ETHICAL CONSIDERATIONS WHEN WORKING WITH TRAUMA:

HOW DO WE DETERMINE IF WE ARE PRACTICING WITHIN OUR SCOPE OF COMPETENCE?

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TEST YOUR COMPETENCY KNOWLEDGE

[Kahoot Quiz]

WHO AM I?

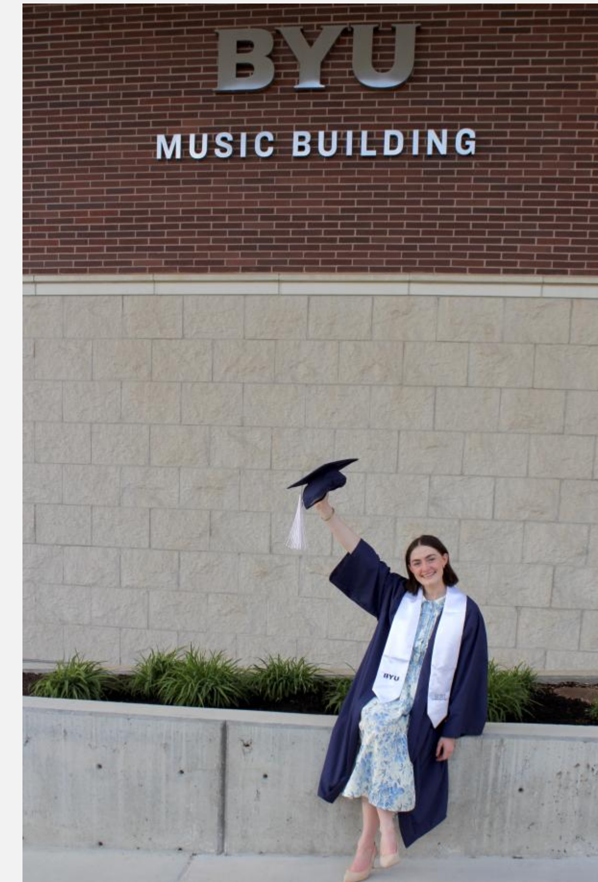
- Husband to an Amazing Wife
- Father to Four Beautiful and Gifted Children
- Associate Professor at East Carolina University
- Licensed Marriage and Family Therapist
- AAMFT Approved Supervisor
- Teach Ethics course at ECU

WHO AM I?

- Mom to three amazing and rambunctious children
- Medical Family Therapy PhD student at East Carolina University
- Licensed Marriage and Family Therapist
- AAMFT Approved Supervisor Candidate
- Private Practice Owner – Nurtured Therapy

WHO AM I?

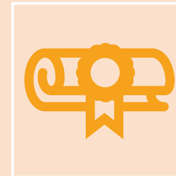
- Married 2 years to a man I met the day I was born :)
- BYU Music graduate with a passion for people and connection
- Master's Student in Marriage & Family Therapy at ECU
- AAMFT Student Member
- Aspiring Licensed Marriage and Family Therapist



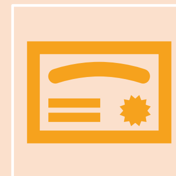
3 DIFFERENT PERSPECTIVES

In our presentation we will be exploring how we can gain competency and be ethical in our treatment of clients across the spectrum of career development.

MFT student/intern. Just beginning to see clients



Young Professional/PhD student. Early career.



Established career, 20+ years of experience.

Elizabeth Shaw (2015)

Opening Disclaimer

- With ethical issues, it is not a matter of ‘this is the problem and here is the answer.’ Practice issues are often complex and a ‘one size fits all’ approach would erode rather than enhance ethical practice, and encourage us to be slaves to our codes rather than people who in the end have to think on their feet. (Shaw, 2015, p. 506)

Seeking Consultation

AAMFT Code of Ethics

Opening Paragraphs

The absence of an explicit reference to a specific behavior or situation in the Code does not mean that the behavior is ethical or unethical. The standards are not exhaustive. Marriage and family therapists who are uncertain about the ethics of a particular course of action are encouraged to seek counsel from consultants, attorneys, supervisors, colleagues, or other appropriate authorities.

- The opinions expressed in this course are solely those of the presenters. Nothing in this course should be considered legal or ethical advice or as a substitute for consultation with a qualified attorney. If you are in need of a legal consult, your liability insurer or professional association may offer useful free resources.

- The information presented here is, to the best of our knowledge, accurate at the time of course publication. However, we assume no responsibility for errors, omissions, or changes in requirements. Legal, ethical, clinical, and cultural standards can change quickly, and it is ultimately the responsibility of each individual therapist to remain current.

- We are walking a delicate line and want to be sensitive to what this workshop is designed to do and what we are definitely trying to avoid.
- This is not a workshop to determine whether you are practicing competently but rather a way to make your own determinations on the work you are doing and whether it is sufficient.

A CONTENT WARNING AND A DISCLAIMER

- Some of the topics we will discuss, some of the videos we show, and some of the discussions we will lead can be traumatic in nature and involve violence; death; physical, sexual, and emotional trauma; and harm to children.
- If you need to step out at any point, we encourage you to be thoughtful about your own emotional regulation and self-care.
- We also encourage you to be thoughtful about self-disclosure in this setting.

Objectives

Participants will review the code of ethics, specifically emphasizing standard 3 of AAMFT's code of ethics (professional competency and integrity).

Using the principles outlined in standard 3 of AAMFT's Code of Ethics, participants will discuss some common ethical dilemmas faced by clinicians as they seek to establish competency in a new arena, especially one as nuanced as trauma.

Participants will learn to avoid some of the common mistakes, both clinical and ethical, that clinicians make when working with clients experiencing trauma.

These Are My Objectives, What Are Yours?

- When you came today, name 3 things you were hoping to learn/take away?

Who Would You Believe?

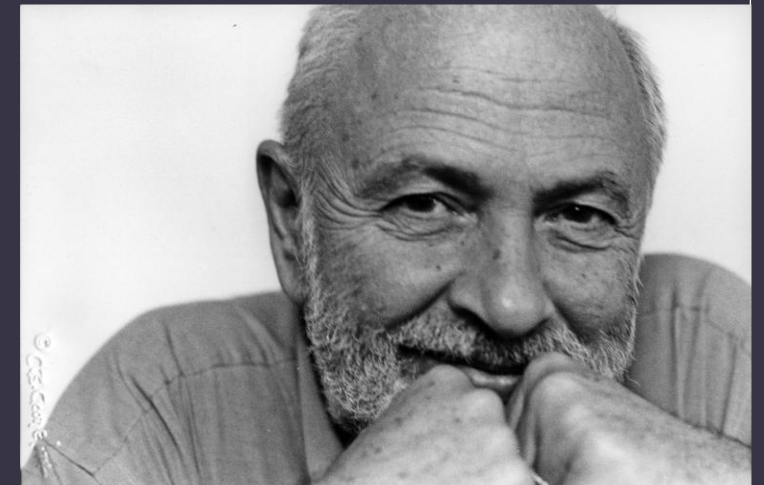
Getty Museum (14 months)

- High resolution stereomicroscope
- Core sample:
  - Electron microscope
  - Electron microprobe
  - Mass spectrometry
  - X-ray diffraction
  - X-Ray Fluorescence

- Statue was made with dolomite marble from an ancient quarry in Greece with thin layer of calcite (requires time)

Ancient Kuoros: $10 Million

Angelo Delivorrias (Instant Response)



"Intuitive Repulsion"

0:01

−2:00

U.S. NAVY

ESTABLISHING COMPETENCY

What would you require?
How would you measure it?

Utter Display of Incompetence

Potential Measures

- Client come back for a 2nd session
- Client Outcome
- Legal and Ethical Compliance

Competency Defined

(Durtschi & McClellan, 2017)

- Therapists' ability to promote positive change
  - Beneficial service to clients
  - Do no harm
  - Ethical responsibility to clients
- Obtain Best Education Possible
  - Increase Knowledge/Establish Foundation
    - Therapeutic theory
    - Clinical skills
    - Process of change
    - Human development
- Experience
  - Personal (Do we have to have personal experience to be competent?)
    - Story of Group Therapy at Aspen
  - Clinical
- Supervision
  - Develop and refine skills
  - Increase confidence

- 128 Core Competencies
  - Research conferences in December 2002
  - AAMFT Board of Directors Established MFT CC Taskforce
  - Announced at 2003 AAMFT conference in Long Beach, CA
  - Published in 2007

- Core Competencies Focus
  - 62 (53%) common to all mental health disciplines
  - 46 (31%) MFTs added value given systemic orientations
  - 20 (16%) unique to MFT

- Timing of CC's
  - 77 (60%) likely to be obtained during training
  - 51 (40%) obtained post-degree

- Different levels of Abstractness
  - 1.3.5. Obtain consent to treatment from all responsible persons.
  - 4.3.2. Deliver interventions in a way that is sensitive to special needs of clients (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, disability, personal history, larger systems issues of the client)
  - 5.3.2 Develop and assess policies, procedures, and forms for consistency with standards of practice to protect client confidentiality and to comply with relevant laws and regulations.

Core Competencies

MFT Taskforce

Nelson et al., (2007)

CULTURAL COMPETENCY

MFT Programs

- COAMFTE required beginning in 1988
- Programs can self-define
  - Increase representation
  - Infuse throughout coursework
  - Increase clinical opportunities
- 60% of programs requires students to take a specific course
  - Critics: multicultural issues should not be isolated
  - Proponents: allows people to study in-depth
- Awareness vs. Sensitivity
  - Awareness: knowledgeable about issues related to diversity
  - Sensitivity: attuned response to needs of others
- Awareness without sensitivity but not sensitivity without awareness
  - Sensitivity requires a shift from dominant to subjugated (Laszloffy & Habekost, 2010)

CODE OF ETHICS

Code of Ethics 2026:

Preamble

- **Honoring Public Trust:** The AAMFT strives to honor the public trust in marriage and family therapists by setting standards for ethical practice as described in this Code. The ethical standards define professional expectations and are enforced by the AAMFT Ethics Committee.

- Marriage and family therapists also encourage public participation in the design and delivery of professional services and in the regulation of practitioners. Professional **competence** in these areas is essential to the character of the field, and to the well-being of clients and their communities.

Code of Ethics 2026:

Standard I

Responsibility to Clients

- **1.2 Informed Consent.** (b) has been adequately informed of significant information concerning treatment processes and procedures; (c) has been adequately informed of potential risks and benefits of treatments;.
- **1.7 Client Autonomy in Decision Making.** Marriage and family therapists must respect the rights of clients to make decisions and help them to understand the consequences of these decisions. Marriage and family therapists clearly advise clients that clients have the responsibility to make decisions regarding relationships such as cohabitation, marriage, divorce, separation, reconciliation, custody, and visitation or parenting time.
- **1.8 Relationship Beneficial to Client.** Marriage and family therapists continue therapeutic relationships only as long as it is reasonably clear that clients are benefiting from the relationship.
- **1.9 Referrals.** Marriage and family therapists make reasonable efforts to provide current, former, or prospective clients with appropriate referrals if the marriage and family therapist is unable or unwilling to provide professional help..

Code of Ethics 2026:

Standard III

Professional Competence and Integrity

- **3.1 Maintenance of Competency.** Marriage and family therapists pursue knowledge of new developments and emerging therapeutic approaches. Marriage and family therapists maintain their **competence** in the field through education, training, or supervised experience.
- **3.6 Development of New Skills.** While developing new skills in specialty areas, marriage and family therapists take steps to ensure the **competence** of their work and to protect clients from possible harm. Marriage and family therapists practice in specialty areas new to them only after appropriate education, training, or supervised experience.
- **3.10 Scope of Competence.** Marriage and family therapists do not diagnose, treat, or advise on problems outside the recognized boundaries of their **competencies.**

Code of Ethics 2026:

Standard IV

Responsibility to Students and Supervisees

- **4.4 Oversight of Supervisee Competence.** Marriage and family therapists do not knowingly permit students or supervisees to perform, or to hold themselves out as competent to perform, professional services beyond their training, level of experience, and competence.
- **4.5 Oversight of Quality of Care Provided by Supervisees.** Marriage and family therapists make reasonable efforts to ensure that services provided by supervisees meet minimum standards of ethical and clinically appropriate care.

Code of Ethics 2026:

Standard VIII

Responsibility to Students and Supervisees

- **8.4 Truthful Representation of Services.** Marriage and family therapists represent facts truthfully to clients, third-party payors, and supervisees regarding services rendered.

Code of Ethics 2026:

Standard IX

Advertising

- **9.1 Accurate Professional Representation.** Marriage and family therapists accurately represent their affiliations, licensure, supervision status, educational degrees, **competencies**, training, and experience associated with the practice of marriage and family therapy, complying with applicable law.
- **9.3 Educational Credentials.** Marriage and family therapists do not advertise or claim educational degrees for clinical services that do not demonstrate training and education in marriage and family therapy or related fields.
- **9.4 Employee, Contractor, or Supervisee Qualifications.** Marriage and family therapists reasonably ensure that the qualifications of their employees, contractors, and supervisees are represented in a manner that is true, accurate, and in accordance with applicable law.
- **9.5 Specialization.** Marriage and family therapists represent themselves as providing specialized services only after taking reasonable steps to ensure the **competence** of their work and to protect clients, supervisees, and others from harm.
- **9.6 Correction of Misinformation.** Marriage and family therapists make reasonable efforts to correct false, misleading, or inaccurate information and representations made on their behalf by others concerning the therapist's qualifications, services, or products.

Code of Ethics 2026:

Standard IX - Advertising

- **9.1 Accurate Professional Representation.** Marriage and family therapists accurately represent their affiliations, licensure, supervision status, educational degrees, competencies, training, and experience associated with the practice of marriage and family therapy, complying with applicable law.

- **9.3 Educational Credentials.** Marriage and family therapists do not advertise or claim educational degrees for clinical services that do not demonstrate training and education in marriage and family therapy or related fields.

- **9.5 Specialization.** Marriage and family therapists represent themselves as providing specialized services only after taking reasonable steps to ensure the competence of their work and to protect clients, supervisees, and others from harm.

What is trauma?

- Spend a few minutes writing down what ***your*** definition of trauma is and
- How ***comfortable*** you are clinically working with trauma.

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5). *Guidelines on Trauma Competencies for Education and Tra*
t/policy/trauma-competencies-training.pdf

APA Guidelines on Trauma Competencies for Education and Training

- **Aspirational, Not Enforceable** – The guidelines given surrounding trauma competencies serve as ***goals*** for training and clinical self-monitoring; they are not a legal or enforceable standard of practice.
- **Scope of Licensure is Protected** – The guidelines are not intended to restrict clinicians from practicing within their legally defined scope under state law
- **Third-Party Payor Coverage Unaffected** – Competency guidelines do not limit reimbursement or credentialing decisions by insurance or other payors (APA, 2025)

Understanding Trauma

Defintion of trauma:

- An event, series of events, or circumstances experienced as physically or emotionally harmful that has lasting adverse effects on functioning and well-being (SAMHSA, 2014).

Prevalence of Trauma-

Stat 1: 70% of adults experience at least one traumatic event in their lifetime (Benjet et al., 2016)

Stat 2: Approximately 6% of U.S. adults will develop PTSD in their lifetime (U.S. Department of Veterans Affairs, 2023)

Stat 3: At least 1 in 7 children experience abuse or neglect annually in the U.S. (SAMHSA, 2023)

Types of Trauma (SAHMSA, 2014)

- Natural Causes
  - Hurricane
  - Tornado
  - Mud slides
- Caused by people
  - Accidental
    - Car accidents
    - Explosions
    - Structural Collapse
  - Intentional
    - Terrorism
    - Assault
    - School shootings

- Different Levels
  - Individual
  - Group
  - Community
  - Mass Trauma
- Historical
- Developmental
- Interpersonal

Trauma Informed Care (TIC)

Principles for Treatment and Intervention

(SAHMSA, 2014)

- Awareness and Understanding
- View trauma responses as evidence of resiliency and adaptations to trauma
- Minimize the risk of re-traumatization
- Create a safe environment
- Make recovering from trauma a primary goal
- Support agency and autonomy
- Make treatment collaborative
- Inform the client of trauma services
- Implement universal trauma screening

Does the stage of therapist development really matter in treatment?

Experience ≠ Better Outcomes

- A large-scale longitudinal study found that therapists' patient outcomes actually showed a very small but statistically significant *decline* with experience (measured by time and number of cases) increase (Goldberg et al., 2016)

Career Stage Does Not Predict Quality

- Research suggests that as therapists progress through formal stages of training, they do not improve in their ability to effect change in their clients (Goldberg et al., 2016)
- More experienced therapists did show one advantage, they tended to achieve the same outcomes in fewer sessions, but this efficiency gain did not translate into better client results overall (Germer et al., 2022)

Implications for Ethics & Scope of Competency

- Years of experience alone cannot define competence
- Scope of competency is not static — a therapist may be highly competent in general practice but lack specific trauma competency; career stage does not automatically confer specialized expertise
- Novice therapists are not inherently less equipped than experienced ones; the data suggests that a newer therapist may provide equally effective care as a seasoned clinician
- Personal introspection and willingness to receive supervision/consultation feedback, be curious, and uncomfortable can also help improve competency

CERTIFICATIONS?

[Clinical Trauma Professional]

Evergreen Certifications will certify applicants who meet the above requirements.

Please note: Certification does not imply endorsement of clinical competency. As a licensed professional, you are responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice in accordance with and in compliance with your profession's standards.

Consider the following Vignettes

- How could you ethically work within your scope of practice?
- How might clinicians at different levels develop competence?
- How would you implement Trauma-Informed Care practices to support this client?
- What ethical considerations might you have for this case?

Clinical Vignette

A married couple presents to couple's therapy. They have had frequent arguments that continue to drive a wedge between them. Both partners express feeling angry, hurt, and disconnected from each other. Their goal for therapy is to improve their relationship and find better ways to communicate with each other.

Over the course of therapy and assessment the couple discloses that their arguments frequently focus on sex and the lack thereof. One of the partners discloses a history of sexual abuse and how it leads to avoidance of sexual activities, including kissing.

The high desire partner feels rejected and alone. The low-desire partner feels broken and angry that they "have" to have sex. These patterns often lead to escalating disagreements and fights.

Thoughts

- What type of trauma is this?
- How might this trauma impact treatment?
- How could you practice trauma informed care?
- Break into groups to discuss how you could ethically work within your scope of practice as an MFT in different stages of development?
- What ethical considerations might need to be taken into account with this case?

A 20-year-old man presents to therapy wanting to work on his anxiety. He expresses that he feels "high strung" all the time. In the last few weeks he's struggled to complete his work due to anxiety and "scary thoughts." The patient also shares that he has been avoiding leaving his house which is affecting his ability to work and his social life. He has pulled away from his friends.

During the assessment phase, the patient discloses that he was in a car accident several weeks ago and that his symptoms increased after that. The scare thoughts he has been having are memories and flashbacks to the accident and that he spends several hours ruminating and remembering the play by play of the accident. He doesn't think that the car crash was that serious and he feels like "it shouldn't be bothering me still."

The client shares that he avoids going out because a couple weeks ago he attempted to drive himself and subsequently had a panic attack. The patient also shares that he jumps at any small noise and his roommates and family have made fun of him for being such a "worrier" and "scardy cat".

Vignette

Thoughts?

What type of trauma is this?

How might this trauma impact the course of treatment?

What could you do to ethically practice within your scope of practice?

How would you practice trauma informed care for this patient?

Vignette

A female client presents to therapy for her depression and anxiety. In her intake she shares that she feels stuck in her relationships and life. She struggles to enjoy anything and feels sad all the time. In her relationships she struggles to make connections and feel safe and often withdraws. She has been with her current partner for a year, but he has become verbally and physically abusive.

The patient states that she feels "alone" and "unlovable" and she blames herself for being sad all the time and not making her boyfriend happy. She expresses that she wishes she could be bubbly like some of her friends. The patient also reports frequent nightmares and constant tension in her body. She expresses that she "jumps to the worst-case scenario" all the time. The patient has been drinking to excess several days a week, just to "take the edge off".

After a thorough assessment, you discover that this patient was neglected and verbally abused as a child. Her father would scream and call her names, which shaped her beliefs about herself. She feels like it is her fault that her parents broke up. The patient also shares a fear that she is too damaged to ever be in a healthy relationship.

Thoughts?

What type of trauma is this?

How might this trauma impact the course of treatment?

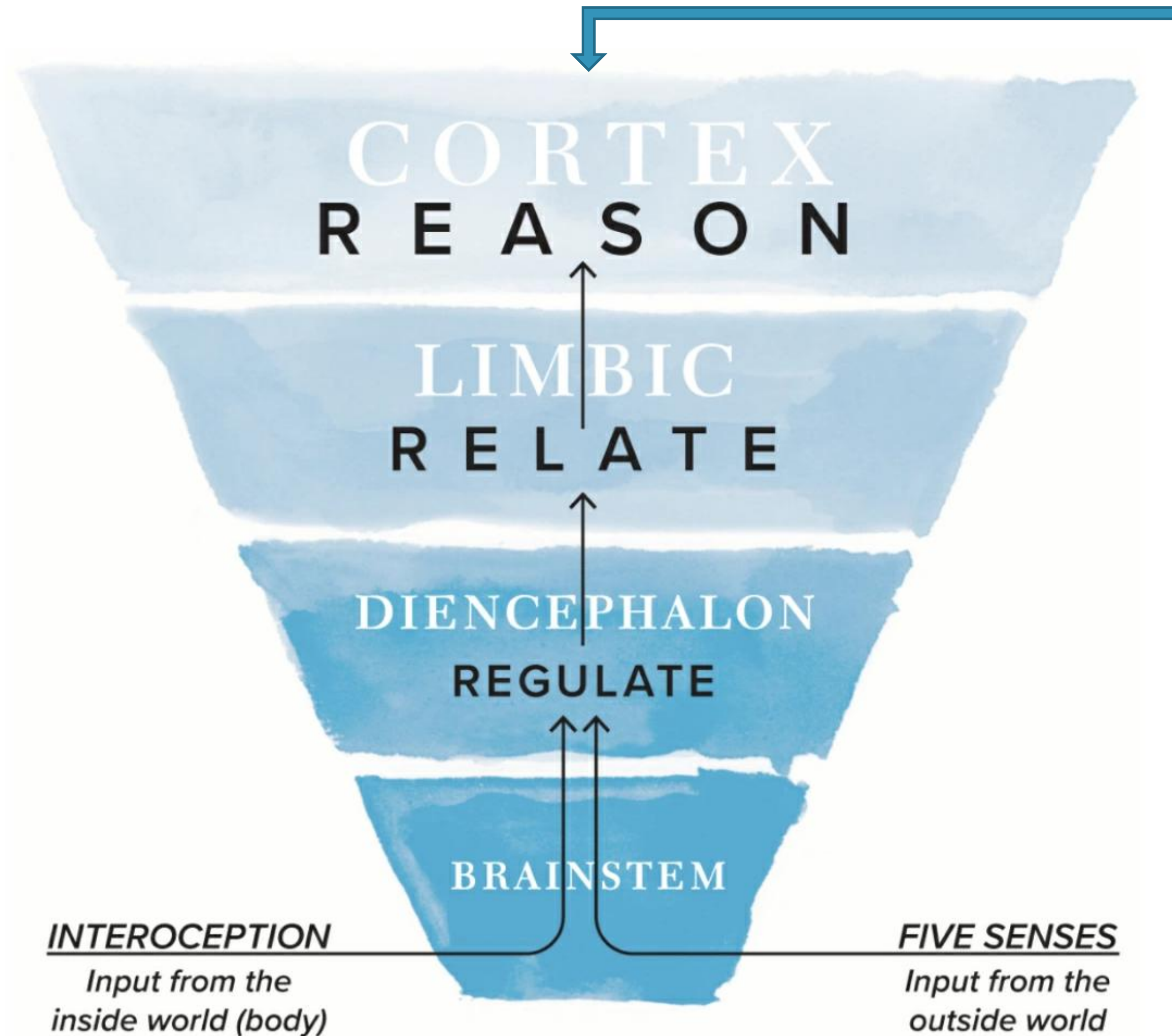
What could you do to ethically practice within your scope of practice?

How would you practice trauma informed care for this patient?

Recommendations

- Practice trauma informed care
  - Awareness of trauma and the impact on therapy
  - Make the trauma the focus of treatment
- Collaboration and Discussion with client
  - Increase agency/autonomy
  - Explore what the client wants
  - Discuss your treatment approach, experience, and the education/trainings
- Get more information
  - Read books and articles to be informed on best-practices
  - Seek out supervision and/or consultation

SEQUENCE OF ENGAGEMENT



Our brain is continually getting input from our body (interoception) and the world (five senses). These in-

NEGATIVE IMPACT OF TRAUMA

- Trauma is often misinterpreted
  - Angry/oppositional
  - ADHD
  - Lack of connection/love
- Partner's response may exacerbate
  - Punish rather than protect
  - Alienate rather than attach
  - Rebuke rather than reassure
  - Criticize rather than console
- Learning and motivation is turned toward monitoring partner's behavior
  - Frightened or frightening
    - Much lower scores on achievement tests

FANDANGO
MOVIECLIPS

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