

2025 Student Ethics Competition

In the hypothetical presented, Kira is an Associate Marriage and Family Therapist working with a 14-year-old client named Tommy for the past three months. Tommy exhibits significant behavioral issues and, after Kira promised confidentiality from his parents, confided that he has been experiencing a tumultuous home life, including access to drugs and alcohol. After his parents decide to send him to an intensive treatment program without his knowledge and request a copy of his records for the program, Kira faces an ethical dilemma regarding whether to disclose this information to Tommy. Kira consults her partner in search of guidance after failing to reach James, her supervisor and the owner of the group practice where she works. She ultimately cancels their forthcoming session, feeling overwhelmed and uncertain about how best to proceed.

Ethical Violations

Standard I: Responsibility to Clients

Marriage and family therapists walk a fine line as they balance the welfare and needs within a family system. When Kira abruptly cancelled the scheduled session by feigning illness to avoid addressing the issue, she violated Tommy's autonomy in decision-making (S1.8) by removing the opportunity for him to decide or allow her to review the potential consequences of his decisions with him (AAMFT, 2015). Additionally, Kira violated the standard of non-abandonment (S1.11), potentially endangering Tommy's trust in the therapeutic process by cancelling what she believed would likely be Tommy's last appointment.

Standard II: Confidentiality

Informed consent and confidentiality can present ethical dilemmas when working with minors, particularly when they possess the capacity to consent and are old enough to grasp the implications of confidentiality. State laws govern the parameters of confidentiality and informed consent and the extent to which information can be shared with parents of minors receiving therapeutic services (AAMFT, 2002). While the hypothetical does not specify in which state Kira

practices, she failed to disclose the limits of confidentiality (S2.1) to Tommy and his parents at the start of treatment. It is important to note that no state permits unilateral confidentiality, including with adults, in cases involving potential harm to self or others (AAMFT, 2015). If she practices in a state that grants parents' access to Tommy's records, Kira would need to obtain written authorization from the parents to release any information (S2.1) and she must comply with the right of the client to access their records (S2.3) unless she believes that such access could result in serious harm.

In the hypothetical, what specific information was discussed with Kira's partner when she sought his advice is unclear. However, there is a risk that she may have violated confidentiality (S2.7) if she shared any identifiable information about Tommy or his parents that could lead to their identification (AAMFT, 2015).

Standard III: Professional Competence and Integrity

Marriage and family therapists are not expected to know how to navigate every ethical dilemma encountered. However, they should possess a solid understanding of regulatory standards (S3.1) and actively seek assistance (S3.2) when confronted with issues they are uncertain about (AAMFT, 2015). In this case, Kira did not adequately seek help and failed to consult all available resources.

Standard IV: Responsibility to Students and Supervisees

As an Associate Marriage and Family Therapist, Kira is required to work under the supervision of an AAMFT-approved supervisor, who in this case is James (AAMFT, 2023). James did not provide adequate oversight regarding the competence (S4.4) and professionalism (S4.4) of his supervisee when he left town for a week without ensuring Kira had a means of contacting him or providing instructions for an alternative supervisor (AAMFT, 2015).

Ethical Recommendations

To adhere to the ethical and professional standards outlined in the AAMFT Code of Ethics (AAMFT, 2015), Kira could have taken several different actions to better align with the

ethical codes as well as the ethical principles of autonomy, beneficence, nonmaleficence, veracity, justice, and fidelity.

Informed Consent and Confidentiality

The first step in adhering to ethical guidelines would have been the informed consent process. Informed consent (S1.2) extends beyond simply providing information; it necessitates an open and transparent dialogue about the risks, benefits, and limitations of treatment (AAMFT, 2015). Kira should have explained the benefits of family therapy to both Tommy and his parents, thereby providing rationale for recommending a session or two with everyone involved. Family therapy could have addressed the systemic roots of the conflict and potentially altered the drastic plan to send Tommy to a treatment program without his knowledge or consent. By failing to provide adequate information about treatment options, Kira inadvertently left Tommy vulnerable to coercion, as there was no opportunity to help the family understand themselves as a system and consider other interventions they could have tried first.

Another significant aspect of informed consent is confidentiality (S2.1, AAMFT 2015). Rather than assuring Tommy that everything would remain confidential, Kira should have explained to both Tommy and his parents at the outset of therapy that confidentiality cannot be maintained when a minor discloses information related to potential harm, whether self-inflicted or in the family dynamic. Even in states that grant complete confidentiality to minors, mandated reporting is still required when the minor is at risk (Duncan et al., 2015; Kafka et al., 2024). Kira could have also made clear at the outset of therapy that she is ethically opposed to keeping secrets that could harm a client, as doing so violates the ethical principles of autonomy, nonmaleficence, veracity, and fidelity.

Safety and Mandated Reporting

Therapists are obligated to prioritize the safety of their clients, especially minors (Murphy & Hecker, 2020). In Tommy's case, safety concerns – such as his access and use of his father's drugs, combined with his depression and exposure to domestic violence – required Kira to act to

protect Tommy. Kira should have immediately engaged in safety planning with Tommy and his parents and reported the concerns to the appropriate authorities if she were in a state requiring mandated reporting for these risk factors. Had Kira been more thorough during the informed consent process, Tommy would be less likely to perceive this as a betrayal of confidentiality. Kira could have also consulted with colleagues or legal advisors to ensure her decisions aligned with legal and ethical standards in her state (S3.2, knowledge of regulatory standards; S3.3, seek assistance, AAMFT 2015). Addressing these immediate risks to Tommy's safety should have taken precedence, honoring Kira's duty to beneficence and nonmaleficence. This earlier intervention might have been enough to result in a drastic systemic change, improving the family's home life and Tommy's behavior along with it.

Avoiding Triangulation

By requesting that Kira keep a secret from Tommy, the parents attempted to engage Kira in a triangle (Murphy & Hecker, 2020). While minors do not have complete autonomy in decision-making in most states, they are still the client and thus have the right to be heard and involved in their treatment decisions as much as possible within the limits of their age and legal status. The goal is to give minors as much autonomy as possible within legal limits while preventing harm (Duncan et al., 2015). Tommy's status as a minor does not mean that Kira has to follow exactly what his parents demand; she must follow the law while exerting her own clinical expertise and judgment, especially if there are pressing safety issues.

Kira should have reiterated that this secret can cause harm to Tommy by jeopardizing the therapeutic relationship as well as the familial relationship, potentially permanently damaging the trust between Tommy and his parents, and she could have presented some alternative ethical options. For instance, rather than canceling the session, Kira could have strongly insisted on a joint family session, where Tommy could process this information in a safe and supportive environment, and the family could consider alternative options. By addressing these issues early on and clearly communicating her ethical codes and principles during the

informed consent process, Kira could have supported both Tommy and his parents, fostering a more transparent and ethical therapeutic relationship.

Supervision

While Kira's supervisor failed to inform her of his time off and provide backup support, Kira also had a responsibility to be aware of the resources available to her in such situations (S3.2, S3.3, AAMFT 2015). As an MFT in a group practice, Kira likely had access to other supervisors or colleagues who could have provided guidance. She also had the ability to consult with someone through her malpractice insurance, as well as the AAMFT Legal and Ethics Consultation services (AAMFT, 2025). In crisis situations, time is of the utmost importance. Kira should have proactively established a crisis management plan and sought additional help to ensure that her decisions were both legally and ethically sound, documenting her process along the way (S3.5, Maintenance of Records, AAMFT 2015; Duncan et al., 2015).

Conclusion

In summary, Kira could have adhered more closely to the ethical standards outlined in the AAMFT Code of Ethics by ensuring thorough informed consent, clarifying confidentiality, prioritizing safety concerns, and seeking supervision and support when needed. Had she done so, the situation may not have escalated to the point that it did. As Murphy and Hecker (2020) state, "Ethical decision making from a systemic perspective should include a recursive process reflective of systems theory itself." Every decision should be evaluated in real-time, considering its impact on the system and using feedback to update the course of action continuously. Consultation, along with ethical decision-making models such as the SLEEP model (Scott, 2009) or the Scaling model (Caldwell & Stone, 2016), can serve as aids during complex situations when multiple factors may conflict with one another. By fostering a transparent therapeutic process and involving Tommy and his parents in decision-making, Kira could have upheld ethical standards while addressing both immediate safety risks and long-term therapeutic goals.

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