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Toward the Development of Ethical Guidelines for Family Preservation

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Abstract

Family preservation workers need a standard set of ethical guidelines to assist them in providing their service in a proper manner. This paper describes how ethical codes have been developed for the "traditional" mental health care disciplines and why such codes are not sufficient for the type of work done in family preservation. The paper further provides examples of the types of ethical dilemmas family preservation workers encounter as well as suggestions for workers, supervisors, and agencies in dealing with such dilemmas.

Ethical guidelines and standards for professional practice are important components of all approaches to psychotherapy. In addition, all professional organizations promulgate standards of ethical practice and expect that members practice according to published codes of ethics. Although there is considerable overlap among the codes accepted by the different professions (e.g., counseling, marriage and family therapy, psychology, psychiatry, social work), each has its own standards with minor differences in terms of format or focus. All these codes, however, share a focus on traditional approaches to mental health service delivery (i.e., office based therapy). Furthermore, none of the extant codes give specific, explicit attention to ethical concerns and issues related to family preservation services. We use the term "family preservation" as a broad term inclusive of services described as intensive in-home, family-based, and family preservation.

The absence of attention to non-traditional approaches to therapeutic service delivery in these ethical codes presents family preservation workers with challenges as they attempt to chart a course toward ethical practice. This challenge exists because workers must attempt to comply

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with ethical standards which may not be compatible with aspects of non-traditional work. For example, the concerns about dual relationships evident in many codes of ethics raise questions about some common aspects of non-traditional work where boundaries tend to become more blurred. This blurring of boundaries occurs because the bulk of services are delivered in the family's home and because attention is given to both "hard" and "soft" services. Similarly, many issues exist regarding the traditional interpretation of the mandate to maintain confidentiality given the broader focus of family preservation on the home and community. This systemic vision necessitates working closely with other providers and larger systems on a regular basis and in a less formal way.

In addition, questions exist about how to handle a number of issues that are unique to family preservation and thus are not addressed in the existing codes of ethical practice. Situations that occur routinely in family preservation are unheard of in traditional office-based therapy. Without any direction from a code of ethics, the non-traditional worker is left to her or his own judgment as to what is an appropriate response to these issues. Optimistically, this decision making occurs in the context of supportive supervision and agency teamwork, but there are no carefully developed and accepted guidelines as there are for traditional therapeutic service delivery.

History of Concerns for Ethical Practice

Broderick and Schrader (1991) suggested that the ethics of clinical practice were first outlined in the Oath of Hippocrates (ca. 460-370 B.C.), which is still administered to medical students even today. Current codes of ethical behavior are essentially an elaboration and refinement of the ideas contained in the Hippocratic Oath. Although there are minor differences in content, format, and method of development between the different codes, there are overwhelming similarities. For our purposes in understanding how these codes were developed and modified over time, it will suffice to focus on those of the American Psychological Association, the National Association of Social Workers, and the American Association for Marriage and Family Therapy. The codes of these three organizations demonstrate not only typical content but also a typical process of development.

The 1992 Ethics Code of the American Psychological Association (APA) represents the ninth version. Previous codes were published in 1953, 1958, 1963, 1968, 1977, 1979, 1981, and 1990. According to Crawford (1992), the process of developing an ethics code for psychologists began in 1935 when the APA membership totaled only some 2,300, and a special committee was appointed to consider ethical matters and to resolve complaints on an informal basis. She described the history of the development of a code of ethics for psychologists including the following events. In 1939, this special committee recommended the appointment of a standing committee to consider ethical complaints. This committee did not consider the

timing right for the development of a code of ethics. However, in 1948 they recommended that work begin on a formal code of ethics for psychologists.

Crawford (1992) described how the Committee on Ethical Standards for Psychology was formed in 1948 under the chairmanship of Nicholas Hobbs and began work to identify ethical issues. This committee sent letters to the APA membership asking them to describe situations and issues that they had encountered that were of ethical significance. This request yielded more than 1,000 replies that were classified into the following six categories: public responsibility, clinical relationships, teaching, research, writing and publishing, and professional relationships. The committee studied the responses of the members and in 1953 published the Ethical Standards of Psychology. These standards were adopted initially on a trial basis for three years.

The ethical standards have been revised on a regular basis since 1953 to better meet the needs of psychologists as they have attempted to resolve ethical issues and concerns. These revisions have addressed new ethical issues that have emerged over time as the practice of psychology has changed. Subsequent APA Ethics Committees have modified the standards based upon input from members and published articles that have questioned the standards or called for additional guidelines.

For example, Margolin (1982) argued that insufficiencies of the APA ethical standards for marriage and family therapy have not been fully appreciated. She stated that guidelines regarding therapist responsibility, confidentiality, and informed consent are particularly ambiguous and complicated when multiple family members are seen together in therapy. Margolin suggested the need for further clarification around the following questions: "Who is the Client? How is confidential information handled? Does each family member have an equal right to refuse treatment? What is the role of the therapist's values vis-a-vis conflicting values of family members?" (p. 788). The most recent revision of the ethical standards was adopted by the APA Council of Representatives in August of 1992. Still, many of the questions raised by Margolin remain unanswered, and there is no recognition of ethical issues and concerns unique to non-traditional therapy.

The profession of social work has followed a path similar to that of psychology in developing ethical guidelines. Reamer (1995) described the code of ethics of the National Association of Social Workers (NASW) and its developmental history. Following its organization in 1955, the Delegate Assembly of NASW set out to develop a code of ethics and has periodically revised it as the values and vision of the profession have changed. The code emphasizes the importance of the social worker's personal conduct as well as his or her ethical and professional responsibility to clients, colleagues, employers, the profession, and society. The code contains general principles related to ethical conduct that are intended to aid the social worker in his or her interaction with clients and fellow professionals.

The NASW adopted its first code of ethics in 1960 only five years after the association was formed (Reamer, 1995). Calls for revisions to the code began almost immediately. Reamer (1995) stated that, "soon after the adoption of the 1960 code, however, NASW members began to express concern about its level of abstraction, its scope and usefulness for resolving ethical conflicts, and its provisions for handling ethics complaints about practitioners and agencies" (p. 896). In an effort to address these concerns, the code has been revised four times. Reamer described these revisions. First, in 1967, the code was revised to include an addition which addressed the need for all NASW members to work in a non-discriminatory fashion with minorities and other groups which normally receive limited aid or attention. Next, in 1977, a task force was established by the Delegate Assembly of NASW to revise the code and enhance its relevancy. The result of this task force was the 1979 code which included six sections of principles to guide practice and a review of the enduring social work values upon which the code is based. Since 1979, the code has been revised twice. In 1990, several principles related to fee setting and solicitation of clients were modified to address concerns about possible restraint of trade expressed by the U.S. Federal Trade Commission. Finally, in 1993, the code was amended by the NASW Delegate Assembly to include five new principles. Three of these related to problems associated with social worker impairment and two related to problems of dual relationships.

Even with these recent revisions, the NASW code of ethics does not address ethical issues unique to non-traditional therapy. In addition, these types of concerns are not addressed in the literature. We could not locate any published articles that addressed the ethics of family preservation according to the social work code of ethics. In fact, two recent articles dealing with concerns around dual relationships (Kagel & Giebelhausen, 1994) and the ethical-clinical tensions in clinical practice (Dean & Rhodes, 1992) highlight the absence of attention of non-traditional approaches to treatment. Dean and Rhodes (1992) stated that, "in recent years, interest in social work ethics has increased dramatically" (p. 128). Furthermore, they noted that "more attention is being given to refining codes of ethics, analyzing conflicts of interest, probing technology's ramifications, understanding moral development, and exploring the theoretical underpinnings of social work ethics" (p. 128). Although there has been increased attention to ethics in general, no specific attention has been given to the ethics of non-traditional practice. Similarly, Kagel and Giebelhausen (1994) discussed many implications of dual relationships for ethical practice but only in terms of individually-oriented and traditional practice.

The history of the development of ethical standards for marriage and family therapists by the American Association for Marriage and Family Therapy (AAMFT) is very similar to that of the APA and the NASW. Preister, Vesper, and Humphrey (1993) described the evolution of a professional code of ethics for marriage and family therapists. The first code was approved in 1962 and was in effect until 1975. Since then, the code has been revised by AAMFT at least every three years. There have been eight versions of the code from 1962 through the most recent version that was approved by AAMFT in 1991. Preister, Vesper, and Humphrey detailed how the Ethics Code has changed in terms of content and format since it was first approved.

They also described the process of revision used by the AAMFT Ethics Committee. The process includes reviewing the code and recommending changes to the AAMFT Board which then approves and adopts the revised code for the entire AAMFT membership. As with the APA and the NASW, these changes have come as a result of input from the members and published critiques and have sought to better address emerging ethical issues.

For example, Wendorf and Wendorf (1985) criticized the field of marriage and family therapy for maintaining a limited, non-systemic viewpoint on ethics. They provided a critical review of the literature on family therapy ethics and called for a more systemic analysis. In particular, they used systems theory to reexamine ethical issues around family secrets, therapist deception, and therapist advocacy of feminist values.

Green and Hansen (1986, 1989) also were critical of the field's management of ethical issues, but for a more pragmatic reason. In two studies, they sampled family therapists and found that the AAMFT Code of Ethics was helpful but inadequate. Many ethical concerns therapists were confronting that were not covered in the code included: treating a family if one member does not want to participate; feeling confident of your training and qualifications; seeing one family member without the others present; informing clients of values implicit in the mode of therapy; dealing with parental requests for information differently from children's requests for information; and sharing your values and biases with families.

Preister, Vesper, and Humphrey (1993) noted that the AAMFT Code of Ethics serves three preventive functions: establishing practice guidelines that prevent ethically questionable situations from deteriorating; presenting guidelines describing safe and effective practice; and establishing and maintaining a perception among members, consumers, and others that marriage and family therapists practice safely and with client interests foremost in their minds. These same considerations are also important for family preservation work.

Just as previous changes in codes of ethics have come from concerns about the completeness of the standards for covering relevant issues, attention should be given to those issues that are unique to non-traditional therapy. The first step would be to review ethical issues facing non-traditional therapists. This process would sensitize us all to the relevant issues and may indicate potential solutions. Ultimately, standards of ethical practice and a code of ethics should be developed for family preservation. This could occur with revisions to the codes of the traditional disciplines or with the development of a code for non-traditional therapy that could be commissioned by a group such as the National Family Based Services Association. Whomever develops the code matters less than that a code is developed. This paper serves to initiate and encourage this process.

Ethical Dilemmas in Family Preservation

Some aspects of family preservation give rise to related questions of ethical practice. For example, Levenstein (1981) included the following in her list of "potential ethical pitfalls" for the family preservation worker: coercing clients to participate; maintaining confidentiality; managing intrusiveness; respecting the family's style of living; and managing the "skills mismatch" between the actual skills of the worker and the services that he or she is asked to deliver (p.229). More recently, Anderson (1991) encouraged workers to ask themselves if they are fostering an "unhealthy dependency" or "laying the foundation for family empowerment" (p. 180). He also called attention to the fact that the time limits characteristic of family preservation "may result in the dropping of a family before its service needs are met" (p.180).

Consider the following actual dilemmas that family preservation workers have reported to the authors:

- After an in-home family preservation session early in the treatment relationship, the family invited the therapist to stay for dinner.

- After beginning family preservation in a small town, the therapist realized that the grandmother of the identified child client was someone who formerly cleaned her home for pay and picked pecans freely from her yard. The child and mother lived with the grandmother. One night the therapist returned home to find the entire family happily picking pecans from her front yard.

- An adolescent in a family being seen by a family preservation worker ran away from home after a family fight. Although the family was involved with the county's child protective services, no placement was immediately available. The worker and family discussed the possibility of the adolescent staying overnight with the worker in the worker's home as a respite. The mother supported the overnight plan.

- A family's neighbors were naturally curious about a family preservation team's frequent appearances at a nearby home. The family was anxious about maintaining confidentiality. Neighborhood children curiously asked members of the team who they were and how they knew the family.

Suggestions for Family Preservation Workers in Managing Ethical Issues

As further attention is given to the ethical issues surrounding family preservation, clarity and consensus regarding ethical practice will likely develop. Furthermore, a code of ethics specific to family preservation will probably be created. In the mean time, family preservation workers

and agencies need to begin considering their position on some of the common ethical issues. Without a common code of ethics for family preservation, the responsibility falls to individual agencies and workers to determine what is acceptable ethical practice. What follows are some suggestions and perspectives for workers and agencies when dealing with ethical family preservation issues.

1. Understand that ethical concerns are commonplace in family preservation due to the close proximity of the worker and family. Be careful not to consider confusion or concerns about ethical matters as evidence of inadequate knowledge, skill, or experience.
2. Heightened sensitivity to ethical concerns is necessary for effective family preservation and should be appreciated by supervisors and administrators.
3. Become thoroughly familiar with the code of ethics that you currently follow, and identify areas of it that may be incompatible with aspects of your family preservation work. Discuss these areas with colleagues and supervisors in order to develop solutions.
4. If you find yourself confused or uncomfortable about the conduct of family preservation work, you may be caught in an ethical dilemma and should seek consultation from peers and supervisors.
5. When facing an ethical dilemma, do not hesitate to honestly share the dilemma with the family and inform them that you are seeking supervision.
6. Consider family members as partners in resolving ethical dilemmas. Workers are more likely to make mistakes when keeping ethical issues and their solutions to themselves.

Suggestions for Family Preservation Agencies and Supervisors

1. Separate clinical and administrative supervision. This encourages workers to come forward early with ethical concerns. Asking for help on an ethical concern should not result in negative performance evaluations.
2. Convene regular conversations about ethical concerns and solutions. Ethical issues need open discussion. Discussions are most productive when workers, supervisors, administrators, agency attorneys, and clients share responsibility for creating solutions.
3. Consider creating formal ethical guidelines within your agency that fit your program model.

4. Join together with other agencies to discuss ethical family preservation concerns. Through shared experiences agencies can develop better solutions and plans for preventing ethical problems.

5. Be proactive rather than reactive in the establishment of ethical guidelines. When policies and procedures are reactive, they are more likely to be rigid and to blame the worker.

6. Include training on ethical issues associated with family preservation during orientation for new employees.

7. Consider having workers share your agency's ethical guidelines with families at the beginning of treatment. Reviewing ethical guidelines at the onset of therapy benefits families and the workers by sensitizing them to questionable conduct. In addition, this process fosters a sense of partnership regarding ethics between the family and worker.

8. Make regular attention to ethical concerns and issues a standard component of supervision. For example, during each supervision session, the supervisor might ask the workers if they have any ethical concerns in their current work. Supervisors should be available to go with workers as needed to review ethical concerns with families and resolve dilemmas.

Summary

Ethical guidelines serve important protective functions for clients and therapists in all approaches to psychotherapy. Existing ethical codes, developed to guide office-based therapists, are incompatible with many aspects of family preservation. Without relevant codes, family preservation workers are left to struggle by themselves with ethical dilemmas frequently experienced in family preservation such as confidentiality and the therapist-client boundary. This article contains specific suggestions for family preservation workers, supervisors, and agencies that seek to maintain ethical family preservation practice. We hope that a family preservation code of ethics will be developed in the near future and view this paper as a stimulus toward that end.

References

- Anderson, G. R. (1991). Ethical issues in intensive family preservation services. In E. M. Tracy, D. A. Haapala, J. Kinney, & P. J. Pecora (Eds.), *Intensive family preservation services: An instructional sourcebook* (pp. 177-184). Cleveland, OH: Case Western Reserve University.

Broderick, C. B. & Schrader, S. S. (1991). The history of professional marriage and family therapy. In A. S. Gurman & D. P. Robinson (Eds.), Handbook of Family Therapy, Vol. II (pp. 3-40). New York, NY: Brunner/Mazel.

Crawford, M. P. (1992). Rapid growth and change at the american psychological association: 1945 to 1970. In R. B. Evans, V. Sexton, & C. Thomas (Eds.) The American Psychological Association: A Historical Perspective. (pp. 177-232). Ann Arbor, MI: Braun-Brumfield.

Dean, R. G. & Rhodes, M. L. (1992). Ethical-clinical tensions in clinical practice. Social Work, 37(2), 128-132.

Green, S. L. & Hansen, J. C. (1986). Ethical dilemmas in family therapy. Journal of Marital and Family Therapy, 12(3), 225-230.

Green, S. L. & Hansen, J. C. (1989). Ethical dilemmas faced by family therapists. Journal of Marital and Family Therapy, 15(2), 149-158.

Kagle, J. D. & Giebelhausen, P. N. (1994). Dual relationships and professional boundaries. Social Work, 39(2), 213-220.

Levenstein, P. (1981). Ethical considerations in home-based programs. In M. Bryce & J. C. Lloyd (Eds.) Treating families in the home: An alternative to placement (pp. 222-237). Springfield, IL: Bannerstone House.

Margolin, G. (1982). Ethical and legal considerations in marital and family therapy. American Psychologist, 37(7), 788-801.

Preister, S., Vesper, J. H., & Humphrey, F. G. (1993). The evolution of a professional code of ethics. In Gregory W. Brock (Ed.), Ethics Casebook (pp. 11-25). Washington, DC: AAMFT.

Reamer, F. G. (1995). Ethics and values. In R. L. Edwards & J. G. Hopps (Eds.), Encyclopedia of Social Work, 19th Edition (pp. 893-902). Washington, DC: NASW.

Wendorf, D. J. & Wendorf, R. J. (1985). A systemic view of family therapy ethics. Family Process, 24(4), 443-460.



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