

Ethical reflections during this COVID pandemic

Contributing: Ann Marie Dewhurst, Elizabeth Carlson, Jane Wiley, Meagan Chan, Al Visram, Janet Nielsen, Crys Brown, Heather McKay, Petal Murti, Paige Irwin, Amanda Santarossa and Chandra Ashton.

Every six months for the past six years, a group of therapists (both psychologists and clinical social workers) and related professionals have gathered to renew our perspectives on applied professional ethics. The first gathering was on the patio behind my office, where the practice of Ethics on the Patio began. While there is a lot to be said about the wisdom arising from experience, there is also a lot to be learned from people encountering ethical dilemmas for the first time. Therefore, we deliberately included a blend of seasoned and emerging therapists in our process. Our format is informal and encourages discussion. Additionally, we invite other professionals who might help us expand our thinking about specific ethical issues. Our topics have included the use of technology, managing client and practice data, the interaction between therapists and lawyers/Court, record keeping, working with third parties (e.g., government or insurance), and professional self-care. Our invitation list includes approximately 40 people, and we can usually count on 12 to 15 participating in any given session.

Our most recent gathering was on November 27, 2020. For the first time we met online, and our discussion topic was “What has this COVID-19 era taught me about my ethical practice?” The discussion was a powerful reflection on the ethical impact of working through this pandemic. We agreed that it might be helpful to share our reflections with others. The following is a summary of the themes that emerged.

Losing control of the therapeutic environment. Much effort has gone into ensuring that our physical spaces meet the standards outlined by the College of Alberta Psychologists (CAP) and Alberta Health Services (AHS). This has meant significant changes to our offices and waiting rooms. The shift to online work has meant that we can’t always ensure that our clients will have safe and private places for sessions. As such, we’ve had to engage in ethical decision making as to whether it is in the client’s best interest for us to end the session or adapt our service approach given confidentiality constraints. We don’t always know who is listening or have any control over preventing disruptions. We have adapted to working with clients who are literally in closets and sitting in cars. The issues of confidentiality and informed consent are even more “front of mind” than usual as we consistently check-in with clients to ensure that they are safe working with us in each session. The threat to our and others’ safety has also been magnified as an ethical consideration.

Threat of the COVID virus to self and practice. Client interactions became a potential threat to us in a unique way. The potential to contract the virus and what that might mean for our practices, our health, and that of family members is very real. This fear makes it difficult to practice comfortably, especially as the provincial statistics for infections rise. We brace for each announcement of new restrictions and what that means for us. It was clear that there was no one way to cope with this emerging plight; each person discussed the processes involved in

determining the right balance between direct and distance service provision that aligned with their personal health, family wellbeing, and client needs. Guidance from AHS and CAP often came after practice decisions were made. The fear of being “wrong” was something that everyone grappled with. Issues such as whether or not to use contact tracing apps, our responsibility in reporting clients who disclose that they are knowingly exposing others to COVID or violating AHS guidelines, all made practice more complex. Navigating these considerations also gave way to ethical considerations of what “best practice” means during a global pandemic.

Clinical choices and adaptation of “best practices.” Practice had to change due to physical space adaptations and online venues. We discussed that sometimes it is not possible to provide our usual ‘best practice.’ We have had to do research about shifting from face-to-face contact and online practice with techniques such as EMDR and play therapy. Sometimes it hasn’t felt appropriate to use some of our evidence-based “go to” techniques, interventions, or assessments. This has led to people feeling that they were at times practicing “without a net.” We have had to be flexible and adaptive in our work, and innovation has been a constant necessity. Sometimes it has been challenging to remain positive and creative. Alternatively, when we’ve seen our changes having positive effects, it was described as a rewarding experience of growth. We reflected that some of our assumptions about “bottom lines” to good practice can be rethought with the help of our COVID-induced creativity. Our tendency to be curious about “what else can I do?” led many of us to seek out and explore new readings and research. This curiosity and commitment to professional development guided us towards innovative opportunities and alternatives and allowed us to make new professional connections and develop new skills. Some of these shifts centred on exploring our ideas around professional boundaries.

Challenges to our professional boundaries. This theme was reflected in discussions around fees, billing, and the demand for “compassionate scheduling and re-scheduling.” Practical matters such as maintaining our normal accountability practices for clients who miss or cancel sessions at the last minute, maintaining the “50 minute” hour, online waiting rooms, determining the appropriate number of clients to see in a day, and respecting the fatigue effect associated with online platforms were all examples of our need to establish boundaries that work for both clients and ourselves. Making these decisions, at times, was difficult for us, and each person shared that they had to make these decisions in a way that felt authentic to them while also respecting clients’ circumstance in this epoch of instability. We also spoke of engaging in careful decision-making around self-disclosure with clients.

Sharing of ourselves with clients. There are no precedents for responding to a pandemic and the reality is that we have had to make deliberate decisions regarding how much, if any, of our personal selves we share with clients. Our humanness is at play as we share our reactions and responses to the virus. We are working from our homes and the potential is there for clients to encounter our pets or children as the boundaries between the home and the workplace become increasingly blurred. The personal privacy of our office spaces has been challenged and, as such, many discussed the pressure of rethinking our boundaries – most especially

concerning deliberate decision making around sharing more of ourselves with clients. Furthermore, we discussed unique considerations surrounding the therapeutic relationship and potential ruptures to this relationship.

Managing clinical ruptures. Not all clients believe in the danger posed by COVID and protest wearing masks or abiding by the protocols prescribed by AHS/CAP. This puts us in the position of potentially having to report clients to authorities if we believe they are putting others in imminent danger. Additionally, some clients express cognitive distortions about the virus that puts others at risk. At times, it has been challenging to maintain a positive therapeutic alliance that balances the client's therapeutic need with the therapist's desire to correct or influence the client towards a science-based perspective. For many, reflective ethical practice in this regard also involved exploring our orientation to practice.

Social and political challenges. Many of us have strong social justice orientations as we work with all sorts of vulnerable peoples. As supports for our various client groups have been cut back or shut down due to both budget cuts and pandemic regulations, we recognize the inordinate disruption to care and burden this places on our clients. In addition, we find ourselves struggling to process these matters and our own reactions to them from a social justice perspective. An additional strain has been the co-occurring political debates in both Canada and the United States that challenge the humanistic/social justice orientation many of us hold as therapists. The Black Lives Matter and Missing and Murdered Indigenous Women and Girls movements, and the rise in hate rhetoric on social and conventional medias have added to the strain on our well-being. The provincial government's cutbacks to healthcare, education and social programs add to our concern and feelings of responsibility for responsive action to assist our clients and our community. At times, it has been difficult for us to know where we should direct our limited time, energy, and resources amongst the disruption, discord, and injustice. We recognize that we need to acknowledge and process our reactions to these movements and shifts, as well as our own experiences of grief and loss.

Grieving losses of freedom, preferred ways of working, and loss of depth of connections.

Although it is not in the nature of many therapists to ruminate on loss, we also recognize the importance of recognizing the impact of forced changes on our own psyches. Sometimes we feel overwhelmed, tired, and sad. We have done so much, very quickly, and the exhaustion is well earned. For some, the reality is a loss of clients and associated income, others grieved practice as they knew it, the loss of in-person human connection, or the realization that their goals and career plans needed to shift, sometimes drastically. Grieving doesn't mean we are defeated. As we talked, the importance of acknowledging what we miss, and experience as real losses, was emphasized. Acknowledging our grief and discussing it as a group was helpful to all - allowing one another space to have their grief heard and knowing that they are not alone. This was one element of self-care we identified.

Maintaining self-care. Our routines have been disrupted and so have our self-care routines. Fitness activities, social gatherings, conferences, workshops, and other forms of rejuvenation have been curtailed. The demands of caring for and homeschooling children, caring for

vulnerable family members, and dealing with increased isolation has forced us to adapt. We all know it is difficult to introduce new habits while under crisis conditions. At the same time, discoveries of latent talents and new interests have emerged as supports to coping (e.g., reading, music, crafts, gaming, participating in online classes, webinars or creating new social connections). Many of us reflected on how much we have come to value our routines. For example, working from home does not allow us the opportunity to unwind on our commute home from the office. Similarly, attending conferences and workshops in person allows for social connection with peers and unique processing time that just isn't the same when attending a webinar or Zoom meeting. Much as in the domains presented above, we shared how we engaged in responsive and intentional creativity to adapt our self-care approaches in a way that allows us to conduct our work from a balanced and ethical space.

Our in-depth discussion of pandemic-related ethical considerations revealed just how committed therapists are to responsive ethical practice. The themes we identify above are unlikely to be a surprise to anyone reading this. However, our meeting reminded us of the value in asking questions and affirming that we belong to a community that values professional ethics. It is important to listen and be heard. Reflective discussion with others helped us to feel less isolated and reminded us of our shared pandemic experience. The discussion affirmed our resiliency and creativity in uncertain times. Sharing also allowed us to shift our perspectives to consider ideas and strategies we hadn't thought of on our own. Doing heavy ethical lifting together normalized our experiences and validated that we are doing the best we can in these strange times. We hope by sharing these reflections with you, you may share in our experience and/or reach out to others to engage in similar conversations. In doing so we know that as psychologists and therapists, our ethical training continues to stand us in good stead.