

Ethical Considerations in TF-CBT

Ashley Galsky, PhD and Kate Theimer, PhD

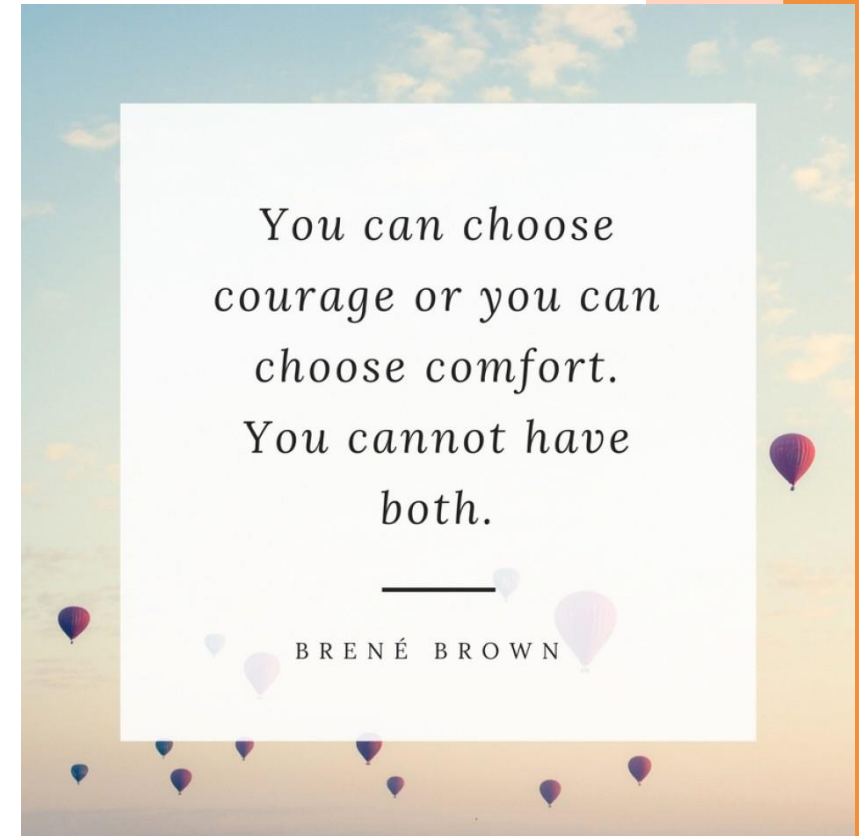
Agenda

- Ethics 101: Legal, professional, and personal ethics
- Ethical decision-making steps
- Common TF-CBT decision points
- Practice

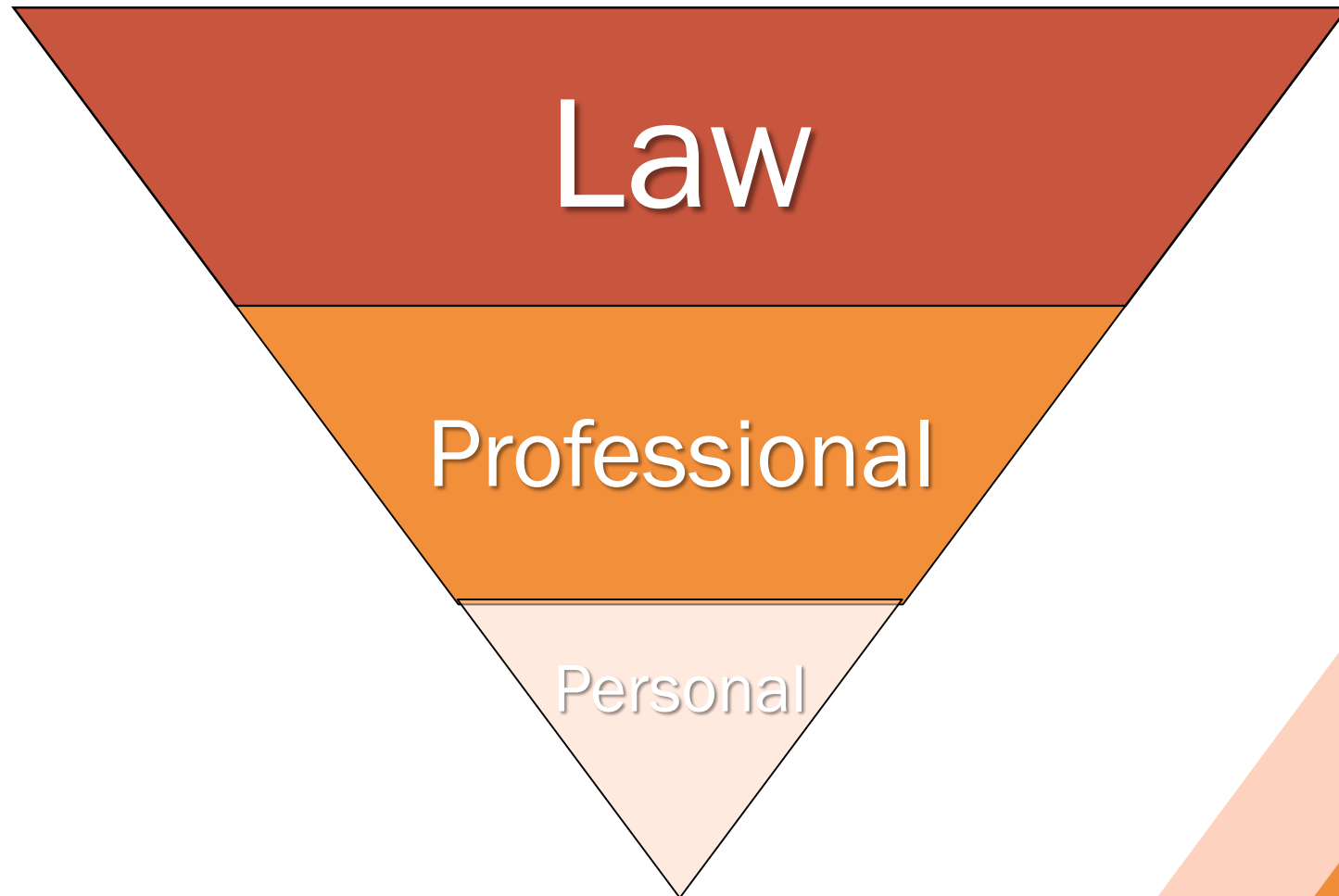


Grounding Ourselves

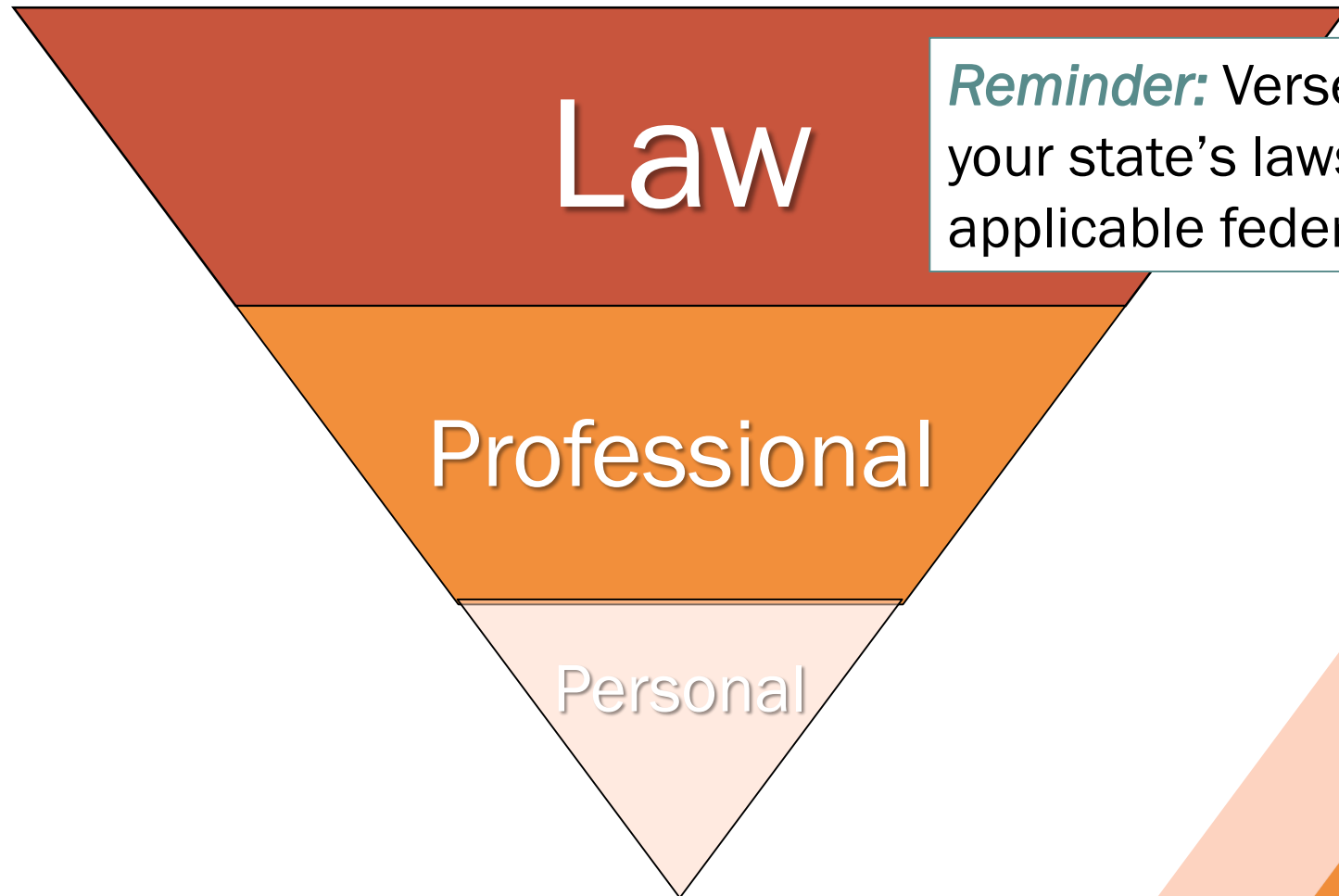
- ***Today*** (and always),
 - Be willing to be brave
 - Be radically curious
 - Embrace uncertainty
 - Practice humility
 - It is okay to not have all the answers



Ethics: The Basics

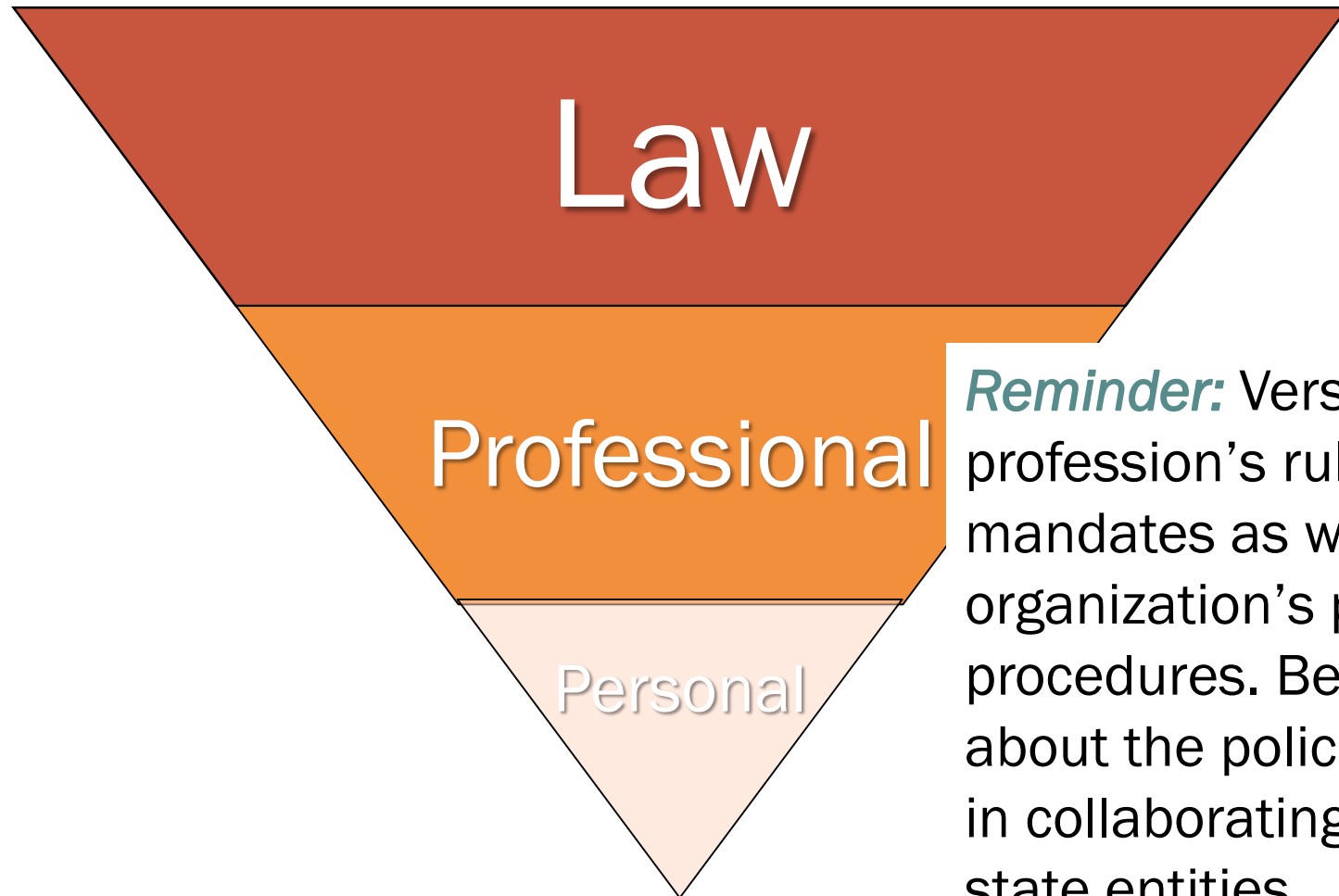


Ethics: The Basics



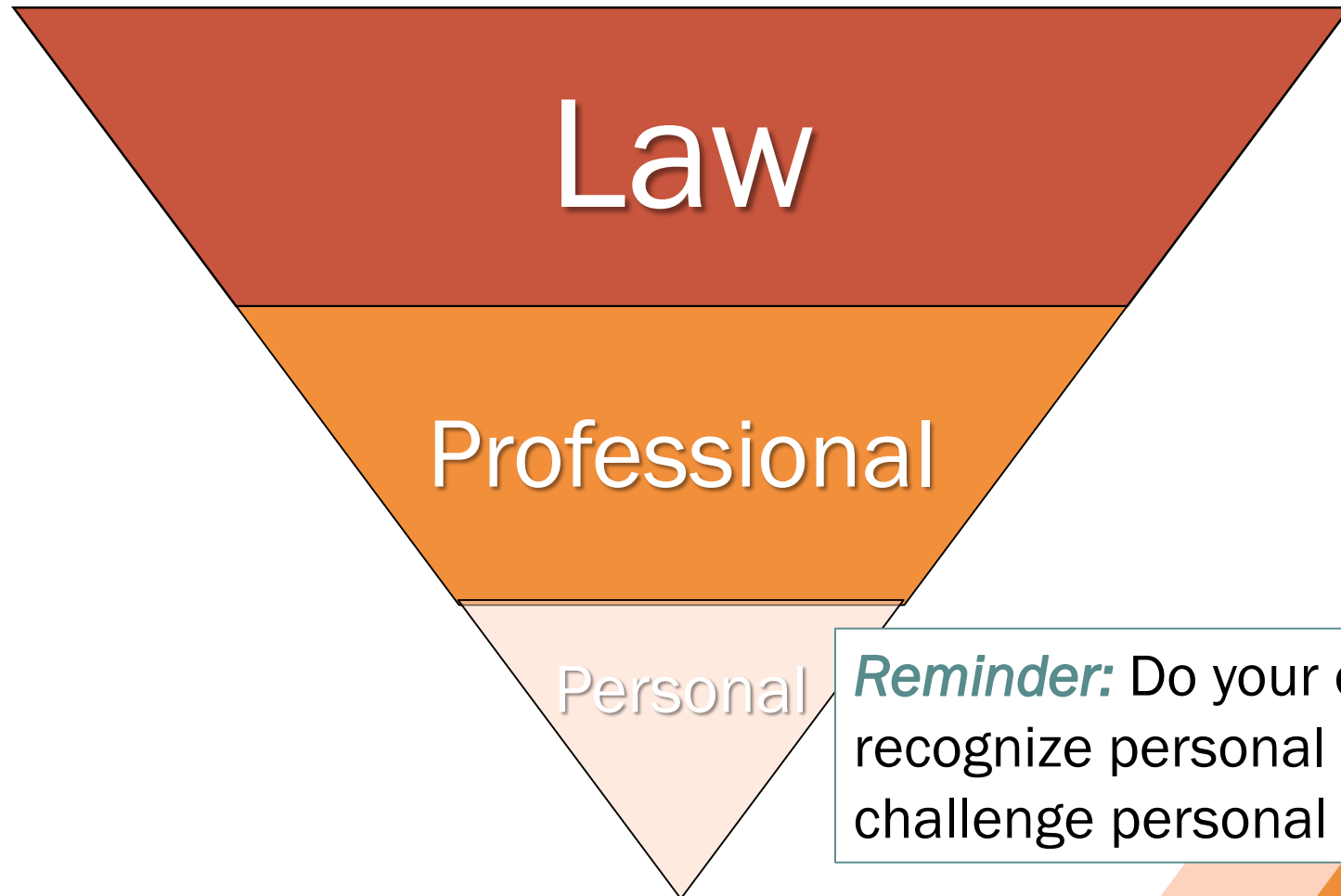
Reminder: Verse yourself in your state's laws as well as applicable federal laws.

Ethics: The Basics



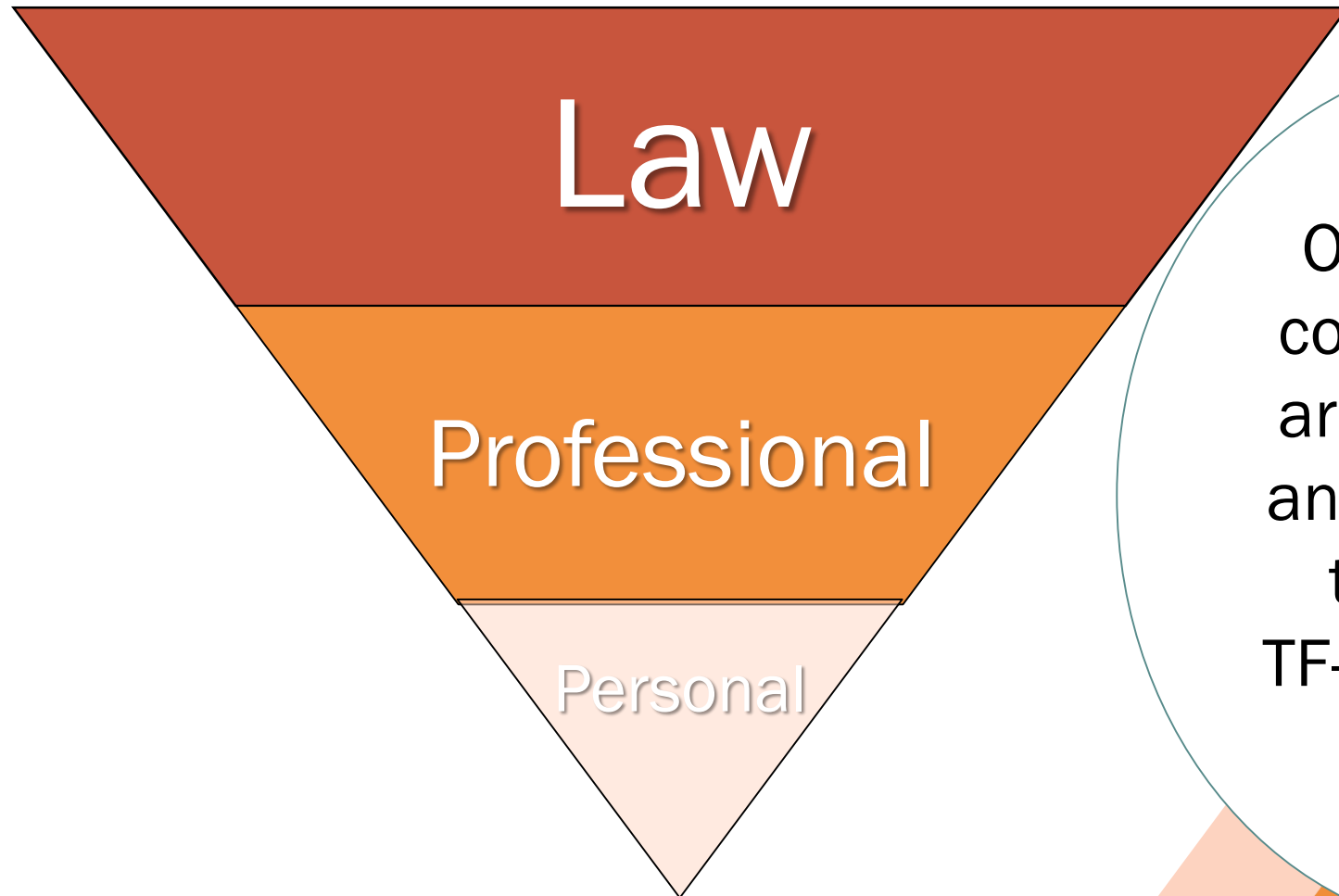
Reminder: Verse yourself in your profession's rules and ethical mandates as well as your organization's policies and procedures. Be ready to inquire about the policies and procedures in collaborating organizations and state entities.

Ethics: The Basics



Reminder: Do your own ongoing work to recognize personal leanings and challenge personal biases.

Ethics: The Basics



Our goal is to consider these areas of ethics and apply them to common TF-CBT decision points

The slide features a white background with a dark gray border. A large black geometric shape, resembling a stylized 'L' or a corner, is positioned on the left side. A gray rectangular box is centered within this black shape, containing the text. On the right side of the slide, there are three vertical bars of varying widths and colors: a light orange bar, a medium orange bar, and a dark orange bar.

Let Go of Perfection and
Embrace the Gray Zone

Ethical Decision-Making Steps

1. What is the ethical scenario?
2. Identify the actors involved and define your role
3. Gather relevant facts
4. Reflect on biases and personal leaning (i.e., consider the lens you see the world through)
5. Identify possible options/action steps
- 6. Consult**
7. Weigh benefits and drawbacks of possible options/action steps
 - Right vs. wrong? Right vs. right? (not uncommon to be in an ethical gray zone)
 - List reasons and arguments; recognize shortcomings; anticipate objections; recognize limitations in perspective
8. Based on justification, make a decision
- 9. Document (*throughout)**
10. Once action is enacted, now what?
 - Examples: feel your feelings, radical acceptance, professional social support, cognitive coping, etc.

Some TF-CBT Decision Points

Is TF-CBT right for this youth?

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

What if this youth says they don't want to work on their trauma in counseling?

Some TF-CBT Decision Points

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

How do I manage divorced/separated parents in TF-CBT?

In child welfare cases, how do I incorporate birth parents into treatment?

Some TF-CBT Decision Points

Should I move forward in Trauma Narration with a self-harming youth?

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

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

Some TF-CBT Decision Points

What do I do when I'm asked for recs on visitation/custody?

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

What if the youth discloses a reportable trauma during treatment?

Some TF-CBT Decision Points

What if youth recants narrative/narrative details?

Your client asks to keep a copy of their trauma narrative post-treatment.

A client/former client sends you a request to connect via social media platform.

Let's hear from you!

- ***Mentimeter***: What are some additional TF-CBT decision points you have encountered?

Let's Practice!

“Learning is more effective when it is an active rather than a passive process.” –Kurt Lewin



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The Judge orders TF-CBT & family therapy.

Caseworker refers the child to multiple providers.

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Conundrum:

- 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.

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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...
- Consider: When you don't “find out what happened” ... will the caregiver get someone else to? How to support them getting to the RIGHT person.
- 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?

Conundrum:

- 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.

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- Is this my professional role? Would my opinion come from a biased perspective?
- If I speak to this situation, I should talk with all approved parties about the child's functioning to assist in determining options for intervention.
- I can normalize the child's reactions and help the FP and CW understand that all people involved in visitation can help support the child.
- I can coach all caregivers on how to cue the child to use her coping skills. I can help them to understand developmentally appropriate ways to talk with this child.
- I can ask for a Family Team Meeting, initiating through child welfare, focusing on ways we can all help the child learn to cope and tolerate these difficult emotions related to visitations.



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Navigating Requests for Placement & Permanency Opinions

- 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 placement changes and/or reunification but be exceptionally cautious about doing so. As the child's therapist, you are in a biased role.
- Recommendations regarding placement changes & reunification can be respectfully offered based on the child's treatment progress.

Navigating Requests for Placement & Permanency Opinions

Speak to what you have clearly observed/learned through your therapeutic interactions:

- ✓ Child's symptoms, diagnoses & current functioning
- ✓ Observations of the level and quality of the parent's participation in the child's treatment
- ✓ Status of the child's treatment: progress across treatment goals, level of participation, remaining components, anticipated completion timeframe.



Conundrum:

Birth parent is making minimal progress on CW service plan, but plan remains reunification.

Foster parents say they don't have time to participate in child's treatment.

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Considerations

- The best TF-CBT outcomes for children are with active caregiver involvement.
- It is easiest at referral to set the expectation of caregiver involvement in each TF-CBT session.
- I can enlist the support of the CW/Judge/CASA/etc. to engage caregivers in treatment.
- Inviting the birth parent into TF-CBT will create an opportunity for them to enhance their parenting capacity and provide another source of data for the Court's decision-making.
- I can bring the birth parent into TF-CBT in a way that will be safe for the child and reduce the potential for overwhelming the parent.

Considerations, Continued

- Foster parent(s) should be actively involved from start.
- What is the permanency plan/timeframe & status of the birth parent('s) service plan? What's the foster placement status?
- The model was designed for inclusion of non-offending caregivers only. What was the birth parent involvement in the youth's trauma?
- What are the possible safety risks if I bring 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.



Thank you!

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