# Legal issues & impact on ethical considerations in Adolescent Psychotherapy

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# Aim

- To provide clear **information** re the current law as it relates to professional issues encountered in adolescent psychotherapy

- Support a better understanding of the psychotherapist's **responsibilities** when responding to professional dilemmas

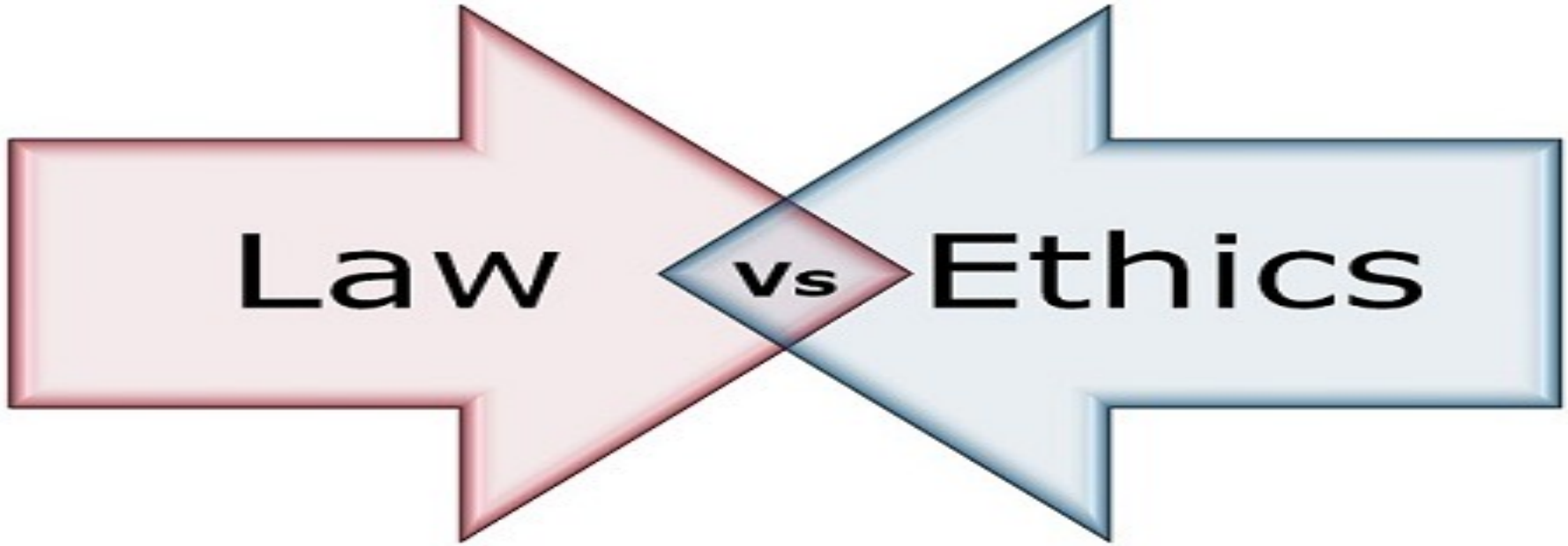
**Law** **Psychotherapy**

Uneasy relationship

# Therapeutic Practice

Legal Duties

Ethical Principles



## Therapist response

- Dismiss the law as irrelevant
- View it as a threat of some kind
- In awe of the law

## Therapist's vulnerability

fear of being sued


Ethical
??
Legal


ETHICAL & LEGAL
ETHICS
THE LAW

# Topics Covered

- **Introduction**
  - Irish Legal System
  - Ethics

- **Professional Issues**
  - Consent
  - Confidentiality
  - Record Keeping
  - Information sharing

# Irish Legal System - Explained

- Common Law System

## Background

- 1922 Irish Free State
- Courts of Justice Act, 1922

Structure of Irish legal system – 3 Main characteristics

# 1. Sources of Law

## National Level



# International Law

- (CRC) - UN Convention on the Rights of the Child (1992)
- (ECHR) European Convention on Human Rights (2003)

International law – comprehensively recognises the rights of children

Ireland is - Dualist System

International law - not directly applicable domestically. It must first be translated into national legislation before it can be applied by the national courts.

## 2. Common Law System

Structure of the Courts – District, Circuit, High & Supreme
[(CJEU) European Court of Justice]

## Informed By –Sources of Law
## How?

**(a) Constitution**

Divides the authorities of the State into three separate law-making entities

**1. Government** **2. Judiciary** **3. Legislature**

-Independent of one another

-Specific powers and functions.

## (b) Statute Law (Legislation)

- Statute law is enacted in Ireland by the national parliament - *The Oireachtas*

- Government introduces new laws in the form of a bill

  draft bill must be approved by the Dáil before being passed to the Seanad

- If both the Seanad and the Dáil deem the bill to be acceptable, it will be passed into law.

## (c) Case Law

- Case Law - body of legal rules - formed through previous judge-made decisions

- In making its decision - court relies on previous case law also known as ‘judicial precedent’

- Court applies it to the problem or issue of the present case, but only in the situation where the facts of a case are substantially the same.

# 3. Two branches of law

## Criminal Law

- Prosecution of criminal offences

Example

- Sexual harassment by a therapist

## Civil Law

- Disputes between you and another person, or between you and an organisation

Example

- Breach of contract
- Professional negligence
- Non-defensible breach of confidentiality

# National Policies and Law – Difference?

**National Policy**

-Outline what a government is going to do

-only documents and not law, but these policies can lead to new laws

-framed for achieving certain goals

-Statement/Document re Guidance

**Law**

-set standards, principles, and procedures that must be complied with by society

-administered through the courts

-framed for bringing justice to society

-Enforceable through the courts leading to fine/imprisonment

# Policy

**Examples of Sources of National Policy**

- Department of Children, Equality, Disability, Integration & Youth

  ‘Better outcomes brighter futures The national policy framework for children & young people 2014 – 2020’

- Tusla – Child and Family Agency (2004)

  Children First: National Guidance for the Protection and Welfare of Children [2017]

- HSE - National Consent Policy (as amended 2019)

# Summary

## Irish legal System

1. Background
2. Structure
3. Characteristics (a) sources of law, (b) common law system and (c) Two branches of law
4. Difference between national policy and law


**Informal survey**

- Lots of paperwork
- Codes of ethics and regulation issues
- Trouble
- Conflict between personal ethics and the ethics of the organisation they worked for
- Issues around personal safety, i.e. suicide
- Not an everyday concern and would not come to mind regularly
- Have read the code of ethics but none of it has really sunk in
- Refer to the code of ethics only when stuck
- The role of ethics is unclear when put on the spot

(Stefanazzi, 2009, IAHIP Issue 58)


"A generic term for various ways of understanding and examining the moral life" Beauchamp and Childers (2001)

## Why bother with Ethics?

Provide - "standards of conduct or actions by exploring what is 'right' or 'correct' as a moral course of action" Austin et al (1990)


- What we consider appropriate to do
- What is perceived as ‘good’ or ‘bad’ / ‘acceptable’ or ‘unacceptable’ within society
- What is usually done’, or what is done according to custom

**Reflection**

- What is truly appropriate, however, i.e. what is good, is difficult to know
- We cannot escape our involvement. - We always <u>already</u> consider something appropriate

# Approaches/Frameworks - to Understanding Ethics

1. **Following established <u>Ethical Principles</u>**

- Biomedical/Life Sciences Principles

  - Irish Medical Council

-emphasis - **Professionalism** as fundamental to patient-doctor relationship

-based on three core elements **partnership**, **practice** and **performance**

**(Medical Council, Guide to Professional Conduct & Ethic, 2019)**

2. **<u>Outcomes</u>:** based on judging the **ethical quality of a decision**

- Particularly evident - breaking confidentiality e.g. sharing information with a third party when a client discloses they are suicidal or a child protection issue (ICP, IACP & IAHIP guidelines/codes of ethics)


## 3. Rights-based approach

- **commitment –** Interpret matters re a child's health from a children's rights perspective
- child's view on decisions re their health to be taken into account when making decisions to act
- (United Nations Convention on the Rights of the Child, 1989, European Convention of Human Rights, 2003, Medical Council, 2019).

# Ethical Frameworks & Therapeutic Practice

Ethical frameworks assist in framing decisions about what is morally ‘right’ and ‘wrong’

For Therapy – Ethical framework - based on concepts to include autonomy, fidelity, justice, non-maleficence which underpin professional codes of ethics & practice

# Responding to dilemmas

**Two values** are in conflict e.g.

Client autonomy……avoidance of harm

Confidentiality……consent needed by parents

Often – Bound by legal duties which conflict with deeply held ethical principles

**Bond** "What is ethical may not be legal. What is legal may not be ethical" (2002)

# Summary
# Ethics

1. Some views voiced by professionals
2. What is Ethics?
3. Approaches to understanding ethics (a) Established ethical principles
(b) Outcomes based approach
(c) Rights based approach
(d) Ethical frameworks & therapeutic practice

# Professional issues

# when working therapeutically with adolescents

# ADOLESCENT

No legal definition of Adolescent
No legal distinction between child and young person

Neuroscience – generally 11yrs-26yrs

**Child**
“a person under the age of 18 years”, Child Care Act, 1991 Children Act 2001

**Young Person**
Generally– secondary school age

**Young Adult**
Generally – 18 – 25yrs

# Consent

**Ethical perspective:** Central in order to respect an individual's **autonomy**

**Legal perspective:** Valid legal consent (conditions)

-Informed consent: Client - has sufficient information to be able to understand the nature of what is proposed and the potential risks and benefits involved.

Consent – context of therapy

1. Engage with/receive therapeutic intervention
2. Enter into a legally binding contract for therapeutic services
3. Sharing of information about the adolescent to a third party (when required)

Law- valid legal consent re healthcare for under 18yrs **- complex**

“Law and practice in Ireland does not at present provide clear guidelines on consent for professionals, and it has been reported that this results in inconsistent professional practice” (Shannon, 2017)

**Reason for the lack of clarity**:

- Variety of different possible circumstances regarding life issues

- Confusion regarding interpretation of current legislation in Ireland i.e. assessing **capacity** of the young person to give consent versus determining consent based on a **fixed age limit**

**Question:**

Can an young person under 18 years give legally valid consent to engage with/receive psychotherapy?

**Answer:**

The law in Ireland is silent on this

**A practice has developed based on**:

Interpreting the law as it applies to ‘medical consent’ and consent for ‘psychiatric treatment’

**Two Main Acts**

S.23 Non-Fatal Offences Against the Person Act, 1997 Age of consent for **medical, surgical and dental treatment** i.e. physical treatment is **16**

Mental Health Act, 2001 the age of consent for **mental health admission & treatment i.e.** psychiatric treatment is **18**.

# Taking the 1997 Act

Possible Interpretations – Consent re therapy

1. the Act provides that a person aged 16 years of age can give consent therefore, the Act prevents those under 16 giving consent (consent based on fixed age limit)

2. the Act provides that a person aged 16 years can give consent without necessarily preventing those under 16 from having the **capacity** to consent

**Context:** medical, surgical and dental treatment AND relates to criminal law not civil law

**Result**: Confusion and Uncertainty

# Taking the 2001 Act

One view - the only parts of the Mental Health Act which refer to children are those which apply to **involuntary detention in a psychiatric facility**

Argument - the only time this definition is relevant is in this particular context

Other View – A person aged 16 years would have the legal capacity to give personal consent to their own mental health treatment in the same way as any other medical treatment

## What are the courts saying?

To date – no clear judicial decisions on the capacity of young persons to give consent to or refuse general healthcare interventions in Ireland

Some guidance: - ***McK v The Information Commissioner [2006]-*** Supreme Court held - in a health care setting the views of a young person aged 17 are very relevant and may override a parent's presumed entitlement to access health care information about their children under the Freedom of Information Acts, which applies until the age of 18

***- D case in 2007 -*** High Court acknowledged that a 16 or 17year old can give consent to or refuse healthcare interventions in certain circumstances without parental involvement

**Additional Factor:**

**Art. 41 Constitution** – places parents as the best people to make decisions for their children – significant parental rights

Historically - the courts have given more weight to the parental rights rather than the child's rights under the constitution

## What does this mean?

Increase in cases where – Courts are taking the view that as a young person approaches 18, their decision making capacity increases and the decision making capacity of their parents decreases

In line with the famous ***Gillick Case*** in UK - capacity to consent should not be determined by a fixed age limit but should be determined according to the maturity, understanding and intelligence of the child in relation to what is proposed

However, In Ireland there remains - **no definitive legal framework** that clarifies the rights of those under 18

**Where do professionals get guidance?**

## 1. National Consent Policy

Acknowledges:

- lack of legal clarity for minors under 16 years to give consent to or refuse healthcare interventions on their own behalf

- Good practice - involve the minor in decisions relating to them and listen to their wishes and concerns in terms of their treatment and care

## 2. Respective professional governing bodies

e.g. IACP, IAHIP

# Parental Consent and the law

Parent and legal guardians – legal right to be involved in all major decisions affecting the welfare and upbringing of a child

**Do both parents/legal guardian need to consent?**

**Inconsistency in practice in balancing-**

Welfare of the child ---------- Respect for the rights of both parents

**Guidance:** National Consent policy -

Where both parents have indicated a wish and willingness to participate fully in decision making for their child - this must be accommodated as far as possible by the service provider

This also imposes a responsibility on the parents to be contactable and available at relevant times when decisions may have to be made for the child

The consent of one parent/legal guardian will provide sufficient authority in respect of any health or social care intervention in relation to a child

**However** –

Possible - this policy may be legally challenged in the courts - grounds that it fails to give due regard to the rights of **both** parents equally

Clash of constitutional principles –

Always act on the basis that the child's welfare is paramount & the principle that each parent/legal guardian has equal standing in decision making for their child in the absence of indications to the contrary

# Where does that leave professionals?

In the absence of legislation - the National Consent Policy informs best practice

**Risk Management**

- Set out your own policy on parental consent or check your organisations policy
- Check your PI Insurance policy
- In the case of achromous parental relations or a hostile parent – Clinical Judgement on the situation and note your reasoning for proceeding with the consent of one parent

# Summary

## Consent

1. Defining Adolescent and consent
2. Current legislations and court cases - confusion & lack of clarity re consent by people under 18 years
3. Guidance for professionals
4. Parental Consent – uncertainty
5. Guidance for professionals

# Confidentiality & the law

## Client's Perspective

- There is no 'standard' when assessing client expectations re confidentiality (Bond & Mitchels, 2015)
- Some clients will expect absolute confidentiality others – willing/open to 'trump' confidentiality e.g. risk re safety self/other
- Confidentiality - not the primary purpose of therapy however, - necessary condition which permits trust within the therapeutic relationship
- Client is taking a risk in talking to a therapist – potentially a lot at stake in terms of damage/hurt to life relationships if personal information is shared to a third party.

**What level of protection of confidentiality in therapy can clients expect from the law**

- Does not appear in our Constitution
- Courts - ruled that privacy is a core personal right and confidentiality stems from that right
- Client's legal entitlement to confidentiality exists as part of the therapist's duty of care to the client – which can be legally enforced and protected

## Polarities when considering confidentiality

No one else has an absolute right to information about another person

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Nobody has a right to absolute protection of confidentiality

- Confidentiality is enforced as a matter of benefit to society
- Therefore – it may be overridden where the public interest would justify it

# Therapist's perspective

**Duty of Confidentiality**

"A professional (like anyone else) who somehow acquires confidential information may be saddled with an obligation of confidentiality toward X. All that is necessary is that the professional was aware, or a reasonable person in her position would have been aware, that the information is private to X" (law of professional-client confidentiality) (Pattenden, 2003)

Essence: 1) Managing information - ensure it is kept secure

2) Control unauthorised disclosure

Law & ethical practice – general duty of confidentiality on therapists re – personal information about clients especially disclosure of client information

Reinforced by – Human Rights & Data protection legislation

# Exceptions to Duty of Confidentiality

- Law requires it
- Law allows to do so  e.g. disclosure of illegal behaviour
- When the client – parent/legal guardian on the adolescent's behalf consents to do so

# Adolescent Psychotherapy

- Ethical standpoint – Adolescent has the right to autonomy and confidentiality - no different from that of an adult
- Legal perspective – Adolescent's exercise of their right to autonomy and confidentiality is restricted:

**Presents unique challenges**

- e.g. Valid Legal Consent (as discussed above)
- S.37(8) Freedom of Information Act, 2014- Parental/guardian legal right to **access records relating to their child**
- Supreme court held ***McK case [2006]*** – Parental right to access personal information about their child cannot be lightly displaced

## Main points from *McK case*

1. A parent is entitled - rebuttable presumption that access to his/her child's medical information **is** in the best interests of the child

However, the presumption may be overcome if sufficient evidence is presented to show that the release of such medical information would not be in the child's best interests

2. Not confined to medical records - the judgment is likely to apply to any personal information of a minor that is relevant to his or her welfare

# Summary

## Confidentiality

1. Client's perspective - expectation v's limitation
2. Therapist's perspective – responsibility
3. Unique professional challenges re adolescent psychotherapy

# Record keeping

**Are therapists obliged to keep client notes?**

**Legally**

No specific overreaching legal requirement –

However, **expectation** from the courts and other professionals that therapy records are kept

**Ethically**

While there is no formal ethical requirement the various professional bodies encourage client notes

**Regulation**

Likely to be expected to keep records as a matter of professional responsibility

**When keeping client personal information**

**1. GDPR requirements**

2018 - New European Union-wide framework known - the General Data Protection Regulation (GDPR) changed the rules on data protection

Data Protection Act, 2018 – current legislation

**Applies to:**

-**Personal data** - identify a living person, either by itself or together with other available information. Examples of personal data include a person's name, phone number

**Special category personal data** (sensitive personal data)

## Client's rights under GDPR

Under GDPR, when personal data is collected either directly or indirectly- obliged to give the following information to the client:

-Purpose of collecting, storing, distributing or destroying
-The period for which the data will be stored or the basis for determining that period
-Client's right to request access, rectification, erasure, restriction of use, objection of use and data portability
-Client's right to lodge a complaint to a supervisory authority
-Whether the client is being asked to provide your data as part of a statutory or contractual requirement and the consequences of not providing the data

**How long should I keep client personal information?**

**Statute of Limitations legislation**
-Determines the time limit for one to make a claim re breach of contract or a tort

General Limitation Period
-6 years for proceedings for tort or breach of contract
-means - in general - you have six years from when a breach of contract or a tort occurs to bring legal proceedings.

Statutes of Limitations is suspended during Infancy or Incapacity
-Therefore, for people under 18 years of age statute of limitation only begins when they reach 18 years old.

# Information Sharing

- Child protection matters
- Liaising with other professionals
- Written reports
- Court work

**Focus**: knowledge of law supports professional decision making

# Child abuse disclosed in the therapeutic space

**Trauma** is revealed in the therapeutic relationship

**Therapeutic response**

**Holding** the therapeutic space

&

Legal Obligation of **Mandatory Reporting**

# Complex Professional Dilemma – Mandatory Reporting

Professionally required to engage with: -

1. Professional decision making process

2. Professionally appropriate therapeutic response

Often referred to as an ethical dilemma - balancing the duty of care we have to our client and our legal responsibility with regard to child protection.

# What is the psychotherapist's role?

Get to know the ground you stand on -

How do I personally feel about mandatory reporting?

# Some responses

- “Sense of it being imposed”
- “Impact of the process on the client and the therapeutic relationship”
- “Professional bodies not active enough in supporting psychotherapists in managing this professional dilemma”
- “It is about how we mange our role as therapists”
- “If we are going to work as therapists, we will come across sexual abuse”
- “It is easy to become part of the secrecy and shame associated with child sexual abuse, is my silence and reluctance to report adding to something?”
- “We are swamping the government services by reporting everything?”
- “Legislation has run ahead of what the services can deliver”

# Legal Obligation

# Context

-From 1980's sporadic and isolated reports

-October 2002 – the television programme Prime Time broadcast a special report entitled ***Cardinal Secrets***

-From 1996 to 2012 approx 18 reports – **Sexual Abuse and Violence in Ireland (SAVI)** report 2002 – 1 in 4 Irish people experience sexual violence

- **Murphy and Ryan** reports 2009 – highlighted the importance of retrospective reporting for child protection and that children could have been protected if mandatory reporting had been made by professionals

- **The Council of Europe** has urged countries to implement mandatory reporting for child abuse – 86% European Countries have some form of mandatory reporting

# Child Protection – Enforcement

**Garda Siochana**

Power to **investigate** a criminal offence

Usually – Child must make complaint and statement first - for the Gardai to commence a criminal investigation

**The Child & Family Agency**

Responsible to **assess** (NOT investigate) from information received if a child is at risk and to provide appropriate supports.

First party and/or Third party notifications

# Legal framework and guidance

**Statutory**

1.Children First Act, 2015

2. Withholding of Information on Offences against Children and Vulnerable Persons Act, 2012

Two separate and distinct roles of a) Garda Siochana and b) Tulsa have in relation to the protection of children and vulnerable persons

**Non statutory**


Children First National Guidance for the Protection and Welfare of Children (2017)

# Key Messages

Child Safeguarding is everyone's responsibility

The Welfare of the Child is of paramount importance

# Key Implications of 2015 Act

- Legal Requirement for Child Safeguarding Statement

- Legal obligation for certain persons to make reports to the Child and Family Agency  in respect of children in certain circumstances (i.e. mandatory reporting)

- to require certain persons to ***assist*** the Child and Family Agency in certain circumstances (upon request – written/verbal reports, attendance at meetings, production of documents)

# Reporting to the Agency

Psychotherapists are a listed professional as mandated persons within the 2015 Act

Threshold/Bench mark – responsibility to make a mandatory report - :

S 14(1) Legal obligation to report where – the psychotherapist **knows, believes or has reasonable grounds to suspect** that a child **has been** or **is being harmed** or **may be at risk of being harmed**

**Express Disclosure----------Suspicion of harm/risk of harm**

**Anchor:** our role is to **pass on information** received about risk to children's safety – not to investigate or make a judgement call re an allegation of sexual abuse. It is the Agency's role to assess the risk from the information we provide.

# Immediate Risk to a child

S.14.(7) - "Where a mandated person acting in the course of his or her employment or profession knows, believes or has reasonable grounds to suspect that a child may be at risk of immediate harm and should be removed to a place of safety, he or she may make a report to the Agency .... other than by means of a mandated report form"

**Key words to measure threshold for action** -
1) "..may be at risk of immediate harm" and
2) "Should be removed to a place of safety"

In the case of reporting pursuant to S.14(7) i.e. other than by way of mandated report e.g. by phone call & email to social worker – if out of office hours – Guards in addition, the mandated person **MUST** make a mandated report no later than 3 days after making the first mentioned report.

# A Mandated Person does not have to report:

**S. 14(4)**
(a) Mandated Person **knows or believes** that a child is between 15-17 and in a consensual sexual relationship with a person no more than two years older

**NB**: This is different to the age re sexual consent which is 17 years

(b) Mandated Person **knows or believes** there is no material difference in capacity or maturity between the parties engaged in the sexual activity concerned, **and** (ii) the relationship between the parties engaged in the sexual activity concerned is not intimidatory or exploitative of either party (NB. Element of judgement involved here)

# Criminal Justice (Withholding of information on Offences Against Children and Vulnerable Persons) Act, 2012

- Applies to all of us as Citizens and not just to professionals

- It is a **criminal offence** for anyone to fail to disclose to the Guards without reasonable excuse, information relating to certain serious crimes including murder, manslaughter, abduction or a serious assault causing physical injury to a person and since 2012 sexual offences committed against children or vulnerable persons.
- Prior to the 2012 Act if one had information re sexual offence against such individuals and didn't disclose it to the Gardai it was not a criminal offence

**Key**: a child or vulnerable person is **currently** at risk

# What if the victim does not want to report to the Guards?

If the victim informs you that they do not want to report an offence to the Gardai, and they are at least 14 years of age - then a person who has been informed of that fact has a defence under the Act.

The Act also provides that the victim themselves cannot be prosecuted for failing to notify the Gardai regarding the offence.

The Act also contains limited defences -such as parents, guardians and medical professionals who don't disclose information when they are acting in the interests of the health and well being of the child or vulnerable adult e.g. where a client discloses he/she is temporarily suicidal making a report at that particular time may be inappropriate.
This defence is not available for parents when it concerns' a family member i.e. A non abusing parent/family member who has knowledge of inter-familial abuse

# Professional Response

- Legal Obligation of mandatory reporting – small aspect of therapeutic work however, professional response can often be panic, stress and anxiety

- Key – know the ground you stand on to support and inform your professional response

**Some guidance from One in Four** – back to basics

- How do I personally feel about mandatory reporting?
- What is Child Sexual Abuse?
- What are the abuse dynamics what will get played out in the therapeutic relationship?
- Do I want to work in this area?
- Being open about the challenges, anxieties and difficulties about the professional responsibilities associated with disclosure of child sexual abuse

# Guidelines re development of one's own professional response to Child Protection Procedure

- **Read** Child First National Guidance for the Protection and Welfare of Children [2017]
- Contact details of local duty social worker
- If disclosure is made – keep a clear record of the reporting process, names of professionals encounters, record of telephone conversations time and dates, brief account of what was said, keep copies of reporting forms and follow up after making a report especially NB when working within an organisation – don't rely on the DLP to follow up

# Sharing information between professionals

- Other professionals encountered when working therapeutically with adolescents include: social workers, psychiatrists, GP's, paediatricians, psychologists, guardian ad litem, guards, school staff, probation or addictions service etc

- Law – Movement in the direction of enabling professionals to share information about children so they can be better protected

- In practice – a collaborate or multi-disciplinary approach to effectively supporting an adolescent is becoming more common and considered professionally appropriate

# How to share information without compromising the therapeutic space?

- No one answer – every situation will be different

- In mandatory report situations – therapist's role is therapeutic not investigative -
  Legally required to share the details of the disclosure however, not required to pursue the adolescent for further information – Role of assessment and investigation is for the social workers and guards

- Therapist's role "Guardian of the therapeutic space integrity" (Starrs, 2019)

## Non mandatory report situations

Request to provide a report

**Purpose:**

- Communicate concerns
- Therapeutic progress
- Helpful to secure support/government resources for the adolescent
- Alternative for when requested by a solicitor to forward client notes. However, if subpoenaed or issued with a court order to forward clients notes then – legally obliged to forward your original records

## Guidelines for report writing

- Context of the request for the report
- Be mindful & considered in your communication whether over the phone or in writing - ensure only relevant information is shared
- Written reports should be on headed stationary
- Initial section – practical information name, address, DOB, referral source, presenting symptom(s), number of sessions
- Body of the report – more substantial part. Avoid writing an account of each session. Instead, outline the development of the therapeutic work e.g. themes
- Keep it clear – use headings
- Keep it simple – avoid therapeutic terms e.g. countertransference

# Court Work

- When providing evidence in court as part of legal proceedings the court will decide to regard the psychotherapist as an expert witness or an ordinary witness of fact
- Expert witnesses have special privileges e.g. can sit-in and hear the case
- Ordinary witnesses of fact remain outside the court room until they are called

## Some Guidelines

- Agree fees, who is to pay and when payment is to be made – depend if criminal case of civil case
- Request clear instructions in writing – ask for a letter of instruction setting out the agreed terms of instruction and the issues on which you are asked to give evidence
- Do not go beyond the remit of your expertise – if asked to give a professional opinion about certain points – only comment on matters that are within your field of expertise- If a question is unclear seek clarification
- When speaking turn your body and direct your answers towards the judge
- Have confidence and remember you are a professional with expertise
- The Court will not have the level of understanding you have for your work – be prepared to hold your ground & explain professional issues in a dispassionate manner

# TURN OFF YOUR PHONE!

# Working through a professional dilemma

- Summarise the dilemma
- Identity the ethical issues involved
- Find the section of your ethics code that applies
- Identify the values that are in conflict
- Check any legal constraints
- Brainstorm **ALL** possible decisions for action or inaction
- Consult with your supervisor **BEFORE** making a professional judgment
- Assess the possible impact of each decision your could make
- Reflect on the decisions which would have the least damaging consequences or the best overall outcome
- Make a written record of your considerations and the recommendations of your supervisor include dates
- Plan how to support yourself to live with the decision
- Take the action you have chosen

(Adapted from Joyce & Sills, 2014)

# Remember:

When navigating ethical considerations when working with adolescents

Generally – there is no outcome that is without some disturbing drawbacks

You are always finding the best compromise to a uniquely complex situation