Ethical Take Home Exam 2

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This case, like any other ethical case, is hard. The difference is it not only hits home but involves many stakeholders that are equally to blame. When discussing ethical cases one of the most important factors to look at are the stakeholders. Who can be hurt from all of this when it happens? Marsha can be you or me, a passionate AGSC intern who just wants to serve people. She has a story behind her decision and she ultimately means well. However, there is a lesson behind this case. In this case we aren't looking for a culprit but instead a solution. What can we do to move forward from this, how can we go in a direction that leads into ethical reconciliation.

Sociocultural context of the Case

Marsha

Marsha is a thriving 24 year old Hispanic student. Helping and serving others has always been her passion. Ever since she was a little girl she knew she wanted to work with people. She didn’t know how that would look but when she got to college she interned in a school with students with autism and met mental health counselors. One day while online, searching for colleges, Nyack came up, and she knew it was God sent. She has had a rough upbringing. Marsha saw her mom experience domestic violence, she saw her go from relationship to relationship. Things got so bad for them, after her mom lost her job they ended up in a shelter. The shelter she is currently interning at. She saw so many things at that shelter she made it her mission to change her family’s narrative. Marsha didn’t want to be like her mom that needed men to fulfill the void she has, Marsha wanted real love. She promised herself if she got into a master program she would come back to the shelter but this time to help. Through that journey

God found her and did a 360 in her life and her moms. When the opportunity presented itself, she knew she had to intern at this shelter. Marsha is a very passionate go getter. She knows what she wants and goes after it. Even though she knew it wasn't the best idea to get into this shelter, something was pulling her this way. When Marsha is presented with this case, she feels for this woman because in a lot of ways this woman resembles her mom. Marsha couldn't help her mom when she was younger but she needed to help this woman now. After reading the email from Dr.Scott, she is hurt and confused. In her opinion the disagreement they had, she saw as normal. She saw two colleagues with two different opinions, something that would be resolved. Marsha also feels backstabbed by both Dr.Scott and Ms.Ingram. She saw them as two mentors that wanted to help her. In Marsha's mind, she believes this is something that could have been discussed earlier and face to face. It was something that didn't need to be seen by Dr.AGSC.

Dr.Scott

Dr.Scott is a middle eastern renowned psychologist. He has been doing this for some time now and loves everything about it, especially the traveling part. He doesn't have a family so his career has become his life. He has two jobs, one overseeing the shelter and the other a full time private practitioner in Manhattan. Dr.Scott is sort of this big shot doctor who people all over the world come to see in Manhattan. He is the best of the best and it's always been his way or the highway. It wasn't always like that but I guess the "fame" got to his head. He was very adamant when Marsha came around, even asking for her credentials. Nonetheless he saw great potential in her and decided to take her under his wing. From working with Marsha, and doing the weekly supervision, he sees the passion oozes out of Marsha. He notices her personal life is interfering

with her professional involvement. As her supervisor it is important Dr.Scott talks to Marsha about countertransference and how it can interfere with the new case. As her supervisor Dr. Scott should also see how even though Marsha's passion is good and helpful it can also affect her. He needs to speak to her about boundaries and not getting emotional lead with certain cases that may hit home.

Ms.Ingram

Ms.Ingram is the director of the shelter. She is a sweet African American LCSW, who's been in this job for about 20 years.. She dedicated so much time to the job that she now realizes she never lived her life. It was all about work. She has 2 amazing sons but she recognizes she never gave them the attention they deserved, which is why she wants to do it differently with her grandkids. Ms.Ingram also oversaw the internship program at the shelter and was delighted to meet someone as passionate as Marsha. However since Ms.Ingram is about to retire she isn't as involved as she should be, sometimes even letting some things slide. Some can say she's a missing in action director. Nonetheless, she wants the shelter to keep going strong once she is gone, especially the internship program. Putting myself in Ms.Ingram's shoes my concern for the agency is the affects of having our director only in the office once a month. Being there once a month gets in the way of having a conversation with each client before coming up with a diagnosis, helping supervise other employees, weekly meetings,etc. Dr.Scott works there but it's as if he's never there.

Dr.AGSC

Dr.AGSC was a student herself at Nyack and was thrilled when offered the opportunity to become the Internship Director. She tries her best to comply with the needs of the student while following protocol. Marsha is one of her tricky students. Even though Marsha means well, she can be stubborn. After showing her multiple times why this shelter wouldn't be the best site for her, she ultimately created a plan. A big concern for her is still the preparedness and readiness of Marsha in that site. Will Marsha be well equipped when she's done with the shelter, will Dr.Scott, knowing his schedule, keep up with supervisioning and leading Marsha, would this turn into a complete mess, did I make the right decision agreeing to this? These are all the concerns that can be going through Dr.AGSC's head.

Ten Step Model

Develop Ethical Sensitivity, Integrating Personal and Professional Values

There are multiple ethical dilemmas here to discuss. First we have to look at the relationship between Dr.Scott and Marsha. From the beginning Marsha knew it would be difficult for someone like Dr.Scott, who is very busy, to take on an intern. As a supervisor we have to look at how he is helping Marsha grow and if it's actually helping or impeding her growth. We have to look at if supervision online is ethical and if the disclosure of Marsha's personal information from Dr.Scott breached confidentiality. Then we have to look at Ms.Ingrams role in this. She seems to be missing in action for most of the time and is one of the only directors in the agency most of the time. We also have Marsha's personal stance. She

wanted to intern in the shelter that we have to consider if it will interfere with her professional values.

Clarify Facts & Stakeholders

In this case we have many different backgrounds which brings about different views. We have Marsha, a Hispanic coming from a low economic background. She sees this internship as a blessing and will do whatever it takes to stay there and serve. We see towards the end of the case the motivation behind wanting to be in the internship. She wants to work with domestic violence victims because of what she saw with her mom. Marsha also stayed in the same shelter once. Marsha also has a caseload of patients and runs two groups, that's growing weekly. Then we have Dr.Scott, a Middle Eastern, who at first was more involved but different things started clouding his judgement. He is receiving money from Marsha for supervision, his supervision meetings are not face to face all the time, which makes Marsha travel to him, there are a lot of emails sent around. Then we have him making a diagnosis without meeting the client and looking into Marsha's medical records. We then have Ms.Ingram, who seems to be MIA. What is her specific role? Is she there to also supervise Marsha? What can she do to help. Then we have Dr.AGSC, whatever happens with Marsha, she made the ultimate decision and allowed for her to participate at this site. Lastly we have the biggest and most important stakeholders, the clients. The clients should always be the number one priority. Regardless of what's going on around.

Define the Central Issues and Available Options

As discussed earlier, the central issues of this case are Dr.Scott's professional relationship with Marsha. Marsha isn't receiving the proper and ethical guidance. First he doesn't have time for her and even though he is trying to make it work he isn't giving her 100%. According to Welfel" a supervisor is a teacher, mentor, adviser, consultant, and evaluator to the supervisee, as well as counselor(from a distance) to the clients of the supervisee"(Welfel, 2015, pg 386). Now if we compare these characteristics with Dr. Scott does he fulfill them? From reading the case it seems to be more of momentary supervision than any of these. He isn't offering any advice and we see this when Marsha shares her personal story. He isn't teaching and we see this from the case Marsha brings up. It seems as though it is Dr.Scott's way or the highway. He doesn't stop to think about what Marsha is saying but instead tells her to read the DSM. Maybe he can't fathom the thought of an intern being correct and him being wrong. He also is a counselor from a distance because he is giving his input on a client he hasn't even met. We also see a sense of supervisory power as discussed in Welfel. Marsha seems to be uncomfortable speaking with Dr.Scott because she is even waiting two days to disclose the new case. It seems as though his authoritative teaching may be getting to Marsha. Another factor to consider from Dr.Scott is the email that was sent breaching Marsha's confidentiality and even looking through her medical files. He is letting his personal view on her cloud his judgement on whether she is capable of seeing other clients.

When we think about Marsha we have to consider the way things got out of hand leading to an argument between her and a supervisor. It is normal to not see eye to eye on things but it is said to be a substantial disagreement. Marsha is there to watch out for the wellness of the client but there is also a problem with how things are said especially to a supervisor. In regards to Ms.Ingram she agreed to offer sporadic and informal supervision to Marsha. Now we have two

people giving supervision to someone and information can get lost and confidentiality can be breached with third party supervisors (Welfel,2015). We don't know what is being said in that supervison. It is something to consider. Marsha is being thrown from person to person. Overall there is alot going on in this case and it started on a bad note when Dr.AGSC approved this site for Marsha. As much as Marsha wanted it she had to listen to her superiors.

Refer to Professional Standards, Guidelines, and Regulations.

If we look at the ACA code of Ethics, we can see that some ethical issues were violated, boundaries were crossed, lack of integrity, etc. It may have been done unconsciously but it still happened.

Dr.Scott

According to the ACA code of ethics F.4.a it is crucial for supervisors to provide supervisees with informed consent. In the beginning of their supervisory meeting this was never established which led to all the confusion at the end. There were boundary crossing, Ms.Ingram was seeing Marsha as well for supervision, sporadically and informally. Dr.Scott also violated F.6.a which shows the need for evaluation from his part towards Marsha. As a supervisor he is supposed to be in communication with her about her progress, giving her feedback and assisting in any way he can. This has become difficult with his schedule. In regards to the email that was sent out, it not only breached Marsha's confidentiality(morally not ethically) but because it came to a surprise to Marsha it breaches code F.6.b which states that they can refer to supervisee elsewhere but "they ensure that supervisees are aware of options available to them to address such decisions"(ACA, 2014). When speaking about the new case it was unfair that Dr.Scott

didn't hear her out and instead told her to read the DSM. We also have to take into consideration that Dr.Scott never met the client and so breached E.5.a because he didn't properly assess her first before giving her a diagnosis. Since a lot of interaction is made through emails, it is very dangerous to discuss client progress or learn about new clients this way, as it can breach confidentiality. Also, Dr.Scott is accepting payment for Marsha's supervision meetings and she isn't even a licensed student beyond me. It is morally wrong to accept that money.

Dr.AGSC

Dr.AGSC also breached a code when she allowed Marsha to intern at this site. Code F.7.i states that the "site supervisors are qualified to provide supervision in the formats in which services are provided and inform site supervisors of their professional and ethical responsibilities in this role"(ACA, 2014). Dr.AGSC knew his schedule would be of conflict. A conversation with Dr.Scott and Dr.AGSC needed to be had beforehand to make sure all parties were aware of what was going on.

Search Out Ethics Scholarship

According to Welfel, it is no surprise that problems will arise within the supervisor and supervisee. Research has shown that in "Ohio 30% of all disciplinary actions involve supervision violation as at least one component of the action"(Welfel, 2015, pg 385). It goes further on to say that supervisors have exploited, disdained supervisee rights and disregard responsibilities to clients"(Welfel, 2015, pg 386). The list goes on and on about how supervisors have just taken up the name and haven't put in work to help their supervisees. One point the book touches on is the

importance of the example set by the supervisor. The supervisee, in this case Marsha, is like a sponge. She is getting her feet wet in the field and Dr.Scott needs to set the example of what should happen in that role. In an article it states that some of the reasons people reported supervisors were “lack of recognition of the importance of power, privilege, and cultural differences; poor supervisory boundaries; accounts of unresolved and unrecognized difficulties in the supervisory alliance; lack of consistent formative feedback; and inadequate, inconsistent documentation of problems in supervision”(Reiser & Miline, 2017). In this article one of the advice given to supervisors and supervisees in order to maintaining good relationships is “establishing an explicit learning agreement, developing a collaborative bond (mutual engagement in tasks), providing a role model (e.g., reflective practice), and using formative feedback.This expands on the traditional definition, sharing a recognition of the alliance as a collaborative, co-constructed supervision relationship”(Reiser & Miline, 2017). In other words there has to be a clear standard set from the beginning, each person needs to know their role so a professional bond can form. Feedback is also important , for example doing weekly evaluations so the supervisee can see what they need to work on will help. The supervisee, Marsha, is in the hands of Dr.Scott and it is a big role and should be taken seriously.

Apply Ethical Principles to the Situation

Even though there aren't any clients being harmed here, the wellbeing of the counselors affect the clients. Some ethical principles to consider here are Marsha and Dr.Scott’s nonmaleficence which means first do no harm. This is something that they have to consider before getting their personal beliefs involved. Dr.Scott needs to take in account the welfare of the client, and he does this by becoming well equipped to supervise Marsha. If Marsha is being

supervised by a competent supervisor it will show in the way she serves the clients. The second ethical principle to look at is justice. Dr.Scott has to treat Marsha in a just manner, not looking at her for her past but taking into consideration who she has become. The main people here are the clients but Dr.Scott should also help Marsha be the best that she can be so she can help her clients succeed.

Consult with Colleagues About the Dilemma

There are many things to look at here. First Dr.Scott did discuss his opinions of Marsha to a colleague, Ms.Ingram. However it was more of a complaint than asking for her thoughts on the situation. Dr.Scott seemed to have his mind made up about Marsha even looking through her records. Marsha and Dr.Scott should definitely have a conversation about the email and their relationship in general . From the beginning there needed to be clear standards on how supervision would work. There needed to be clear documentation discussed in the first meeting. Marsha also needs to speak with Dr.AGSC and give her part of the story as to what happened. It would make sense for all four parties to be involved in the conversation, because Dr.Scott already involved Dr.AGSC in the email. A conversation with Dr.Scott, Marsha, Ms.Ingram and Dr.AGSC will help resolve and set clear expectations between all parties involved.

Deliberate and Decide

Looking back at this it wasn't handled in the proper manner to begin. For starters Marsha, although she wanted to be placed here, after hearing of Dr.Scott’s conflicting schedule, she should have listened to Dr.AGSC and chosen a different internship site. On the other hand, Dr.AGSC knowing this shouldn't have granted access to this site. Once on cite the first thing that

had to be done with implementing a proper supervision plan between Dr.Scott and Marsha. This would have saved them all the confusion we are saying. In that paper there had to be set dates and times to meetings and the duties of each party represented. According to Welfel, there needs to be written informed documentation, in order words a contract(Welfel, 2015). This sets in stone the "legal rights of both parties and symbolizes the dignity and autonomy of each individual" (Welfel, 2015). There should also be documents in regards to supervisory sessions for supervisee progress that show a list of cases discussed,notes about client progress, recommendations, etc. Since this did not happen one step toward repairing their relationship is having one done. Since this is a new area for Marsha she should first request an appointment with Dr.AGSC to discuss her plans and for her to provide Marsha with any insight on how to move forward with this situation. After that conversation happens she should request to speak with Dr.Scott. She shouldn't write back in the email, as it would be more professional to have a face to face discussion. I believe that Marsha initiating this conversation shows growth. Also being vulnerable about how she is feeling with him as her supervisor and in the site and maybe apologizing if she did wrong disclosing the information about her family. Making it known that she is learning and this is a learning experience for her. She should also ask for the contract between them to move forward. I think this conversation will provide Dr.Scott with insight on how to work with supervisees next time.

As for Dr.Scott before sending the email, he should have brought this up in person during their supervision meetings. There he would have seen if there was countertransference or just Marsha being passionate. When talking about what rules or guidelines Dr.Scott breached we see it may

have not been unethical, as there is no supervisor-supervisee confidentiality code. However it was a moral dilemma. It is something that could have been avoided and further discussed between him and Marsha first. The email puts Marsha and Dr.AGSC in an uncomfortable situation. In this situation Dr.Scott allowed his personal views on Marsha to interfere with her professional views. According to Welfel, a case is presented where a doctor has been taking a particular intern of cases with women because of his pro life views. Some of the things Dr.Scott should have thought about was if he was "treating Marsha unfairly because of his actions? Was he fostering the growth of Marsha by sending this email? What alternative courses of action may better comply with professional standards? If he has already acted in appropriate ways, how can I undo or minimize the harm that has been done?Would other colleagues come up with the same conclusion"(Welfel, 2015,pg 398)? For next time, these questions will help him decide what he should do.

Inform Supervisors and Document Process and Actions

Being that Dr.Scott is her supervisor the only person to talk about this is Ms.Ingram. As stated before, it is important for the four parties to talk. Since they all play a crucial part in Marsha's supervision they need to discuss the issues that have arised. For example, they need to talk about any countertransference Marsha may be feeling, which is normal. They need to talk about the boundaries that need to be addressed. They need to discuss roles and responsibilities. This all needs to be documented to later look back on.

Reflect on the Experience

This was a difficult case because there were so many stakeholders involved. Having Marsha as an intern with a big case load, and feelings that may cloud her judgement is a lot. However Marsha dealing with this alone adds more problems. Dr.Scott is supposed to be her mentor and involved more with her, being that Marsha although she has good credentials, is still not licensed and has a lot to learn. There were alot of things to consider with all parties. Accepting that internship in the first place was already wrong and having a supervisor that doesn't really help made things worse for Marsha. Even though it is passion that fuels her she has to be careful not to let it consume her.

Conclusion

As we saw from the reading there is no perfect internship and problems will always arise within your site. There have been numerous cases of unethical behavior with supervisors and supervisees. The key here is how you handle it. One important takeaway from this is the importance of communication. If there would have been proper and written communication from the beginning between Dr.Scott and Marsha this could have been avoided. However its not too late to build something back up using communication.

References

American Counseling Association. (2014). ACA code of ethics. Retrieved from http://www.counseling.org/docs/ethics/2014-aca-code-of-ethics.pdf

Welfel, E. R. (2015). Ethics in Counseling and Psychotherapy: Standards, Research, and Emerging Issues,

Robert P. Reiser & Derek L. Milne (2017) A CBT formulation of supervisees' narratives about unethical and harmful supervision, The Clinical Supervisor, 36:1, 102-115