Ethical Responsibilities to Adults with Communication Impairments Involved in Group Therapy

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ABSTRACT

Ethical challenges can arise when providing group therapy to adults living with communication impairments. In addition to the ethical challenges that may be encountered when conducting one-to-one therapy intervention, practitioners must also consider dilemmas that are specific to group therapy. This article considers the principles and rules of the American Speech-Language-Hearing Association (ASHA) Code of Ethics via a series of clinical vignettes that illustrate four ethical challenges that may be encountered when providing group therapy: acquiring sufficient clinical competency to conduct group therapy; handling issues related to client confidentiality; resisting external pressure to provide groups solely for financial gain and/or other administrative efficiencies; and handling practitioner–client boundaries.

KEYWORDS: group therapy, competent care, professional ethics, professional conduct

Learning Outcomes: As a result of this activity, the reader will be able to (1) describe the purpose of a professional Code of Ethics; (2) describe and discuss the application of principles and rules to specific ethical dilemmas that occur in group therapy; (3) evaluate the role of the speech-language pathologist when encountering potential ethical dilemmas in group therapy through application of existing ethical principles, rules, and guidelines.

Clinical practice is based on ethical principles. Some ethical principles are obligatory and disciplinary, whereas others are aspirational and descriptive; all form the foundation for competent care. Although legal requirements and local regulations affecting clinical practice may vary among states, clinical practitioners must always consider the ethical principles that

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Moral and Ethical Considerations When Caring for Adults; Guest Editor, Jennifer Horner, Ph.D., J.D.

Semin Speech Lang 2020;41:241–248.
DOI: https://doi.org/10.1055/s-0040-1710049.
ISSN 0734-0478.

govern clinical practice when addressing legal and regulatory requirements.

A code of ethics is a living document that reflects professional issues and dilemmas confronting practitioners. It provides guidance to practitioners by providing parameters for ethical professional decision making.[1,2] The American Speech-Language-Hearing Association (ASHA) Code of Ethics states: "The Code of Ethics reflects what we value as professionals and establishes expectations for our scientific and clinical practice based on principles of duty, accountability, fairness, and responsibility."[3] The ASHA Code of Ethics has been established as a mandate for clinical and scientific behavior and requires strict adherence by all ASHA members. The Code of Ethics does not attempt to address specific situations or all possible ethical challenges. Instead, each professional is expected to uphold the "spirit and purpose of the Code."[3] The fundamentals of ethical conduct are described by overarching Principles of Ethics, as well as by specific Rules of Ethics. The 2016 ASHA Code of Ethics has four Principles of Ethics, each with a varying number of rules (7–20) for guiding professional conduct.

In addition to adhering to the ASHA Code of Ethics, speech-language pathologists may benefit from group therapy guidelines created by other organizations. A number of professional organizations in related disciplines provide practice guidelines and describe ethical issues related to conducting group work. These include the American Counseling Association (ACA) and its division; the Association for Specialists in Group Work (ASGW); the American Group Psychotherapy Association (AGPA); the American Psychological Association (APA); the International Association for Group Psychotherapy and Group Processes (IAGP); and the Society of Group Psychology and Group Psychotherapy.

ETHICAL CHALLENGES OF GROUP THERAPY

This article focuses on ethical challenges that are associated with providing group therapy to adults who have communication impairments. In addition to a number of ethical challenges that may be encountered when conducting one-to-one therapy interventions, practitioners of group therapy must consider dilemmas that are specific to group work.[4,5] This article applies the principles and rules of the ASHA Code of Ethics to a series of clinical cases that illustrate four ethical challenges that may be encountered when providing group therapy: acquiring sufficient clinical competency in order to conduct group therapy; handling issues related to client confidentiality; resisting external pressure to provide groups solely for financial gain and/or other administrative efficiencies; and handling practitioner–client boundaries.

CLINICAL COMPETENCY

ASHA Principle I, Rule A and Rule B and ASHA Principle II, Rule A of the Code of Ethics require professionals to be competent to provide services in all areas in which they practice and to refer to other professionals when appropriate to ensure that quality service is provided (see Table 1). Lymberis, in a study discussing the ethical and legal issues encountered in group psychotherapy, argued that the fundamental principle governing group therapy is competent care.[6] She noted that it is the competence of the group leader that provides the best defense against risks such as member-to-member exploitation or breaches of confidentiality. Lymberis pointed out that the treatment needs of an individual client, at times, may conflict with those of the group. She stated, "The therapist has to be guided by the fiduciary and ethical duty to each and every patient, while at the same time ensuring the preservation of the safety and integrity of the group. Clinical skill and experience are the fruits of repeated trials in the clinical field."[6]

Unfortunately, many speech-language pathology graduate programs do not provide academic coursework or clinical experiences that are sufficient to become a competent group therapist. Instead, group therapy may be presented as "just doing individual therapy in a group." But there is much more to group therapy than bringing a number of clients together into a room and doing individual therapy tasks.[7–9] Group therapy is complex. Managing the combination of individual and group dynamics requires specific knowledge, skills, and clinical judgment that

Table 1 ASHA Code of Ethics (2016) Principles and Rules for Group Therapy Ethical Dilemma Cases

Clinical competency
ASHA Principle I: Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner
Rule A: Individuals shall provide all clinical services and scientific activities competently
Rule B: Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided
ASHA Principle II: Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance
Rule A: Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience
Client confidentiality
ASHA Principle I: Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner
Rule O: Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law
Rule P: Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law
Financial and administrative pressures
ASHA Principle I: Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner
Rule K: Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected
Rule M: Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served
ASHA Principle II: Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance
Rule F: Individual in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment
ASHA Principle IV: Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the profession's self-imposed standards
Rule B: Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount
Professional boundaries
ASHA Principle IV: Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the profession's self-imposed standards
Rule D: Individuals shall not engage in any form of conduct that adversely reflects on the professions or the individual's fitness to serve persons professionally

Abbreviation: ASHA, American Speech-Language-Hearing Association.

are best acquired through relevant training and supervised experience. Group therapists must gain the knowledge, sensitivity, and skills that are needed to work with a diverse client population.[7–10]

The first clinical case focuses on the issue of clinical competency by sharing the story of a speech-language pathologist who is interested in providing group therapy services to clients in his or her private practice.

Case 1: Ann is a licensed and certified speech-language pathologist who has been practicing for 5 years in a large metropolitan city. She has her own speech-language pathology private

practice and currently has one office. Her practice includes providing speech-language services to adults with acquired neurogenic communication disorders secondary to stroke and traumatic brain injury. Ann would like to start offering group therapy to a number of patients because she believes it would improve their communication skills as well as help them adjust to their communication challenges. Ann did not receive education or training in group therapy during her graduate program. In addition, she has not completed any continuing education courses or hands-on training in the area of group therapy while she has been working as a speech-language pathologist. Although there is scientific evidence that group therapy would likely benefit many of the patients on her caseload, Ann does not currently have the needed training and experience to conduct group therapy herself. Lacking clinical competency, it would be unethical for her to provide this treatment. Conducting group therapy is complex and requires unique knowledge and clinical skills. In order for Ann to practice ethically, she must create an education and practice plan to acquire the clinical knowledge and skills before she can offer these services. Her education and practice plan might include reading group therapy literature in speech-language pathology, counseling, social work, and psychology; enrolling in continuing education courses that focus on group therapy; and teaming up with an experienced group therapy provider to obtain the clinical skill set needed. In the meantime, there are programs in the community with experienced clinicians who are currently providing group therapy for people with aphasia; a program with a speech-language pathologist who is competent to provide group therapy for people with Parkinson's disease; and a nonprofit organization with experienced clinicians who offer a group program for people with traumatic brain injury. If Ann believes that patients with these disorders could benefit from group therapy services, she has an ethical duty to inform them about these community programs.

Obligation to Refer

It is common in group therapy for a range of topics and issues to be generated by group members. Depending on the exact nature of the group therapy being provided, adjustment to life changes caused by the communication disorder can be expected. The next case demonstrates the obligation to refer (ASHA Principle I, Rule B) when an issue arises during the group that is outside of the professional's areas of clinical competence (see Table 1).

Case 2: John is a speech-language pathologist who offers a group for care partners of people who have sustained a traumatic brain injury. He is fully competent in this role as he has taken specific educational courses in group therapy and counseling, has read extensively in this topic area, and has had 10 years of experience facilitating the care partner group. For the first 5 years of the group, John co-facilitated the group with a community psychologist who was skilled in group therapy process and techniques. Recently, one of the new spouses in the group, Ruth, indicated that she wanted a divorce from her husband. She told the group that she had been planning to discuss the idea of a divorce with her husband prior to his motor vehicle accident, but had stopped the process due to his medical emergency. Now that he had stabilized medically, she wanted to restart divorce proceedings. The other spouses in the group were shocked and upset by this news. John realized that he was not qualified as a speech-language pathologist to counsel Ruth about her decision. John told Ruth, and the other group members, that because marriage counseling was beyond his expertise and the purpose of this care partner group, that he would be referring Ruth and her husband for marriage counseling from a qualified marriage and family therapist. Following the group session, John provided Ruth with the names of three community marriage and family therapists whom he had worked with professionally and who had experience counseling those affected by acquired brain injury. He suggested that Ruth and her husband select a therapist and pursue marriage counseling together. John's actions demonstrate that he is practicing within the bounds of the ASHA Code of Ethics by utilizing resources in the community and making a referral to a competent professional.

CLIENT CONFIDENTIALITY

Principle I, Rule P of the ASHA Code of Ethics requires professionals to protect the

confidentiality of any professional and personal information that has been shared by clients (see Table 1). Confidentiality is another way of stating that all clients have the right to keep what they say or do private. There are many federal and state laws that protect medical privacy.[11] The group therapist must safeguard the confidentiality/privacy of all group members. Once confidentiality/privacy is violated, the group therapist must work to restore and maintain client confidentiality/privacy going forward. Individuals with some judgment or inhibition deficits may be unable to protect the privacy rights of other group members. In these situations, the speech-language pathologist must decide if group therapy is appropriate. Appropriate selection of group members is a critical factor for preserving client confidentiality and privacy.[6]

The next two clinical cases illustrate how two speech-language pathologists handled challenges related to maintaining client confidentiality in their respective therapy groups.

Case 3: Diane is an experienced speech-language pathologist who has been facilitating a weekly group for individuals with Parkinson's disease for the past 8 years. This Parkinson's "patient" group is 90 minutes long and provides 45 minutes of individualized practice on techniques to improve speech intelligibility followed by 45 minutes of group discussion to carry over learned techniques to group conversation. During the conversational portion of the group, members talk about a variety of topics including sharing information about themselves such as adjusting to life with Parkinson's disease. During the same time that Diane facilitates her patient group for individuals with Parkinson's disease, a social worker facilitates a "care partner" group. During one of the care partner sessions, a member brings up a situation concerning a member's spouse that had been shared in the patient group. Immediately following the session, the social worker informs Diane that there has been a breach of confidentiality by one of her group members. That group member had told his wife about something that another member had shared in her group. Diane knows that it is her duty as the group facilitator to safeguard the privacy of members of the group. Diane has a duty to inform the individual whose information was shared about the breach of confidentiality. She must also talk to the group member and wife who received the private information to assure that they understand the rules and will not share this information further. Diane knows that she must attempt to restore privacy going forward by having a discussion with the group members that they must not share information that is of a personal nature about other group members, with anyone outside of the group. She realizes that she has not had this discussion in a long time and that new members have joined over time and may have missed this discussion. So she decides to create a document that describes the purpose of the group. This document includes several group rules. The first rule describes the need for confidentiality and that no group member should share any personal information discussed in the group with anyone outside the group. She makes copies of the document and reviews it during the very next group session. She also asks that each group member sign the "Group Rules" document. She determines that going forward, this "Group Rules" document will be updated as needed and discussed at least on an annual basis with existing group members, and on an individual basis during the first session whenever a new member begins attending the group.

Legal Duty to Report

Consistent with ASHA Principle I, Rules O and P, the next case demonstrates an important exception to the obligation to maintain confidentiality—when a speech-language pathologist has a legal duty to report information (see Table 1).

Case 4: Mary is a speech-language pathologist who has 10 years of experience in facilitating aphasia groups. She works at a community-based aphasia center in California, facilitating six separate aphasia groups each week. Whenever new clients begin services at the Aphasia Center, confidentiality rules are discussed. Clients are also advised that if there is ever a question of abuse or neglect that arises in the group therapy setting, that the speech-language pathologist has a legal duty to report this information to Adult Protective Services

(APS) and will do so. During one group session, one of the members with severe aphasia, Nancy, reveals through her words, gestures, and other communicative supports that her home care attendant has been roughly pushing and yelling at her. All of the group members are disturbed and ask Mary what can be done to help Nancy. She assures Nancy, as well as the other group members, that she will take appropriate action. As a speech-language pathologist working in California, Mary is a mandatory reporter to APS. She confers with her work supervisor and then makes a call to APS to report this potential abuse. When the APS worker who will be investigating the abuse calls back, Mary tells him that Nancy has severe aphasia and will need a variety of aids to support her communication during interviews. Mary offers her assistance during these interviews if desired by the APS worker. The APS worker indicates that he will set up a meeting at the Aphasia Center with Nancy and himself the following week and asks Mary to attend and assist him with the use of various communication supports. The meeting is held and APS continues its investigation into the possible abuse. During this time, group members ask about Nancy's aide and express that they want to know what is happening. Mary tells the members of the group that due to confidentiality rules, she is unable to share details about the issue. But she assures them that all regulations are being followed and the best thing they can do is to continue to show their support and friendship to Nancy when she attends the group.

FINANCIAL AND ADMINISTRATIVE PRESSURES

Ethics are violated when corporate policies and economics dictate the type or level of care a client receives rather than determining a client's needs through a clinical assessment administered by a qualified professional.[6] Appropriate group members will be those whose individual needs and goals are compatible with the goals of the group. Principle I, Rule K and Rule M, Principle II, Rule F, and Principle IV, Rule B of the ASHA Code of Ethics require that professionals provide therapy only when that decision is evidence-based, a result of the professional's independent judgment, anticipated to result in a treatment benefit, and made without external pressure from an administrator or supervisor (see Table 1). The next clinical case illustrates the administrative pressure that a speech-language pathologist received from her supervisor and how she handled the situation.

Case 5: Kate has worked as a speech-language pathologist in a skilled nursing facility (SNF) during the last 6 years. Her employer is a large company with numerous buildings across the country. Recently, Kate's supervisor has told her that all therapists must start seeing the majority of their patients in groups rather than individually. She suggests that Kate should group the patients on her caseload based on their insurance carrier rather than the presenting disorder or the speech-language goal. This would mean that Kate might have a patient who was recovering from head and neck cancer grouped with someone with cognitive-linguistic deficits following a traumatic brain injury or someone with dysphagia after sustaining a brainstem stroke. This method of grouping of patients is not evidence-based. This also is counter to Kate's own professional judgment. She lets her supervisor know that grouping patients in this way would be unethical practice. She informs her supervisor that she will only see patients for group therapy when it is supported by clinical and research evidence. In addition, the purpose and content of group therapy must be compatible with each individual's communication and/or swallowing goals and needs. Grouping patients based solely on financial gain, or to achieve administrative efficiencies by an organization or institution, is unethical practice.

PROFESSIONAL BOUNDARIES

Boundary violations were originally discussed in terms of sexual or romantic involvement between a client and a therapist.[4–6] When conducting group psychotherapy, some believe that professional boundary violations occur when a therapist participates in life with a patient outside of therapy.[4] Given the application of a social model or life participation model to group therapy in the field of speech-language

therapy, especially in the area of aphasia group therapy,[12,13] it is important that professional boundaries be considered.[14] Every clinician must exercise due diligence when providing services that go beyond more traditional speech-language intervention to ensure that one has not crossed a boundary into unprofessional conduct. Although the ASHA Code of Ethics does not specifically address boundary violations, Principle IV, Rule D of the ASHA Code of Ethics requires that clinicians maintain the dignity of the profession (see Table 1). The following example illustrates how the speech-language pathologist handled a potential ethical dilemma by making an appropriate referral rather than risk a potential professional boundary violation.

Case 6: Renee has been a practicing speech-language pathologist for the past 5 years. She attended a graduate program that ran an aphasia clinic where Renee received hands-on education and training with facilitating a variety of aphasia groups. Renee has since established an outpatient aphasia group at a local hospital. Stan has been attending this group for the past 4 years. Stan shares with group members that his social network is extremely limited—his family members live across the country and he has not seen them in years. When asked, he says that he does not have any friends other than Renee and the other aphasia group members. Following one session, Stan asks Renee if she could help him with straightening out his finances. He mentions that he wants to pay off his credit card debt but is not sure how to do it. He also tells her that he has other expenses and automatic debits that are confusing to him. He expresses to her that he is worried that he is getting into more and more financial trouble and is confused with what to do. He knows that his aphasia makes it difficult for him to comprehend what the bank and credit card companies send him in the mail. Stan suggests that Renee come over to his house so she can look through his bills and help him figure out his finances. He offers to pay her for her time. Although Renee wants to help Stan, she realizes that as a speech-language pathologist, providing this type of assistance would be a boundary violation. Instead, Renee suggests that Stan should hire a certified public accountant or other fiduciary who is licensed and bonded to assist people with their bill paying and other financial needs. Renee tells Stan that she is willing to research options for him in the community and presents several possibilities to him during a meeting that they have at the hospital the following week. Stan selects one of the fiduciaries and Renee assists the start of the process by hosting a meeting with Stan, the fiduciary, and herself. At this meeting, questions can be asked and answered. Renee can provide communication support to Stan and provide some training to the fiduciary regarding effective strategies that facilitate both Stan's understanding of information and his ability to provide his own input.

CONCLUSION

The ASHA Code of Ethics provides a guide for speech-language pathologists for handling challenging clinical situations. In addition to considering ethical dilemmas that may occur during one-to-one intervention with adults living with communication impairments,[2,15] providing group therapy provides unique challenges that must also be considered and addressed. The clinician should identify and apply the principles and rules of the ASHA Code of Ethics that are relevant for each ethical dilemma that they encounter. Specifically, Principle I, Rule A and Principle II, Rule A require professionals to be clinically competent to offer group therapy; Principle I, Rule B requires referral to other professionals; Principle I, Rule O and Rule P require maintenance of patient confidentiality; Principle I, Rule K and Rule M; Principle II, Rule F; and Principle IV, Rule B require that professionals provide therapy only when that decision is evidence-based, independently made, and when treatment benefit is expected; and Principle IV, Rule D requires that professionals maintain the dignity of the profession. In addition to the guidance provided by the ASHA Code of Ethics, group therapy practitioners may find it helpful to read practice guidelines written by other group work associations, as well as consult with professional colleagues, ethics committees at professional organizations, and/or legal advisors when they face challenging ethical dilemmas. Professional

integrity and most importantly patient welfare require strict adherence to ethical norms when offering therapy to individuals in a group therapy setting.

CONFLICT OF INTEREST
None declared.

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