

Ethical Pitfalls, Part 2, Cross Country Education Workshop

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What is the number one ethical violation?

The workshop **Ethical Pitfalls** contained a wealth of information, thus Part 2! The number one ethics violation: confidentiality breaches (both unintentional and intentional). One example: Jane Doe, a private practitioner, receives a drug/alcohol evaluation from Agency A on her client John Smith. John has an appointment with a psychiatrist and Jane Doe sends a copy of this evaluation to the psychiatrist. Isn't it okay to send this information to the psychiatrist without obtaining a release since it's already in your records about John?

1. Can information received in confidence by one agency be forwarded to another agency so that we can coordinate care? No, not unless information from agency A has a release signed by the client to the psychiatrist. You cannot forward information received in confidence.

What is the second most common violation?

Incidents involving therapeutic boundaries is the second most common violation. Example: A current supervisee or student from a class you are teaching wants to be in counseling with you. You say yes because this potential client really wants YOU to be his/her therapist. Is this ethical?

2. Is it okay to have a current supervisee, student, or employee as your client? This presents an unequal balance of power affecting their other role with you. Even if they "insist" it won't be a problem for them, it is an ethical violation.

3. My boss wants me to see his daughter as a client because he respects my work. Is this fine? This too presents many ethical dilemmas due to power differentials. What if the client divulges information that creates a client/counselor/boss triangle? The potential problems with this could be limitless.

Dual relationships can create a quagmire of problems that are best avoided if at all possible. Prevention is best. If in doubt on what to do, consult with your State Board, or by supervision and consultation, or informed consent BEFORE entering into any type of conflict of interest or dual relationship. In small communities, there can be a greater chance toward dual relationships, so good supervision/consultation is essential.

The third most common violations may surprise you:

Payment providers, insurance company and billing issues offer potential for ethical abuses--for example, billing for no-shows, billing family therapy as if it were an individual session and vice-versa, or changing a client's diagnosis so that it is covered by insurance, etc.

4. My client could not make her session due to having a fever so we did her session via phone. I spent the full 60 minutes with her on the phone, so I billed her insurance company. Was this okay?

Phone therapy may be ethical but billing the insurance company for a session on the phone would not be considered ethical billing. Whether it seems "fair" or not isn't the issue; it is still considered fraudulent billing by insurance companies.

Other common ethical violations include: boundary violations, failing to do mandatory reporting, practicing on a lapsed license, inaccurate information in evaluations or summaries, misrepresenting your credentials, fraudulent documentation, failure to release records, termination and referral errors, and impaired professional violations.

Termination and Referral is one issue that may pose a challenge for private practitioners.

5. My client refuses to pay her bill or pay for sessions, may I terminate the counseling relationship without it being considered abandonment?

Yes; in such cases appropriate referrals are offered (and documented) to the client.

6. I recognize that my client is not progressing in therapy, yet they want to remain in therapy with me. What is my ethical obligation?

Defining with the client the goals of therapy is important. At times clients may want “maintenance therapy” with someone to talk to and receive feedback about their life events. They may not have specific treatment goals beyond this. Maybe their original treatment goals are met. Is it ethical to continue with them as clients?

Most code of ethics ask: is it helpful to clients or creating a dependency? Are their other

issues that you as a therapist recognize the client needs help with (e.g., a client who is abusing substances even though it wasn't a treatment goal of theirs and without treatment of

this they will not progress). Again, a client's best interest is the determining factor.

E-Mail and Technology can pose potential ethical problems. For example, one therapist routinely e-mails back and forth with clients. However, one client e-mailed her therapist a suicide note on Friday night. The therapist did not read the e-mail until Monday (after the client attempted suicide). Can the therapist be held liable? Is this a legal or ethical issue or both? Some sources state that e-mail services with clients may imply 24 hour availability. Prevention and consultation with legal resources can prevent potential lawsuits. A signed informed consent to let clients know e-mail services are not available 24 hours a day is imperative.

Ethical decision making: It is essential therapists have a ethical decision-making process; most include consulting a code of ethics, consulting colleagues or supervisors, or one's State Board. Client welfare must be our primary focus. Being proactive rather than reactive offers the best opportunity to be ethical. **Conflicts between Two Codes** can be a common dilemma in working with a client and the criminal justice system. A client tells you in strictest confidence that they misused a substance last weekend and want help with relapse prevention skills. Telling their probation officer (in this case) will result in the client serving a 30 day jail sentence (and she is a single mom with two young children). What is most ethical: working with the client on recovery skills or telling the probation officer? Or are there other choices? Most ethical codes state the best interest of the CLIENT must be served first and foremost.

Supervisee commits a confidentiality breach example from AAMFT resource*: “I confessed to my supervisor that I had a confidentiality breach. My supervisor reported me, my charge was dismissed, but I'm still upset because I thought a supervisor-supervisee relationship was confidential, is that correct?” Response: Supervisees need to know they can raise questions to supervisors about legal and ethical issues without a grievance filed against them.* **Impaired professional:** What if our supervisor or colleague is impaired? What's the first step? Most code of ethics advise going to the colleague first or to the colleague's supervisor before a formal report to the State Board is made.

Ethical dilemmas are as many and varied as possible. It could be very interesting and informative to have a monthly ethical Question and Answer in our newsletter (since ethical issues surface so

frequently for all of us). Maybe have a therapist or two present these each month. Your thoughts?
I'll be eager to hear your replies!

Thanks to Cross Country Educational Workshops and Steve Polovick, MSW, for his work with ethical pitfalls and prevention!