

TITLE

STUDENT NAME

Northcentral University

Integrative Ethics

It is the Marriage and Family Therapist's (MFT) responsibility to understand the laws of the state of licensure and the ethical codes of the American Association for Marriage and Family (AAMFT; AAMFT, 2015). While each state produces specific laws for that population, the Code of Ethics guides for all members of AAMFT (AAMFT, 2015). This code establishes standards for how the therapist will interact with clients, paperwork, and collaborating entities (Moyer & Crews, 2017).

Case Scenario

The current case involves Cassie Garcia. She is a 16-year-old legal female immigrant from Columbia who has lived in the United States since she was two years old. She attends a local high school and fully participates in the activities expected of an 11th grader. She displays neither developmental or acquired disabilities. Her parents are practicing Catholic, but she currently

Cassie's principle, Dr. Brown, referred the Garcia family to his friend Glenda Peterson, a Washington State MFT. When he discussed the case with Ms. Peterson, he indicated concerns about family members experiencing substance abuse, physical abuse and that the parents disagreed about how to address Cassie's decision-making process. He also reported that the Garcia's did

When Mrs. Garcia called, she indicated that it would be too hard to drag Cassie to a session. So, Ms. Peterson only invited Mr. and Mrs. Garcia to the intake session. At that point, the Garcia's reported that their primary struggle was to find a unified course of action around Cassie's suspected drug use. Ms. Peterson confirmed

During the intake conversation, she decided to alter the presenting problem away from Cassie to reflect Mrs. Garcia's anxiety for the utilization of insurance. With the focus moving away from Cassie to Mrs. Garcia, Ms. Peterson did not request a release of information for Cassie's school. After discovering the Garcia's could not afford the co-pay, Ms. Peterson dismissed her informed consent policy of 'payment due at time of services'

During the intake, the Garcia's denied issues of substance or physical abuse within the family. While Ms. Peterson explained the informed consent, she indicated that when she worked with a couple, she would not meet with them individually. She also stated that she held a strict 'no secrets' policy.

At a later point in the therapeutic relationship, she accepted a request by Mrs. Garcia to meet individually. During the individual session, Mrs. Garcia disclosed that she was currently engaged in an affair and that after her husband found out about a previous affair, he had broken her arm and jaw. Mrs. Garcia requested that Ms. Peterson continue providing her with individual sessions in addition to the couple's work and to

Ms. Peterson appealed to Mrs. Garcia for time to contemplate her course of action but was subsequently unable to reach the Garcia's. After attempting for some days, she reached out to Dr. Brown to confer with him about the situation. He reported that Cassie had been arrested for a DUI, driving without a license, and harm to another person. She had already started her time in juvenile detention.

Broad Context

Therapists hold the responsibility of understanding that the decisions they establish the paradigms in which the client's therapeutic alliance develops (Herlihy & Corey, 2015). When forming the therapeutic alliance, the therapist needs to remember that the client is the

relationship (Shaw, 2015). Ethical decisions should not respond to a situation, but the therapist should continually live in an ethical manner (Hecker & Murphy, 2015). Without this integrated philosophy, the decision-making process might bypass or ignore the relationship and focus on the self of the therapist (Shaw, 2011).

All therapists follow agreed upon moral constructs as the basis for developing ethical interactions with clients (Benny, 2011). The heart of these constructs is the concept of autonomy. Each person must have the opportunity to make decisions about the direction to take in life (Department of Health Education and Welfare, 1979). Other constructs include non-maleficence, or not causing harm to the client (Welfel, 2016). Veracity demands the therapist interact with the client with morality, honor, and openness (Corey, Corey, & Callanan, 2007). Beneficence encourages the therapist to utilize relational knowledge and proficiency as a manner of assisting clients (Houser & Thoma, 2013). Justice states that all clients receive an equivalent portion of care (Department of Health, Education, and Welfare, 1979). Finally, fidelity ensures that the therapist remains trustworthy and faithful when interacting with clients (Moyer & Crews, 2017).

As an MFT, the therapist must also adhere to the AAMFT Code of Ethics (AAMFT, 2015). When making ethical decisions, MFTs need to remember that the client is the relationship (Shaw, 2015) and conceptualizing within the systemic model might

As part of the MFT's licensing obligations, knowledge about and comprehension of local and state laws is vital. In Washington State, Ms. Peterson's state of licensure, there are both the Revised Codes of Washington (RCW) and Washington Administration Codes (WAC) to address the rights of the clients and the responsibilities of

Specific Response

Ms. Peterson did not hold firm to the moral constructs that therapist follow, the AAMFT *Code of Ethics* (AAMFT, 2014), or the laws of Washington State. Utilizing Corey, Corey, and Callanan's (2011) ethical decision-making model, one can identify how Ms. Peterson failed to utilize either the AAMFT *Code of Ethics* (AAMFT, 2014) or Washington State laws to adhere to her personal boundaries. This neglect placed her in a.....

Problems, Issues, Ethical Guidelines, and Laws

Ms. Peterson's actions reflect a lack of understanding about the moral constructs the therapeutic society uses as a guideline for client interactions. Autonomy was not provided to Cassie when Ms. Peterson only worked with the parents. Without having the opportunity to voice her opinion about the situation, she could not participate in the decision-making process that would affect her life. It is vital that clients have the opportunity to make their own decisions (AAMFT, 2014, Standard 1.8). In Washington State, children over the age of

Having chosen to work with just the parents because she thought the child might resist attending, Ms. Peterson may have harmed the parent/child relationship. This decision might have caused harm to the family. In doing so, she ignored the concept that the relationship is the client (Becvar & Becvar, 1999).

She also did not adhere to non-maleficence when she promoted herself as having experience working with adolescents involved with drugs. Therapists must practice within their scope of competency (AAMFT, 2014, Standard 3.10) and need to engage in training (AAMFT, 2014, Standard 3.6) before declaring a specialization (AAMFT, 2014, Standard 9.7). Without the proper training, she could only engage with, This action exhibited a lack of knowledge about regulatory standards (AAMFT, 2014, Standard 3.2) and did not characterize herself truthfully (AAMFT, 2014, Standard 9.1).

Ms. Peterson also worked with a couple from a culture and immigration status that she had not gained competency. Each person understands life through the lens of their ethnic values (D'Aniello, Nguyen, & Piercy, 2016). An MFT may know

The client-therapist relationship begins at the first point of contact (Lebow, 2014). Ms. Peterson's first point of connection with the Garcia case happened when Dr. Brown initiated the referral. During this encounter, Ms. Peterson held the responsibility of controlling the information she obtained from Dr. Brown. Consultations are essential, but confidentiality must be maintained (AAMFT, 2014, Standard 2.7).

After Ms. Peterson could not contact the Garcia's, she did not have the authority to discuss the case with Dr. Brown. His previous knowledge about the case did not preclude Garcia's right to privacy. Therapists are restricted in what information they can share with which people (Hecker & Edwards, 2014). They must maintain a high level of confidentiality

Therapists need to manage personal anxiety so that they can make decisions swiftly (Scher & Kozlowska, 2012). Ms. Peterson could not address Mrs. Garcia's request for individual therapy for herself while she continued couple therapy with her husband. Setting up a system where the same therapist sees one partner

This request by Mr. Garcia could be considered a dual relationship between Ms. Peterson and Mrs. Garcia. Providing this secondary interaction could impair the therapeutic alliance (AAMFT, 2014, Standard 1.3), even though this process is not considered unethical (Bass & Quimby, 2006). However, Ms. Peterson's hesitation diminished her ability to provide beneficence. The couple's termination might have happened because of Ms. Peterson's actions. An early conclusion to therapy might increase the difficulties the couple experiences (Bartle-Haring, Glebova, & Meyer, 2007).

As part of the private conversation, Mrs. Garcia reported that she was engaged in an affair and after a previous affair her husband had broken her arm and jaw. She asked Ms. Peterson to retain the secret about her affair. Secrets are harmful to the work done within sessions (Bass & Quimby, 2006) since it is often the secret that hinders the couple's ability to grow (Kuo, 2009).

However, Mrs. Garcia reported her affair in a private session and requested that Ms. Peterson not discuss it with Mr. Garcia. This information was not mandated by law; therefore, it must remain a secret without written permission (AAMFT, 2014, Standard 2.2). Therapists are mandated reporters and must report concerns about child abuse (RCW26.44.020, 2018). When Ms. Peterson received the information about previous abuse, she needed to address Cassie's safety. If Mrs. Garcia indicated that she was.....

When Ms. Peterson initiated services with the Garcias, she relinquished justice for her other clients. Ms. Peterson provided the Garcias an alternative payment method that she denied her other clients. This decision established an unequal system of financial obligations within her clientele. MFTs need to make sure that all clients understand the financial process (AAMFT, 2014, Standard 8.1).

The Garcia's insurance company did not experience veracity from Ms. Peterson. The Garcias entered into therapeutic services to find a unified method of responding to their daughter's behavior, but Ms. Peterson chose to produce a diagnosis for Ms. Garcia that would be covered by insurance. This decision did not truthfully represent the presenting problem (AAMFT, 2014, Standard 8.4) and did not provide the client the ability to choose a treatment modality that would address the issue (RCW18.225.100, 2018).

Consultation, Courses of Action, and Decisions

Therapists use their theoretical modality to help them make ethical decisions (Zygmond & Boorhem, 1989). The author will use Bowen Theory to explain the decision-making process and decision. Bowen (1978) postulated that when humans experience anxiety, they utilize the emotional thinking system to make decisions, who terminate early may view therapy as lacking in value (Bartle-Haring et al., 2007).

Ms. Peterson made her ethical decisions based on her emotional reactivity to her client instead of a stance of solid ideas. A person who has a more significant portion of basic self does not change opinions and ideals to suit the needs of other people (Kerr & Bowen, 1988). The person can recognize the anxiety and discount its influence (Bowen, 1978).

Ms. Peterson may have stated that she held to specific policies, but she did not adhere to them. Instead, she altered her decisions based on the client's responses because of her fusion with the clients. Fusion happens when a

This case holds specific instances of Ms. Peterson reacting from a fused state. She allowed a conversation to occur with a friend about a potential client. The clients proposed the structure of the family's interaction with her. She neglected to explain her lack of competency within drug usage, Hispanic culture, and immigration issues. She set aside her standards around payment and not holding individual sessions. Finally, she initiated a conversation with Dr. Brown after she lost contact with the family.

When a therapist struggles within the therapeutic arena, the therapist needs to address personal issues and continue working on expanding the level of differentiation of self (DoS; Bowen, 1978). DoS provides a person with the ability to maintain own opinions and values while engaging in emotional situations (Kerr & Bowen, 1988). Ms. Peterson must address

Specific steps will happen when interacting with Ms. Peterson about this situation. She will be encouraged to reduce her client load so that she can focus on her personal growth. The personal growth will focus on establishing personal limitations, develop the use of “I” statements, and a recognizing a greater use of herself (Clark, 2009).

The establishment of solid parameters within the therapeutic relationship creates an awareness for the client around expectations so the therapist’s anxiety is decreased (Norcross & VandenBos, 2018). While building a comfort in consistently recognizing what belongs to the client and what belongs to the therapist helps the therapist to not fuse with the client (Skowron & Friedlander, 1998). Understanding the self of the therapist frequently happens when the therapist re-engages with family of origin matters, for the purpose of the therapist identifying how those situations currently influence the work (Clark, 2009). While she could engage in the work

A conversation would occur that addresses her compromising of her ethical stance. As a therapist becomes more comfortable within the therapeutic arena, decisions become based on providing the client flexibility instead of adhering to ethical constructs (McLaurin, Ricci, & McWey, 2004). She needs to take a refresher course

If she decides that she is interested in continuing to work with families around the subjects of drug use, immigration, and the Hispanic culture, she would need to take educational courses to start developing competency. After completion of her classes, she would need to work with a supervisor within her chosen area so that she gains experience in that area. Supervision is an essential part of developing competency (AAMFT, 2018, Standard 3.1).

She would be encouraged to explore her personal views and values around money. The discussion of financial issues with clients can produce anxiety for therapists (Arcuri, 2015). If

she does not have a clear understanding of her thoughts around money, she cannot ethically engage in conversations about money.

Finally, she would need to develop a greater understanding of client confidentiality. Information from clients cannot be provided to other people if the client has not established the connection through a written agreement (AAMFT, 2018, Standard 2.1). Dr. Brown may have been a friend, but she did not have permission to speak to him about the Garcias.

Conclusion

This case revolved around a clinician who struggled to maintain boundaries, recognize when she made unethical decisions, and did not adhere to local laws. Within a consulting relationship, this clinician would receive guidance about developing a better sense of self, exploring situations from her personal life that might have influenced her poor decision-making process, and continuing her education to widen her knowledge base.

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