Editorial

Ethical Issues in Trauma Based Psychotherapy

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Introduction

Every Trauma-based psychotherapist is bound by a set of ethics they are supposed to follow. Not adhering to these ethics can lead to complications in the treatment of the patient. In the case of patients having suffered trauma, there are many potential areas of ethical and legal challenges. This article discusses such ethical issues and how one can be aware of the same. Trauma can involve sudden, unexpected incidents which leave a significant impact on the patient's life. Such traumatic events may include natural calamities, accidents, abuse, etc. A pre-decided set of ethics helps maintain a professional environment during the therapy session, while also protecting the patient's rights. Ethical issues in trauma-based therapy arise when standards of morality are not met during psychotherapy. The purpose of ethics is to set high standards of professionalism to meet the wants and needs of the patient towards their treatment and to resolve their problems.

Areas of potential ethical issues and challenges in trauma-based psychotherapy are consent, transference, confidentiality, etc. Trauma therapists, like other psychologists, are professionally trained to maintain personal, professional boundaries which are necessary for ethical issues. Yet sometimes therapists find themselves dealing with dilemmas and difficult choices, leading to ethical issues. Following are some commonly experienced ethical issues. Maintaining a level of confidentiality with team or family, caregivers, providing extra supervision to high-risk patients, use of improper techniques by an untrained or poorly trained therapist, pressure to disclose more than necessary to family in an emergency, multiple roles played by the therapist, obtaining consent are some of the ethical challenges characteristic to trauma therapy.

Trauma and Consent for participation in the Psychotherapy Process

Having experienced Trauma, one tends to avoid memories and thoughts associated with the incident. So, even if it is the therapist addressing the trauma, consent is important. According to the American Psychological Association, informed consent is a person's voluntary agreement to participate in a procedure (in this case, trauma-based therapy) based on their understanding of the nature, benefits, and risks of the procedure, and available alternatives. Informed consent involves sharing information with patients that they need, to make rational choices among multiple options in their perceived best interest. A therapist is responsible for telling the client about the course of their treatment, what the therapy would do, and the approximate time taken by the treatment. The patient is asked to sign a consent form that specifies the details of the therapeutic procedure. Verbal consent is recommended too, as it gives assurance to the client and acts as a signal for the therapist to proceed. Along with consent for the therapy, before asking a very personal or sensitive question, seeking permission to talk about it is suggested. It may help avoid getting the trauma re-triggered in the patient.

According to the Diagnostic and Statistical Manual (DSM 5), one of the important criteria for Post-Traumatic Stress Disorder is avoidance of memories and thoughts pertaining to the traumatic event. Hence, consent from the patient to talk about such a sensitive issue is important for the continuation of the treatment.

Confidentiality and the Trauma Based Psychotherapist

Following consent, another way of safeguarding the patient's rights is ensuring confidentiality. At the patient's first visit, the therapist gives written information explaining privacy policies and confidentiality terms. It also specifies how the client's personal information will be handled. However, especially in the case of trauma victims, there are certain exceptions to this rule. If the patient is suicidal or in a potential risk of performing self-harm, the therapist ensures the patient's safety by informing the patient's guardian or informant. Further, psychologists may disclose certain information if they receive a court order. That might happen if a person's mental health is questioned during legal proceedings. Lastly, if the patient wishes to report abuse or rape, the therapist may assist them with reports. However, how much information we as therapists should share with the medical team, informants, parents, or guardians in an emergency seems like an ethical dilemma. In such cases, safeguarding the patient's confidentiality by disclosing only necessary information is one way to deal with the dilemma. For instance, if a child is suicidal, the parents can be informed about the child's intentions without disclosing any other details. This way, the patient's safety can be ensured without a breach of privacy.

Professionalism in Trauma Based Psychotherapy

Therapists are trained to handle a case professionally, without letting their subjective biases influence their judgment. However, instances of transference are seen, owing to the emotionally vulnerable state of the patients, especially trauma victims. The expression of feelings towards the therapist that are based on the patient's prior feelings about someone else is transference. Trauma Therapists often deal with ethical dilemmas, typically the ones that bring the interest of an individual into conflict with morals. They also ask patients to disclose sensitive information about the trauma which can potentially trigger them. To reduce the chances of a relapse or trigger, therapists begin with exposure therapy in a clinical setting using 'safe calm place' as an imaginary way to reduce ethical concerns and ensure the safety of the patient. Ethical issues in trauma-based psychotherapy are challenging and have several factors to look into that exacerbate risk and secondary trauma that can seriously impact even the therapist's personal and professional well-being if not practiced in keeping ethics. Trauma therapists largely in whole face ethical dilemmas as mentioned, if the reactions of their actions to being traumatized while entering into the therapeutic relationship, exposing the patient to psychological harm in anyways or possible re-traumatization and could mishandle therapy in a certain way.

Boundary Related Issues in Trauma Based Psychotherapy

There are different types of boundaries, and we need to prevent them from crossing ethical violations. But firstly, the need to understand and establish what are the limitations and set certain safety measures and safe connections between our patients and ourselves, especially dealing with trauma patients it gets difficult to set professional ethics. The most important aspect of ethical violations or issues faced are also that are in Trauma centered psychotherapy that how much do we share, how much self-disclosure happens, or what are our personal and physical boundaries of limitations going to be between the patients such as being friendly without being friends and that in itself has a major difference. Also, one must know where to draw limits and stop when you are friendly in session as you are two people that are working together to solve major goals in therapy, and you have a professional relationship to maintain.

Ethical issues in trauma arise and in general as well when you do not know or have the ability to understand where you end and the patient begins, so when the patient is telling you about their trauma and if you have a similar past trauma story that you have been through, you do not get meshed making sure to be able to separate your trauma your emotions from theirs to identify that it is transference which is of course when they're projecting onto you versus countertransference.

Keeping things in mind issues that can hamper therapeutic relationship and you clearly need to have an understanding of the limits and the responsibilities of your ethical roles as a trauma therapist and remind yourself that your responsibility is not to recuse a patient from their trauma but rather your responsibility is to assist the patient in staying safe, building a safe environment for themself having a quality life, psychological well-being, positive relationships, self-acceptance and

purpose towards life and so if there is a situation where there is imminent harm or the risk of imminent we do have the duty to act, however, it is not our obligation(there could be ethical issues when we cross these limits.) to rescue a patient constantly from every single life crisis that will happen, but we can teach them problem-solving skills, and systematic approach towards physical, mental and developmental, cognitive-emotional problems.

When ethical issues arise, the boundaries will never be in place too, so in order to follow a systematic approach, boundaries will help keep us focused on our responsibilities as a therapist towards the patients and the provision of intense traumatic therapeutic approach and appropriate services. But constantly thinking about ethics, boundaries and what is it that "*I am supposed to do in relation to where the patient is and wants to reach therapeutic goals, how can I do interventions along the way? How can I encourage them? Am I going to drag them to the finish line?"*. Well, we do want them to run to the finish line but themselves, and without ethical issues from our sides in the picture but we need to provide them encouragement along the way when they are dealing with such a heavy traumatic experience and sometimes the tools are needed to be mastered in the long run. So as to avoid burnout or compassion fatigue by maintaining those boundaries.

Multicultural issues in Trauma Based Psychotherapy

Culture which means association with a racial or ethnic group, gender, religion, economic, nationality, physical, or sexual orientation and it goes along with ethnicity which is a sense of identity that stems from common ancestry, history, religion or race and not to forget the minority group of people that have been discriminated against or subjected to unequal treatment. When we focus more, we have Multiculturalism, a generic term which indicates relationship within two or more groups and we have Multicultural Counseling that refers to any counseling relationship in which the counselor and patient belong to different group, hold different beliefs about society or may be their reality would defer in different worldviews. Diversity which again refers to individual differences like age, gender sexual orientation and physical ability. And not to forget the importance of Diversity Sensitive Counseling which refers to age, culture, disability, education, gender, language, location, socioeconomic and trauma. Multicultural trauma counseling is also based on cultural and meaningful strategies of coping with the trauma. People come in and seek trauma therapy/counseling largely because of the complex problems that emerge out of various conditions.

All cultures have developed formal or informal various ideas of dealing with human problems. Ethical issues in trauma based therapy and morals in professional responsibilities can go wrong when Awareness handling biases, stereotypes, assumptions are not in place. Awareness of the culturally various patients with their different world view to develop appropriate intervention strategies in social, cultural, historical and environmental settings. In order to avoid conflicts with Ethical issues we need to make sure we must be educated in multicultural perspectives and be integrated throughout the curriculum. Trainees could participate in at least one required internship in which they could have experiences or viewpoints and be updated. Also making sure that trainees could educate themselves in trauma and specific therapies. It's important to understand the relationship between religious and spiritual domain to avoid ethical conflicts.

Working in a multidisciplinary trauma team

While working in a multidisciplinary team and dealing with trauma patients you could be having professionals working as teams too such as a GP, Psychiatrist, not to forget team also means getting the family involved in the treatment plan as well. But here you do not tell the other professional his/her job, we may suggest, they may suggest discussion can be done towards by sharing a plan of action in an intervention and we do provide information to each other when needed and avoid ethical issues. When not shared any information to the patients can also be a point of ethical issues in therapeutic plan, such as letting them know the effects of the medications which would be told by the psychiatrist and the therapist would inform about the duration of the treatment and how many sessions would be needed what are the therapies that would be used in the process of the treatment plan. But we cannot suggest the doses of the medications and get into ethical issues. If the patient does ever ask about the doses of effects of the medication in a

conversation, we can make sure to inform the psychiatrist about the same but personally I would empower the patient to have a talk directly to the psychiatrist.

Other ethical issues in Trauma Based Psychotherapy

Patients can become very hopeless, angry and emotionally distressed if the patient feels at any point betrayed or misunderstood a relationship, or even have understood it can be worse, and when the relationship ends the patient can become more traumatized, volatile, and also a common pitfall in dual relationship is when a therapist and the patient know each other on a person context or from an outside setting and the enter into a therapeutic relationship. There are other areas where ethical issues arise like billing and fees when the patient is in acute trauma and whether must ask for fees at that stage or later, ethical issues in telepsychotherapy of trauma patients, the need for mandated reporting of some trauma related events and the legal issues in maintaining, sharing and keeping detailed records. The lack of appropriate and clear legal guidelines on various ethical issues is also a problem in some areas. Dealing with trauma patients is complex and one requires special training, education and updated continuous education else there may be a breach of ethical issues that may ensue. The basic principles of ethics are as applicable here as elsewhere and these include nonmaleficence (do no harm), Beneficence (help further, important interests, education, advocacy and outreach) Justice (giving people what they need in a fair manner) and Autonomy (supporting patient's rights to choose as well as ours).

Getting the facts in place while treating a trauma patient one has to have the screening in place to get the right diagnosis in order to set the right goals along with the right treatment plan and to maintain evaluations. Problematic ethical choices often lastly stem from in trauma based psychotherapy largely in whole when there is a fear in handling such patients, ignorance and uncertainty in ethical issues and lack of awareness of risk management.

Clearly Ethical issues in trauma based psychotherapy are not always clear cut, there are going to be those situations where normally you wouldn't do this but in a particular situation it's in the best interest of the patient it's not your best interest because you happen to not have a full caseload and you need somebody else, it's in the best interest of course of the patient always and there are no other alternatives in any situations and each situations requires thought and consideration of the ethical principles of beneficence fidelity and non-maleficence. Encourage the patients to do what is best for them. Know your limitations and do not go beyond what you can't deliver as a therapist and have an awareness of self-care and prevent burnout as well. Regular supervision and consultation is also warranted.

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