Ethical Issues

In comparison to other mental health professions, marriage and family therapy is a newly developing field. As such, it is imperative that clinicians remain ethical to promote credibility in our field. Under the guidance of AAMFT, marriage and family therapists (MFTs) are committed to service, advocacy, and public participation to better our communities and society (AAMFT, 2015). However, it is common to face situations that challenge our understanding and implementation of the code of ethics. In navigating through these complex ethical situations, therapists often utilize their own professional judgment (Gonyea, Wright, & Earl-Kulkosky, 2014). In fact, it has been suggested that clinical judgment take precedence over other components in the treatment of domestic violence (Stith McCollum, & Rosen, 2011). However, training and professional development also rely heavily on the role of clinical supervisors (Barnett & Molzon, 2014). This balance is analyzed utilizing the hypothetical situation in which Monique is working at South Newport Addiction Recovery Center (SNARC) and volunteering at Hope House (HH) and is under the supervision of Dory as she works to obtain full licensure. Several ethical issues including responsibility to clients, confidentiality, professional competence and integrity, responsibility to supervisees, and technology-assisted professional services are discussed.

Violations of the AAMFT Code of Ethics

Standard I: Responsibility to Clients. To begin, Monique’s decision to answer Elsa’s FaceTime call while engaged in a crisis session was a violation of standard 1.11, which states that MFTs do not abandon or neglect clients without making a reasonable arrangement for further treatment (AAMFT, 2015). Monique excused herself from the crisis session and proceeded to talk to Elsa for an hour, therefore neglecting a client in need. Standard 1.3 was also violated via the creation of a dual relationship when Elsa, a client at SNARC, was seen by Monique at HH. The multiple relationships standard requires MFTs to make every effort to avoid conditions and dual relationships which increase the risk of client exploitation (AAMFT, 2015). This dual relationship was then intensified when Monique took Elsa’s children to get ice cream.
The next violation was standard 1.7, abuse of therapeutic relationship, which clearly states that MFTs do not abuse their power in therapeutic relationships (AAMFT, 2015). This violation occurred when Monique convinced a hesitant Elsa to come to HH by exploiting her therapeutic power. It can also be argued that Monique was using this clinet to her advantage to gain more relational hours and even went as far as to forcefully inform Barry of the need for therapy. Barry agreed to attend therapy despite his reluctance, only after Monique stated that his failure to participate in couple or family therapy would result in her recommending divorce as the best course of action to Elsa. Additionally, because Monique did not conduct couple’s therapy at SNARC, Barry was likely not a client and confirmation that Elsa was a client should not have occurred. This may also be a violation of standard 2.2, written authorization to release client information, if Monique did not have a release of information (ROI) to speak with Barry.

**Standard III Professional Competence and Integrity.** Standard 3.10 states that “MFTs do not diagnose, treat, or advise on problems outside the recognized boundaries of their competencies” (AAMFT, 2015, p. 5). Standard 3.3 was called into question when Monique chose to seek Dory’s guidance without the knowledge of either HH or SNARC. While Dory is Monique’s supervisor, she does not have the experience or training necessary to advise on this issue. Additionally, there is no mention of contacting a supervisor or another colleague at either workplace. Because of the nature of the therapeutic settings at SNARC and HH, it is likely that those supervisors would have the specialized training necessary to work with these situations. Further, standard 3.6 specifies that it is the responsibility of MFTs to take steps to ensure the competence of their work when developing new skills. The code of ethics states that therapists should practice in new specialty areas only after appropriate education, training, and/or supervised experience (AAMFT, 2015). These standards undoubtedly show a need for Monique to consult with a supervisor or colleague proficient and experienced in domestic violence and substance abuse as she works towards full licensure.

**Standard IV: Responsibility to Students and Supervisees.** Two standards under responsibility to students and supervisees were violated by Dory. The first is standard 4.4, oversight of supervisee
PhD Team A

competence, which states that MFTs do not permit supervisees to perform, or hold themselves out as competent to perform, professional services beyond their level of training, experience, and competence (AAMFT, 2015). Neither Monique nor Dory have sufficient experience with domestic violence, but Dory advised Monique that Elsa was dealing with Battered Woman’s Syndrome and recommended that Monique make sure Elsa did not leave HH. Furthermore, it is possible that Dory violated standard 4.5, oversight of supervisee professionalism, when in the hypothetical, Monique leaves a crisis session with a client to answer Elsa’s call. While other issues with this behavior have been addressed, it is also worth noting that this was certainly not professional. Part of the hypothetical states that Monique shares details of the events which occurred. More information is needed, but if Dory was made aware that Monique had taken these actions, she would certainly need to ensure that this did not occur again.

**Standard VI: Technology-Assisted Professional Services.** Without further information it seems to reason that answering Elsa’s call during session violated the following aspects of standard 6.1: not informing Elsa about the potential benefits or risks in disclosing personal information through FaceTime, not ensuring the security of communication, and not obtaining appropriate training to use relevant technology. Standard 6.3 further specifies that the therapist is responsible for choosing platforms of technology which follow best practice for confidentiality and quality service standards (AAMFT, 2015). FaceTime is not HIPAA compliant (Hecker & Edwards, 2014), and at no point did Monique take responsibility for using a non-confidential platform or suggest switching to a confidential platform. Also, if either client was able to hear or see the other during the course FaceTime call, this would be a clear violation of confidentiality.

**Adherence to the AAMFT Code of Ethics**

**Standard II: Confidentiality.** Although there were several ethical codes which were violated, there are also a few codes which Monique carried out in an ethical manner. Standard 2.7, confidentiality in consultations, states that MFTs may not share confidential information that could reasonably lead to the identification of a client without prior written consent (AAMFT, 2015). Monique was careful not to
share any client identifying information during her consultation with Dory which is in alignment with the confidentiality standard.

**Standard III: Professional Competence and Integrity.** Standard 3.1, maintenance of competency, is concerned with maintaining high standards of professional competence and integrity and requires that MFTs utilize education, training, and/or supervised experience to pursue knowledge of new developments (AAMFT, 2015). It is obvious that Monique has a desire to continue building competence as an MFT. The hypothetical provides several exemplars of this including that she has chosen to become a volunteer to supplement the gap in her training at SNARC. Additionally, during her conversations with her supervisor, Monique vocalizes that she desires hands-on experience working with couples and families in therapy. Finally, standard 3.3, seek assistance, asks that MFTs seek appropriate professional assistance when issues arise which may hinder their clinical judgment (AAMFT, 2015). Monique acted in accordance with this standard when she sought supervision in an attempt to provide the best care possible for her client.

**Missing Influential Information**

Several pieces of missing information were identified which would be helpful to clarify whether additional violations were present. First, the reasons Monique provided Elsa with her personal cell phone number were not clear. Information on SNARC’s policies and procedures would be beneficial in determining if this was an ethical violation or not, especially knowing if crisis services are even offered by SNARC. While giving a personal phone number to a client is not explicitly prohibited by the code of ethics, it is an action which could put both the therapist and client in risky situations. When considering the ethics of this issue we refer to the preamble which states that “The absence of an explicit reference to a specific behavior or situation in the Code does not mean that the behavior is ethical or unethical” (AAMFT, 2015, p. 1). Finally, information about Monique’s access to supervisors at SNARC and HH would be beneficial. It is unclear why Monique has an outside supervisor who does not seem to have the necessary training to advise on these situations. There may be an ethical violation present if Dory
advertised that she was competent to advise on these issues, but we do not have this information.

Supervisors at either work place would likely be trained in substance use disorders and intimate partner violence. Therefore, their supervision would be sufficient for supporting Monique in developing new skills in these areas.

**Recommended Course of Action**

The first course of action recommended would be for Dory to create a remediation plan with Monique. This should be a customized plan with agreed upon steps to prevent future violations and include grounds for terminating the supervisor/supervisee relationship. This plan should include a proper chain of command concerning her supervisors at SNARC, HH, and Dory. It is also recommended that the remediation plan detail seeking assistance earlier in future situations. If not already present, Monique will also need to update her informed consent so her clients are aware that she is being supervised by an outside clinician and Dory’s information should be provided.

Another step should include the creation of a safety plan. This is critical to address future safety issues, especially if couples therapy occurs. In fact, it is advised to not even begin conjoint sessions until safety plans have been developed and no-violence contracts have been signed by both partners (Stith et al., 2011). Elsa’s safety plan would need to address issues related to her drug use as well. Resources and individuals, besides Monique, that Elsa can contact during crisis situations should also be identified. Before the creation of the no-violence contracts, Monique would need to complete proper paperwork with Barry since he is not a current client. She should also get an ROI if one does not already exist. The remediation plan should require Monique to become familiar with her specific state regulations and current literature to gather information on appropriate use of technology services and training requirements (e.g. Pennington, Patton, Ray, & Katafiasz, 2017; Wrape & McGinn, 2018). This would include doing a confidentiality check to ensure that the therapist and client are alone and in confidential spaces. Finally, Monique and Dory should search the AAMFT website to find ethics trainings or refresher courses they can attend.
PhD Team A

References


