Ethics in the Information Age: Scenarios

For each scenario, answer the following questions:

1. What is the ethical dilemma(s) posed, if any?
2. What portions of the Code may apply?
3. What are the ethical principles that may be involved?
4. What are the possible solutions, if needed?

Scenario 1: You are a counselor for an intensive outpatient program who is responsible for conducting hybrid groups in which some people are in person and others are on Zoom. After attending three weeks of thrice weekly sessions, one of your group members rarely speaks in group sessions unless prompted, and even then, only briefly. In an individual session, with some skillful interactions on your part, they disclose that they feel as if they have nothing to give the group, acknowledging "terrible" anxiety at being "on camera." The closest in-person site for outpatient services is 60 minutes away. At intake, the client said this wasn't possible for them because of caretaking responsibilities and finances.

Scenario 2: You've just started a new position as a counselor at a residential treatment center. As part of your orientation, you are shadowing an experienced counselor. When discussing documentation, the counselor shares an app that is unfamiliar to you to chart their progress notes. The app allows them to dictate their notes into their phone, rewrites them into a Microsoft document, and emails the notes to them. They are then able to cut/past them into the EMR, saving a large amount of time which they can then use to spend more time with clients. When you ask about the security of this, the more experienced counselor seems a bit defensive, but explains that the process is ok because a) her phone is a company phone and b) the email is within the company's firewall protection

Scenario 3: You have just started working with a post-master's counselor who is under supervision for LADAC and LPC-MHSP license with an in-house supervisor. In a conversation over lunch, they remark on how technology has changed the field and how they think about counseling. Intrigued, you ask them to say more. They share about working with patients with SUD in an intensive outpatient setting utilizing VR glasses to simulate using situations. They are anticipating being able to use this adjunct as a key part of their new position and have their own set of VR glasses for clients to use. You are aware that your organization is discussing new technology and has introduced Chat GPT for research purposes.

Scenario 4: You are supervising an intern who needs to record individual sessions for their academic advisor for their evaluation. These sessions would be recorded on their I-phone and then uploaded to the university's learning platform with which you are not familiar. After uploading, the academic advisor and the rest of the class would watch the session and provide feedback. The content would be destroyed off both devices afterwards. The clients involved have signed a consent allowing the recorded sessions to be used in this manner.

Scenario 5: You are working for a large organization who is trying out different AI tools to assist counselors in being more efficient. A team of counselors is going to test AI software that uses the counselor's camera/speakers to observe and listen to the group. It will then create progress notes for the counselor to review, edit, and sign. You have bee selected for the team. Before the trial begins, you ask to see the informed consent document that is being signed by clients on admission. Your supervisor says that the general consent to treat has been modified to say, "person to person, tele-health, or AI assisted treatment." She states that the Information Technology Director and the organization's HIPAA Privacy Officer feel this is sufficient.

Scenario 6: Your company has purchased ChatGPT Enterprise for Heathcare which is a HIPAA compliant platform for use across the organization. A task-specific generative bot has been configured to analyze multi-disciplinary assessments to assess the ASAM Dimensions of Care and create a recommendation for the appropriate level of care and length of treatment for a client. A pilot project is starting with the initial review with expansion planned for use in determining ongoing length of stay and transition time to the next level of care.

Scenario 7: You work for a multi-site organization that offers high intensity outpatient, intensive outpatient, and traditional outpatient services. Your role is in the traditional outpatient services, meaning that you see most clients weekly in individual sessions, although you also facilitate groups twice weekly. You notice a major change in the documentation that you are receiving from the other levels of care when a client transitions to you. Specifically, the interpretative summary, case conceptualization, and discharge summary have a noticeably different vocabulary with a much more polished style. You also notice, however, that there is actually a decrease in individual information about the client. You've also noticed what you consider to be errors in clinical judgement in the case conceptualization. You suspect AI is being used for these documents.

Scenario 8: You are a counselor facilitating a tele-health group. A client who has been in your group for four weeks mentions how much their partner is getting out of the group. When you inquire about this, the client admits to recording the group sessions and letting their partner watch them after the fact. You are aware that this is a major confidentiality breach; however, the client begs you not to stop the practice, saying that the partner is now 14 days into recovery. The client says they cannot continue in therapy, knowing the partner cannot continue getting help too. The client states that they cannot both be in treatment at the same time because of childcare and the cost of the deductibles