MARRCH Ethics Committee Ethical Dilemma Scenario

Goal

In this brief scenario, we are attempting to highlight some of the potential confusion and/or conflicts associated with the federal/state laws and varying professional ethics directives for dual licensed therapists working within a therapeutic team model involving multiple service sites operating under the same state licensure.

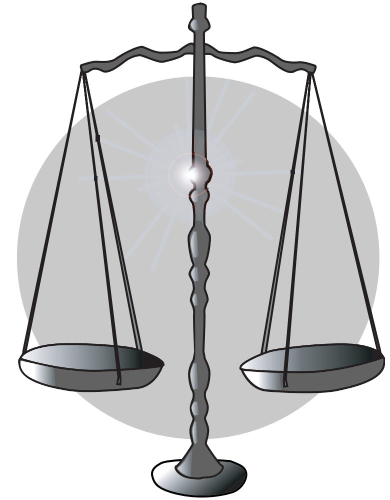
Hypothetical situation

John, a 16-year-old male with dual-disorder issues, was recently admitted to the local hospital's adolescent chemical dependency outpatient treatment facility. During his admission process, John signed the standard information release and a program information release for inviting parents to participate in the family therapy component of programming. John's parents have divorced but retain joint custody. In addition, John's case manager/counselor has referred him for further assessment and psychotherapy to a dual licensed staff psychotherapist (LMFT/LADC) who is part of the hospital treatment team but located at another site.

During the psychotherapist's mental health diagnostic interview, John acknowledges that he has been experimenting with a variety of un/known illegal mood-altering substances focusing on methamphetamine, cannabis, alcohol and other substances that may be prescription and/or over-the-counter medications. While under the influence of substances, John has been admitted into the local hospital's mental health unit several times within the past year for verbal threats to harm himself, cutting and burning behaviors and an attempted suicide with over-the-counter medications while under the influence of aforementioned substances. While he was in the mental health unit, John had participated in a psychological and psychiatric evaluation process that identified a mood disorder for which John has been prescribed an antidepressant.

At the end of the mental health interview, staff asked John to sign an information release for parents to participate in family therapy and/or for safety purposes. John refused but he agreed to discuss it again. During the next session, John refused to sign an information release. He also revealed that he had relapsed, which included intravenously injecting methamphetamine, cannabis and alcohol usage, and other unknown substances.

The staff member encouraged John, who was becoming agitated, to do one of several things: report relapse to his chemical dependency counselor; contract for safety; inform his parents; go to detox or emergency room for further assistance. John screamed, "No Way!" The staff member informed John that he would call the police and request that they transport John to the emergency room for safety and further assessment. John refused, screaming "I'll get you for this!" and bolted from the office. As a result, staff contacted police, chemical dependency counselor, parents, emergency room mental health nurse and treating psychiatrist's nurse. Staff sought clinical consultation shortly thereafter.



Problem/Dilemma

Given John's reported condition, should staff have contacted all or some the aforementioned individuals?

Discussion

Should staff have immediately contacted the police? Yes. Hospital staff who provide mental health and/or chemical dependency treatment may contact the police for a 72-hour hold & evaluation. Staff needs to demonstrate that client is one of the following: chemically dependent, mentally ill, mentally retarded and in addition one of the following: danger to self, danger to others or gravely disabled. Client's recent chemical dependency treatment participation, current reported substance abuse with un/known substances, non-medication compliance and recent history of self-injurious behaviors meets the first and second criteria for a 72-hour hold.

Should staff also inform parents, emergency room mental health nurse and psychiatrist? No. In accordance with 42 U.S.C. 290-dd-2 (updated version of 42 C.F.R Part 2) unless the client has authorized an information release, treating staff are not authorized to breach privacy of chemical dependency treatment client—except to report child abuse/neglect or to provide information for an "emergency" situation (See TAP 18, Checklist for Monitoring Alcohol and Other Drug Confidentiality Compliance. SAMSHA, pp.16-18). The client's current circumstances do not meet the criteria for either of the aforementioned exceptions. The potential confusion and conflict for the dual licensed therapist is that upon admission for hospital-based services, the client provides authorization (based upon state law) for treating staff to confer with one another about client's treatment without breaching confidentiality. Although John had signed an information release to his parents to participate in family therapy as part of his chemical dependency treatment programming, this release does not enable programming staff to provide information about client to nonauthorized hospital staff. Client's verbal refusal to sign an information release for parental participation in his therapy and/or the creation of a safety net for the client probably constitutes the withdrawal of the client's previous information release. (TAP 18, p. 10)

Is this a situation in which there is an ethical duty for staff to break the law in order to help the client? No. Staff have authorization to initiate safety interventions via police/72 hour hold and can inform chemical dependency treatment counselor of client's circumstances who can address issues/notify others, if needed. However, it is important to remember that independently licensed mental health therapists have their own ethical directives and also share state laws that guide their decisions regarding client care. Although the universal ethical principles of beneficence, non-maleficence, autonomy, fidelity and justice are reflected in these various ethical directives for marriage and family therapists, alcohol and drug counselors, social workers, licensed professional counselors, and psychologists, there are also differences in emphases.

Marriage and family therapists generally have a systemic therapeutic orientation —

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i.e., individual problems embedded within relational contexts — and therapeutic problem solving may necessarily include others in/outside of individual-family context. As a result, "client" can be understood as an individual, couple or family unit. However, in accordance with state law, the identified client needs to sign an information release enabling family members or related others to participate in the therapy process. More importantly, a marriage and family therapist who is a licensed alcohol and drug counselor must also be aware of and abide by not only state but also the more restrictive federal laws governing chemical dependency confidentiality exceptions. In this instance, federal law 42 U.S.C. 290-dd-2 supersedes state confidentiality law & related exceptions.

Conclusion

In today's chemical dependency treatment milieu, clients with dual or multiple disorders are the norm—not the exception. To meet this need, there are increasing numbers of clinicians with psychiatric/medical, mental health and alcohol & drug licensures/competencies who have embraced the clinical team treatment model for providing mental health and chemical dependency treatment services for chemically dependent clients who have multiple disorders and related marital/family issues. Although this treatment model is an effective vehicle for providing multiple services to address clients' complex needs, it is also a potential source of confusion and conflict for agencies and providers specifically because of varying licensure expectations, ethical directives and un/known legal requirements. Thus, the ongoing goal of MARRCH's Ethics committee is to highlight the relevancy and potential complexity of current treatment dilemmas while simultaneously suggesting possible resources and methods that serve as guides for treatment providers' principled action within this milieu. Our hope is that this brief scenario and reflection has been useful for you and serves as an impetus for further questions and dialogue with your colleagues. As an extension of this dialogue, you are all invited to join us for the MARRCH Fall Conference Ethics Committee Roundtable discussion, Oct. 25, 2006 from 2:45 to 4:30 p.m.

If you have further questions regarding dilemmas in your work situation, then the MARRCH Ethics committee provides a consultation service to help you focus your own decision-making process. Please keep in mind that our consultation is neither binding nor are the consultants responsible for the results of your decisions. You can submit your questions for ethical consultation by sending e-mail to lcegley@paulbunyan.net, by phoning the MARRCH office or by posting your scenario to the MARCH Ethics Board on the MARRCH Web site. Please provide an e-mail address and a phone number at which you can be reached with your request.

Hypothetical Dilemma Scenario

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