

Ethical Decision-Making Worksheet (Field Evidence – De-identified)

Student: Brooke Holloway

Setting: Field Practice

Competency 1.1: Utilize an evidence-based ethical decision-making model that addresses complex situations with client systems.

Confidentiality: De-identified. No names, initials, dates of birth, addresses, schools, provider names, or unique identifying details included.

Presenting Situation (De-identified)

Client D is a caregiver who presented in significant distress and reported feeling overwhelmed by parenting demands and household stress. Client D described high frustration and emotional exhaustion and expressed concern about their ability to cope effectively. The clinician needed to balance support and confidentiality with ethical responsibilities related to safety assessment, role boundaries, documentation standards, and appropriate use of supervision/consultation.

Key Ethical Questions

1. What is the least intrusive response that still addresses safety and stability for the caregiver and children?
2. How do I maintain professional boundaries and role clarity while supporting a caregiver in distress?
3. What documentation and consultation are necessary to ensure ethical accountability?

Stakeholders

- Client D (caregiver)
- Minor children in the home
- Clinician/agency supervisor (policy guidance and accountability)
- Support resources (as applicable)

Safety and Risk Considerations (Generalized)

- Indicators: elevated distress, overwhelm, and reduced coping capacity
- Protective factors: willingness to engage, help-seeking behavior, identified supports
- Immediate needs: stabilization strategies, support planning, follow-up structure

Policies / Standards Considered

- Confidentiality and appropriate information handling
- Ethical duty to assess safety when distress is significant
- Documentation standards (objective, factual, clinically relevant)
- Consultation/supervision expectations for complex cases

Options Considered (Pros/Cons)

Option A: Provide emotional support only and end session without screening or consultation.

- Pros: least intrusive
- Cons: may miss safety concerns and limits accountability

Option B (Preferred): Provide support + brief safety/risk screening + stabilization plan + follow-up.

- Pros: addresses safety while maintaining dignity and rapport
- Cons: requires more structure and documentation

Option C: Consult supervisor and escalate care level or connect to additional supports if thresholds are met.

- Pros: increases safety and aligns with policy
- Cons: may increase stress or perceived stigma if not handled carefully

Consultation

Consulted supervision to clarify documentation language, appropriate thresholds for additional action, and next steps for supporting caregiver stability and child safety.

Decision and Rationale

I implemented the least intrusive approach that still addressed ethical responsibility: completed a brief safety/risk screening, developed a stabilization and coping plan, coordinated appropriate supports within scope, and scheduled follow-up. I documented objectively and ensured consultation occurred for accountability.

Action Steps Implemented

- Safety/risk screening and stabilization planning
- Identified coping strategies and support resources
- Developed follow-up plan and documentation of next steps

- Maintained role clarity and boundaries throughout

Documentation Language Example (Objective)

“Caregiver reported elevated stress and difficulty coping. Clinician completed brief risk screening, provided stabilization strategies, reviewed supports, consulted supervision for policy-guided next steps, and established follow-up plan.”

Reflection

This case strengthened my ethical practice by reinforcing structured decision-making, objective documentation, and appropriate use of supervision when working with a distressed caregiver system.