

# Ethical Compass



Ethical Compass is an initiative of the NLASW Ethics Committee and is intended as a resource for members. The issues covered in this publication have been identified by social workers as part of the NLASW ethical consultation process and from a review of ethical trends in practice.

## Walk and Talk Therapy: What Are The Ethical Considerations?

Walk and Talk Therapy, was founded by social worker Clay Cockrell in the US. While social workers often engage in work with clients outside the traditional office setting, the concept of Walk and Talk Therapy is gaining momentum. In this approach to service delivery, social workers combine therapy with physical exercise. Therapy sessions are conducted outdoors, with the social worker and client walking together while therapy is ongoing. This volume of Ethical Compass highlights some of the ethical considerations social workers must consider when using Walk and Talk Therapy as a formalized intervention.

*Competence.* “Social workers uphold the right of clients to be offered the highest quality service possible” (Canadian Association of Social Workers (CASW) Code of Ethics, 2005, p. 8). Social workers wanting to use Walk and Talk Therapy must consider whether Walk and Talk Therapy is conducive to their therapy style and fits within the context of their practice. Social workers should assess and be able to articulate whether this approach to service delivery is in the best interest of each client, understand the risks and benefits of using this method, and consider the impact this might have on their work with clients.

*Informed Consent.* As noted in the CASW Code of Ethics (2005), “Social workers respect the client’s right to make choices based on voluntary, informed consent” (p.4). Social workers who are planning to incorporate Walk and Talk Therapy in their practice should review the Newfoundland and Labrador Association of Social Workers (NLASW) (2017) document *Self-Assessment Tools for Informed Consent and Documentation* and consider what needs to be covered as part of the informed consent process (e.g., nature of intervention, risks and benefits of Walk and Talk Therapy, limits to confidentiality, professional boundaries, etc.). Social workers should also address with clients where the therapy will be taking place. Elements addressed as part of the informed consent process should be documented in the client record.

*Client Confidentiality.* As noted in the CASW Code of Ethics (2005):

- Social workers respect the client's right to confidentiality of information shared in a professional context.
- Social workers demonstrate transparency with respect to limits to confidentiality that apply to their professional practice by clearly communicating these limitations to clients early in their relationship.

In Walk and Talk Therapy, the social work intervention is provided in a public space and there is a possibility that people may hear some of the conversation between the client and the social worker and/or the social worker or client may run into someone they know while the session is on-going. It is therefore important that the social worker ensure the client is aware of the limits to confidentiality prior to the first walking session and that the client is comfortable with this risk. The social worker and client should develop a plan of how to address these potential dilemmas in a proactive manner.

*Documentation.* Note taking during a walking session may be more problematic than notetaking during an office session. Social workers incorporating Walk and Talk Therapy into their practice should record the clinical note following the session, or within a reasonable timeframe, to ensure that the record adequately reflects the outcome of the therapy session.

*Boundaries:* Social workers demonstrate *Integrity in Professional Practice* and “establish appropriate boundaries in relationships with clients and ensure that the relationship serves the needs of clients” (CASW Code of Ethics, 2005, p. 7). As part of the informed consent process, social workers ensure that clients are aware of the parameters of the social work-client relationship when therapy is extended outside the office and how professional boundaries will be maintained.

*Professional Liability.* Social workers are responsible for ensuring that their professional liability insurance or organizational policy extends coverage for Walk and Talk Therapy. Social workers are responsible for ensuring the safety of clients and being aware of environmental conditions that may impact client safety during Walk and Talk Therapy (i.e., poor weather conditions, client allergens, emergencies, slip and falls, client's overall health and well-being, etc.).

This edition of the Ethical Compass highlights some of the ethical considerations pertaining to Walk and Talk Therapy. Social workers must use their own professional judgment, consider the best interests of clients, and ensure their own competency when using Walk and Talk Therapy in their practice.

References:

Newfoundland and Labrador Association of Social Workers. (2017). *Self-assessment tools for informed consent and documentation*. <http://www.nlasw.ca/sites/default/files/inline-files/Informed%20Consent%20%26%20Documentaton%20Reflection%20Tools.pdf>

Canadian Association of Social Workers. (2005). *Code of ethics*. <http://www.nlasw.ca/practice-resources/code-of-ethics>