Ethical Issues in Clinical Supervision

Melanie W. Hudson, M.A., CCC-SLP
ASHA Fellow
Chair, ASHA Speech-Language Advisory Council
Director, EBS Healthcare

Learner Objectives

Participants will:
• Increase awareness of ethical practices pertaining to clinical supervision;
• Discuss recurring themes in ethical issues pertaining to clinical supervision;
• Identify supportive resources when facing ethical dilemmas.

Ethical Standards

• Guide professional behavior related to practices, procedures and circumstances
• Established by professional organizations at national, state or regional levels, accrediting agencies or employers
• Are not religious or scientific in nature
• Organized by Preamble (vision statement), Principles (goals to be maintained), Rules of Conduct (Dos and Don’ts of each principle)

SLP Scope of Practice (2016)

• Supervision is a distinct area of practice; is the responsibility of SLPs; and crosses clinical, administrative, and technical spheres. SLPs are responsible for supervising Clinical Fellows, graduate externs, trainees, speech-language pathology assistants, and other personnel (e.g., clerical, technical, and other administrative support staff). SLPs may also supervise colleagues and peers. SLPs acknowledge that supervision is integral in the delivery of communication and swallowing services and advances the discipline. Supervision involves education, mentorship, encouragement, counseling, and support across all supervisory roles. SLPs
• Possess service delivery and professional practice skills necessary to guide the supervisee;
• Apply the art and science of supervision to all stakeholders (i.e., those supervising and being supervised), recognizing that supervision contributes to efficiency in the workplace;
• Seek advanced knowledge in the practice of effective supervision;
• Establish supervisory relationships that are collegial in nature;
• Support supervisees as they learn to handle emotional reactions that may affect the therapeutic process; and
• Establish a supervisory relationship that promotes growth and independence while providing support and guidance.

General Ethics Principles

• Utilitarian: Do good, not harm
• What is Right: Protect and respect others
• What is Fair and Just: Treat others equally based on some defensible standard
• The Common Good: Actions should enhance the community as a whole
• What is Virtuous: Maintain highest values of truth, compassion, integrity, fairness, prudence

(Santa Clara University, 2005)

Disclosure Statement

Relevant financial relationship(s) and relevant nonfinancial relationship(s)
I have the following relevant relationships in the products or services described, reviewed, evaluated or compared in this presentation.
• ASHA provided travel costs for this convention.
• I receive royalties from Delmar-Cengage publishers for “Professional Issues in Speech-Language Pathology and Audiology, 4th Edition,” (Lubinski & Hudson, 2013), listed in the references and resources section of this presentation.
ASHA Code of Ethics

• Applies to all ASHA members, certified or not
• Applicants for membership or certification
• CF seeking to fulfill standards for certification
• Suggests minimally acceptable conduct
• Organized into a preamble and four principles of ethics which are further defined by rules of ethics
• May assist members in self-guided ethical decision making

ASHA Code of Ethics

• Fundamentals of ethical conduct described by Principles of Ethics and Rules of Ethics
• Four Principles form underlying basis
• Rules are specific statements of minimally acceptable as well as unacceptable professional conduct

Principle of Ethics I

• Responsibility to persons served professionally and to research participants, both human and animal

Principle of Ethics II

• Responsibility for one’s professional competence

Principle of Ethics III

• Responsibility to the Public

Principle of Ethics IV

• Responsibility for professional relationships
States Codes of Ethics

- Codes of ethics or professional conduct are principles designed to help professionals conduct business honestly and with integrity. They are generally aspirational in nature.
- If a state does not reference a specific code, know what constitutes grounds for discipline.
- Please be advised that statutes and regulations may change at any time, so check periodically for updates.

Common Types of Ethical Complaints

- Documentation Lapses
- Employer Demands
- Use and Supervision of Support Personnel
- Clinical Fellowship Mentoring/Student Supervision
- Client Abandonment
- Reimbursement for Services
- Business Competition
- Impaired Practitioners
- Affirmative Disclosures

Documentation Lapses

- Supervisor requests that they “sign off” on documentation for patients they did not evaluate or treat.
- Supervisor requests that they sign off on student- or assistant-provided treatment that they did not supervise.
- Supervisor may request altering or supplementing patient or treatment paperwork.

Ethical Concerns and Supervisors

- Principle of Ethics I
  - Rule Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.

- Principle of Ethics III
  - Rule D. Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.
Principle of Ethics IV

• Rule E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.

Employer Demands

"Getting here on time every morning and never have a day off sick just isn’t good enough anymore. How are you ever going to get through all the stuff I keep piling on top of you if you don’t work through your break as well?"

Ethical Concerns and Supervisors

• Supervisors may demand increase in caseloads, tighter time limits, higher production quotas, and rejection of a professional’s independent judgment.

Principle of Ethics II

• Rule A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.

• http://www.asha.org/policy/SP2016-00343/
**Principle of Ethics IV**

- **Rule B.** Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.

**Support**

- ASHA offers ethics resources members can use to educate their employers in such situations. Ethics Office staff are available to help members advocate for ethical and best practices while, if possible, meeting their employer’s demands.

**Use and Supervision of Support Personnel**

**Ethics and Supervision**

- Because of differing state requirements and various job titles, the Ethics Office receives numerous ethical inquiries about roles and responsibilities of support personnel.
- The Board of Ethics does not have jurisdiction over an assistant practicing alone. The board's jurisdiction is limited to a member, certified member, or applicant (ASHA, 2008).
- In general, however, there is no ethical use of assistants in any setting without adequate direction and supervision by an ASHA certified professional (ASHA, 2004).
- [http://www.asha.org/policy/SP2013-00337/#sec1.10](http://www.asha.org/policy/SP2013-00337/#sec1.10)

**Ethics and Supervision**

- Because the assistant provides services as “an extension” of those provided by the professional, the supervisor is responsible for informing the assistant about the Code of Ethics and monitoring the performance of the assistant.
Ethical Concerns and Supervisors

- Supervisor fails to ensure that all services, including those provided directly by the assistant, meet practice standards and are administered competently.
- Supervisor fails to ensure that clients and subjects are informed of the title and qualifications of the assistant.
- Supervisor fails to provide appropriate and adequate direct and indirect supervision to ensure that the services provided are appropriate and meet practice standards.
- Supervisor fails to document supervisory activities and adjust the amount and type of supervision to ensure that the services provided are appropriate and meet practice standards.
- Supervisor fails to ensure that he or she has the skills and competencies needed in order to provide appropriate supervision; may include seeking continuing education in the area of supervision practice.
- Supervisor fails to ensure that the assistant only performs those activities and duties that are defined as appropriate for the level of training and experience and in accordance with applicable licensure laws.

Principle of Ethics I

- Rule A. Individuals shall provide all clinical services and scientific activities competently.

Principle of Ethics I

- Rule D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.

Principle of Ethics I

- Rule E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons being served are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.

Principle of Ethics I

- Rule F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

Principle of Ethics II

- Rule B. Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.
Principle of Ethics II

• Rule E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member’s certification status, competence, education, training, and experience.

Principle of Ethics IV

• Rule I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.

Support Personnel-Indiana

• Dept. of Education does not license support personnel
• SLAs must be registered with Indiana Professional Licensing Agency
• Audiology Assistants not licensed by the Board; must work under direction and supervision of licensed audiologist
• Supervisor limit of 2 support personnel at one time

SLP Support Personnel-Indiana

• Speech-Language Associate-holds 2-year associate’s degree in Communication Disorders
• Speech-Language Assistant-holds bachelor’s degree in Communication Disorders
• Speech-Language Aide-holds at least a high school diploma
• Must be registered and supervised by licensed SLP

Support Personnel-Indiana

• http://www.asha.org/Advicacy/state/info/IN/Indiana-Support-Personnel-Requirements/
Clinical Fellowship Mentoring/Student Supervision

Supervision of Students

- ASHA-certified individuals who supervise students should possess or seek training in supervisory practice and provide supervision only in practice areas for which they possess the appropriate knowledge and skills.
- The supervisor must oversee the clinical activities and make or approve all clinical decisions to ensure that the welfare of the client is protected.
- The supervisor should inform the client or the client’s family about the supervisory relationship and the qualifications of the student supervisee.
- http://www.asha.org/Practice/ethics/Supervision-of-Student-Clinicians/

Ethical Concerns for Supervisors

“Staff in the Ethics Office speak regularly with clinical fellows who are disappointed by the failure of their mentors to supervise them or to demonstrate appropriate ethical behavior. We also speak with numerous mentors and supervisors who describe students and fellows with careless attitudes toward delivering treatment and professional services.”

Heather Bupp, Esq.
ASHA Director of Ethics

Principle of Ethics II

- B. Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.

Examples of Ethics Charges Related to CF Mentoring

- Arbitrary termination of the CF mentor-supervisory relationship
- Failure to establish outcomes and performance levels or failure to do so in a timely fashion
- Failure to complete and sign the CF report or failure to do so in a timely fashion
- Withholding paperwork for the benefit of the employer and to the detriment of the clinical fellow
- Assignment of excessive nonclinical duties to the detriment of the clinical fellow’s clinical experience
- Recruitment of clinical fellows to function as independent practitioners without appropriate supervision
- Failure to fulfill the responsibilities of CF mentoring/supervision as agreed, including providing the required amount of supervision
- Failure to report a clinical fellow’s noncompliance with the Code of Ethics or applicable law

Qualifications of CF Mentor

- Holds a current CCC-SLP
- ASHA certification is maintained throughout the entire CF experience
- Not related in any manner to the clinical fellow
The CF Experience

- The main purpose of the Clinical Fellowship is to improve the clinical effectiveness of the clinical fellow. The mentoring SLP must provide performance feedback to the clinical fellow throughout the CF. Feedback and goal-setting require two-way communication whereby both the mentoring SLP and the clinical fellow share important information about the clinical fellow’s performance of clinical activities. A specific time should be set aside for each performance feedback session at the end of each of the three segments of the CF. This session should be used to identify performance strengths and weaknesses and, through discussion and goal-setting, to assist the clinical fellow in developing the required skills.

Mentoring Clinical Fellows

- Provide meaningful mentoring and feedback to the clinical fellow.
- Assist the clinical fellow in developing independent clinical skills.
- Perform ongoing formal evaluations, using the Clinical Fellowship Skills Inventory (PDF).
- Conduct the required minimum mentoring obligations. These include 6 hours of direct supervision per segment (each segment is one-third of the length of the fellowship) and 6 indirect mentoring activities per segment, typically including reviewing diagnostic reports/treatment records/plans of treatment, monitoring clinical fellow’s participation in case conferences or professional meetings, and/or evaluating the clinical fellow’s work by consulting with colleagues or clients and their families.
- Maintain current certification with ASHA during the entire CF period through timely payment of annual dues as well as completing required professional development hours.
- Complete and submit the Clinical Fellowship Report and Rating Form (PDF) to the ASHA National Office no later than 4 weeks after the CF is completed.

- If the mentoring SLP anticipates at any time during the CF that the clinical fellow under supervision will fail to meet requirements, the mentoring SLP must counsel the clinical fellow (both verbally and in writing) and maintain written records of all contacts and conferences over the ensuing months.
- If the CF experience is terminated at any time before completion of the CF, or if the mentoring SLP does not recommend approval of the CF experience at the end of the CF, he/she must so indicate in Section 7 of the Clinical Fellowship Report and Rating Form.
- Within 30 days of making the negative recommendation, the mentoring SLP must submit to the CFCC: (a) a letter of explanation and supporting documentation, and (b) a signed Clinical Fellowship Report and Rating Form (PDF) completed for the portion of the CF he/she supervised.
- This information must be shared with the clinical fellow. Following a negative recommendation, the clinical fellow may complete an entirely new CF, a portion of the CF, and/or request an appeal by the CFCC.

Mentoring Clinical Fellows

- [http://www.asha.org/certification/CFSupervisors/](http://www.asha.org/certification/CFSupervisors/)
- [http://www.asha.org/advocacy/state/](http://www.asha.org/advocacy/state/)

Vicarious Liability

- The supervisor is ultimately responsible, both legally and ethically for the actions of the supervisee.
Principle of Ethics: II

- E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member’s certification status, competence, education, training, and experience.

Principle of Ethics IV

- I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.

Dual Relationship

"Sorry Trevor, but I don’t date people I work with.

Principle of Ethics IV

- H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.

Abuse of Power as Supervisor
**Principle of Ethics IV**

- **G.** Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.

**Discrimination**

**Principle of Ethics IV**

- **L.** Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.

**Client Abandonment**

**Principle of Ethics I**

- **Rule T.** Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

**Client Abandonment**

- ASHA members must, at all times, maintain their focus on the welfare of the client, even when, as clinicians, they decide to end their relationships with employers or patients. Given the current shortage of CSD professionals, however, departures may leave clients without appropriate care. Adequate notice is necessary to prevent treatment disruptions, but even when given adequate notice, employers may be tempted to pressure or threaten departing clinicians to stay or give unreasonable amounts of notice. The Board of Ethics "Issues in Ethics" statement on client abandonment (ASHA, 2010b) offers specific guidance to remain ethical while in transition. Prior to departing, a professional must make effective efforts to provide for the patient’s continuing care. The more seamless the transition for the patient, the better.
Reimbursement for Services

• Ethical issues typically related to intent, fraud, and misrepresentation.
• http://www.asha.org/Practice/ethics/Reprsentation-of-Services/

Possible Ethics Charges Related to Reimbursement for Services

• Misrepresenting information to obtain reimbursement or funding, regardless of the motivation of the provider.
• Providing service when there is no reasonable expectation of significant communication or swallowing benefit for the person served.
• Scheduling services more frequently or for longer than is reasonably necessary.
• Requiring staff to provide more hours of care than can be justified.
• Providing professional courtesies or complimentary care for referrals or otherwise discounting care not based on documented need.

Business Competition

• Services must be designed to serve the public by providing accurate information in all aspects of the professions, from advertising to prognosis.
• http://www.asha.org/Practice/ethics/Competition-in-Professional-Practice/
Impaired Practitioners

- Recognizing and dealing with impaired practitioners, professionals, and clinical fellows is ugly but important. Impairments range from untreated or undiagnosed mental health issues to substance abuse of all types. The issues may be as much legal as they are ethical. National mental health statistics and surveys of ASHA members indicate that there may be a number of professionals who are challenged by mental illness, substance abuse, or both. Impaired professionals pose a liability to clients and colleagues that increases with time and opportunity, so addressing their impairment is imperative.
- Because the circumstances surrounding an impaired professional are complex, this type of ethical dilemma should not be taken on by one person. The supervisor, director, owner, lawyer, employee assistance program counselor, ethics officer, and/or compliance officer should be consulted to draw up a plan that encompasses all needed aspects to manage both the impaired professional as well as his or her caseload and/or students.

Principle of Ethics: I

- S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.

Principle of Ethics IV

- S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another; or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.

Self Disclosure

- University programs and licensure boards increasingly require applicants to reveal past criminal or professional discipline history, and applicants for ASHA certification, reinstatement, and recertification must do the same. This requirement generates many inquiries from applicants regarding what or how much to reveal.
- Most licensure boards share professional discipline records of reciprocal members or applicants with the Ethics Office. Some state licensure boards also require licensees who are disciplined by a state board to self-report this professional discipline to ASHA’s Ethics Office within a month of receiving it. This requirement has led to several Board of Ethics-initiated ethics complaints against ASHA members. For instance, if a member’s license was revoked by the state licensing board as a result of the member being convicted of a felony by a court, the Board of Ethics would likely initiate a complaint against that member and possibly sanction the member with revocation of ASHA certification and membership for many years.

Willful Blindness
Willful Blindness

- Margaret Heffernan’s recent book, *Willful Blindness: Why we ignore the obvious at our peril*, (2012) highlights the very human concept of sending our attention away from an ethical problem, either because the problem is too disturbing to think about or our solving the problem would require extensive effort. Heffernan asserts that as humans, across various cultures, we turn a blind eye to avoid conflict, reduce anxiety, and/or to protect ourselves. She analyzes the phenomena willful blindness by individuals and groups, using stories of events we have all heard about through the media.
- Heffernan discusses Willful Blindness in a TED talk in 2013 [https://www.youtube.com/watch?v=PCetmZUzB5w](https://www.youtube.com/watch?v=PCetmZUzB5w)

“Turning a Blind Eye”

- Fear
- Nothing will happen anyway
- “Crazy whistleblower” myth

Avoiding Ethical Dilemmas

“Probably best not to get involved.”

- [http://www.asha.org/ajp/schools/prof-contract/EthicsSchoolsPractice/](http://www.asha.org/ajp/schools/prof-contract/EthicsSchoolsPractice/)

The Process

- Begin with asking the question: “Am I facing an ethical dilemma?”
- Answer is “yes” if situation is one in which personal and professional integrity are being challenged

Considerations in Ethical Decision-Making

- Professional norms and ethical principles
- Cultural heritage and influence of diverse values

Solving Ethical Dilemmas

- Identify the problem as you see it.
- Get the story straight - gather relevant data. (Federal, state, and local regulations, professional practice documents, ASHA Code of Ethics)
- Ask yourself if the problem is a regulatory issue or a process issue related to regulatory requirements.
- Compare the issue to a specific rule in ASHA’s Code of Ethics. Determine if rules the Code of Ethics apply to your problem and can help develop a course of action for you to pursue.
- Identify who has the power and control in the situation.
- Identify what is in your control and what is not.
- Identify your resources. These can be a supervisor, special education director, or colleague. Ask yourself if you need more information, clarification, or ideas from others who have had a similar problem.
- Make a list of possible actions and their positive and negative consequences.
- Make a plan that you can defend professionally and ethically and that meets the requirements of the regulations.
- Take action and evaluate your plan as you proceed. Determine next steps.
Proceeding with the Process

• Gather the facts
• Identify all individuals who have an interest in the outcome
• View from all perspectives

Proceeding with the Process

• What course of action is permissible?
• What course of action is impermissible?
• What course of action is necessary?
• What are the effects of each course of action?
• What are both the long and short-term consequences of each action?

Final Considerations

• Does the proposed course of action lead to consensus?
• If not, re-assess information and propose other interpretations and/or solutions.

Achieving Consensus

• Agreement to proceed in a certain way
• It is not 100% unanimity
• It is not a compromise
• It does not impinge upon the personal and professional integrity of those involved

Proposing the Course of Action

• Consider proposed course of action in light of personal interests, social roles and expectations, and ensuing obligations of these roles
• Consider applicable Principles of ASHA Code of Ethics
• Consider whether the proposed course of action maintains and promotes professional standards, in accordance with ethical principles, in the best interest of those we serve

Principle of Ethics IV

• M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
Filing an Ethical Complaint

- Individuals with evidence that that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or inform the Board of Ethics through its established procedures (Principle IV, Rule M).
- Individuals shall not file or encourage others to file complaints that disregard or ignore the facts that would disprove the allegation, nor should the Code of Ethics be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation (Principle IV, Rule O).
- Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics (Principle IV, Rule P).
- [http://www.asha.org/Practice/ethics/Filing-a-Complaint-of-Alleged-Violation/](http://www.asha.org/Practice/ethics/Filing-a-Complaint-of-Alleged-Violation/)

The Ethical Supervisor

- Holds paramount the welfare of those served professionally (clients, research subjects, animals).
- Seeks advanced knowledge in the practice of effective supervision.
- Delegates tasks appropriately.
- Establishes supervisory relationships that are collegial in nature.
- Practices non-discrimination.
- Is aware of situations creating a dual relationship.
- Promotes supervisee’s ethical knowledge and behavior.
- Differentiates between theoretical differences and ethical dilemmas: discusses and practice solving potential ethical dilemmas.
- Is available to the supervisee.
- Maintains accurate and thorough documentation.

Principle of Ethics IV

- M. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.

If you have questions about the overall complaint adjudication process, contact Heather Bupp or Richard Sherman, at 800-498-2071, ext.5763 [hbupp@asha.org](mailto:hbupp@asha.org) or [rshermanski@asha.org](mailto:rshermanski@asha.org) or [ethics@asha.org](mailto:ethics@asha.org)

Case Study In Ethics

- One of your students has just told you that her externship supervisor had told her at the beginning of her externship to “eat lunch with the patients” while the supervisor stayed in her office to do paperwork. Since that time, over 5 weeks ago, the supervisor has been signing off on these hours as “swallowing” and the student has just realized that she needs these hours in order to graduate in just 3 weeks, but has not been treating or diagnosing swallowing with this group of patients.

Case Study in Ethics

- A Clinical Fellow just completed the requirements for ASHA certification while working in a private practice, and has completed and signed the paperwork with her CF Mentor, who is also her employer. The CF Mentor informs her that she is going to wait several months before turning in the completed paperwork to ASHA, so that she can “see how you’re doing then.”

Case Study in Ethics

- An Assistant has just informed her supervisor that she does not want to work with a student who is “part of a radical religion.” She stated that she doesn’t think this child deserves treatment, and that she is afraid of saying something that would be offensive and would get her into trouble.
ASHA Website Resources on Ethics

- [http://www.asha.org/Practice/ethics/Filing-a-Complaint-of-Alleged-Violation/](http://www.asha.org/Practice/ethics/Filing-a-Complaint-of-Alleged-Violation/)
- [http://www.asha.org/practice/ethics/ethics_issues_index/](http://www.asha.org/practice/ethics/ethics_issues_index/)

References and Resources