UNIVERSITY of WASHINGTON
PSYCHIATRY & BEHAVIORAL SCIENCES

Meta-Competency 8: Law, Ethics, and Professional Practice

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Meta-Competency 8: Law, Ethics, and Professional Practice

Competencies

- 8-a: Identify and apply federal and state laws to practice.
- 8-b: Integrate foundations of interprofessional ethics into practice.
- 8-c: Utilize supervision and consultation to guide practice.
- 8-d: Engage in ongoing reflective practice.

How to Use This Chapter or Unit

This chapter is designed to help instructors navigate the complexity of law, ethics, and professional practice for a new member of the mental and behavioral health workforce at the undergraduate level. Helping students grow into ethical professionals is a developmental process that starts in the BHSS bachelor's program and continues throughout the learner's career. Instructors guide students to evolve from memorization of standards to integration of knowledge with reflection on values and ethical decision making (Ametrano, 2014). One challenge at the undergraduate level is distributing an ethics curriculum across an academic program. A second challenge is identifying current resources for faculty to prepare students for ethical and culturally responsive practice. With planning, these tasks can be accomplished with positive results for the students and the persons they will serve (Parks-Leduc et al., 2021).

Students exposed to philosophical inquiry and courses in sociocultural foundations will likely begin the study of ethics with a strong foundation for critical thinking. Philosophical studies often expose students to multiple ways of viewing a problem or state of being without needing to find an immediate solution. This depth of exploration and discovery is often helpful in learning to tolerate ambiguity, which is characteristic of ethical dilemmas in mental and behavioral health practice.

Mandatory ethics are usually instructions on what "not to do" and may be found in state laws or rules. For example, the Washington Administrative Code (WAC) lists behaviors to avoid, and these are required to be listed on the BHSS disclosure statement. Aspirational ethics inspire the provider to think about what "to do" as a professional and are often found in professional association ethics, principles, or commitments (Corey et al., 2019). The American Mental Health Counselors Association (AMHCA) published a clinical mental health declaration of principles inspired by the Hippocratic pledge in medicine (AMHCA, n.d.). The document describes professional counselor values and behaviors that support ethical practice and the well-being of individuals, families, and systems. In the future, an experienced group of BHSSs will have the opportunity to create their own record of principles. In the meantime, it is prudent to seek out the wisdom of related professional associations associated with BHSS clinical supervision.

As BHSS training advances, before starting practicum, students should be introduced to the Revised Code of Washington (RCW) and Washington Administrative Code (WAC), which regulate practice in Washington State. Laws and rules will guide the BHSS and their supervisors on behaviors to monitor and avoid. Both aspirational and mandatory perspectives are important. Higher education programs are responsible for preparing a workforce grounded in an optimistic worldview with common values and principles while actively preventing situations that may lead to psychological, emotional, or physical harm to members of the public.

The study of ethics usually references the ethical codes of a profession. At present, BHSS ethics are encoded in the standards of professional conduct established by DOH. Since the BHSS is a new

profession in the Washington state workforce, no professional association code of ethics exists, if it is understood that ethics are the outcome of a profession's reflection on the morality and values of actions within the discipline (Corey, 2011). An appropriate starting place for BHSS training may be to explore the role personal and professional values play in ethical decision making. Following values exploration, faculty may introduce the BHSS student to ethical principles that are foundational to ethical codes in the mental and behavioral health professions. This approach is supported by recommendations from the integrated care literature to address the complexity of interprofessional work (Chenneville & Gabbidon, 2020; Kanzler et al., 2013; Spike & Lunstroth, 2016; Uhlig et al., 2018). While there may be some variation in principles between disciplines, the principles chosen for this chapter resonate with the fields of counseling, marriage and family therapy, psychology, and social work.

It will be appropriate for programs to introduce students to the ethical codes of one or more related professions consistent with the professional identity of the host educational program and/or BHSS practicum supervisors (e.g., the AMHCA, American Counseling Association, American Association of Marriage and Family Therapists, American Psychological Association, the National Association of Social Workers, and the National Association of Alcohol and Drug Addiction Counselors). Exposure to the ethical codes of different disciplines will also be helpful in encouraging graduate career exploration.

Summative Competency Assessment Example for MC8: Law, Ethics, & Professional Practice

Ethical Decision-Making Model

One example of a summative assessment is applying an ethical decision-making model to a case study that articulates an ethical dilemma. There are myriad models for ethical decision making. The model adapted for this chapter is the American Counseling Association (ACA) Ethical Decision-Making Model. The rubric designed to assess students' work utilizes the criteria in the ACA model. An instructor can easily replace the sample multipoint rubric with the desired criterion from a chosen model. The student applies the model to the case by writing 1–3 paragraphs for each criterion listed. It is best if the case reflects the sociocultural identity of the region where the educational program is situated. For inspiration, a case example is provided. After assignment submission, the instructor reviews the responses with the sample rubric or another rubric to provide feedback on the student's thoroughness and accuracy. The student might also conduct a self-assessment with the same rubric.

- MC8 Summative Assessment, Example 1, Ethical Decision-Making Model Activity

Multiple-Choice Ethics Exam

A second summary assessment option is a multiple-choice examination of knowledge areas related to the content of MC8. This approach is acceptable as a summative assessment; however, it only assesses knowledge of key terms and teaching points described in the chapter. As an alternative, the instructor could divide the questions into five sets of ten questions and deliver quizzes. The cumulative average of quizzes may serve as the summative assessment score. To access the sample multiple-choice exam, please contact bhsswa@uw.edu.

Sample Readings/Resources for MC8: Law, Ethics, & Professional Practice

American Counseling Association. (2009). *The ACA encyclopedia of counseling*. Wiley. https://doi.org/10.1002/9781119221548

Corey, G., Corey, M. S. & Corey, C. (2019). *Issues and ethics in the helping professions* (10th ed.). Cengage Learning.

Jungers, C. M., & Gregoire, J. (2012). *Counseling ethics: Philosophical and professional foundations.* Springer.

Kitchener, K. S., & Anderson, S. K. (2011). *Foundations of ethical practice, research, and teaching in psychology and counseling* (2nd ed.). Taylor and Francis. https://doi.org/10.4324/9780203893838

Sommers-Flanagan, R., & Sommers-Flanagan, J. (2015). *Becoming an ethical helping professional: Cultural and philosophical foundations* (1st ed.). John Wiley & Sons.

Wheeler, A. M., & Bertram, B. (2015). *The counselor and the law: A guide to legal and ethical practice* (7th ed.). American Counseling Association.

Sample Learning Sequence

FOUNDATIONS	ADVANCED	PRACTICUM
LO-1 Explain differences between values, ethics, and behavior.	LO-3 Summarize federal and state laws impacting professional practice.	LO-10 Demonstrate ethical and professional behavior with patients consistent with expectations of a bachelor-level Behavioral Health Support Specialist.
	LO-4 Apply ethical principles to patient cases.	
	LO-5 Employ the process of informed consent with a role-play patient.	
	LO-6 Discuss duty to warn, duty to protect, and mandatory reporting obligations.	
LO-2 Engage in reflective practice and value professional growth.	LO-7 Recognize the impact of boundary crossings and boundary violations on clinical care of patients.	LO-11 Manage personal and professional boundaries with patients, colleagues, supervisors, and co-providers of service.
	LO-8 Describe the BHSS scope of practice, including opportunities and limitations.	
	LO-9 Appreciate nature of supervised practice and role of supervisor in professional development.	LO-12 Promptly inform supervisor of incidents that pose risk of harm to a patient or employer.

BHSS Foundations

LO-1 Explain the differences between values, ethics, and behavior.

Key Terms and Concepts for LO-1

- **behavior:** observable actions by a person that include emotions, thoughts, and dispositions motivating a person's actions.
- **ethics:** guidelines pertaining to right conduct within the context of a profession.
- **ethical principles:** aspirational qualities that serve as a foundation to professional ethical codes. For this chapter, key ethical principles are:
    - **autonomy:** the right of an individual to make informed choices about their health or on behalf of a dependent freely and without coercion.
    - **beneficence:** the disposition toward doing good on behalf of another person, group, or organization.
    - **non-maleficence:** ethical obligation to avoid doing harm to patients through thoughtful consideration of the impact of one's actions on others.
    - **veracity:** the capacity to be honest and truthful in work and relationships.
    - **fidelity:** the degree of commitment one makes to another to follow through and not abandon one's responsibility.
    - **justice:** the pursuit of fairness and equity in work and relationships.
- **values:** positions or convictions important to individuals or groups that direct everyday life. Values reflect congruence between one's affect, cognition, and behavior (Corey et al., 2019; Kirschenbaum, 2013; Koocher & Spiegel, 2015).

Key Teaching Points for LO-1

Personal Values

- For most people, personal values are generally consistent over time and influence their daily choices, behavior, and interactions. When a person's behavior does not match their personal values, a person might experience cognitive dissonance leading to distress. Sometimes, the distress manifests as anxiety or depression. In general, when people explore their values and work toward congruence between values and behavior, they will express greater satisfaction with their life circumstances (Gladding, 2018; Kirschenbaum, 2013).

Values Imposition

- Values imposition is considered unethical by most mental and behavioral health professions due to the potential for harm to a patient. For example, a Christian BHSS decides to evangelize a Jewish patient who is struggling with their faith and beliefs. The professional helper believes the patient's depression is associated with their lack of faith in "the one true religion." The professional helper proceeds to influence the patient to seek out a new faith community aligned with the professional helper's belief system rather than the patient's belief system. If the patient follows the advice of the BHSS and adopts the religion only to become more depressed, the BHSS has harmed the patient by imposing their values.

Disclosing Values

- Disclosing values with a patient may be justified in certain circumstances and ought to be discussed with a supervisor. For example, a patient inquires whether a BHSS finds a racist joke humorous. In this instance, it may be helpful for the BHSS to disclose their values relevant to the issue and inform the patient that they do not find the joke humorous. This strategy states the provider's position without demeaning the patient or imposing a value. Further, value disclosure may prompt a discussion related to the patient's social circumstance and evaluation of the

impact of their behavior on others. Disclosing or sharing a value may help clarify the nature of the professional relationship and set a psychological boundary with the patient.

Values Exploration

- Professional helpers commit to career-long exploration of their values and how values influence their adherence to an ethical code and practicing ethical behavior. This work is a parallel process to the work helpers do with patients.

Sample Activities/Assessments for LO-1

Activity: Reaction to Value-Based Scenarios

The instructor creates a list of value-based issues. Students choose two to three challenging scenarios from the list to discuss in small groups. Students describe how they see themselves managing a value-related issue in a treatment encounter with a future patient. Students may react to these scenarios in small groups, asynchronously in the learning management system (LMS), a group chat, etc. The instructor provides ground rules for expressing opinions, listening, and asking clarifying questions. The goal of the assignment is to elicit honest reactions, rather than to achieve a "right" answer.

Activity: Review of Professional Association Values-Based Cases

The instructor identifies values-based cases from their respective professional orientation (e.g., psychology, social work, counseling, marriage and family therapy) and provides students with an in-class or online environment to react to the cases and the professional association's decision regarding any disciplining of the member.

Specific Resources for LO-1

Resource: **The Values Clarification Approach**

Values Clarification in Counseling and Psychotherapy: Practical Strategies for Individual and Group Settings: The author provides practical suggestions for discussing incorporating value-based discussions in the classroom.

- Kirschenbaum, H. (2013). *Values clarification in counseling and psychotherapy: Practical strategies for individual and group settings*. Oxford University Press. https://academic.oup.com/book/8959

LO-2 Engage in reflective practice and value professional growth.

Key Terms and Concepts for LO-2

- **reflective practice**: the continuous practice of examining self in relationship to patients and patients with the goal of understanding the helper's strengths and areas for professional growth.
- **professional growth**: change that occurs when a helper recognizes their limits and impact on others and identifies strategies for improved patient engagement.
- **professional development:** a career-long commitment to the acquisition of new knowledge, experiences, and skills that advance the individual helper on their career journey.
- **self-care:** the continuous act of combining reflective practice with opportunities for recreation to achieve balance between work and one's personal life.

Key Teaching Points for LO-2

Reflective Practice

- The concept of the reflective practitioner was explored by Donald Schön (1983) in *How Professionals Think in Action*. A core concept of the reflective practitioner is to "reflect-in-action" as a means of constantly refining one's approach to their work. This approach is especially useful to mental and behavioral health providers who work with a tremendous amount of complexity. For the BHSS, this may take the form of learning how to turn dialogue with mentors or supervisors into internal dialogue that helps guide professional decision making and practice.
- The act of reflection requires tremendous awareness of self, including one's values and beliefs, and the degree of congruence between values and behavior. People constantly weigh values and make decisions based on intuition about possible outcomes. Values, which are positions or convictions that a person finds important in their life, play a critical role in behavior. Beliefs are the individual interpretation of a value. People may often subscribe to the same value yet hold different beliefs. For example, two people may state they value family. For one, this means sacrificing personal desire at all costs, while for another, it means earning enough money to pay for basic needs. In psychotherapy, professional helpers often discuss values as relatively constant and beliefs as fluid and changeable. Cognitive therapies are built on the premise that beliefs can be challenged and changed to become more congruent with one's values.

Professional Growth and Development

- Professional growth and development are core values of the mental and behavioral health professions. For example, engaging in continuing education, implementing supervision and consultation recommendations, and advancing skills in culturally responsive care for patients.

Sample Activities/Assessments for LO-2

Activity: Values Clarification Exercise

Students will explore personal values through a values clarification exercise (Kirschenbaum, 2013). Value-based topics may include family, friendships, romantic partnerships, committed relationships, marriage, money, success, sex, health, healthcare, religion, personal identity, diversity, politics, social action, aging, death, and meaning in life. Students generate value-clarifying questions that encompass the following:

- question is interesting and relevant
- question elicits clarification rather than information
- question is open ended
- question is inviting
- question is personal
- question does not imply there is a right or better answer
- question is unbiased in respect to personal identity

Once students have formed a list of questions that help clarify values, they will practice asking the questions and eliciting responses in dyads or triads. For the classroom exercise, the instructor informs students that they are practicing a strategy that they may use with patients in the future. The goal of the exercise is to ask and respond, not to judge, question, or minimize someone's response. A student in the role of "patient" may pass on a question or select from several options. If they choose to pass, the instructor will ask the student to reflect on their reason for passing and how they might react to a patient who did not want to answer their question.

Activity: Values Reflection

Students choose one or more questions to respond to in a written or verbal reflection:

- What personal values influence your decision to pursue a career in the helping professions? List and describe your values.
- Have you ever engaged in behavior that may appear to others as incongruent (inconsistent) with your values? Identify the situation and describe it.
- How did you or others address the incongruence between your values and your actions?
- Identify potential patient values that may be uncomfortable or challenging for you.

Activity: Professional Growth Plan

Students write a professional growth plan for the coming year, including independent studies that advance knowledge or awareness of personal values, cultural awareness, and the impact that values have on relationships.

Specific Resources for LO-2

Values Clarification in Counseling and Psychotherapy: Practical Strategies for Individual and Group Settings: The author provides practical suggestions for discussing incorporating value-based activities in the classroom.

- Kirschenbaum, H. (2013). *Values clarification in counseling and psychotherapy: Practical strategies for individual and group settings.* Oxford University Press. https://academic.oup.com/book/8959

BHSS Advanced

LO-3 Summarize federal and state laws impacting professional practice.

Key Terms and Concepts for LO-3

- **federal law:** law created and enforced by the federal government of the United States. It applies across the entire country and includes laws enacted by Congress, executive orders, and decisions by federal courts. Federal law governs national concerns such as immigration, federal crimes, and interstate commerce.
- **tribal law:** laws created by Native American tribes within their own territories (tribal lands). Each tribe is considered a sovereign entity, with the authority to govern its members and land. Tribal law governs matters specific to the tribe, such as family law, criminal law, and land use, within the boundaries of the tribe's jurisdiction. Sovereignty is somewhat limited by federal law. The relationship between tribes and the federal government can be complex, with certain legal matters involving both jurisdictions (e.g., criminal cases or issues related to land and resources).
- **state law:** law created by the individual state governments that applies only within that specific state. It governs issues that are local or regional in nature, such as state criminal laws, family law (e.g., marriage and divorce), property law, and state taxes. Each state has its own constitution, legislature, and court system to create and enforce its laws.
- **municipal law and ordinances:** counties, cities, and municipalities can enact certain laws within their jurisdictions such as zoning and land use, building and safety codes, public health and safety, traffic laws, criminal, emergency, crisis, and many other areas. Local policy may be

created by county, city, or municipal authorities. The laws need to follow the state's constitutional requirements.

- **professional practice:** professional practice may be influenced through guidelines created by professional organizations or by a group of providers who identify standards for care of persons not mentioned in federal law, state law, or local policy.

Key Teaching Points for LO-3

Federal Law

- Myriad federal and state laws impact BHSS practice. This unit's purpose is to identify the most salient and commonly referenced laws to reinforce professional and ethical practice at the undergraduate level. Federal laws that dominate mental health professional discourse are listed in Specific Resources for LO-3.

State Law

- Washington state law must meet the minimum standards of federal law when applicable or exceed them to be valid. Federal law is limited in addressing the concerns of states. While discussing how laws are created may seem beyond the scope of the instructor's work, it is important for a BHSS to recognize that laws are not created in a vacuum. Every state has the right to make decisions about how to solve social problems. For example, the BHSS was created to serve the State of Washington. It is unknown to what degree other states will adopt a similar role. The resource link below provides a list of Washington state laws also listed on the DOH website.
- Additionally, laws reflect the thinking at a point in time in the nation's or state's history and may lose relevance, requiring amendments or changes to guide behavior in the future. For example, CFR 21 was amended in 2025 to allow for improvements in sharing substance use disorder treatment information with other health care providers to align with a whole health approach to treatment. A BHSS should be advised to stay up to date on state law governing practice.

Sample Activities/Assessments for LO-3

Activity: Case Study and Reflection

Students will review a case study about an issue that resulted in a law being passed in Washington State to address public concern. Students will comment on the pros and cons of passing a law that governs professional practice with the following questions: What was the rationale for writing the law? How has the law benefited Washington State? What are the unintended consequences of the law?

Examples are:

- **Sheena's Law** (71.05.458): Sheena Henderson was a mother of two who was murdered by her husband after he was detained, transported by police to the ER, and then released. Requires law enforcement to transport anyone who is a threat to themselves to an emergency room or a mental-health-designated crisis responder. Also, it permits law enforcement to remove guns from someone who threatens to harm themself or others.
- **Joel's Law** (SB 5269): Joel Reuter was shot by police during a standoff. Joel's parents tried 48 times to detain their son for a mental health disorder. Persons (family, guardian, conservator, or tribe) caring for a person living with acute or persistent severe mental health symptoms can petition the court for involuntary detention.

- **Ricky's Law** (HB 1713): Enrique "Ricky" Klausmeyer-Garcia, a mental health and addiction recovery leader, advocated for this law. The law permits involuntary detention for substance use intoxication with the goal of enrolling people in SUD treatment.

Specific Resources for LO-3

Resource: Open Notes

21st Century Cures Act: Federal legislation provides the National Institute of Health (NIH) with critical tools and resources to advance biomedical research across the spectrum, from foundational basic research studies to advanced clinical trials of promising new therapies. The legislation provides patients with expanded right of access to treatment notes, to understand their treatment plan, and treatment options. This impacts the BHSS by encouraging documentation for both the provider, the care team, and the patient.

- 21st Century Cures Act, Public Law 114-255. 42 U.S.C. (2016). https://www.govinfo.gov/app/details/PLAW-114publ255

Resource: Substance Use Disorder Treatment Documentation

Code of Federal Regulation 21 (CFR 21): CFR 21 is a federal law enforced by the Food and Drug Administration (FDA) and has implications for substance use disorder (SUD) treatment and the storage of SUD notes by providers. A consent from the patient is required to merge SUD notes with the medical record. SUD treatment notes and visibility ought to be discussed with the patient, and the patient has the right to decide how SUD notes are shared. Organizational attorneys ought to be consulted on the most up-to-date interpretation of CFR 21, which differs significantly from practice prior to January 1, 2025.

- Food and Drugs, 21 C.F.R. § National Archives (2025). https://www.ecfr.gov/current/title-21

Resource: Health Insurance Portability and Accountability Act

HIPAA: HIPAA is a federal law that governs how private health information (PHI) is stored, shared, and protected. Most people who see a primary care physician, dentist, or other specialist have encountered a HIPAA consent form. Similarly, information shared with a BHSS is regulated under HIPAA. A BHSS must take special care to protect the privacy of all individuals in their organization's care and appropriately share information with other providers.

- Health Insurance Portability and Accountability Act. Pub. L. No. 104-191, § 264, 110 (1996). https://aspe.hhs.gov/reports/health-insurance-portability-accountability-act-1996

Resource: Health Insurance Technology for Economic Clinical Health (HITECH) Act

HITECH Act: The American Recovery & Reinvestment Act of 2009 (ARRA, or Recovery Act) established the Health Information Technology for Economic Clinical Health Act (HITECH Act). HITECH complements HIPAA by focusing on the electronic storage of private health information, including the use of the electronic health record (EHR) to store PHI. The overarching goal of the act was to reduce the cost of care and improve health outcomes by incentivizing providers to use a HIPAA-compliant EHR rather than paper records. Practical application to BHSS practice includes documentation practices in the EHR, access to the EHR, storage of devices containing PHI, and notification requirements to patients if an electronic device, such as a laptop, is stolen from a provider.

- The American Recovery and Reinvestment Act, Title VIII Health Information Technology. Public Law 111-5, U.S.C. (2009). https://www.congress.gov/bill/111th-congress/house-bill/1/text

Resource: No Surprises Act

No Surprises Act: A federal law that took effect January 1, 2022, to restrict many instances of "surprise" medical bills. The legislation was included in the Consolidated Appropriations Act of 2021. One requirement of the BHSS professional disclosure statement is to clearly state a patient's financial obligation to receive services. This is both an ethical and legal requirement for the BHSS.

- Consolidated Appropriations Act, Division H, Title II. Public Law 116-260, U.S.C. (2021). https://www.congress.gov/bill/116th-congress/house-bill/133/text

Resource: Regulation of Health Professions and Uniform Disciplinary Act

Disciplinary Act: Revised Code of Washington (RCW) Chapter 18, Section 130 (18.130) is titled Regulation of Health Professions and Uniform Disciplinary Act. This chapter of the law describes the process of disciplining certified and licensed providers in Washington State, including the rights and responsibilities of the state and the certified or licensed provider during the adjudication process.

- Regulation of Health Professions, Uniform Disciplinary Act. RCW 18.130 (1994). https://app.leg.wa.gov/rcw/default.aspx?cite=18.130

Resource: Abuse of Children and Adult Dependent Persons

Mandated Reporter Law: RCW 26.44.030 outlines the responsibilities of mandated reporters and their duty to report incidents of abuse, neglect, and harm of children and dependent adults.

- Abuse of Children and Adult Dependent Persons. RCW 26.44.030 (2018). https://app.leg.wa.gov/rcw/default.aspx?cite=26.44.030

Resource: Process for Developing Rules

Rulemaking Act: RCW 34.05 is titled the Administrative Procedures Act. This chapter describes how rules are created for recognized professions in Washington State. This means that the law or RCW outlines the process for the WAC, which contains rules pertinent to BHSS practice.

- Administrative Procedures Act. RCW 34.05 (1988). https://app.leg.wa.gov/rcw/default.aspx?cite=34.05

Resource: Publishing Names of Credentialed Providers Disciplined

Public Records Act: RCW 42.56 details that when a provider is credentialed, the state has the right to publish the name of the BHSS along with their credential status as active, expired, or other. The state may also publish the names of persons disciplined due to unprofessional conduct or criminal activity as a means of protecting the public from further harm.

- Public Records Act. RCW 42.56 (1995). https://app.leg.wa.gov/rcw/default.aspx?cite=42.56

Resource: Privacy and Confidentiality

Information Access and Disclosure Law: RCW 70.2 is referred to as the medical records health care information access and disclosure law. This is the state version of HIPPA. State law meets or exceeds federal law. RCW 70.2 provides detailed information related to the protection of PHI and management of authorized disclosures of PHI to other parties. While the BHSS is not mentioned directly in this statute, the supervisors of the BHSS are named, and therefore the BHSS must follow the rules as outlined.

- Medical Records Health Care Information Access and Disclosure Law. RCW 70.2 (1991). https://app.leg.wa.gov/rcw/default.aspx?cite=70.02

Resource: Behavioral Health Disorders

Definition of Behavioral Health: RCW 71.05 is titled Behavioral Health Disorders, formerly Mental Health Disorders. In this law, behavioral health is defined, integrated screening and assessment for mental health and substance use disorders are described, and involuntary commitment procedures are outlined. The law is critical for the delivery of both inpatient and outpatient mental health services with guidelines for interventions that are least restrictive to the patient.

- Behavioral Health Disorders. RCW 71.05 (2016). https://app.leg.wa.gov/RCW/default.aspx?cite=71.05

Resource: Age of Consent

Age of Consent Law: RCW 71.34.030 describes the age of consent for outpatient treatment of minors. This law is important for the BHSS to understand if the BHSS plans to work with minors. While the law permits minors 13 and older to consent to some elements of their own healthcare, mental and behavioral healthcare providers have an ethical obligation to encourage and support communication with caregivers when appropriate and when the minor provides consent. It is also important to note that many states outside of Washington require the minor to be 16 or older to provide consent, and the consent is often for a limited period of time before adult caregivers must be notified.

- Outpatient Treatment of Minors. RCW 71.34.030 (2020). https://app.leg.wa.gov/rcw/default.aspx?cite=71.34.530

LO-4 Apply ethical principles to patient cases.

Key Terms and Concepts for LO-4

- **ethical dilemma:** when a problem in practice has no clear resolution and law, ethics, and policy are either unclear or do not exist to address the issue.
- **ethical decision making:** how individuals actually think and act when faced with an ethical situation (O'Fallon & Butterfield, 2005).
- **ethical decision-making model:** typically sanctioned by a professional group or organization to guide the work of membership and preserve the integrity of professional practice.
- **ethical principles:** See LO-1 for definitions**.**
    - autonomy
    - beneficence
    - non-maleficence
    - veracity
    - fidelity
    - justice
- **ethical standards:** implemented by either a professional association, employer, or government agency to minimize harm to recipients of care. Standards differ from codes in that they may or may not be the result of reflective practice by the profession and may be focused on mandatory ethics.
- **professional practice:** the consistent exercise of the values and principles associated with a profession. Professional practice is dynamic, not static, and requires continuous reflection on dilemmas and subsequent processes for management and resolution.

Key Teaching Points for LO-4

Ethical Principles

- Ethical principles often help resolve ethical dilemmas in the absence of ethical codes, rules, or standards. The principles may be utilized to guide the ethical decision-making process.

Ethical Decision Making

- A useful approach to explaining ethical dilemma, ethical decision making, and professional practice is to provide case examples that are local and meaningful to current students. Case examples altered to protect privacy might originate from instructor practice, the experiences of alumni, or consultations with local organizations delivering behavioral healthcare.

Ethical Decision-Making Models

- The professional literature cites numerous ethical decision-making models (Cottone & Claus, 2000). Herlihy and Corey (2014) discuss components of an ethical decision-making model that are transtheoretical and provide a good starting point for the BHSS. Additionally, an ethical decision-making model used by the academic program or instructor's profession (e.g., psychology, social work, counseling, etc.) is a helpful starting point as well.

Sample Activities/Assessments for LO-4

Activity: Match Ethical Principles to Definitions

This activity can be created in Canvas LMS using the quiz or survey tool. The instructor adds the terms and definitions found in LO-1. The Canvas tool randomizes the terms and definitions for the student to match. This activity may be set to allow 1–3 attempts.

Activity: Apply Principles to Ethical Dilemmas in Practice

The instructor provides students with an ethical dilemma and asks students to identify the most salient ethical principles related to the case, accompanied by a rationale for choosing the ethical principle(s).

Activity: Large Group Discussion of an Ethical Dilemma

In preparation for the summative assignment for this chapter, this activity prepares students for using an ethical decision-making model, supported by ethical principles, to address an ethical dilemma designed by the instructor. The goal of the activity is to familiarize students with the decision-making process.

Specific Resources for LO-4

Resource: Washington State Ethical Standards

Ethical Standards: This Washington Administrative Code (WAC) lists the minimum standards for behavior expected of a clinical service provider. WACs are generated by an act of government. Professional ethics are generated by the profession.

- Ethical standards, WAC 246-821-405 (2025). https://app.leg.wa.gov/WAC/default.aspx?cite=246-821&full=true#246-821-405

Resource: Guide to Ethical Decision Making

Ethical Decision Making: The American Counseling Association published this helpful guide to ethical decision making that will help the instructor explain the steps for the summative assessment.

- Forester-Miller, H., & Davis, T. E. (2016). *Practitioner's guide to ethical decision making* (Rev.ed.). American Counseling Association. https://www.counseling.org/docs/default-source/ethics/practioner-39-s-guide-to-ethical-decision-making.pdf

LO-5 Employ the process of informed consent with a role-play patient.

Key Terms and Concepts for LO-5

- **capacity**: a legal term, in the context of mental health care, representing the age at which a person may make independent decisions related to their healthcare. In Washington State, individuals have capacity at age 13. Capacity differs state to state (Corey, 2011).
- **confidentiality:** the ethical responsibility of a mental or behavioral health provider to maintain a patient's privacy regarding any disclosures to the provider or organization (Wheeler & Bertram, 2015).
- **comprehension:** the person not only has capacity, but understands the benefits and limitations associated with a healthcare decision (Koocher & Spiegel, 2015).
- **informed consent:** a person has capacity, demonstrates comprehension, and voluntarily chooses to participate in a professional helping relationship (Narins, 2019). The service provider or healthcare organization fully explains their professional disclosure, patient rights, the limits of confidentiality, the nature of services to be offered, the cost of services, potential benefits, limitations associated with services, documentation procedures, clinical supervision, duration of care, emergency processes, meaning of unprofessional conduct, complaint processes, and obtains voluntary consent (agreement) to provide services *prior* to delivery of any treatment. The right to informed consent is documented in statute (see RCW 7.70.060).
- **privacy:** the right of an individual to decide when and where to disclose personal health information. This right is extracted from many sources, including the 14th Amendment of the U.S. Constitution, HIPAA, and state privacy laws (Meara et al., 1996).
- **privileged communication:** legal term that protects certain providers from disclosure of private health information in a court of law (see RCW 5.60.060 for mental health counselors, social workers, and marriage and family therapists; see RCW 18.83.110 for psychologists). A BHSS does not hold privileged communication by statute to date; however, the BHSS supervisor likely holds privilege by statute. A BHSS should be advised to always consult their supervisor and the organization's legal counsel prior to responding to a subpoena to appear in court for a case related to their role as a BHSS.
- **professional disclosure:** the communication of one's degree, certification, supervision status, and scope of practice as part of the process of informed consent. A Washington state BHSS must create a written disclosure, provide it to the patient, and obtain the patient's signature. If the BHSS provides crisis services, they may obtain a patient signature during a follow-up encounter.
- **voluntariness:** consent to treatment is not subject to coercion, misinformation, neglect of information, or any other forced choice of a healthcare option (Runyan et al., 2018).
- **vulnerable adult:** per RCW 74.34.020, a vulnerable adult is a person (a) 60 years of age or older who as the functional, mental, or physical inability to care for self; or (b) is subject to guardianship; or (c) has a developmental disability; or (d) admitted to any facility; or (e) receiving services from a home health, hospice, or home care agency; or (f) receiving services from an individual provider; or (g) who self-directs their own care and receives services from a personal aide.

Key Teaching Points for LO-5

Comprehension

- A BHSS needs to determine if a patient comprehends the language of consent, especially if certain parts of consent are recorded in written form. For example, it is important to determine that a patient is literate, a patient understands the language of the form if English is their second language, and that the terminology used to gain consent matches the educational level of the patient.

Capacity

- Capacity is usually associated with the chronological age of the patient. Generally, anyone age 18 or older in the United States has capacity to consent to healthcare unless they are identified as a vulnerable adult or have been determined to temporarily lack capacity. In the State of Washington, persons aged 13 and over have legal capacity to consent to behavioral healthcare. Students will benefit from knowing this right is unique to Washington, and the right does not exist in the same way across the country. For vulnerable adults under legal guardianship, a guardian must provide consent to care. In Washington State, persons under the age of 13 do not hold legal capacity to consent to mental or behavioral health treatment.

Voluntariness

- Informed consent means that a person has not been coerced or forced to consent. Sometimes, people are unsure if mental or behavioral health services are right for them. In these situations, providers may gain consent for a period of time (e.g., 30 minutes) and revisit the consent process at the next agreed-upon encounter time. In this way, informed consent is a process, not an event.

Informed Consent is a Process

- In team-based care, there may be several people involved in the consent process. An administrative assistant may introduce a patient to the organization and the organization's financial policies and then request signatures on forms. A primary care provider might ask for consent to provide assessment and diagnosis of physical health conditions. The BHSS may need to explain BHSS services, the nature of supervision, and the approach to care, and gain both verbal and written consent from a patient.
- Additionally, while someone may give consent in one instance, it does not always mean the person understood all aspects of the consent process, including the benefits and limitations of mental and behavioral health treatment. It is helpful for the BHSS to inquire frequently about the person's understanding of treatment, treatment goals, and the nature of BHSS services. Documenting these "check-ins" is vital to demonstrating due diligence in gaining and maintaining patient informed consent.

BHSS Disclosure Statement

- DOH requires all BHSSs to design a disclosure statement and provide this form to all patients, obtain the patient's signature, and co-sign. The primary purpose of the disclosure is to verify that a patient understands the training and preparation of the provider. If a licensed organization has a specific process for sharing disclosures for its providers, there may be exceptions to the individual disclosure requirement. The elements of a professional disclosure statement are listed in WAC 246-821-420.

Consequences of Not Gaining Patient Consent

- The instructor may explore the consequences of not obtaining consent prior to treatment delivery.
- BHSS education on ethical, legal, and professional issues is not intended to "scare" the BHSS, but rather to alert them to the pitfalls of failing to appropriately disclose the nature of BHSS services and obtain consent from patients. While not frequent, there are some cases in the mental and behavioral health field that demonstrate negligence or malpractice for failing to gain informed consent.

Sample Activities/Assessments for LO-5

Activity: Construct a BHSS Disclosure

BHSS Disclosure Template: As required by statute, the BHSS uses the disclosure template provided to construct their own professional disclosure. Note: Licensed behavioral health agencies have the right to create their own disclosure process. Use of this disclosure is necessary in the absence of another process.

- O'Connell, W. (2025). BHSS disclosure template. University of Washington.

Activity: Elements of Informed Consent

The BHSS delivers informed consent to a role-play partner in class or as a homework assignment. This activity works well in triads, whereby a third person checks the elements discussed and provides feedback to the BHSS on whether they covered all areas of consent. Informed consent may include: (a) introduction to brief interventions, (b) discussion of confidentiality and limits, (c) purpose of psychosocial interventions, (d) process for determining improvement and process for addressing worsening conditions, (e) discussion of BHSS disclosure, (f) cost of services if applicable, and (g) managing complaints.

- O'Connell, W. (2025). *Informed consent checklist*. University of Washington.

Activity: Document Informed Consent

Informed consent ought to be documented in the patient record, especially for behavioral health services. While this may be completed in an electronic record by importing text, it is helpful during the educational phase to document freehand as a means of confirming the BHSS's understanding of their responsibility.

Specific Resources for LO-5

See Sample Activities/Assessments for LO-5.

LO-6 Discuss mandatory reporting obligations, duty to warn, and duty to protect.

Key Terms and Concepts for LO-6

- **duty to protect:** in the United States, the duty to protect is rooted in the Tarasoff decision (Tarasoff v. the Board of Regents of the University of California, 1976) in which the California Supreme Court ruled that behavioral health providers ought to hold privileged communication for their patients except when maintaining privacy threatens the life of another person. Subsequently, other states have passed laws that further detail when and how a behavioral health provider must act to protect others. The duty to protect involves careful assessment of a

situation so that any breach of confidentiality does not cause more harm by failing to accurately assess the circumstances. The duty to protect leads to the duty to warn.

- **duty to warn:** In 1976, in Tarasoff v. the Regents of the University of California, the California Supreme Court ruled that the persons involved in the patient case (college counselor, supervisor, and campus police) ought to have breached confidentiality and warned Tatiana Tarasoff that her estranged boyfriend intended to harm or kill her. This case laid the foundation for other states to pass laws that require certain professions or citizens to take steps to warn a person if they are in danger. Over time, the duty to warn has been extended to those who may be within the vicinity of the person at risk for lethal harm.
- **mandatory reporter:** identified by state statute and required to report observed incidences of risk and harm to a select authority to protect the life, health, and welfare of persons residing in the state. Mandatory reporting laws are specific to each state and are dependent on where the person of concern is located. In Washington State, a BHSS is a mandatory reporter for suspected abuse of a child and a vulnerable adult.

Key Teaching Points for LO-6

Limits of Confidentiality

- A key part of informed consent is helping individuals receiving services understand the limits of confidentiality. Proper informed consent helps prevent most dilemmas related to incidents of breaching confidentiality to prevent harm. When limits to confidentiality are discussed in advance, the BHSS operates from the principles of veracity (truthfulness), nonmaleficence (do no harm), and fidelity (commitment) to the therapeutic relationship.

Informed Consent is a Process

- If a patient states, “I want to tell you something and you can’t tell anyone else,” this is likely an indicator that the provider ought to repeat key information related to confidentiality and exceptions to confidentiality. Informed consent is a dynamic versus static process.

Patient Safety

- A common rule for mental and behavioral health providers is to “err on the side of safety,” rather than wonder whether to report. Washington state agencies, such as Child Protective Services (CPS) and Adult Protective Services (APS), ask reporters poignant questions to help determine if the available facts are sufficient to warrant an investigation. A BHSS does not investigate, rather, a BHSS reports suspicion of abuse based on available data.

Consult

- Advise the BHSS to always consult a supervisor or manager when exercising mandatory reporting obligations so that the agency, clinic, or organization can support the BHSS with decision making and planning.

Sample Activities/Assessments for LO-6

Activity: Mandatory Reporting Practice

The instructor introduces a role-play scenario where a patient identifies a third party at risk of harm for child or vulnerable adult abuse. The student acting in the BHSS role explains to the patient their rationale for making a mandated report. When possible, the BHSS involves the patient in the process, providing choices and options when appropriate. For example, the BHSS may ask, “Would you like to be in the room while I make the report?”

Activity: One More Thing

The instructor creates a role-play scenario whereby a BHSS and patient are close to the end of an encounter. At that point, the patient adds "one more thing" and describes a situation that leads the BHSS to suspect abuse or neglect. The student in the BHSS role describes or acts out how they might handle the situation.

Specific Resources for LO-6

Resource: Public Records

Public Records Act: RCW 42.56 details that when a provider is credentialed, the state has the right to publish the name of the BHSS along with their credential status as active, expired, or other. The state may also publish the names of persons disciplined due to unprofessional conduct or criminal activity as a means of protecting the public from further harm.

- Public Records Act. RCW 42.56 (1995). https://app.leg.wa.gov/rcw/default.aspx?cite=42.56

Resource: Duty to Protect

Duty to Protect: RCW 26.44.030 is the statute that describes the reporting requirement for licensed and certified providers in Washington State.

- Duty to notify. RCW 26.44.030 (2018). https://app.leg.wa.gov/rcw/default.aspx?cite=26.44.030

Resource: Mandatory Reporting for Vulnerable Adults

Reporting Abuse: RCW 74.34.035: This statute describes mandatory reporting of abuse, exploitation, or abandonment of vulnerable adults.

- Mandatory reporting for vulnerable adults, RCW 74.34.035 (2003). https://app.leg.wa.gov/RCW/default.aspx?cite=74.34.035

Resource: Counselor and the Law

Counselor and the Law: This is an excellent desk reference for instructors related to general law and ethics for helping professionals. Usually available through Summit Libraries.

- Wheeler, A. M., & Bertram, B. (2015). *The counselor and the law: A guide to legal and ethical practice* (7th ed.). American Counseling Association. https://psycnet.apa.org/record/2015-03899-000

LO-7 Recognize the impact of boundary crossings and boundary violations on clinical care of patients.

Key Terms and Concepts for LO-7

- **boundaries**: an invisible demarcation between two people that protects both persons physically, emotionally, and psychologically.
- **boundary crossings**: a decision by one party that is outside the normative understanding of the relationship and may benefit the professional relationship. For example, attending a funeral for a patient's family member, accepting a small handmade gift with little monetary value, or editing a letter a patient is writing to a family member to express themselves more clearly.
- **boundary violations**: when a person perceives their physical, emotional, or psychological boundaries have been crossed, and that they have been harmed by the action.

- **emotional boundaries:** the degree of regulation that a person exercises in expressing their emotions to another. Emotional boundaries are influenced by time, culture, and context.
- **physical boundaries:** the degree of proximity between two people that allows for safe interaction without the threat of harm, abuse, or discomfort. For mental and behavioral health professionals, physical touch with a patient is generally avoided, especially for novice professional helpers.
- **psychological boundaries:** the degree of genuineness, transparency, and beneficence present in an interpersonal interaction. A person who intentionally deceives another person may have violated a psychological boundary.

Key Teaching Points for LO-7

Differentiating Between Personal and Professional Boundaries

- One way to introduce personal boundaries is to present the circumplex model of family cohesion and adaptability (Olson et al., 1979). Adaptability describes how open people are to change within relationships. Family boundaries may be diffuse, flexible, structured, or rigid. Generally, "flexible" and "structured" indicate healthy family boundaries, while "chaotic" and "rigid" describe poor boundaries. Cohesion describes how bonded people are to one another. Families may experience disengagement, separation, connectedness, or enmeshment. Generally, separated or connected families have healthy boundaries with one another, while disengaged or enmeshed families have poor boundaries.
- There is some evidence that individuals who pursue a career in the helping professions have a higher rate of childhood psychosocial trauma than other undergraduate fields of study (Black et al., 1993; Furness, 2007). Those who have experienced unhealthy family functioning need to develop insight and understanding into these dynamics and process how to manage or change their present interactions. This is best done through personal therapy. Unfortunately, sometimes professional helpers process their personal issues in their professional relationships with patients. In some cases, this may be attributed to countertransference. In other cases, providers have adopted a dysfunctional belief system that justifies blurring personal and professional boundaries.
- Someone who thinks they have good boundaries at one stage of life may be susceptible to poor boundaries at another stage. Smart and experienced people can do hurtful things. The risk of harm to patients is not limited to the novice professional helper. It must be emphasized that personal reflection on one's life experiences and how they impact the helper role is essential to maintain an ethical practice.

Differentiating Between Boundary Crossings and Boundary Violations

- Boundary crossings are perceived as being outside the normal expectations for a professional helper, yet benefit a patient, rather than causing harm. An example may be accompanying a patient to a referral with their consent. Often, referrals are made with no follow up. Introducing a patient to a referral with proper consent may be a strategy that builds a bridge for the patient and honors their cultural background if the patient is unaccustomed to seeking help for problems. While the action may not be typical of a professional helper, it is also not considered harmful.
- In contrast, a boundary violation denotes a behavior that may or does lead to psychological, emotional, or physical harm to the patient. Common boundary violations are listed in RCW 18.130.180.

Examining Personal Boundaries and Intersection with Ethical Decision Making

- Every BHSS ought to have an ethical decision-making model that may be used continuously during employment and while caring for patients. Personal bias can easily enter ethical decision making and lead to flawed solutions for ethical dilemmas. A process that involves consultation helps reduce the risk of personal bias by introducing a third party who may question the professional helper's motives, whether conscious or unconscious.

Examining Cultural Implications of Problem Identification and Boundary Setting

- While setting clear boundaries is considered standard practice for professional helpers, the BHSS ought to consider the cultural and personal identity of the patient when establishing boundaries and work to maintain a trusting, safe, and therapeutic relationship. Often, it is not whether but how the BHSS will respond to a boundary concern. For example, if a patient from a collectivist culture approaches a BHSS who identifies from an individualistic culture for a hug, it is important for the BHSS to react respectfully and with tact. Too rigid a response may put distance between the BHSS and patient. If the BHSS ignores the behavior and does not discuss it, the patient will not know that their behavior is a concern to the BHSS or organization. There may be multiple paths to the desired outcome. Sometimes, the patient should be included in the solution. For example, the BHSS might respond, "I appreciate your gesture of gratitude. The policy at our clinic is to avoid touching or hugging patients for their safety and well-being. I am wondering if there is another way for you to express your gratitude?" Starting with the patient's perspective honors the patient's intent and allows the BHSS to introduce their perspective gently. The sample conversation may follow: "I understand you wanted to show your appreciation. I prefer avoiding touch to maintain a safe environment for all my patients. I wonder if there is an alternative way we can show appreciation to one another that does not involve hugging or touch?" Exploring solutions with a patient is culturally responsive and helps the BHSS walk the fine line between setting a boundary and respecting the patient's intentions.

Sample Activities/Assessments for LO-7

Activity: Distinguishing Between Boundary Crossings and Violations

Students will create a list of potential boundary crossings and a list of boundary violations. Students will then work in small groups to distinguish boundary crossings from boundary violations and provide a rationale for including each in a particular category.

Specific Resources for LO-7

Resource: Boundary Issues

Boundary Issues: This is an excellent desk reference on boundary issues in professional helping relationships and usually available through Summit Libraries.

- Herlihy, B., & Corey, G. (2014). *Boundary issues in counseling: Multiple roles and responsibilities* (3rd ed.). American Counseling Association. https://imis.counseling.org/store/detail.aspx?id=78090

LO-8 Describe the BHSS scope of practice, including opportunities and limitations.

Key Terms and Concepts for LO-8

- **scope of practice:** the range of tasks, decisions, or activities that a provider is deemed competent to perform based on education, supervised training, experience, and state issued credential.
- **scope drift:** the perception of an organized profession or regulatory board that another group with less training or education is assuming responsibilities that exceed their scope of practice.
- **SSB 5189**: the Substitute Senate Bill that became law in 2023 to establish a BHSS certification by 2025.

Key Teaching Points for LO-8

Scope of Practice Purpose

- From a state government perspective, assigning a scope of practice helps protect the public from harm provides increased confidence to the public that an individual can perform the work they claim to offer, and provides the public with the most cost-beneficial option for services.

Impact of Setting on Perception of Scope of Practice

- There are often different views about scope of practice based on the setting and availability of providers. For example, people who live in large metropolitan areas frequently have access to medical specializations such as neurology, oncology, etc. These medical specialties are often not available in rural areas of the country. People living in rural communities often benefit from medical professionals with an expanded scope of practice to address common concerns. Still, a primary care provider cannot perform certain procedures, such as a transplant, due to a lack of credentialing and experience. Acting within one's scope of practice may not always be what the public wants but ultimately helps avoid harm.

Sample Activities/Assessments for LO-8

Activity: Exploring Ethics Investigations

The instructor provides or asks students to find examples of credentialed professionals working outside their scope of practice and the consequences of this behavior. State credentialing boards often post monthly or quarterly reports of ethics investigations, and some categorize investigations by issue. This activity or assignment may address only mental and behavioral health professionals or any professional credentialed by the state.

Specific Resources for LO-8

Resource: Statement on Scope of Practice

Scope of Practice: This helps define scope of practice and how scope of practice is addressed in clinical settings.

- American Medical Association. (2022). *What is scope of practice?* https://www.ama-assn.org/practice-management/scope-practice/what-scope-practice

Resource: Scope of Practice Defined

Scope of Practice: This article discusses the meaning of scope of practice for healthcare professions.

- Health & Care Professions Council. (n.d.). *Scope of practice*. https://www.hcpc-uk.org/standards/meeting-our-standards/scope-of-practice/

Resource: Scope of Care and Rural Mental Health

Scope of Care in Rural Health: This article describes the scope of practice in rural mental health as quite broad and covering the lifespan. Additionally, rates of mental health diagnoses are comparable per capita to metropolitan areas.

- Hastings, S. L., & Cohn, T. J. (2013). Challenges and opportunities associated with rural mental health practice. *Journal of Rural Mental Health*, *37*(1), 37–49. https://doi.org/10.1037/rmh0000002

Resource: SB 5189 and BHSS

SSB 5189: This is the bill developed by Senator Yasmin Trudeau (Tacoma) and signed into law by Governor Jay Inslee in May 2023 to establish the profession of Behavioral Health Support Specialist in Washington State.

- Substitute S.B. 5189, Wash. Leg. (2023). https://lawfilesext.leg.wa.gov/biennium/2023-24/Pdf/Bills/Session%20Laws/Senate/5189-S.SL.pdf?q=20240305125839

LO-9 Appreciate nature of supervised practice and role of supervisor in professional development.

Key Terms and Concepts for LO-9

- **dependent certification or license*:*** state-issued certification or license to practice that requires permanent or temporary supervision. In Washington State, the BHSS is a permanent dependent certification, while master's-level associates have temporary dependent licenses requiring supervision until requirements are met for independent practice.
- **supervised practice:** structured training experience where a student or dependent certified/licensed individual provides care alongside or under the guidance of a designated and qualified licensed mental health professional.
- **supervisee role:** responsibilities and functions of the supervisee, including honest and direct disclosure to the supervisor of interactions with patients, colleagues, and co-providers of service. The supervisee demonstrates receptivity to feedback and works to integrate feedback into patient or collegial interactions.
- **supervisor role:** responsibilities and functions of the supervisor, including oversight, feedback, and professional development of the supervisee, as well as ensuring the protection and well-being of patients.
- **supervisor feedback**: communication from the supervisor to the supervisee involving the care of patients, professional conduct, and ethical decision making. Feedback may be direct, instructional, guiding, or non-directive depending on the issue and the developmental level of the supervisee.
- **supervisory relationship:** professional and educational relationship between a supervisor and supervisee, ideally characterized by a mutual commitment to the conditions that support a supervisee's growth and development.
- **professional development:** ongoing process of acquiring new skills, knowledge, and competencies to enhance professional practice.

Key Teaching Points for LO-9

Supervised Practice

- Supervised practice is a cornerstone of professional training (Heffner & Cowan, 2022). It serves as the essential, experiential bridge for students between classroom learning and the practical application of knowledge and skills in a clinical setting. The goals for supervised practice include supporting the developmental advancement of BHSS competencies, ensuring adherence to ethical, legal, and professional standards, and fostering professional identity formation.
- Supervisors are the clinical counterparts to educators, providing setting-specific guidance, support, and feedback to help students integrate theory into practice. Supervisors are ultimately responsible for ensuring that a supervisee's practice meets ethical, legal, and professional standards. This responsibility underscores the importance of clearly defined expectations for communication about clinical care and care team interactions, as well as structures for routine feedback and evaluations. It is also crucial for supervisors and students to establish and maintain professional boundaries with each other to prevent boundary crossings and violations, which can compromise the supervisee's development. For example, while it is appropriate for a student to discuss their thoughts and feelings around clinical experiences with their supervisor, it would be a boundary issue for the supervisor to act as the student's therapist. Instead, the supervisor's role is to provide support and guidance matched to the student's stage of learning and scope of the BHSS role. An ideal supervisory relationship fosters self-care in the student, emphasizing the importance of personal well-being to effectively care for others. This includes identifying strategies that promote optimal functioning within their role, encouraging a healthy work-life balance, and directing them to appropriate resources if needed. By promoting supervisee well-being, supervisors help supervisees to show up in a manner that best supports their patients and care team while maintaining their own health and professional boundaries.

Supervisory Relationship

- Both supervisees and supervisors bring qualities to the relationship that can enhance or detract from the supervisee's learning and growth potential. To maximize training potential during practicum, supervisees are encouraged to engage in continuous reflective practice and appreciate being transparent. A willingness to identify and bring reflections on both relative strengths and weaknesses to a supervisor helps to reinforce and increase the complexity of knowledge and skillsets.
- Feedback from supervisors is essential for professional growth. The integration of feedback into practice, acceptance of responsibility for one's actions, and demonstration of receptivity to feedback are essential skills to practice and develop within the supervisory relationship.

Supervisor Liability

- Both supervisors and supervisees must adhere to ethical guidelines to protect the well-being of patients and maintain the integrity of the professional relationship. Supervisors are responsible for setting clear boundaries and ensuring that supervisees understand and follow confidentiality protocols. Legal aspects, such as liability, must be clearly communicated and understood by both parties to prevent legal issues. Informed consent is crucial, as it ensures that patients are aware of the supervisee's role and the supervision process.

Sample Activities/Assessments for LO-9

Activity: Reflection on Supervisory Experience

Students will journal on their experiences in supervised practice, noting successes, growth opportunities, feedback received, and learning.

Specific Resources for LO-9

Resource: Clinical Supervision Tips

Making Every Moment of Clinical Supervision Count: From the American Counseling Association, this provides tips for a successful supervision relationship.

- Warner, T. (2022, January). *Making every moment of clinical supervision count*. American Counseling Association. https://www.counseling.org/publications/counseling-today-magazine/article-archive/article/legacy/making-every-moment-of-clinical-supervision-count

BHSS Practicum

LO-10 Demonstrate ethical and professional behavior with patients consistent with expectations of a bachelor-level Behavioral Health Support Specialist.

Key Terms and Concepts for LO-10

- **ethical behavior:** a consistent pattern of performing duties that reflect the ideals of the mental and behavioral health professions, including the foundational principles.
- **college or university policies**: each college or university delivering BHSS curriculum has guidelines for the behavior of all students and may have additional criteria for persons involved in a clinical practicum or internship.
- **practicum site policies**: unique policies at each practicum site that outline responsibilities of employees, including practicum and internship students.

Key Teaching Points for LO-10

Practicum

- Practicum students ought to be aware of the standards for behavior at both the higher education institution and the practicum site. In general, the college or university communicates expectations for behavior to its students through a course syllabus, practicum guide, or affiliation agreement with the practicum site. Practicum sites communicate standards through orientation, supervision agreements, and supervised practice.
- It is normal to make mistakes in professional practice, especially during practicum. Students need to adopt the stance of a learner, be open to feedback, and identify support for managing challenging situations.
- Egregious behavior is typically not tolerated in clinical settings, and students need to understand policies related to both corrective action and termination.

Law, Ethics, and Professional Practice

- Students should be aware that while uncommon, there may be instances of misalignment between law, ethics, and professional practice. These instances ought to be discussed with a

supervisor and/or faculty to determine the best course of action. Instances of misunderstanding, misinformation, and lack of context need to be addressed by a team versus the individual student.

Sample Activities/Assessments for LO-10

Activity: Discussion in Peer Group

During the practicum experience, instructors ought to provide opportunities for practicum students to dialogue about their experiences, including concerns with discrepancies between rules and observed behavior. Discussions provide an opportunity to address bias, learn how to collect facts, and, when appropriate, communicate concerns to others working at the practicum site.

Specific Resources for LO-10

Resource: Ethical Conflicts

Ethical Conflicts: This is a helpful desk reference for examining ethical dilemmas in practice that may be available through Summit Libraries.

- Drogin, E. Y. (2019). *Ethical conflicts in psychology* (5th ed.). American Psychological Association. https://www.apa.org/pubs/books/4312027

Resource: Case Studies from Healthcare Providers Service Organization (HPSO)

Case Studies: HPSO provides many excellent resources, including case studies to share with students as part of their study of law and ethics. Included topics are privacy and confidentiality, documentation, treatment, telehealth, informed consent, and more.

- Healthcare Providers Service Organization (n.d.). *Helpful resources for you*. https://www.hpso.com/Resources

LO-11 Manage personal and professional boundaries with patients, colleagues, and supervisors.

Key Terms and Concepts for LO-11

- See LO-7.

Key Teaching Points for LO-11

Boundary Management

- A BHSS is an adult who has personal agency over their behavior, decisions, and actions. Managing a boundary means being responsible for recognizing boundary crossings and taking steps to avoid boundary violations (Drogin, 2019). For example, a patient might ask a personal question inquiring into the BHSS's marital status, family members, hobbies, etc. The BHSS can kindly respond to the patient by explaining to the patient their position on maintaining privacy and focusing on the patient's needs. The patient's question may also be an opportunity to openly discuss boundaries, their purpose, and their meaning in the therapeutic relationship.

Personal Boundaries

- Each person has their own perceptions and interpretations of another's behavior and their own response to another's behavior. The manner, timing, and extent of boundary management may

be shaped by one's personal background and experiences. Physical distance, use of eye contact, voice tone, etc., vary from individual to individual. Personal boundaries may be rigid, adaptable, flexible, or diffuse. It is the responsibility of the BHSS to know their own approach to human relationships and the degree to which they exercise boundary management. This is a lifelong process and one that requires reflection and action steps.

Professional Boundaries

- Professional boundaries are expectations that people working in a team-based setting develop for one another. Professional boundaries are typically adaptable to time, setting, and context. A good measure of professional boundaries is what a team of individuals views as appropriate behavior in a given situation. Examples are types of dress, attendance, punctuality, documentation, self-disclosure, and voice volume. Warning signs of rigid boundaries within professional groups are an "all for one and one for all" approach to problems, whereby concerning behavior is ignored to protect a member of the team. Alternatively, an employee who calls a licensing board to spite a co-worker they dislike may have diffuse boundaries and lack awareness on how to resolve conflict.

Sample Activities/Assessments for LO-11

Activity: Discussion in Peer Group

Instructors will check in with students during the practicum experience on boundary issues. Faculty liaisons may also encourage site supervisors to initiate these discussions during one-on-one or group supervision.

Specific Resources for LO-11

Resource: Ethical Conflicts

Ethical Conflicts: This is a helpful desk reference for examining ethical dilemmas in practice that may be available through Summit Libraries.

- Drogin, E. Y. (2019). Ethical conflicts in psychology (5th ed.). American Psychological Association. https://www.apa.org/pubs/books/4312027

LO-12 Promptly inform supervisor of incidents that pose risk of harm to a patient or the organization.

Key Terms and Concepts for LO-12

- **risk:** the likelihood or probability of an event or outcome occurring that could potentially affect the individual's health or safety. This could be the risk of experiencing mental health deterioration, a crisis, self-harm, or harm to others. Risk is not just about potential negative outcomes but can encompass the probability of positive outcomes or unintended consequences.
- **risk of harm:** the potential for an individual to experience negative outcomes that may impact their well-being or safety. In the context of mental health, harm can include self-harm, suicide risk, or harm to others.
- **risk management:** a structured approach in mental health to identifying, assessing, and addressing risks to an individual's health and safety. The goal of risk management is to prevent or mitigate negative outcomes, including harm to the individual or others.

Key Teaching Points for LO-12

Truthfulness and Transparency

- Truthfulness and transparency are critical to reducing the risk of harm to a patient. It is normal to worry about the consequences of informing a supervisor about something the BHSS observed about themselves, their patient, or the interaction with a patient. This worry cannot deter the effort to disclose incidents in a timely manner. The supervisor's response ought to match the nature of the incident and the developmental stage of the supervisee. Supervisors are expected to remain calm, listen carefully, gather information, and respond in a manner that respects the needs of the patient as well as the supervisee. One example is a supervisee receiving a subpoena to appear in court and testify about interactions with a patient without the patient's consent. In this example, the supervisee responds to the subpoena without informing the supervisor, organization, or the patient. Failing to inform the supervisor abdicates responsibility to the supervisor, the agency, and ultimately the patient. If the supervisee proceeds to release confidential information without consent, harm may be done to the patient when the proceeding could have been interrupted by the behavioral health organization's attorney, representing the best interests of the patient. A second example would be a supervisee having romantic or sexual attraction to a patient. Failure to discuss this attraction with a supervisor, or at minimum, a neutral consultant, may lead to inappropriate behavior that potentially harms the patient.

Risk of Harm

- Risk of harm is reduced when the BHSS stays up to date on laws, rules, policy, and ethical practice standards.

Sample Activities/Assessments for LO-12

Activity: Case Review

Students review cases provided by HPSO or another insurance company highlighting risks and consequences of behavior by providers. Ask students to express their viewpoints and reactions to the case through a peer-reviewed forum using composition, audio, or video.

Activity: Construct Risk Management Strategies

Students will create a list of risk management strategies that may accompany them on their professional journey.

Specific Resources for LO-12

Resource: Helpful Resources

Case Studies: HPSO provides many excellent resources, including case studies to share with students as part of their study of law and ethics. Included topics are privacy and confidentiality, documentation, treatment, telehealth, informed consent, and more.

- Healthcare Providers Service Organization (n.d.). *Helpful resources for you*. *https://www.hpso.com/Resources*

Resource: Risk Management Strategies

Risk Management Strategies: This document provides information on practical steps to prevent and reduce the risk of harm to others in clinical practice. provides information on practical steps to prevent and reduce the risk of harm to others in clinical practice.

- O'Connell, W. (2025). *Risk Management Strategies*. University of Washington.

Chapter or Unit Summary

Preparing a BHSS for ethical practice starts in the higher education program and continues through practicum, employment, and continuing education. The role of the college or university is to provide a foundation that promotes practice grounded in ethical principles, supports ethical decision making, and encourages a productive supervisory relationship. The depth and breadth of topics that may be covered is vast, therefore, programs ought to cover common concerns expressed by their practicum partners to ensure students are prepared for their initial patient-facing experiences. It would be prudent to know what topics practicum sites typically cover in orientation that complements learning while avoiding redundancies in the academic program. The BHSS workforce development project will help identify gaps in learning applicable to future BHSS continuing education in ethical and professional issues.

Annotated Bibliography

Ametrano, I. M. (2014). Teaching ethical decision making: Helping students reconcile personal and professional values. *Journal of Counseling and Development*, *92*(2), 154-161. https://doi.org/10.1002/j.1556-6676.2014.00143.x

- This peer-reviewed article examines the literature on teaching ethical decision making in graduate counseling programs, varied approaches in teaching, and methods that lead to results with students. The author conducted a qualitative study of student responses to a structured ethics course in graduate counseling. Findings included class improvement in tolerating ambiguity, greater awareness of personal values in ethical decision making, and increased emphasis on client welfare. While not empirical, the author used a systematic approach to record teaching methods and student response, including anonymous feedback to the instructor. The author did not record elements of personal identity in the student population.

Cottone, R. R., & Claus, R. E. (2000). Ethical decision-making models: A review of the literature. *Journal of Counseling and Development*, *78*(3), 275–283. https://doi.org/10.1002/j.1556-6676.2000.tb01908.x

- This literature review traces the philosophical and historical background to the evolution of ethical decision-making models in the helping professions.

Lincoln, S. H., & Holmes, E. K. (2010). The psychology of making ethical decisions: What affects the decision? *Psychological Services*, *7*(2), 57–64. https://doi.org/10.1037/a0018710

- A primary goal of this research was to contribute to the understanding of ethical decision making through exploring the decision-making process and its relationship with moral intensity, a term used to describe situational characteristics of a moral dilemma. The researcher recruited 352 Navy chaplains to participate. Responses to a moral dilemma were observed in written feedback. As a result, the researcher developed a tool to assist with ethical decision making. The questions are akin to the steps found in many ethical decision-making models, but to a greater depth here.

O'Fallon, M. J., & Butterfield, K. D. (2005). A Review of the Empirical Ethical Decision-Making Literature: 1996–2003. *Journal of Business Ethics*, *59*(4), 375–413. https://doi.org/10.1007/s10551-005-2929-7

- Although this study is over twenty years old, it was a significant meta-analysis of the impact of personal or organizational identity factors on moral reasoning and moral decision making in business ethics. Personal identity factors such as age, gender, nationality, religion, and others were controlled to determine whether there were significant differences. In general, there were no significant differences among inherited identity factors such as gender or nationality. Regarding age, older people tended to value ethical decision making more than younger people. Religion had a positive relationship with moral reasoning, and philosophical stance produced mixed results based on one's orientation. This study helps recognize the importance of understanding candidates, exploring their values with them, and helping them develop ethical reasoning skills.

Parks-Leduc, L., Mulligan, L., & Rutherford, M. A. (2021). Can ethics be taught? Examining the impact of distributed ethical training and individual characteristics on ethical decision-making. *Academy of Management Learning & Education*, 20(1), 30–49.

- The researchers examined students enrolled in business courses on the variable of ethical decision making. While not directly related to the field of psychology or social work, the student population aligned with the purposes of this workforce effort. Curriculum was distributed across courses in the sample program, and the researchers studied the interaction of personal characteristics and personal values on ethical decision making. Findings indicated that coursework encouraged the development of ethical reasoning, and individual characteristics, such as conscientiousness, influenced the likelihood that students would achieve ethical reasoning.

Yam, F. C. (2022). Investigation of the effectiveness of professional ethics and legal issues course on ethical competencies of counselor candidates. *International Journal of Ethics Education*, *8*(1), 129–141**.** https://doi.org/10.1007/s40889-022-00151-9

- The authors studied the effectiveness of undergraduate psychology ethics education on student self-efficacy with counseling psychology ethical concepts. Three-quarters of the study represented female-identified students, and one quarter represented male-identified students, all enrolled as seniors at a college in Turkey. The researcher used a pretest/posttest design utilizing student self-report, rather than observed behavior. The conclusion was that the course was effective and supported the rationale that undergraduate psychology students significantly benefit from a course in professional ethics. This study was included in this bibliography due to the lack of available research related to undergraduate students. While not generalizable to the US context, the questionnaires may be helpful for future studies with BHSS in Washington State. Additionally, the sociocultural identity of the students represents an international group, although other identities such as social class, economic status, etc., are unknown.

References for this Unit

Ametrano, I. M. (2014). Teaching ethical decision making: Helping students reconcile personal and professional values. *Journal of Counseling and Development*, *92*(2), 154-161. https://doi.org/10.1002/j.1556-6676.2014.00143.x

American Mental Health Counselors Association. (n.d.). *The Clinical Mental Health Counselor Declaration—American Mental Health Counselors Association*. https://www.amhca.org/events/publications/declaration

Black, P. N., Jeffreys, D., & Hartley, E. K. (1993). Personal history of psychosocial trauma in the early life of social work and business students. *Journal of Social Work Education*, *29*(2), 171–180. https://doi.org/10.1080/10437797.1993.10778812

Chenneville, T., & Gabbidon, K. (2020). Application of the APA ethics code for psychologists working in integrated care settings: Potential conflicts and resolutions. *Ethics & Behavior*, *30*(4), 264–274. https://doi.org/10.1080/10508422.2019.1683739

Corey, G. (2011). *Issues and ethics in the helping professions* (8th ed.). Brooks/Cole.

Corey, G., Corey, M. S., & Corey, C. (2019). *Issues and ethics in the helping professions* (10th ed.). Cengage Learning.

Cottone, R. R., & Claus, R. E. (2000). Ethical decision-making models: A review of the literature. *Journal of Counseling and Development*, *78*(3), 275–283. https://doi.org/10.1002/j.1556-6676.2000.tb01908.x

Drogin, E. Y. (2019). *Ethical conflicts in psychology* (5th ed.). American Psychological Association.

Furness, S. (2007). An enquiry into students' motivations to train as social workers in England. *Journal of Social Work*, *7*(2), 239–253. https://doi.org/10.1177/1468017307080355

Gladding, S. T. (2018). *The counseling dictionary* (4th ed.). American Counseling Association.

Heffner, C. L., & Cowan, J. A. (2022). *The strength-based clinical supervision workbook: A complete guide for mental health trainees and supervisors*. Routledge. https://doi.org/10.4324/9781003006558

Herlihy, B., & Corey, G. (2014). *Boundary issues in counseling: Multiple roles and responsibilities* (3rd ed.). American Counseling Association. https://imis.counseling.org/store/detail.aspx?id=78090

Kanzler, K. E., Goodie, J. L., Hunter, C. L., Glotfelter, M. A., & Bodart, J. J. (2013). From colleague to patient: Ethical challenges in integrated primary care. *Families, Systems, & Health*, 31(1), 41–48. https://doi.org/10.1037/a0031853

Kirschenbaum, H. (2013). *Values clarification in counseling and psychotherapy: Practical strategies for individual and group settings*. Oxford University Press.

Koocher, G. P. & Spiegel, P. K. (2015). *Ethics in psychology and the mental health professions: Standards and cases*. Oxford University Press.

Meara, N. M., Schmidt, L. D., & Day, J. D. (1996). Principles and virtues: A foundation for ethical decisions, policies, and character. *The Counseling Psychologist*, *24*(1), 4–77. https://doi.org/10.1177/0011000096241002

Narins, B. (2019). *The Gale encyclopedia of mental health* (4th ed.). Gale, Cengage Learning.

O'Fallon, M. J., & Butterfield, K. D. (2005). A review of the empirical ethical decision-making literature: 1996–2003. *Journal of Business Ethics*, *59*(4), 375–413. https://doi.org/10.1007/s10551-005-2929-7

Olson, D. H., Sprenkle, D. H., & Russell, C. S. (1979). Circumplex model of marital and family systems: I. Cohesion and adaptability dimensions, family types, and clinical applications. *Family Process*, *18*(1), 3–28. https://doi.org/10.1111/j.1545-5300.1979.00003.x

Parks-Leduc, L., Mulligan, L., & Rutherford, M. A. (2021). Can ethics be taught? Examining the impact of distributed ethical training and individual characteristics on ethical decision-making. *Academy of Management Learning & Education*, 20(1), 30–49.

Runyan, C. N., Carter-Henry, S., & Ogbeide, S. (2018). Ethical challenges unique to the primary care behavioral health (PCBH) model. *Journal of Clinical Psychology in Medical Settings*, *25*(2), 224–236. https://doi.org/10.1007/s10880-017-9502-2

Schön, D. A. (1983). *The reflective practitioner: How professionals think in action*. Basic Books.

Spike, J. P. & Lunstroth, R. (2016). *A casebook in interprofessional ethics: A succinct introduction to ethics for the health professions* (1st ed.). Springer Cham. https://doi.org/10.1007/978-3-319-23769-5

Uhlig, P. N., Doll, J., Brandon, K., Goodman, C., Medado-Ramirez, J., Barnes, M. A., Dolansky, M. A., Ratcliffe, T. A., Kornsawad, K., Raboin, W. E., Hitzeman, M., Brown, J., & Hall, L. (2018). Interprofessional practice and education in clinical learning environments: Frontlines perspective. *Academic Medicine*, *93*(10), 1441–1444. https://doi.org/10.1097/ACM.0000000000002371

Wheeler, A. M. & Bertram, B. (2015). *The counselor and the law: A guide to legal and ethical practice* (7th ed.). American Counseling Association.