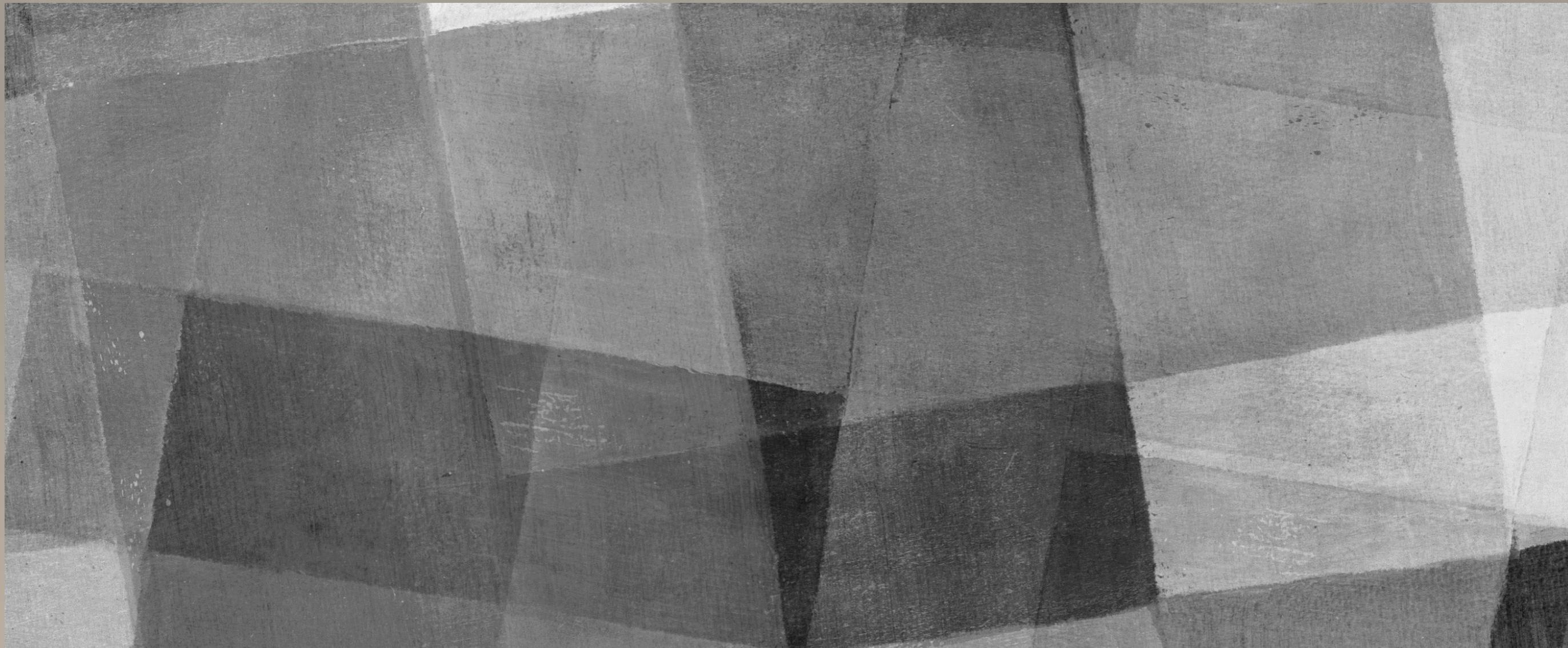


DO WHAT IS RIGHT, NOT WHAT IS EASY.
NAVIGATING ETHICAL CONUNDRUMS IN TF-CBT

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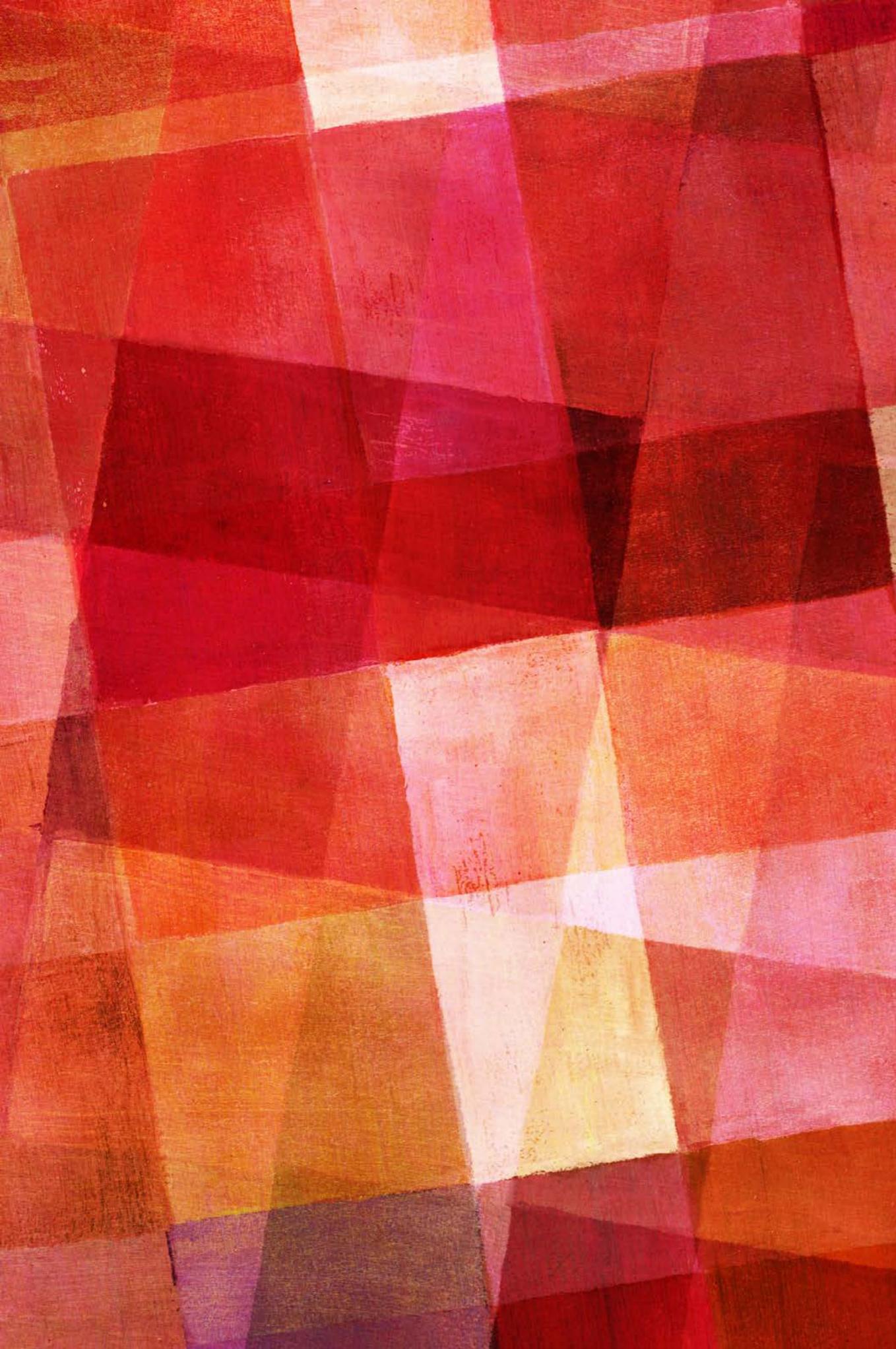
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University of Oklahoma Health Sciences Center





**WELCOME TO THE
GRAY ZONE**





You're Now Entering the World of Ethics...

What to bring along:

- ❖ Compassion/empathy
- ❖ Assertiveness
- ❖ Openness to others' opinions
- ❖ Self-awareness
- ❖ Intellectual curiosity
- ❖ Familiarity with your professional ethics code
- ❖ Your supervisor and colleagues

What to leave behind:

- ❖ The need to be right
- ❖ Discomfort with ambiguity and uncertainty
- ❖ Fear/hesitation about speaking up
- ❖ Foreclosure
- ❖ "Lone wolfing" it

ACA GENERAL ETHICAL PRINCIPLES

- *autonomy*, or fostering the right to control the direction of one's life;
- *nonmaleficence*, or avoiding actions that cause harm;
- *beneficence*, or working for the good of the individual and society by promoting mental health and well-being;
- *justice*, or treating individuals equitably and fostering fairness and equality;
- *fidelity*, or honoring commitments and keeping promises, including fulfilling one's responsibilities of trust in professional relationships; and
- *veracity*, or dealing truthfully with individuals with whom counselors come into professional contact.

COMMON ACA ETHICAL CODES RELATED TO TF-CBT

- Informed consent (& minor consent)
- Mandated clients
- Avoiding harm
- Clients served by others
- Multiple clients
- Confidentiality and limitations
- Family counseling
- Responsibility to minor clients
- Responsibility to parents & legal guardians
- Records storage/documentation

TF-CBT CONUNDRUMS

- *nonmaleficence*, or avoiding actions that cause harm;
- *beneficence*, or working for the good of the individual and society by promoting mental health and well-being;

Is TF-CBT right for this youth?

Should I move forward in TF-CBT with a self-harming youth?

Is the Trauma Narrative causing harm to this youth?

When could it be harmful to share the TN with a caregiver?

Should I start TF-CBT if the youth is going to testify in court?

TF-CBT CONUNDRUMS

- *autonomy*, or fostering the right to control the direction of one's life;
- *fidelity*, or honoring commitments and keeping promises, including fulfilling one's responsibilities of trust in professional relationships

What if this youth says they don't want to talk about their trauma?

What if a youth says they don't want their caregiver(s) involved in sessions?

How do I handle subpoenas/legal requests for the youth's Trauma Narrative?

What if the youth doesn't want to share their TN with the caregiver(s)?

What if the youth discloses a reportable trauma during the TN?

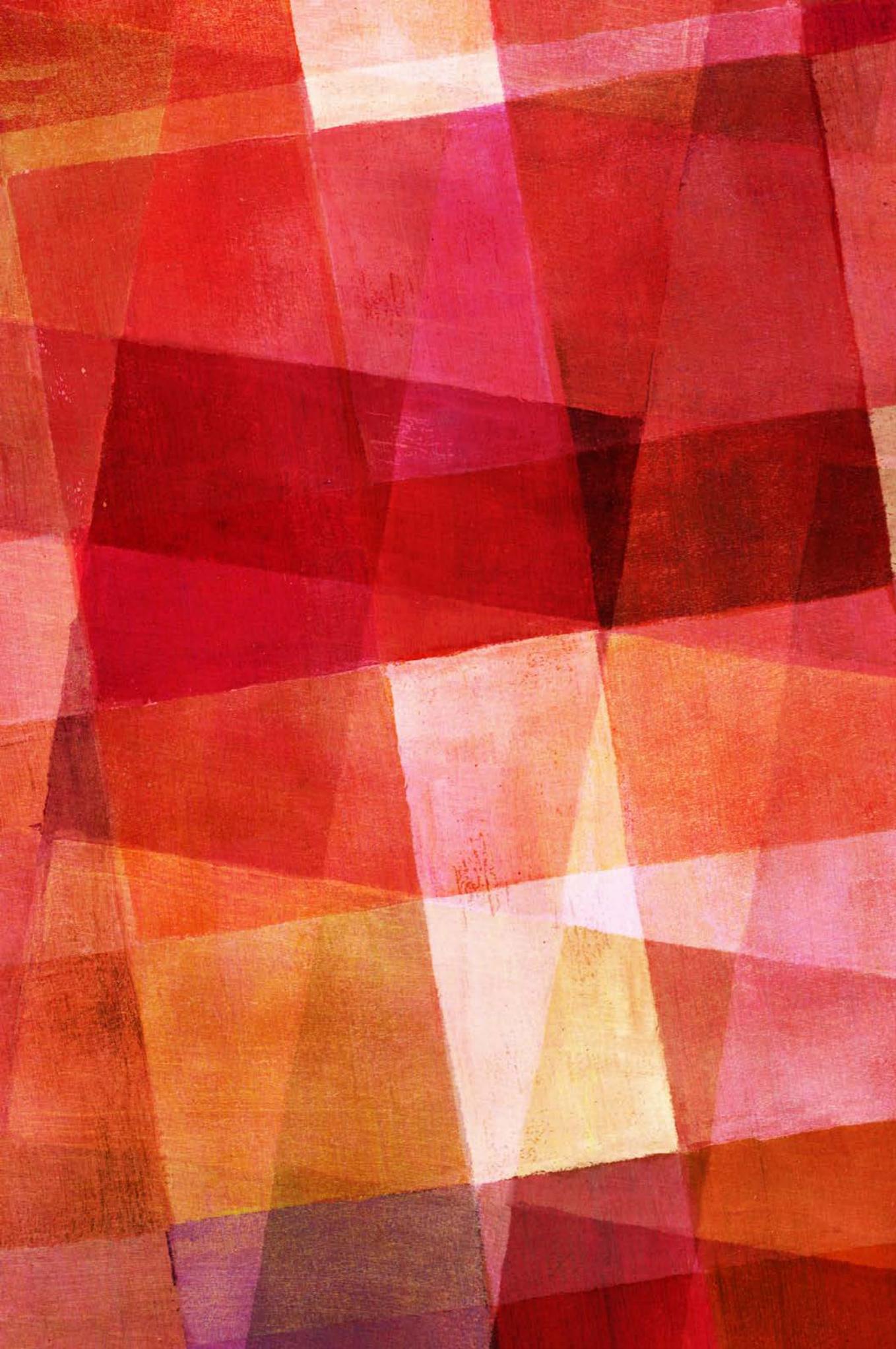
ETHICAL DECISION-MAKING

1. What is the ethical scenario?
2. Identify the actors involved and define your role.
3. Gather relevant facts.
4. Right vs. wrong? Right vs. right?
5. Consider possible action steps.
6. Consult.
7. Weigh benefits & burdens.
8. Make the decision.
9. Formulate a justification for the decision.
 - ❖ List reasons & arguments; Recognize shortcomings; Anticipate objections; Recognize limitations in perspective
10. Document.
11. Review and reflect on decision.

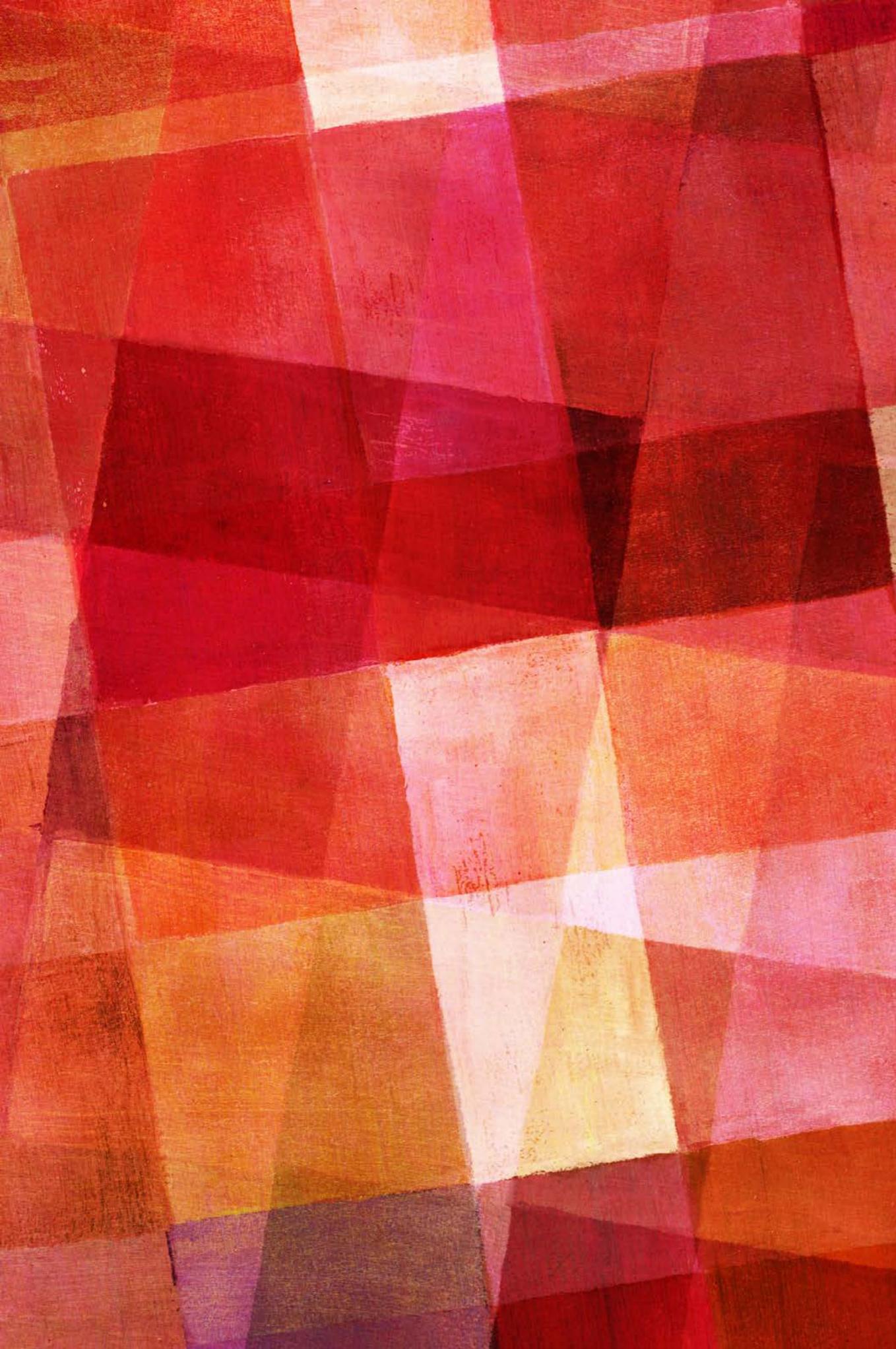
ETHICAL DECISION-MAKING – TAKE 2

Turtle Steps

1. Stop and say how you're feeling.
2. Go into your shell and relax.
3. Think of something helpful to do.
4. Then come out and do it!



What
challenges
have you
experienced
in your
TF-CBT
work?



ETHICAL CHALLENGE

You're asked
to expand
TF-CBT
beyond its
original design.

CASE SCENARIO #1

- DHS referred an 8-year-old boy for TF-CBT due to child neglect, parental substance use and domestic violence exposure.
- The child is currently in a traditional foster home and the plan is reunification with birth mother.
- Caseworker shares with you that Mom is completing some requirements in her DHS service plan, but is mostly noncompliant. Her contact with her child has been inconsistent.
- DHS is expecting Mom to fail her service plan and termination of parental rights may be requested in the coming months.
- The Judge is ordering Mom to participate in her son's treatment.

ETHICAL DECISION-MAKING

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Who will participate in TF-CBT treatment and when?

- ▶ Foster parent(s) are actively involved in sessions from start of treatment.
- ▶ What is the permanency plan/timeframe & status of the birth parent('s) service plan progress? What is the status of the foster placement?
- ▶ The model was designed for inclusion of non-offending caregivers only. What was the birth parent involvement in the youth's trauma?
 - ❖ What safety risks might be involved in bringing the parent into TF-CBT?
 - ❖ If the parent is being ordered into the youth's treatment, which PRACTICE components would be most appropriate and safe? PPRAC? Enhancing safety?
 - ❖ If birth parents are coming in mid-treatment, we typically recommend starting with individual parent/therapist sessions to assess parent readiness and start with psychoed and parenting. In these cases, we recommend waiting until after TN & Cog Processing are completed to begin birth parent/child sessions.

CASE SCENARIO #2

- DHS referred an 8-year-old boy for TF-CBT due to maternal substance use and physical abuse.
- The child is currently in a traditional foster home and the CW plan is reunification with birth mother.
- The child hasn't seen or talked with his mother since entering foster care and reports being afraid of her.
- You're starting TN and the CW/Judge decides that now is the time to start visitation with the mother.

ETHICAL DECISION-MAKING

1. What is the ethical scenario?
2. Identify the actors involved and define your role.
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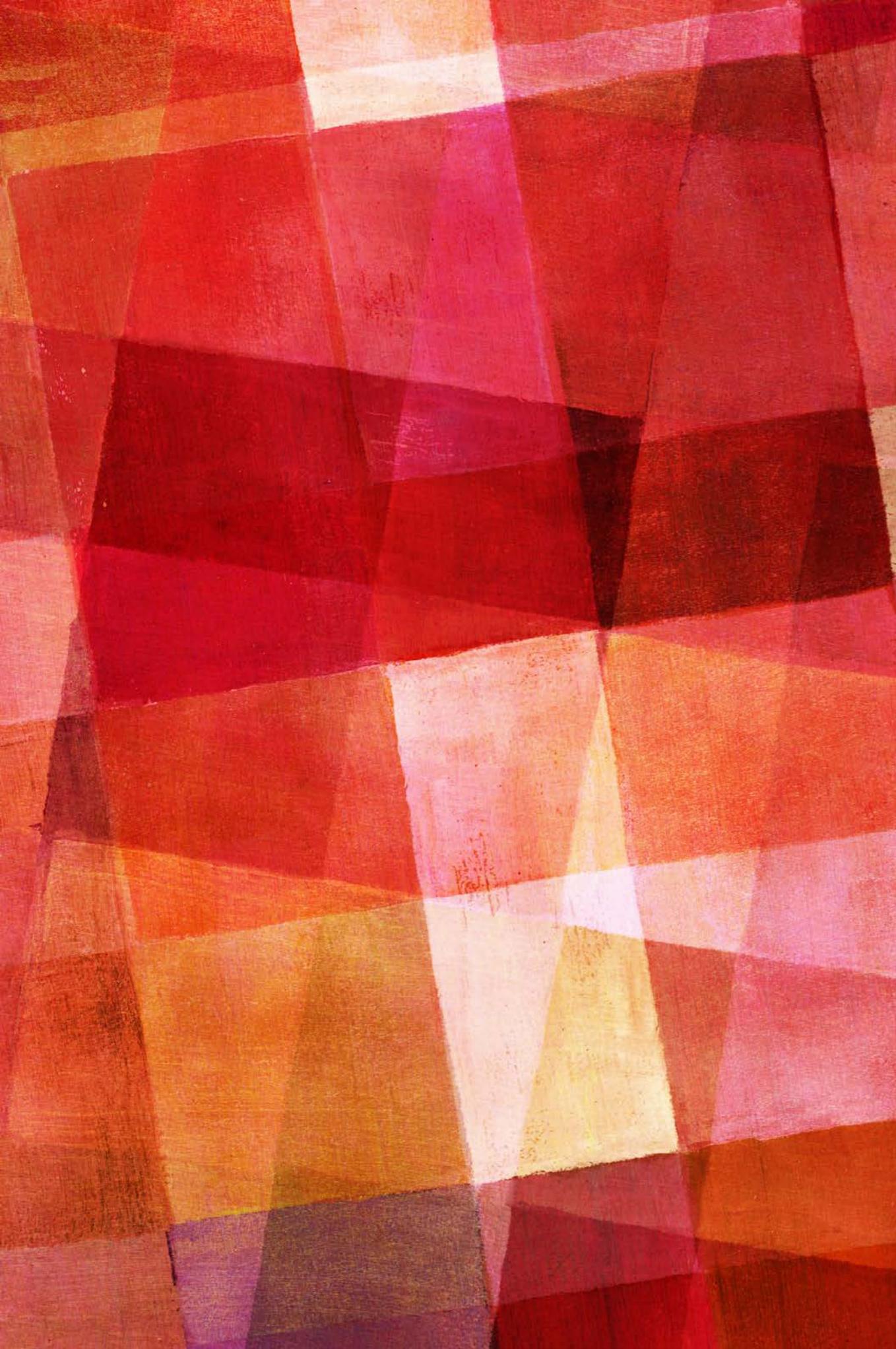


You're starting or are in TN and the CW/Judge decides that now is the time to start visitation with the offending parent.

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After you freak out...

- Consult with your supervisor/colleagues and consider options.
- Respectfully educate the CW/Judge about the TF-CBT model phases and possible timing conflicts with re-initiation of contact with offending parent. Offer options for continuing/postponing TF-CBT model based on Judge's decision.
- Recommendations regarding timeframes for reinitiating visitations or reunification can be offered based on the child's treatment progress. This has included advocating for postponing visitations or reunification until the child completes TN/Cog Processing.
- We have provided recommendations regarding how the parent's participation in the child's TF-CBT treatment may be most safely and effectively approached.
- We extend an invitation to the parent(s) to participate in the child's treatment sessions, starting with parent/therapist session(s). Our goal is to provide an overview of the child's current functioning, how the child is progressing through TF-CBT, addressing any needed parenting issues, and engaging in Safety Planning to prepare for visitations or reunification.



ETHICAL CHALLENGE

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You're asked to
provide
professional
opinions outside
of your clinical
role and
boundaries.

CASE SCENARIO #1

- In your first session, the youth's parent reports believing that the child has been sexually abused by the parent's former spouse during weekend custodial visits.
- The parent hopes that the child will disclose this abuse to you during treatment.
- A custody hearing is on the horizon.

ETHICAL DECISION-MAKING

1. What is the ethical scenario?
2. Identify the actors involved and define your role.
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When someone tells us to “Find out what happened.”

- ▶ Remember your professional role in this case. You are not a forensic interviewer.
- ▶ Clearly communicate your professional limitations to the caregiver. Then do it again...and again...Lawyer involved? Tell them...
- ▶ Remember the parameters of TF-CBT – Identified trauma history is necessary. What level of trauma history is sufficient?
- ▶ Let the child’s symptom presentation guide your treatment plan. What do you need to do in treatment to support this child’s functioning?

CASE SCENARIO #2

- You're conducting TF-CBT with a young child in foster care and her foster parents. The birth parents are not a part of the youth's treatment sessions.
- After court ordered parental visitations, the child is exhibiting increased emotionality, bad dreams and some regressive behavior.
- The child's caseworker asks you if visits with the birth parents should be stopped due to the child's increase in symptoms.

CASE SCENARIO #3

- You're conducting TF-CBT with a young child in foster care and her foster parents. The birth parents are not a part of the youth's treatment sessions.
- After court ordered parental visitations, the child is exhibiting increased emotionality, bad dreams and some regressive behavior.
- You are asked your professional opinion on the birth parents' fitness for custody.

ETHICAL DECISION-MAKING

1. What is the ethical scenario?
2. Identify the actors involved and define your role.
3. Gather relevant facts.
4. Right vs. wrong? Right vs. right?
5. Consider possible action steps.
6. Consult.
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“What’s your opinion on visitation/reunification with the birth parents?”

- ▶ Remember your professional role in this case. Ethically, you’re limited in what you can say about a birth parent given that they are not your client.
- ▶ You will be asked to give opinions on the parent’s capability/safety/readiness for visitation &/or reunification, but refrain from doing so. As the child’s therapist, you are in a biased role.
- ▶ Speak to what you have clearly observed/learned through your therapeutic interactions.
 - ▶ Child’s symptoms, diagnoses & current functioning
 - ▶ Comments the child has made in treatment regarding their relationship with their parent(s)
 - ▶ Observations of the level and quality of the parent’s participation in the child’s treatment sessions
 - ▶ Status of the child’s treatment: progress across treatment goals, level of participation, remaining components, anticipated completion timeframe.
- ▶ Recommendations regarding timeframes for reinitiating visitations or reunification can be respectfully offered based on the child’s treatment progress.

Do what
is right, not
what is easy.

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When
in
doubt,
CONSULT.