to share information with his priest, who is counseling Bill about his religious conflicts regarding the divorce. A man calls you claiming to be Bill's priest and requesting information on Bill's current state of mind. You have never actually spoken with Bill's priest, and you think this might actually be Bill's wife's attorney calling. You should:
- a. Give no information on the phone until you have verified the identity of the caller.
 - b. Refer the caller to Bill, but send the information to the person at the address on the release form Bill signed.
 - c. Insist upon meeting with the priest in person.
 - d. Share no information with the caller and contact Bill
 - e. Get the person's number and call him back.
7. Patty is completing a student internship for her associate's degree in the therapeutic activities program. She asks to review the medical records of the people who were just in her projects group. You are supervising Patty. You should:

- a. Advise Patty that the records are confidential and may not be inspected by students.
 - b. Make certain that Patty is well trained in the policies and procedures relating to confidential information, and only then allow her access to the medical records.
 - c. Permit Patty free access to the records because she is like part of the staff.
 - d. Obtain written consent from each client for Patty to review the records.
8. Jerry was a client who improved and was discharged 2 years ago. You receive a call from the National Can Company. The caller explains that Jerry has applied for a job and that the company would like to hire him. Jerry told them he was in treatment 2 years ago and was discharged after showing considerable improvement. The company wishes to confirm the fact that Jerry did indeed complete the program as he claims. You say to the caller:
- a. "I don't know if Jerry was ever a client of our agency. If you send me a release-of-information form I can look into that and get back to you."
 - b. "Jerry was a patient here but I am not at liberty to say any more than that without a release-of-information form."
 - c. "I can tell you that Jerry was a client here around 2012 and he successfully completed the program with us. I will need a signed release-of-information form from Jerry to put in his file."
 - d. "I don't know what you are talking about. Good-bye."
9. Clark is currently enrolled in treatment, and you are his case manager. He asks you if he may read his medical record. You should:
- a. Ask Clark to put the request in writing, and assist Clark in completing the written request if he seems to have limited skills in reading and writing.
 - b. Present Clark's request to Clark's treatment team.

- c. If the treatment team concludes that it will not harm Clark to review his record, allow Clark to read it in the presence of a therapist (after deleting information from sources that asked to remain anonymous).
- d. Decide with the treatment team who will assist Clark in reading and understanding his record. Then follow through by allowing Clark to review his record with that person.



Exercises II: Ethically, What Went Wrong?

Instructions: The following hypothetical practice situations are designed to help you apply what you have learned in this chapter. For each situation, decide what was done in the situation that was unethical.

1. Jennifer had a long day and was trying to get out of the office before 5:00 P.M. She had one more person to see. Dr. Adams had asked Jennifer to give Abdul, a young man recently diagnosed with schizophrenia, a prescription for a new medication. Jennifer had her coat on when she handed the prescription to Abdul in the waiting room. Abdul wanted to know what the medication was and why his prescription was being changed. “Will there be any side effects?” he asked Jennifer. She replied hurriedly, “Oh, no. Dr. Adams says just take this until he sees you next time.”
2. Carl is uncomfortable around gay men. Bert, his client, is gay and has just broken up with his lover. Bert, who is 42 years old, had been in a long-term relationship and is devastated and in tears in Carl’s office. Because Bert has suffered from severe depression in the past, Carl attempts to have him evaluated by the therapist this afternoon. In the meantime, Bert is still weeping and now threatening to take his life. Carl is particularly uncomfortable with this man’s tears and believes this is drama. Carl says, “Oh, c’mon now. Let’s get a grip. You can’t sit in here all afternoon carrying on. Here, take some tissue and go out in the waiting room until Dr. Paul can see you.”
3. Elizabeth visited the home of an elderly man and got him to sign a release of information form so she could process an application to the county nursing home. In the man’s records were references to the fact that many years ago as a teenager he was convicted of shooting a man in a bar fight, a crime for which he served 2 years in prison. She knows the people at the home will be titillated over this little tidbit of information, especially her

friend Rhoda, who does the intakes. Even though she knows this is not part of the home's evaluation, that the client has led an exemplary life since that time, and that the nursing home staff might take it out of context, she releases the information anyway, based on her client's signature on the release form. She and Rhoda have a good laugh about it the next day.

4. Jim is doing an intake with a man who claims he is depressed. He tells Jim that ever since his wife left he has had trouble concentrating and waking up in the morning. He talks about how lonely it is at home, how much he misses his children, how he is tempted to drink in the evenings, and how little he has to look forward to. Jim nods. He understands. "Yes, my wife left last month too," Jim tells the man. "I know just what you mean. I get to feeling like, well, like there isn't as much meaning. I never knew the kids were so important to me, but I guess they were. On Saturdays, I used to do things with my son and I still get him every other weekend, but it's not quite the same thing, is it?" "No," the man responds, "I was thinking . . ." Jim interrupts the man to say, "Well, I do a lot of thinking too. I think about what I could have done differently and if it was my fault. Don't you think these women would see that it's hard, too hard I think, to raise kids alone?" The conversation continues in this vein until the end of the interview.
5. Carmen is supposed to see her small caseload of persistently mentally ill individuals at least twice a week. Lately, with school and her mother's death, she has not really seen her clients that often. She has checked in with them on the phone, but she also has used time when she was out seeing clients to do errands at the library and to empty her mother's home. Now one of her clients is in court after committing a crime. The client and the lawyer agree that the client might be able to use his mental health status as a reason for committing the crime, and they ask to introduce the case record as evidence in the court proceedings. Fearing that it will be discovered how little supervision and attention she has

given her client, and knowing that ultimately she could be blamed for the fact that her client committed the crime while under her somewhat irresponsible care, Carmen invokes the concept of privileged communication to avoid having to give the file to the court.

6. Ted is in a clinic with his elderly client, Gretchen, for a routine blood workup, which they do every other month. He notices Gretchen is bruised on the face and arms. For a while he makes small talk with her, and then he asks her about the bruises. She is somewhat evasive but indicates, “They weren’t the result of no fall!” Without explicitly blaming her daughter and son-in-law, with whom she lives, Gretchen makes it quite clear that the bruises are not the result of an accident. After the blood test, during which neither the doctor, who sees her briefly, nor the technician make any mention of the bruises, Ted takes Gretchen home. He toys with the idea of reporting the bruises to protective services at the county Office of Aging but decides not to. He bases his decision on the fact that the law does not specifically require him to do so, that it would be hard and take a lot of time to have to place Gretchen in another living arrangement, and that the daughter seems like a very nice person whom Ted does not feel like stirring up over an uncomfortable situation.
7. Kitty has a whole list of things to do today and doubts she can get it all done. She hates the way there are always things left to do at the end of the day. It just seems that no matter how hard she works, something new comes up that she cannot complete. One of her clients, Isabel, has told her on the phone that she wants to sign a release of information form for her lawyer. Kitty has the form ready for the time when Isabel will be coming in at the end of the week. Today a man calls and says he is Isabel’s lawyer and he needs just two dates to help him file a brief with the court on the Isabel’s behalf. Kitty gives him the two dates and hurries to the next thing on her list.

8. While having lunch in the staff room, Jorge is obviously mad. He spent one morning taking a meticulous social history from a new client. The client, a man in his 20s, was pleasant and helpful. He seemed to genuinely want the assistance of the agency and to like Jorge. Two more interviews followed to set up services, and the man signed a release of information form for Jorge to meet with the client's physician. Jorge cannot understand why this man never mentioned the fact that he is HIV+. This Jorge found out in the conference with the man's physician some weeks later. "How do these people think I am going to help them if they don't tell the whole story?" Jorge fumed. "They come in here and want my help and then withhold information from me. They leave me in the dark. I don't know what's going on, and then they think I'm going to be able to help them."
9. A new worker, Jill, is working at a large residential facility for the mentally ill and has been assigned four clients for whom she is to develop goals and objectives to help these clients move forward to greater independence. She meets with the first two clients and then confides to a worker who has been there longer that she had trouble understanding what the clients wanted to work on. The worker tells Jill, "Just make up the plans. These people are a waste of time. They won't ever get any better. Look at that one. This is his fourth trip through here. No one ever made a difference with a plan, and you won't either. Just put something down to satisfy the insurance company, and come in here with us. There is a good movie on TV tonight, and the staff is going to put the residents to bed early and get together in the patient lounge to watch it."
10. Beatrice, who has suffered from schizophrenia for most of her life, has been placed in a long-term residential facility. One night the worker decides to take the residents to a movie. The residents all get in the van to go to the movies, and the worker waits to leave until everyone has a seat and has fastened their seat belts. Beatrice finds a seat but complains that the seat belt does not fit, that she cannot fasten it around herself. The

worker replies, “Well, if you didn’t eat so much, you wouldn’t be so fat. You always pig out at the table, and this is what you get. I guess you’re too fat to go to the movies tonight, Beatrice. Guess you’ll have to just stay home.”

11. Pedro noticed that his colleague, Antoine, was using clients’ spending money to make small purchases for himself. Each resident in the group home was given a specific amount of spending money every month, and it was kept in the resident’s envelope. When money was spent from the envelope, a receipt was to be left in the envelope showing where the money went. Antoine was taking money for small purchases for himself—lunch, movie tickets, a gold chain. He was placing the receipts for these purchases in the residents’ envelopes. It was not possible for administration, when doing an audit of all the residents’ accounts at the end of the month, to determine from the receipt who actually benefited from the expenditure. Pedro thought about telling the administration but felt it was likely that Antoine would deny the allegations, and this would ruin their working relationship. Therefore, Pedro did nothing.

12. Marcella began to drink in the evenings after work when her husband left her for another woman. As the months went by, the divorce became increasingly acrimonious. There were accusations, attempts to take Marcella’s money, and attempts to deprive her of custody of the children. The children began to exhibit problems, and there were financial problems as well. Drinking in the evenings expanded to a drink with lunch and later to a drink and then several drinks in mid-afternoon. In time, Marcella could not face the day without alcohol when she first got up. She continued to report for work where she was the sole worker on the day shift in a small residential setting with four clients. Marcella began to ignore the residents. It started with naps in the afternoon, which left the people unsupervised. Later, Marcella found it too hard to fix dinner for her residents and began to allow them to eat junk food for dinner. As the

situation deteriorated, Marcella became more and more mired in self-pity, anger at her ex-husband, and alcohol abuse. She continued to work at the group home.

13. Arnie has problems with substance abuse. He considers himself an “alcoholic who likes a little cocaine now and then.” He is funny, articulate, and clever. When he comes to the case management unit he seems open about his progress and regressions. He always asks how his case manager is doing, what she did for Christmas, how her little boy is doing. Sometimes he brings in the paper and leaves it for her to read, saying he has read it and is finished with it. On Friday evening some of the case managers go out to dinner at a place that serves alcohol and very good food. They are having a good time unwinding after work when Arnie joins them. It appears that he is drinking a soft drink, but no one knows that for sure. Arnie and the case managers laugh and talk about their work until late in the evening. Arnie is funny and has hilarious insights about some of the clients he has encountered in the waiting room.



Exercises III: Decide on the Best Course of Action

Instructions: Sit with a small group of other students and decide how you will handle this situation. There are many areas both ethically and legally that are not clear, so the discussion you have with your colleagues is much like a discussion you might have in a real agency. There are no “correct answers.”

You have been working with a client who is HIV+ and is a regular user of heroin. He needs both medical and substance abuse treatment. However, he is inconsistent about coming for regular treatment and medical care. You suspect he is not taking medications prescribed for him. In addition, he is sexually active with several women. He has asked that you not contact him at his home where he lives with one of his girlfriends. He has stipulated that no family members may have any information about him. You think that if you could commit him to a substance abuse treatment facility he will be out of circulation sexually and he will receive the treatments he needs to save his life. You do not know for sure where he is but know his girlfriend with whom he has been living probably does. Can you contact her? What ethical and legal principles are at play here? What do you decide to do or not do?



Exercises IV: What is Wrong Here?

Instructions: Sit with a small group of other students and decide where there was a lapse in good judgment or a lapse in good ethical behavior. Where are the gray areas? What makes these situations clear-cut or unclear about the proper course of action?

1. A children's case manager writes a letter to a parent of a 14-year-old girl, currently a client at the case management unit. In the letter is this: "While it has not been confirmed or established that your daughter was sexually abused, it is my opinion that she has experienced sexual abuse in the past." What did this case manager do wrong? What could be the consequences to the family members if such a letter was received?
2. A human service worker is asked to plan a recreational activity for elderly residents on the floor where she works. She is not sure what to arrange but finally decides to do a program on supplemental Medicare insurance. She invites a friend who sells supplemental Medicare insurance. The friend gives a complete explanation, handing out brochures on her business and her business card and explaining the insurance products her company can offer individuals on Medicare. What is the issue here?