**Responding to Ethical and Legal Issues - Case Study**

**School Counseling**

Marty is a 10-year-old boy whose family moved to the United States from South America two years ago. Marty's father was promoted to a new job, so Marty needed to transfer to a different school in the middle of the year. Marty is having a difficult time making this transition. He is small for his age and has a speech impairment that can make it challenging for others to understand him. Marty is not confident in social situations and has not had an easy time developing relationships with others in his class. He usually spends his time alone during recess and lunch and he's reluctant to join in class projects or discussions.

Over the past few weeks Marty has become more withdrawn. He does not respond to his teacher's encouragement to participate in class and has not been completing his school assignments. On one occasion, the teacher found that Marty had been drawing graphic pictures of people being injured throughout his notebook. Yesterday, Marty was seen sitting alone on the playground scratching his skin with a safety pin. His marks were superficial, but the behavior was concerning enough to ask the school counselor to meet with Marty.

During the counseling session, Marty discloses that he is being bullied by several boys at the school. They have taken his lunch money, ripped up his notebooks, and punched him in the back and stomach. The boys have warned Marty if he tells anyone, they will break into his house and hurt his little sister, so he refuses to identify them.

Marty also reveals that he had a similar problem at his previous school where an older boy bullied him repeatedly for several months and, on two occasions, appears to have sexually molested him. Marty has never told anyone about this and is terrified that his parents, teachers and other students will find out. He breaks into tears and begs his counselor to keep everything he's said a secret.

**Marriage and Family Counseling/Therapy**

Armand and Latisha have been referred for couples and family counseling by Child Protective Services (CPS) following a recent allegation of neglect. They have two children ages 8 and 11. Last month, following a basketball game, the children were observed walking home alone in the very late afternoon in the middle of a cold winter. They were picked up by the parents of another student at their school, who later reported the incident to CPS. The children explained that they often walked home from events after school because their parents both worked and only had one car between them. They live approximately three miles from the school.

The parents of the children immigrated to the United States four years ago and have limited understanding of English. They keep to themselves and have not been involved in any of the activities offered by the school. They are shocked to be contacted by CPS and do not view their actions as wrong. They feel angry they are perceived as mistreating their children, but they agree to attend 10 sessions of couple-and-family therapy that will be paid for by the CPS office.

A marriage and family therapist (MFT) from a local community counseling agency is asked to meet with the parents, the children, and the entire family to discuss the situation that occurred and to provide support, education and counseling services. During the first session, the parents seem confused about the CPS referral and do not understand several of the forms they've been given to fill out. The therapist learns that they are extremely worried about their immigration status and do not want anything negative placed in their records.

They tell the counselor they will have difficulty attending the appointments regularly. Both parents have two jobs and frequently do not get home until after 8:00 p.m.; the children are expected to fix their own dinner and do their homework until their parents arrive. When asked who watches the children in the evening, the parents explain that a neighbor down the street calls a few times to check in on them.

**Mental Health Counseling**

At 18, Simone is a new mother who became pregnant while on a Spring Break vacation; she does not know who the father of her child is. Simone has few friends and dropped out of high school to care for her baby; she receives government assistance and has no immediate plans to return to school or look for a job. Her social worker has arranged for her to receive a grant for some short-term counseling in order to help her adjust to being a parent and to set some goals for the future.

Simone is estranged from her family and describes her early childhood as chaotic and abusive. Her mother was diagnosed with bipolar disorder and her father was alcoholic; they were barely able to hold jobs and the family was on welfare and frequently homeless. Simone says she was labeled with learning disabilities throughout school but does not remember receiving any help for them; she has a clear memory of overhearing a teacher describing her as having a low I.Q.

The counseling sessions focus mainly on Simone telling stories about her week; she is reluctant to explore her feelings and doesn't understand why she would need to do any "counseling homework" between appointments. She says she has no real interests besides watching TV and listening to music and she has no idea about what she'd like to do in terms of a job or career. When pressed to talk about goals, Simone becomes irritable and changes the subject.

During one visit, Simone acknowledges that she sometimes smokes marijuana to help her cope with her anxiety and her inability to sleep. She indicates that she only smokes after her baby has been fed and is down for the night. She also admits that she has been selling marijuana to a neighbor in order to help pay for what she's been using. "Otherwise, I wouldn't be able to afford it myself, and I need to be able to relax so I can take good care of my baby!" Simone says her use of marijuana is temporary, and promises not to smoke more than two or three times a week. When asked if she'd like to use the next counseling sessions to learn some other ways to relax, Simone says that she's not ready to do this.

The social worker has requested a brief summary of the progress Simone has made during her first 12 sessions in order to request additional counseling appointments. Simone gives permission for the report to be written, saying she doesn't know what would happen to her or her baby if she couldn't attend counseling sessions.

**Career Counseling**

You are the career counselor in a multi-purpose, non-profit agency. This agency has a contract with the city to provide low cost counseling services to its employees. The contract specifies that your agency will inform the city's HR department of any systemic problems it may uncover in its work with city employees.

A female firefighter has come to you, wanting help finding a new career. Initially, she cites job stress and the long hours as reasons for wanting to leave the department. As you continue to explore with her, however, you discover that she is being sexually harassed by her male colleagues. Specifically, she tells you that they made fun of her when she was injured at a fire, suggest that she should do all the cooking for the crew, and call her a dyke. She had been able to handle these situations with a combination of humor and confrontation. However, last month, she was left without backup in a fire and would have been injured except for her captain's intervention. The captain wrote up the firefighters who were involved in the incident, but she has lost confidence in their willingness to protect her.

She knows that this is a city-approved agency and she implores you not to report any of this to the city. She is afraid that if her co-workers know she has talked about it outside of the workplace that the harassment will worsen. You assure her you can keep this confidential.

The following day, during a staffing meeting at your agency, you discuss this client. Other counselors report that they are seeing female firefighters for personal and marital counseling as a result of the harassment they are receiving at work. Your agency director makes a decision that the city needs to know about this.

**Addictions Counseling**

Bobby is a 41-year-old man who has been seeing you for counseling to address issues with alcohol and marijuana abuse. Bobby's mother is Native American and he spent his childhood living on a reservation in Arizona. Both he and his mother were physically abused by his father; at the age of 12 they left the reservation and relocated to live with relatives in a large city in another state. His mother passed away last year.

Bobby is HIV-positive due to use of intravenous (IV) drugs in his early 20s. He has not used IV drugs for over 15 years and has been working closely with a physician to maintain his health and monitor any symptoms that emerge. He has not disclosed his HIV status to anyone except you.

Bobby works as an overnight residential counselor for adolescent boys five evenings a week; he is also in school to complete his degree in counseling and hopes to become a licensed therapist some day. He tells you that he attends Alcoholics Anonymous and Narcotics Anonymous meetings several times a week.

Two weeks ago Bobby comes to one of his counseling sessions with alcohol on his breath. He admits to having a relapse and reveals he's been drinking and smoking marijuana for the past month. He was afraid to tell you because he didn't want you to be disappointed in him. Bobby further discloses that he's been drinking "just a little" in the evenings at work after the boys are asleep. He says that some of his own abuse issues from childhood have been emerging and he's having a hard time dealing with the horrible memories.

Bobby also admits that some of his anxiety is being triggered by meeting a woman in his NA group to whom he's very attracted. He finally got up the nerve to ask her out and they have been on three dates. He believes they will be sexually intimate soon but he's not ready to tell her about his HIV-positive status. He assures you that he's extremely careful to practice safe sex, and that he'll tell her "when the time is right."

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