
Ethical Problems In Family Therapy

These beliefs raise the question: Can a person opt out of counseling and does a reluctant person have to undergo pressure therapy because of the need of a specialist? According to the data, children over the age of 14 are as competent as adults in making treatment decisions (Koocher, 2003), but it is still unclear how often young family members make genuine voluntary choices. The practitioner, who strongly believes that the whole family should be involved in therapy, should not use coercion to persuade a reluctant member to attend or allow that member to prevent the rest of the family seeking counseling from receiving therapy. In such cases, the therapist should at least identify the contacts of other professionals in the field who would not necessarily accept the whole family for consultation. When the client in question is a child under the age of 18, the practitioner must take into account that the client's needs may differ from those of the parent (Koocher 2003).

Perhaps the most sensitive ethical issue in family and spousal therapy is secrets. The confidentiality dilemma can greatly complicate spousal and family therapy. This subject may raise quite a few questions for the specialist. Should the therapist secretly tolerate the secret and hide it from other people, perhaps even those associated with it? Could the parents violate the child's right to confidentiality? The concept of confidentiality in counseling groups (families and spouses) is more complex than in individual counseling. Often couples may find it difficult to set boundaries and privacy with respect to their own and their children's lives (Margolin, 1982). Adult clients should be able to protect the privacy of their marriage and avoid overloading their children with information that may be intimidating, traumatic or simply not understandable. On the other hand, many attempts to keep secrets have a manipulative basis, preventing the therapy from being useful and reaching its purpose. Parents also often have secrets. The therapist should consider how he or she will handle the secrets if one of the family members chooses to do so in person (eg during a phone call or in-person counseling). The best strategy to avoid such dilemmas would be to plan solutions in advance for such situations.

The most acceptable way to ethically resolve this issue would be to formulate a code of conduct for such cases and communicate it to all clients at the beginning of the consultation. Some therapists may say at the beginning of therapy that they will not keep secrets. Others may wish to accept confidential information to help the person who shared it decide whether it is appropriate for discussion across the group. It would also be possible to discuss with the mystery keeper his reluctance to share information with the mysterious family member. This approach can help a person to share information with their family if they so desire, which I think would be the best solution to this ethical dilemma. Keeping client secrets for a specialist can make it difficult to remember who shared that secret, as well as to retrieve information that was secret and not. A therapist who is unable to pre-empt and discuss such possible situations with clients can quickly disclose data that could have serious ethical consequences and lead to even greater disagreement in the family being counseled.

Also, sometimes a worried family member will try to gain access to their loved one's (specialist client's) records. When a client is a child or is considered legally incompetent, parents or guardians usually have the full legal right to see his or her descriptions. Therapists should be aware of the unique issues that arise when working with minors or families and should uphold

each individual's right to privacy and confidentiality. Violating these customer rights could potentially result in a complete loss of their confidence and willingness to work together to resolve the issue. From the beginning of therapy, all participants should receive information on specific behaviors and confidentiality. A discussion on what information and who can be shared should be brought up early. If rules are set in advance, such situations should not cause problems or problems (Koocher and Keith-Spiegel, 2016).