

Ethical Decision-Making in Treating Adolescents with Harmful Sexual Behaviors

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Training Goals

- Analyze ethical dilemmas related to confidentiality and public safety when working with adolescents who exhibit harmful sexual behaviors, including considerations for community safety and mandated reporting.
- Evaluate strategies for maintaining informed consent and professional boundaries, particularly in cases involving court-ordered treatment or clients with limited insight into their behavior.
- Apply ethical decision-making frameworks to clinical scenarios involving disclosure, dual relationships, and the distinction between treatment and punishment.

Grace

- As we will be talking about sensitive subjects today, let's make sure we each show grace to each other.
- NO judgement zone
- Just like the new trend, we listen and don't judge!

Understanding the Population

- What names/ words we use matter
 - Children vs. Youth
 - Harmful vs Problematic
 - Victim vs Survivors

Client first – Client driven care

Treatment Settings and Referral Sources

- Where do we get referrals from?
 - Private pay
 - Insurance
 - Courts
 - Self help – help lines

Confidentiality vs. Public Safety

- Mandated reporting
 - How/when do we report what the youth are sharing with us?
- Internet
 - Can we “google” a client?
- Social media –
 - Client shares with us some of the posts they are making online, co-worker suggests that you look them up on social media?

Concern for the Welfare of Others

- Avoidance of harm becomes an ethical challenge for mental health providers working with individuals in the juvenile justice system
 - Does youth need to admit all behaviors in order to be successful?
- Consideration: to whom is the protection owed: offender, victims, potential future victims, identified client, or someone else?
 - Do we need to know all victims' names?
- Consideration: Does this duty differ given the client: court, defense, prosecution, another entity?
 - How do we handle ethics when county to county in Indiana is different?

Informed Consent In General

- “...obtaining consent involves a process marked by offering all of the information that a person would need to make an informed voluntary decision and updating that process as events in service delivery (or the legal system) progress.”
 - access to information
 - presented in a manner that one can understand
 - the ability to make a reasoned decision on the basis of that information
- When participants are not legally capable of giving consent, permission must be obtained by authorized others and assent must be sought from the participant. (APA, 2010, Standards 3.07, 3.10) (NASW, 2021, Section 1.03 a–d)

Informed Consent In General cont.

- An adequate consent – assent requires:
 - Thorough and accurate identification of the client.
 - The anticipated goals or outcomes of the provider’s involvement.
 - Clarity about the provider’s role.
 - Transparency about any limits of confidentiality and testimonial privilege.
 - The course and nature of the provider’s work product.
 - The context in which the work will apply.
- An adequate consent – assent should take into account
 - The age and developmental status of the juvenile
 - Legal status of the juvenile or guardian to pursue consent or assent
 - The expressed preference of the juvenile
 - The ability of the juvenile to appreciate the role of the provider and the purposes, methods, risks and benefits, considerations of confidentiality and privilege

Case Vignette #1: Confidentiality Dilemma

- How do youth understand Confidentiality?
How do youth understand Informed Consent

Professional Boundaries and Dual Relationships

- Dual Relationships
- Personal items – pictures – rings – pregnancy – kids art
- Favoritism, blurred roles, undermined outcomes

- Examples: community overlap, shared affiliations
 - Especially in small communities

- Strategies: supervision, documentation, role clarity

Informed Consent in Mandated Treatment

- Youth being youth – they are just being kids
 - Youth in denial
 - What if they do not see what they are doing as wrong?
 - Courts influence on what youth say/do
 - Working with clients who lack insight
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- Strategies: psychoeducation, motivational interviewing

Informed Consent with Courts

- Who is the client?
- How do we explain confidentiality – knowing we have to write a report to the courts with everything they say.....
- How do we encourage them to be honest – after we tell them we have to make calls if they tell us they harmed others?

Multidisciplinary Teams and Conflicts of Interest

- Who is on the team?
- Revolving door of service providers?
- Personal conflicts arising within MDT
- Who is in charge?

- Role clarity across systems
- Ethical tensions: advocacy vs. accountability vs. own personal

- Collaboration strategies: shared goals, transparent communication

Case Vignette #2: Court-Mandated Treatment

Scenario: Youth denies wrongdoing, mandated to attend therapy

- Reflection: How do you engage ethically and effectively

Disclosure Challenges

- What to share, when, and with whom
 - Sexual Harmful Behaviors to self
 - Sexual harmful behaviors to others
 - Gender Identity
 - Sexual Healthy Behaviors
- Polygraphs
- Balancing transparency and therapeutic alliance
- Considerations: parental rights, legal mandates, risk factors

Treatment vs. Punishment

- Ethical implications of punitive elements
 - Residential Care
 - Limiting Safety Plans
- Neuroplasticity
- Reflection: How do your values shape your clinical stance?
- Reflection: How does your therapeutic relationship impact your clinical stance?



Extras as Ethics is not Simple

Special Considerations

- Clarification
- Having to be therapist for all parties
- Technology
- Managing Families
- Our population especially
 - Deep conversations leading to deep feelings
 - Sexual conversations
 - Attraction feelings based in trauma
 - Trauma responses during sessions

Boundaries: Smith and Fitzpatrick (1995)

- Abstaining from personal gain
- Remaining neutral
- Fostering independence and autonomy

- Let's explore how these boundaries are different when working with youth with sexual behaviors who also carry their own trauma

Abstaining from Personal Gain

- Physical items
- Emotional gain - self serving?

- Not our show, it is theirs and we are helping!

- Different with our population?

Remaining Neutral

- Self care is important to leave our stuff out of the session
- What do we think during sessions that impact our sessions?
- How is safety ensured when trauma is in home?
- Court ordered but need therapeutic alliance.
- Letting the client do the work, we cannot fix it for them

- How does this differ or become harder when working with our population?

Fostering Independence and Autonomy

- How do we best support our client? And when they are within their family unit?
- What if they have NO symptoms of trauma? Do we treat?
- Adolescents who want one thing yet still an adolescent?
- Cultural Differences?
- When family is not supporting treatment?

- Difference when working with our population?



Ethical Decision Making

Ethical Decision-Making Models

- There is not ONE WAY to make these decisions, most use a format that includes
 - Identify dilemma
 - Consult codes/laws
 - Evaluate options
 - Document rationale
 - Application to real-world cases

Key to Ethical Decision Making

- Supervision
- Involving others
- Staffing

- What more complicated can things be?
Children- Adolescents – Sex – Ethics – Families

Reamer's model: seven steps for ethical decision-making

- Identify the ethical issues:
 - Determine if there is a conflict of values or professional responsibilities.
- Identify the affected parties:
 - Determine who will be affected by the decision and the risks and benefits for each group.
- Identify possible courses of action:
 - Tentatively identify all possible actions, including potential risks and benefits.
- Examine the reasons for and against each action:
 - Consider relevant ethical theories, codes of ethics, legal principles, social work theory, and personal values.
- Consult with others:
 - Seek input from colleagues, supervisors, agency administrators, ethics committees, and other experts.
- Make the decision and document the process:
 - Make the final decision and thoroughly document the entire process.
- Monitor and evaluate the decision:
 - Evaluate the outcome of the decision and document this process as well.

Reamer Considerations

Balancing Autonomy and Well-being:

- The model emphasizes the need to find a balance between conflicting ethical principles, such as a client's right to self-determination and their well-being.

Hierarchy of Ethical Concerns:

- Reamer suggests a hierarchy of ethical considerations, where preventing basic harm to an individual's survival takes precedence over other concerns, and the right to basic well-being may override self-determination in some cases.

Importance of Documentation:

- Throughout the process, it is crucial to document the ethical decision-making process to ensure accountability and provide a record of principled decision-making.

Digital Ethics:

- Reamer also addresses the complexities of digital environments, including the ethical implications of social media, online communication, and electronic transmission of confidential information.

The Five Ethical Principles (APA)

- The foundation of ethical decision-making in psychology is the APA's five general principles:
 1. **Beneficence and Non-Maleficence:** Strive to do good and avoid doing harm, protecting the rights and welfare of those with whom they work.
 2. **Fidelity and Responsibility:** Uphold professional standards, maintain competence, and manage their professional relationships responsibly.
 3. **Integrity:** Promote accuracy and honesty in all aspects of their work, especially in research and practice.
 4. **Justice:** Be fair to all people, ensuring equal access to and benefit from their services and work.
 5. **Respect for People's Rights and Dignity:** Uphold the rights to privacy and confidentiality, and respect the rights of individuals to make their own choices.

Case Vignette #3: Disclosure



Wrap-Up and Q&A

Thank You

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