

RECESSION ETHICS

Anyone at this point who isn't rattled by the economic crack-up and its impending arrival in the Northwest is working very hard on their denial. Congratulations to those of you who are demonstrating such single-minded powers of concentration and focus. For the rest of us, it may be helpful to step back for a moment and gauge the slow-down and its impact on our ethical practices.

Most of the AAMFT Code of Ethics may be split between provisions which speak to the risks of creating a dual relationship (given the singular and sensitive nature of this very personal, but oddly one-sided, relationship) and those urging caution in financial matters. Developing a personal or business relationship with a client is an example of the former. So is accepting barter as payment for professional services (what happens when your depressed client becomes your auto mechanic and your timing belt snaps on the freeway?).

However, it is the second category - dealing with *money* - that will be addressed here. Indeed, a great majority of ethical proscriptions for any profession counsel its members to tread cautiously when making decisions based on monetary concerns. Consider the following:

You hold yourself out as having a sub-specialty, say EMDR. You did a training and have a certificate on your wall. This is a particularly attractive field, what with the number of Iraq war vets returning stateside with PTSD. The Veteran's Affairs Office is approving expanded counseling and therapy for returning veterans. While you no doubt may win the "Therapist Entrepreneur" award, at what point can you competently practice this new methodology? AAMFT Code of Ethics Principle 3.7 states, "While developing new skills in specialty areas, Marriage and Family Therapists take steps to ensure the competence of their work, and protect clients from possible harm. Marriage and Family Therapists practice in specialty areas new to them only after appropriate education, training, or supervised experience." What does that mean for Bill Gates, LMFT? I'd suggest that you develop a relationship with a very experienced practitioner and invest as much time and money as your supervisor believes is necessary for you to practice competently.

You are an EMDR expert and Bill Gates, LMFT comes to you for supervision. Your practice is down and you could definitely use the money that your supervision with Bill brings in every week. However, after about one year of weekly meetings, Bill wonders whether the supervision and its cost is still necessary. You believe (accurately) that Bill is not as competent as you are and therefore still needs supervision. You agree, however, to reduce the supervision visits from once each week to every other week. If you *had* to say, you'd probably admit that Bill is quite skilled given his one year's experience and that there is nothing he has said in supervision that gives rise to concerns about his clients - yet you *do* still have valuable feedback to impart as his practice has grown. Is your insistence that he remain in supervision with you a breach of ethics? A review of Chapter 4 of the AAMFT Code of Ethics would suggest the answer to be a resounding.....probably not. A review of the seven Principles, finds that the overriding concern is allowing supervisees to practice beyond their competence. While Principle 1.19 (in the chapter dealing with therapist/client relationships) states, "Marriage and Family

Therapists continue therapeutic relationships only so long as it is reasonably clear that clients are benefitting from the relationship,” no parallel provision is found in Chapter 4. While this chapter is rife with rules that protect the supervisee in a relationship that is marked by a power imbalance similar to that of therapist/client, there is still no provision that would require a supervisor to terminate supervision beyond its useful point - leaving it up to the supervisee to make that call (despite the recognition of the unbalanced relationship). However, this question raises the value of reading the entire Code, because in an a space not relegated to the supervision relationship, Principle 3.9 (Integrity), states, “Marriage and Family Therapists do not engage in exploitation of clients, trainees, supervisees, employees, colleagues or research subjects.”

Here’s an observation from a lawyer - if I were defending a supervisor who kept another therapist on for longer than he/she believed was necessary, I’d argue that the clear purpose of Chapter 4 is to assure that a supervisee does not go off in his/her own prematurely and that value was being adhered to by the supervisor of Bill Gates.

Here’s another one: You are fortunate enough to be married to a family lawyer - in fact not just any family lawyer, but an excellent one who is recognized in his community and even writes an ethics column for a statewide therapists’ newsletter. He is articulate, brilliant, strikingly handsome... but I digress. There’s at least one client or couple per month that decides to give up the ghost in your office. You have a list of three divorce lawyers you provide to your client(s). One of those names is your spouse. Is it acceptable for you to do this? Principle 1.7 which states, “Marriage and Family Therapists do not use their professional relationships with clients to further their own interests,” might suggest that this would constitute an inappropriate referral.

What if therapist Bill Gates is working with troubled bachelor Paul Allen? After a year of effective work with Paul, the client informs Bill that he has a condo in Whistler that he is not going to use over the holidays and Bill and his family are free to take advantage of it. Bill is 2 years into a recession that has left him barely enough to cover his family’s living expenses and it has been that long since he and his wife have gotten away. When he mentions it over dinner with Melinda, she is thrilled at the idea of getting away for a few days. Things *have* been quite stressful around the house over the last many months. It *is* going to be vacant after all. This is a no-brainer. Principle 3.10 states that, “Marriage and Family therapists do not give to or receive from clients (a) gifts of substantial value or (b) gifts that impair the integrity or efficacy of the therapeutic relationship.” Sorry Bill, it looks like another Christmas in Medina.

Codes of Ethics are often described as the basic principles which must be adhered to. They are not “aspirational.” In other words, they mark the lowest level of ethical conduct. It will be essential in the next few years, as our economic well-being is challenged and we (like the rest of our friends and neighbors) are enticed to pursue a path of effective rationalization, that we continually hold up our fundamental ethical responsibilities as guideposts. If any professional decision we make is motivated in any way by economic considerations, we must stop and explore whether this decision places our clients at any risk of getting less than the best we can offer. If you doubt, consult. And may be support each other with love and strength in the coming years.