**[Leilanie Baca](https://ashford.instructure.com/courses/86523/users/64024%22%20%5Co%20%22Author%27s%20name) post to week three discussion one**

Scenario #1:

Within this scenario we are dealing with a client who has a history of dangerous behaviors. After being in inpatient treatment the client has been treated, stabilized and released into the community, however, the treating psychiatrist believes that with continued treatment the client will remain stabilized but with terminating the treatment he poses a threat to the community. The client wants to terminate thee treatment so a hearing is held in which the treating psychiatrist testifies that while the client is not imminently dangerous, he potentially could become dangerous again without treatment.

Based upon the fact that the client has posed a threat to society numerous times and has repeated dangerous behaviors in the past, it is best that the client remains in treatment to keep their mood and behaviors stable.  With that being said, the clients therapist can recommend they stay and treatment by something that is known as "therapist– client relationship which is the strongest controllable predictor of outcome in psychotherapy" (Horvath, Del Re, Flueckiger, & Symonds, 2011). By the therapist having control over the clients treatments it allows for a personal bond between the therapist and client and collaboration in working toward shared goals (Manchak, et al., 2014). "Treatment may also be formally mandated by a court, in both civil (i.e., inpatient or outpatient commitment) and criminal contexts. It has been shown that any patients who have ever been arrested, up to half were told that they would be incarcerated unless they complied
with treatment. When patients are required to participate in treatment, control may become an important component of the relationship" (Monahan et al. 2005). Within this scenario the only challenge I see happening is if the client refuses treatment mandated by the court and is then incarcerated. This now poses a threat to the fellow prisoners' who must be around this person who is already proven to have dangerous behaviors. By having mandated treatment and control among the therapist with the client some potential benefits could result in healthy affiliation and good trusting relationship as well as keeping the community and the client safe. Ethical code 10.10(a) "Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service" (apa.org), due to the fact the client still needs treatment and benefits from it and their case has went to the courts and will likely be mandated by the courts, this ethical code guided my decision to keep the client in treatment.

Scenario #2:

A woman who has been going to therapy for her bi polar disorder has just told her therapist that she is going away on a gambling trip and plans to win lots of money. It was soon discovered by the therapist that this woman has stopped taking her bi polar medication because she "feels better and feels happy" and she has voiced her decision to discontinue therapy and medication because she feels "better" and no longer needs therapy.

Upon reading the article by Caplan (2008), it states that "a person has the fundamental right, well established in medical ethics and in Anglo-American law, to refuse care even if such a refusal shortens their own life or has detrimental consequences for others". It also stated that any form of treatment that is forced is going to find any support or make any progress. Unlike the above scenario, this client does not pose an immediate threat to anyone and treatment was not mandated by courts, therefore, they client does have a right to continue or discontinue treatment. "It would not be ethical to force treatment upon anyone if there were significant risks involved with the treatment and the
moral basis for mandating treatment is for the good of the patient by rebirthing their autonomy" (Caplan, 2008). For example if a patient is receiving treatment for 6 months for an addiction and they all of a sudden say," I'm done", there is little to nothing that can be done that would effectively treat this patient. Since this client poses no immediate threat to herself or others and has no history of dangerous behaviors, and keeping in mind ethics and the law, as a mental health professional there could be nothing more to do then to terminate this patients therapy. If they stopped coming to therapy and were unable to be reached via phone or email, then there is nothing more that can be done to help this client. This can be potential challenges that may arise when dealing with the effectiveness of mandated treatment for this client. Based on the fact that the therapist believes the client may still need therapy and treatments, the therapist must put the law into consideration when dealing with this client and remember that "a person has the fundamental right, well established in medical ethics and in Anglo-American law, to refuse care even if such a refusal shortens their own life or has detrimental consequences for others".

American Psychological Association. (2010). [Ethical principles of psychologists and code of conduct: Including 2010 amendments. (Links to an external site.)](http://www.apa.org/ethics/code/index.aspx) Retrieved from http://www.apa.org/ethics/code/index.aspx

Caplan A. C.  (2008). [Denying autonomy in order to create it: The paradox of forcing treatment upon addicts](https://ashford.instructure.com/courses/86523/external_tools/retrieve?display=borderless&url=https%3A%2F%2Flibrary.ashford.edu%2FAccount%2FLtiLogin.aspx%3Fcustom_redirectresource%3Dhttps%3A%2F%2Flibrary.ashford.edu%2Fezproxy.aspx%3Furl%3Dhttp%253A%2F%2Fsearch.ebscohost.com%2Flogin.aspx%3Fdirect%3Dtrue%252526AuthType%3Dip%2Ccpid%252526custid%3Ds8856897%252526db%3Da9h%252526AN%3D35118770%252526site%3Dehost-live). Addiction, 103(12), 1919–21. Retrieved from [http://onlinelibrary.wiley.com/journal/10.1111/%28ISSN%291360-0443Links to an external site.](http://onlinelibrary.wiley.com/journal/10.1111/%28ISSN%291360-0443)

Horvath, A. O., Del Re., A. C., Flueckiger, C., & Symonds, D. (2011).
Alliance in individual psychotherapy. Psychotherapy, 48, 9 –16. doi:
10.1037/a0022186

[https://content.bridgepointeducation.com/curriculum/file/a198df3c-b22a-4022-9e58-ecc57f4790d7/1/PSY699%20The%20Ethics%20of%20Mandated%20Treatment%20Scenarios.pdfLinks to an external site.](https://content.bridgepointeducation.com/curriculum/file/a198df3c-b22a-4022-9e58-ecc57f4790d7/1/PSY699%20The%20Ethics%20of%20Mandated%20Treatment%20Scenarios.pdf)

Manchak, S. M., Skeem, J. L., & Rook, K. S. (2014). [Care, control, or both? Characterizing major dimensions of the mandated treatment relationship](https://ashford.instructure.com/courses/86523/external_tools/retrieve?display=borderless&url=https%3A%2F%2Flibrary.ashford.edu%2FAccount%2FLtiLogin.aspx%3Fcustom_redirectresource%3Dhttps%3A%2F%2Flibrary.ashford.edu%2Fezproxy.aspx%3Furl%3Dhttp%253A%2F%2Fsearch.ebscohost.com%2Flogin.aspx%3Fdirect%3Dtrue%252526AuthType%3Dip%2Ccpid%252526custid%3Ds8856897%252526db%3Dpdh%252526AN%3D2013-24290-001%252526site%3Dehost-live). Law and Human Behavior, 38(1), 47–57. Retrieved from http://www.apa.org/pubs/journals/lhb/