



1

Learning Objectives:

- a) Be able to name and understand the ethical principles for your profession.
- b) Be able to identify potential ethical problems and apply the ethical principles.
- c) Be able to identify three common ethical dilemmas occurring in behavioral healthcare.
- d) Be able to describe a model of ethical decision-making and apply it to an ethical problem.
- e) Be able to identify three considerations for being culturally sensitive in ethical decision-making

2

Special thanks to:

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Dr. Mario Scalora and the staff of the Public Policy Center at UNL, especially to McKenna Schneider

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3

Standing on the shoulders of giants...

Joe Thorpe	Tricia Besett-Alesch	Jerry Bockoven	Dan Ullman
Mario Scalora	Brigham Scott	Duke Engel	Christy Rupe
Lynn van Male	Keith Lukin	Allie Lukin	Steve Guenzel
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Laurel Harlan	Martin Wetzel	Dennis Kivlighan	Ludy Benjamin
Mark Hubble	Dave Hanson	Melba Velasquez	Jerry Bockoven
Michael Joseph	David Mei Lee	Marcus Aurelias	Marsha Linehan *

4

Articles, Research, & Resources in Psychology Kenpope.com

Title: Therapy, Ethics, Malpractice, Forensics, Critical Thinking (and a few other topics)

Website:
This webpage site was designed to be fully accessible for people with disabilities (see below) and user-friendly for all visitors. For convenience, any of the major sections -- as well as the 3 other web sites (see "Your Other Sites") -- can be accessed immediately by using the menu that sits along the left side of each page.

Site also provides free access to a variety of articles from journals such as: American Psychologist (currently 12 from this source); British Medical Journal (Canadian Psychology / Psychology Canadiana); Behaviour for Psychologists / Journal of Psychology (Journal of Counseling & Clinical Psychology); Clinical Psychology: Science & Practice; Psychological Public Policy & Law; Annual Review of Clinical Psychology; American Journal of Psychiatry; International Journal of Law & Psychiatry; and Professional Psychology: Research & Practice.

It also provides other free resources such as:

- links to professional licensing laws and continuing education regulations in Canada and the United States along with contact information and related resources for each psychology licensing board in the two countries
- over 100 ethics codes and practice standards for assessment, therapy, counseling, & forensic practice developed by professional organizations (e.g., of psychologists, psychoanalysts, social workers, marriage & family counselors)
- extensive guides to preparing a professional will
- informed consent, professional standards, sample forms, & key references
- a bibliography of research studies and articles (with a spreadsheet for organizing assessment studies that have been published in peer-reviewed journals from January, 2001, to the present)
- a link to "Right Before My Eyes" (a psychology)
- resources for therapists who are suicidal, threatened, or attacked by patients
- ethics for psychology / counseling
- recent research on assessing risk of violence (Shawhan & Holmbeck 2012 & 2013)
- over 100 online resources for various clinical specialties, including: Forensics & Justice, Infant/Toddler, Children, Adolescents, Adults, Geriatrics, Health, Research, & Research
- links to resources for general mental health professionals (e.g., www.psych.org)
- links to resources for military personnel, their families, & those who provide services to them
- over 200 files of articles, books, and chapters on the continuing care of psychologists and practitioners participating in distance interventions
- a large directory, ethics, cultural thinking, & language
- 25 chapters designed to guide you toward clinical research
- Research: "Using Medication and the Use of the Risk Medications (listed under "medication help")"
- Forensic Medicine and Justice that spans psychological testing and assessment
- forensic assessment checklist
- sample agreement between expert witness & attorney

Site's goal: To provide information about the material on the site (e.g., please see 0000000 & 0000000).

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5

Four elements of malpractice

- 1) Duty – Did you have a duty to the client?
- 2) Dereliction – Did you breach your duty to the client? Fail to provide the professional or community standard?
- 3) Direct cause – Did your action cause direct harm/injury to the client?
- 4) Damages – What were the economic/emotional injuries suffered by your client?

<https://www.ncbi.nlm.nih.gov/articles/PMC17011304/>

6

Typical Ethical Dilemmas

- 1) Your client changes jobs and therefore changes insurance carriers – while her old insurance paid reliably and well, her new insurance company has almost no psychotherapy benefit. You can't really afford to "carry her." What do you do?
- 2) Your methamphetamine-addicted client wants to go to a particular recovery center because that's where their partner is in rehab, but it's not a good fit for their addiction and available resources. They are begging you. What do you do?
- 3) Your new intake connects with you and really wants to work with you, but they remind you too much of your brother, Mike, dead three years now (but it seems like yesterday to you). Seeing your client's face triggers intense grief. What do you do?

7

APA Ethical Code

- Principle A: Beneficence and Nonmaleficence
- Principle B: Fidelity and Responsibility
- Principle C: Integrity
- Principle D: Justice
- Principle E: Respect for People's Rights and Dignity

8

Ethical Decision-Making Model

Pope, Velasquez, Chavez-Duenas & Adames (2021)

- 1) State the question/dilemma/concern as clearly as possible – figure out who will be affected by the decision – figure out who, if anyone, is the client
- 2) Decide if we have the knowledge/competence/skills/experience – review relevant ethical, legal, or research to help you decide
- 3) Consider if self-interest, bias, or feelings might impact – Consider social, cultural, religious or other factors – consider consultation/supervision
- 4) Develop/think through alternative courses of action – consider impact from each parties' perspectives – decide which course of action you want and implement
- 5) Consider implications for preparation/planning/prevention

9

Principle A: Beneficence and Nonmaleficence

Principle A: To benefit those we serve and do no harm

10

Case A: Beneficence and Nonmaleficence

As an outpatient master's level therapist at a community agency, an established individual client on your caseload, reveals that they and their 4- and 7-year old children are being emotionally and physically abused by their partner, confirming your suspicions. You have been signaling that you hold safe space for them and that you can be trusted with what they tell you. They are very worried that you may be required to report the abuse and beg you not to tell anyone, reporting "Terry will get really mad!" How do you proceed in such a way that benefits your client(s) and minimizes potential harm?

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11

Case A: Choose the best answer

- 1) You decide to do nothing in order to not aggravate the partner/Terry.
- 2) You review informed consent and exceptions to confidentiality, offer support to the client and then negotiate about when and how the report is to be made.
- 3) You suggest that the client can call HHS if she wants to, but that it is totally her decision and you won't make her do it.
- 4) You consult with trusted professional colleagues, read the ethics code and document carefully, and then decided that the risk of aggravating the partner is not worth it.
- 5) You refer her to a women's shelter program in Omaha and suggest that, if she has the money and the nerve to leave and take her kids, it might be a good idea.

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12

Principle B: Fidelity and Responsibility

Principle B: Protect the role entrusted to us and hold high standards of conduct

13

Case B: Fidelity and Responsibility

As a divorced addiction therapist in recovery (7 years) and working as a LADAC, you find yourself strongly connecting with your client at 3:00 p.m. on Thursday and look forward to seeing them. You find that you have very similar backgrounds and interests and imagine that you could be great friends had you not met "while in therapy." Today in session, your client verbalizes how lonely they are (triggering your own sense of isolation) and says, "Couldn't we grab a cup of coffee after you get off work? I'd really like to get to know you." This is not only accepted, but encouraged in AA and you are committed to twelfth stepping to help others. You understand your professional role but may feel some resentment because "here's someone I finally vibe with and they are off-limits!" How do you proceed?

14

Case B: Choose the best answer

- 1) You decide that the temptation is too strong and will interfere with your therapy, so you transfer the client and accept their coffee invitation
- 2) You decide that the temptation is too strong and will interfere with your therapy, so you terminate their care and accept their invitation
- 3) You seek supervision but leave out the details of your loneliness and attraction to the client, so your supervisor encourages you to "keep on working"
- 4) You fully disclose your loneliness and attraction in supervision, decline the invitation and your supervisor asks you to read more about boundaries and process your feelings
- 5) You decide it's o.k. to over-disclose to the client and "run long" on session times, contributing to a continuing feeling of closeness that makes you feel giddy

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15

Principle C: Integrity

Principle C: Commit to being honest and fix any problems we create

16

Case C: Integrity

You have a 11:00 a.m. on Tuesday for discharge planning as an LRC social worker and connect well with the client and you are excited to work with them – you like this client and work well with their issues and have described a treatment plan to them that will take all several weeks or months to implement. When you meet with your supervisor and enthusiastically describe the case, you are shocked when they direct you "set up a plan and get them moving by next week." Now you have to go back to the client and withdraw your offer to work with them in the way that you described. You're having some feelings about being deprived of the opportunity to work with this case "the way it deserves to be handled." How do you proceed?

17

Case C: Choose the best answer

- 1) You feel embarrassed that you cannot pursue the discharge plan you promised, so you suggest transfer to a "cookie cutter" residential program with a poor reputation
- 2) You feel angry at your supervisor/agency, so you decide to "doctor" your computer records so that you can continue working with the client and buy a little more time
- 3) You consult with a colleague who chastises you for over-committing to the client, leaving you take a couple of sick days off and shame-spiral
- 4) You decide to apologize for over-stepping, work through the client's confusion and then refer the client to the best option you can arrange in the time allowed
- 5) You decide to apologize for over-stepping, work through your client's confusion and refer to longer-term treatment after disclosing that your agency is stupid!

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18

How do you meet diverse ethical demands?

https://www.youtube.com/watch?v=Cb0d_FactE

19



20

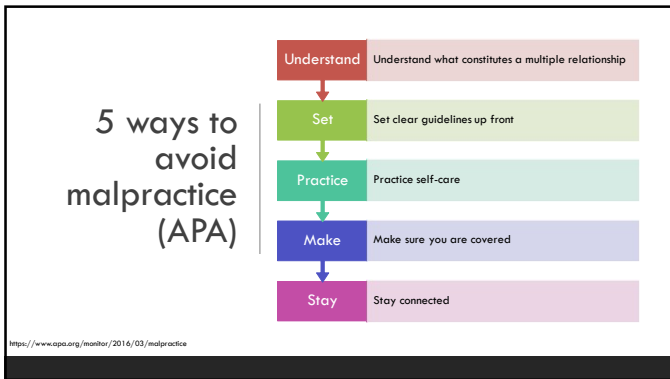
Are you left or right of "Boom"?

- Preventative Measures
- Informed Consent
- Defensive Practice
- Consultation
- Supervision
- Careful Documentation
- Proactive Problem-Solving



- Attorney Consultation
- Guilt and Regret
- Damage Control
- Licensing Board
- Malpractice carrier
- Possibility of Civil Suit
- Loss of reputation/business

21

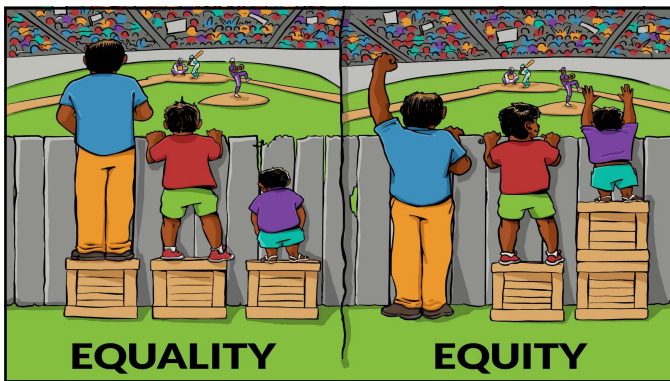


22

Principle D: Justice

Principle D: Believe in, and act to protect, equal access to services and to avoid bias

23



24

Case D: Justice

Your get a transfer from another therapist at your practice and the client holds strong views supporting a political party/lifestyle that is different than your own beliefs. The client holds pointed views and goes out of their way to talk politics in session and describe how their candidate is "misunderstood and is being treated badly by the press." The client demonstrates what you see as racist and misogynistic views towards women and does not appear to have any desire to alter their views. You're aware of having feelings and thoughts that may get in the way of you doing your best work – you're suspecting that the case has been "dumped" on your caseload. How do you proceed?

25

Case D: Choose the best answer

- 1) You complain to your supervisor that you "shouldn't have to put up with cases like these – I'm not paid enough to deal with this stuff!"
- 2) You maintain professional boundaries and focus on the client's presenting concern, focusing on empathy and keeping your therapy space clear
- 3) You decide that this is an opportunity for you to "talk some sense" into your client who you see as 'stupid' (just like your brother-in-law, Bill). Game on!
- 4) You avoid discussing their political views, but are aware that your therapy with the client is formulaic and stilted – you know you are doing bad work
- 5) You decide to be transparent and share your ethical struggles with the client, hoping that you and the client can come to some kind of resolution

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26

Principle E: Respect for People's Rights and Dignity

Principle E: Respect client autonomy and advocate for their self-determination

27

Case E: Respect for Rights & Dignity

Your intake today is a 31 year-old female doctoral student from an Arab country. She describes being dismissed and belittled by her advisor, a male associate professor, and is being encouraged to work during evenings and weekends, leaving her little time to relax and stay in touch with her family back home. Her cultural values are to be compliant with men and she complains that "I'm not smart enough to get everything done that he wants - I feel like quitting and moving home - I don't deserve to be here." She does not have great skills at being an advocate for herself and you find yourself getting angry at her advisor. How do you proceed?

28

Case E: Choose the best answer

- 1) You over-empathize with her feelings of being victimized and you fantasize about telling off her advisor and berating him for his abusive behaviors
- 2) You under-empathize with her feelings and feel that she's 'being a victim;' you feel angry that she doesn't appreciate the opportunity she's been given
- 3) You recognize your frustrations and process with colleagues/supervisor; this allows you to remain in your role and not over-reach to help her
- 4) You find yourself having second thoughts about applying for a PhD program yourself, feeling cynical and jaded about potential advisor abuse and unfairness in the world
- 5) You 'anonymously' post negative remarks about the professor on a social media site where students can rate their professors

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29

Dealing with danger

Making ethical decisions can lead to "moral distress" or moral injury." Andrew Jameton (U. Nebraska College of Public Health). Moral distress is when you know what you should do, but institutional constraints make it difficult or impossible."

Winnicott (1949) Denial of hate (or other strong therapist's feelings) can lead to "therapy adapted to the needs of the therapist rather than the needs of the patient."

30

Pope et. al. (2021) warning signs

- Failing to pay attention to yourself
- Disrespecting clients
- Disrespecting work
- Making mistakes
- Loss of energy
- Being anxious or afraid
- Using work as a safe haven from the challenges of your life
- Losing interest in your work/values

31

What are malpractice warning signs?

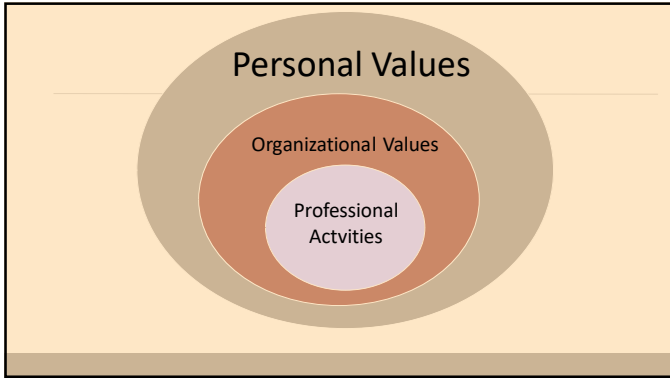
- Feeling uncomfortable in the room (like something is not quite right)
- Feeling attraction or more interested in your client than typical
- Feeling dislike or contempt for your client
- Feeling burned out or having difficulty caring/developing empathy
- Feeling bored or disengage or burned-out
- Being unsure about how to proceed with a "not good" feeling in your belly
- Feeling triggered or getting your "back up," wanting to prove that you are right
- Failing to actively resist internalizing systematic oppression

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32



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34

Culturally-responsive ethics (Hays, 2022)

Goal is to prevent defensive behavior, practice cultural humility, avoid bias

Avoid premature cognitive restructuring – make sure you understand/validate client's experiences or their narrative of the problem (honor client's lived experiences)

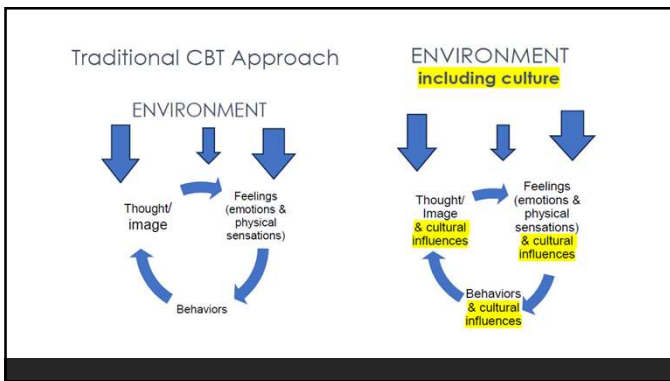
Recognized that we're all biased, but we don't all belong to dominant cultural groups; to be careful with our power

Marginalized members are socialized to notice lines separating privilege v non-privileged

Privileged members are socialized to ignore privilege lines and differential power

Privilege cuts us off from valuable knowledge regarding marginalized groups

35



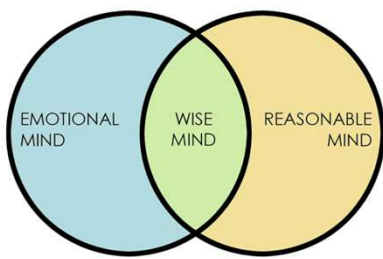
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Addressing Model: Pamela Hays (2001)

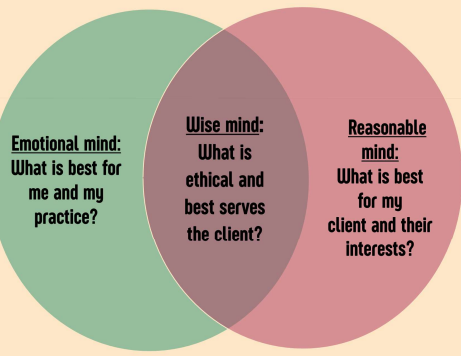
A	Age and generational influences
D	Developmental Disabilities
D	(Acquired) Disabilities
R	Religion and spiritual orientation
E	Ethnicity and Racial Identity
S	Socioeconomic Status
S	Sexual Orientation
I	Indigenous Heritage
N	National Orientation
G	Gender

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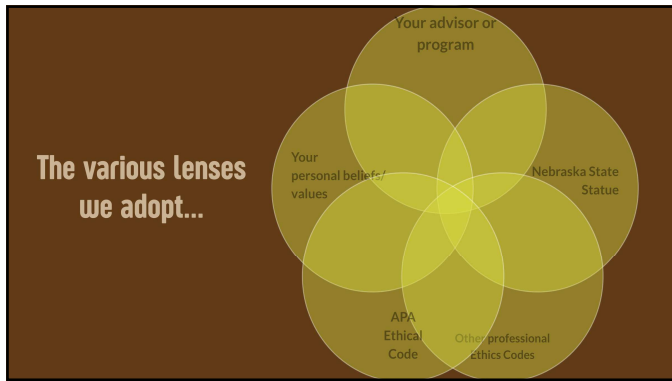
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38



39



40

If it is to end well,
then let it begin well.

- DR. JOE THORPE, UNIVERSITY OF MISSOURI

41

Surgical Scrub Routine

- Remove all jewelry (rings, watches, bracelets).
- Wash hands and arms with antimicrobial soap. Excessively hot water is harder on the skin, dries the skin, and is too uncomfortable to wash with for the recommended amount of time. However, Because cold water prevents soap from lathering properly, soil and germs may not be washed away.
- Clean subungual areas with a nail file.
- Start timing. Scrub each side of each finger, between the fingers, and the back and front of the hand for two minutes.
- Proceed to scrub the arms, keeping the hand higher than the arm at all times. This prevents bacteria-laden soap and water from contaminating the hand.
- Wash each side of the arm to three inches above the elbow for one minute.
- Repeat the process on the other hand and arm, keeping hands above elbows at all times. If the hand touches anything except the brush at any time, the scrub must be lengthened by one minute for the area that has been contaminated.
- Rinse hands and arms by passing them through the water in one direction only, from fingertips to elbow. Do not move the arm back and forth through the water.
- Proceed to the operating room suite holding hands above elbows.²
- If the hands and arms are grossly soiled, the scrub time should be lengthened. However, vigorous scrubbing that causes the skin to become abraded should be avoided.

6 STEP STERILIZATION PROCESS

STEP 1: Wash & Scrub

STEP 2: Chemical Disinfection

STEP 3: Ultrasonic Cleaning

STEP 4: Drying

STEP 5: Separating Packaging

STEP 6: Autoclaving & Storage

42

Before the session

- Prepare yourself to be strong and clear in your ethical commitments
- Anticipate any potential ethical concerns and how you might respond
- Seek consultation or supervision to seek direction or discuss strategy

43

During the session

- If you find yourself getting off track or pulled into the client's trance, pivot
- If you find yourself feeling stuck or confused, take a consultation break
- Seek consultation or supervision if there is immediate risk for client or agency

44

My strategies to manage risk

- Always imagine my client's allies (family or friend group), their attorney, third party in session
- Letter welcoming client, orienting them to therapy process
- Initial Treatment Assignment: gathering additional information, motivational interviewing
- Let's get started.ppt: power point that teaches new clients about their role and my role
- research team metaphor: we are both working to brainstorm ideas that might help the problem
- Informed consent updates PRN: I am quick to clarify if I think there is an ethical issue
- Counselor Rating Form: sample clients throughout therapy and at termination
- Quick to consult or seek supervision with supervisor, case consultation team, colleague or Trust
- If I am ethically compromised, I declare my positions and document my rationale

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45

After the session

Debrief to reconsider choices made in session/what you might do differently next time

Identify any potential problems and appropriate corrective actions

Seek consultation or supervision to process any concerns or seek feedback

46

Healthcare providers, protect thyself

Practice Defensively

Document diligently

Attack/avoid high-risk cases

Remember your ethics training

Educate your clients

Take care of yourself

<https://www.apa.org/monitor/2017/07-08/psychology-students>

47

What should you always do?

Know the state law and community standard of care in your state

Practice at the community standard of care (or document why you can't)

Consult with colleagues

Consult with supervisor/outside consultants

Document carefully

Practice defensively

Call your supervisor/attorney if you smell trouble (right away)

Keep reading/studying about defensive practice and case law to stay sharp

48

Special cases

- Third-party therapy
- Minors
- Reporting history of physical or sexual abuse
- Self-care
- Role transition
- Organizational politics
- Your board of directors
- Growing into the behavioral health care provider you were meant to be

52

Resources

- Nebraska Psychology Board <https://dhhs.ne.gov/licensure/pages/Psychology.aspx>
- Nebraska Psychological Association <https://www.nebpsych.org/>
- American Psychological Association <https://www.apa.org/>
 - Ethics Office 800/374-2721 X 5930
- APA Ethical Principles <https://www.apa.org/ethics/code>
- NE HHS Child Abuse reporting <https://dhhs.ne.gov/Pages/Child-Abuse.aspx>
- Ken Pope <https://kspope.com/>
- Ken Pope Ethics <https://kspope.com/ethics/index.php>

53



54

Questions?

Mark Lukin Ph.D. mlukin2@unl.edu 402/472-7511

55

APA Code of Ethics (2017)

- [APA Ethics General Principles \(2017\)](#)
- Section 1: Resolving Ethical Issues
- Section 2: Competence
- Section 3: Human Relations
- Section 4: Privacy and Confidentiality
- Section 5: Advertising and Other Public Statements
- Section 6: Record Keeping and Fees
- Section 7: Education and Training
- Section 8: Research and Publication
- Section 9: Assessment
- Section 10: Therapy

<https://www.apa.org/ethics/code>

56

ACA Code of Ethics (2014)

- [APA Ethics General Principles \(2017\)](#)
- Section 1: Resolving Ethical Issues
- Section 2: Competence
- Section 3: Human Relations
- Section 4: Privacy and Confidentiality
- Section 5: Advertising and Other Public Statements
- Section 6: Record Keeping and Fees
- Section 7: Education and Training
- Section 8: Research and Publication
- Section 9: Assessment
- Section 10: Therapy

www.counseling.org/docs/default-source/default-document-library/ethics/2014-aca-code-of-ethics.pdf

57

NAADAC/NCC AP Ethical Standards (2021)

- Principle I: The Counseling Relationship
- Principle II: Confidentiality and Privileged Communication
- Principle III: Professional Responsibilities and Workplace Standards
- Principle IV: Working in a Culturally Diverse World
- Principle V: Assessment, Evaluation, and Interpretation
- Principle VI: E-Therapy, E-Supervision, and Social Media
- Principle VII: Supervision and Consultation
- Principle VIII: Resolving Ethical Concerns
- Principle IX: Research and Publication

www.naadac.org/assets/2416/naadac_code_of_ethics_112021.pdf

58

NASW Ethical Standards (2021)

1. Social Workers' Ethical Responsibilities to Clients
2. Social Workers' Ethical Responsibilities to Colleagues
3. Social Workers' Ethical Responsibilities in Practice Settings
4. Social Workers' Ethical Responsibilities as Professionals
5. Social Workers' Ethical Responsibilities to the Social Work Profession
6. Social Workers' Ethical Responsibilities to the Broader Society

www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English

59
