CLINICAL TRAINING

THE CARE FRAMEWORK: CONTEXTUAL ASSESSMENT FOR RELATIONAL ETHICS

Navigating Clinical Judgement in Gender-Affirming Care

SINGER
EQUITY & WELLNESS

RELATIONAL ETHICS • THE OPENING

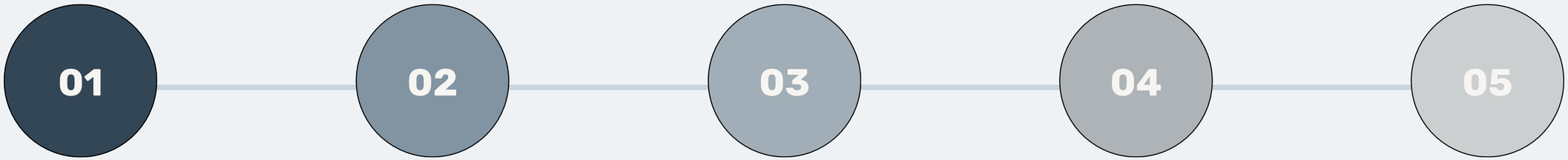
A CYCLE, NOT A CHECKLIST.

The most difficult clinical decisions rarely involve choosing between right and wrong. More often, they require navigating **competing responsibilities, uncertainty, and the realities of people's lives.**

THE INVISIBLE WORK

JUDGMENT HAPPENS BEFORE THE DECISION

Every ethical decision begins long before action. Clinicians move through a quiet sequence of reflection — and only then determine how to respond.



NOTICE

Patterns, signals & what feels unsettled.

INTERPRET

Make meaning from context & experience.

QUESTION

Test assumptions & our own reactions.

CONSULT

Seek perspective, supervision & the client.

ACT

Decide & respond with intention.

WHAT WE'RE GIVEN

PROFESSIONAL GUIDANCE

- Ethics
- Evidence
- Policy
- Standards

WHAT WE MEET

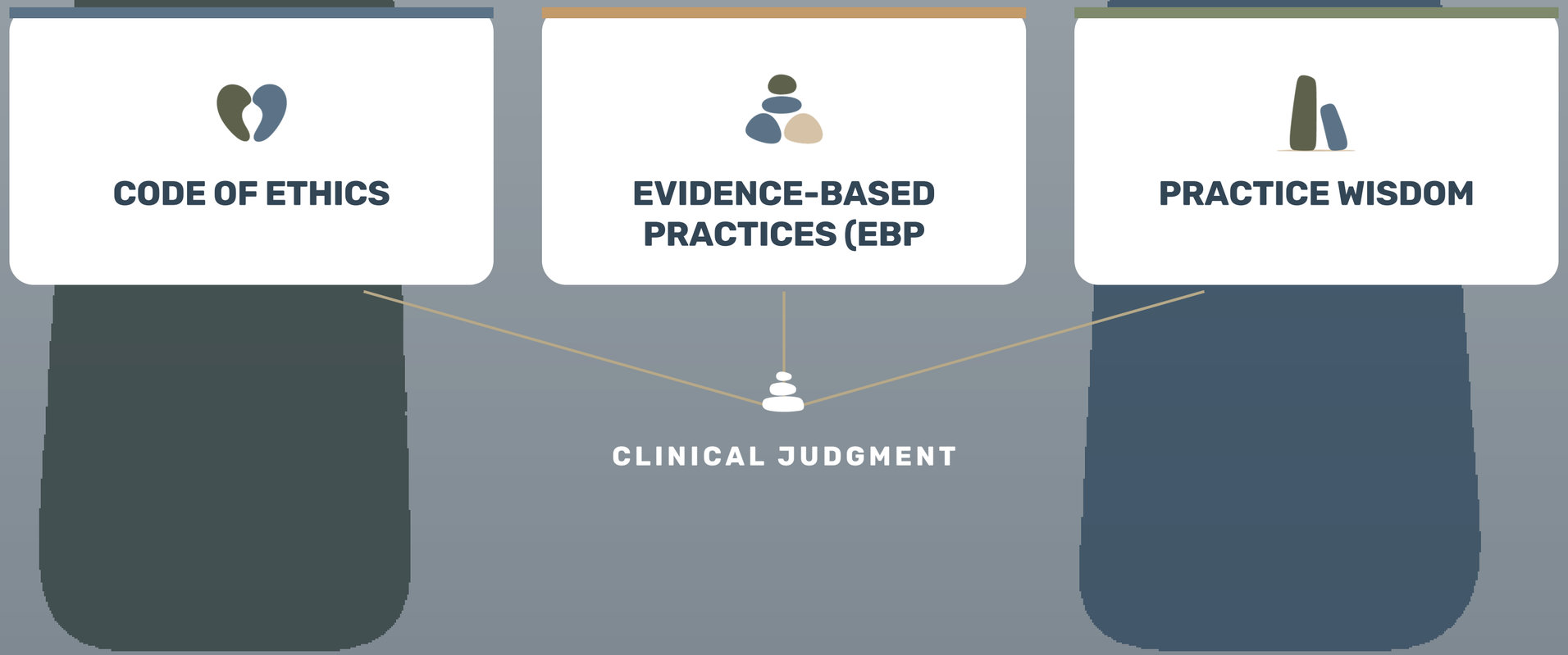
REAL LIFE CLIENT NEEDS

- Context
- Relationships
- Power
- Identity
- Systems

*Clinical judgment bridges **what we know** and **what we encounter.***

THE FOUNDATIONS

WHAT SUPPORTS GOOD CLINICAL JUDGMENT?



GROUNDING THEORY

EVIDENCE BASED PRACTICES

Within this framework, evidence-based practices (EBPs) strengthen clinical decision-making & inform care, but must be interpreted alongside context, lived experience, and client needs.

01 **RESEARCH**

02 **CLINICAL THEORY**

03 **INTERVENTION MODELS**

04 **BEST PRACTICES**

05 **OUTCOME DATA**

GROUNDING THEORY

NASW CODE OF ETHICS

Within this framework, the Code functions as a guide for ethical responsibilities and values, while clinical judgment helps clinicians interpret and apply those principles in complex contexts.

ETHICAL PRINCIPLES 01

PROFESSIONAL RESPONSIBILITIES 02

CLIENT PROTECTIONS 03

STANDARDS FOR PRACTICE 04

ACCOUNTABILITY 05

WHAT WE KNOW & NOTICE

PRACTICE WISDOM

The knowledge we bring — experience, reflexivity, lived understanding, values, and context.

→

HOW WE DECIDE & ACT

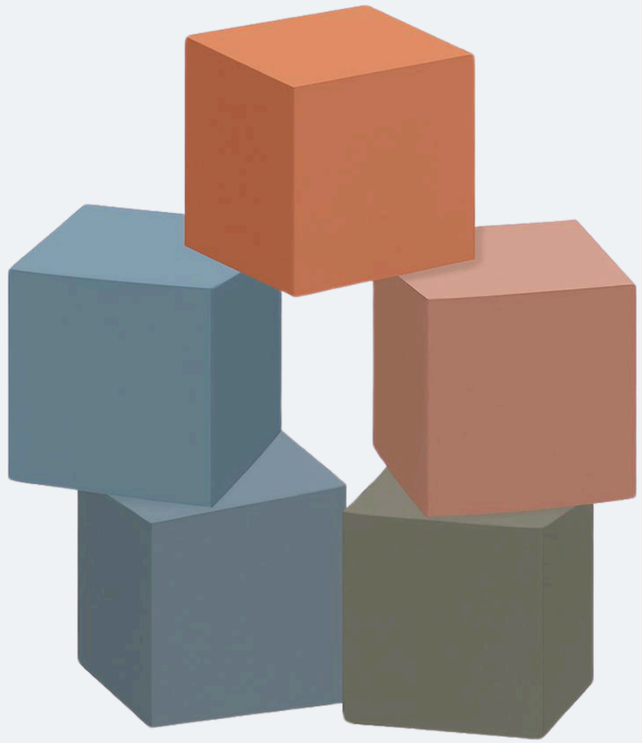
CLINICAL JUDGEMENT

The process we use — interpreting, weighing, deciding, and reflecting in real time.

PRACTICE WISDOM

BUILDING BLOCKS

Practice wisdom reflects the integration of multiple forms of knowledge — including clinical experience, reflexivity, and lived or community-based understandings often excluded from dominant professional frameworks.



EXPERIENCE
Learning from direct clinical work over time.

REFLEXIVITY
Awareness of how your identity & assumptions influence decisions.

LIVED KNOWLEDGE
Insights from marginalization & non-dominant ways of knowing.

VALUES
Personal and professional ethics that shape interpretation.

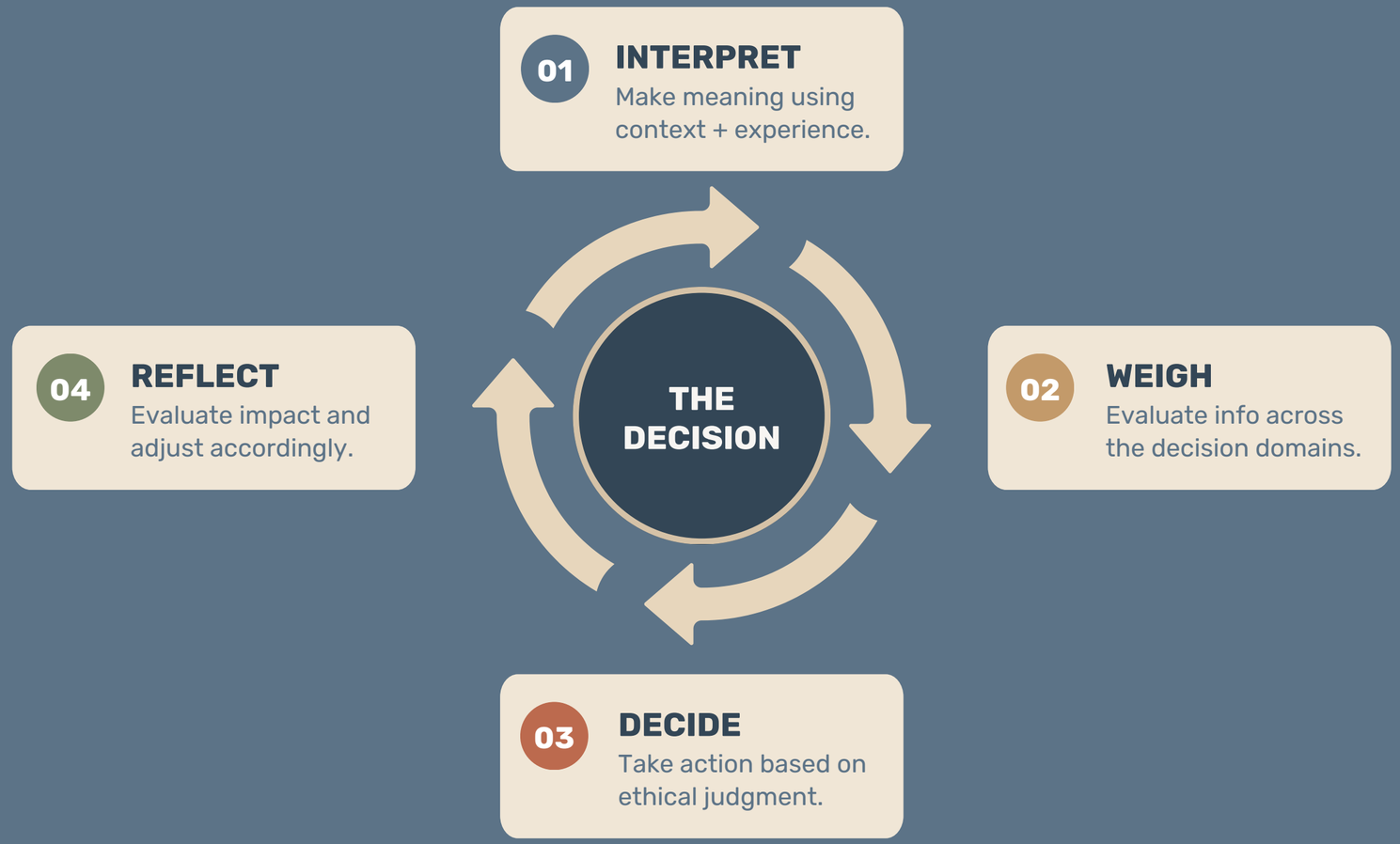
CONTEXT
Understanding the client's environment, systems & constraints.

CLINICAL JUDGEMENT

THE DECISION PROCESS

Clinical judgment is the process through which clinicians interpret, weigh, and act on complex information in real time.

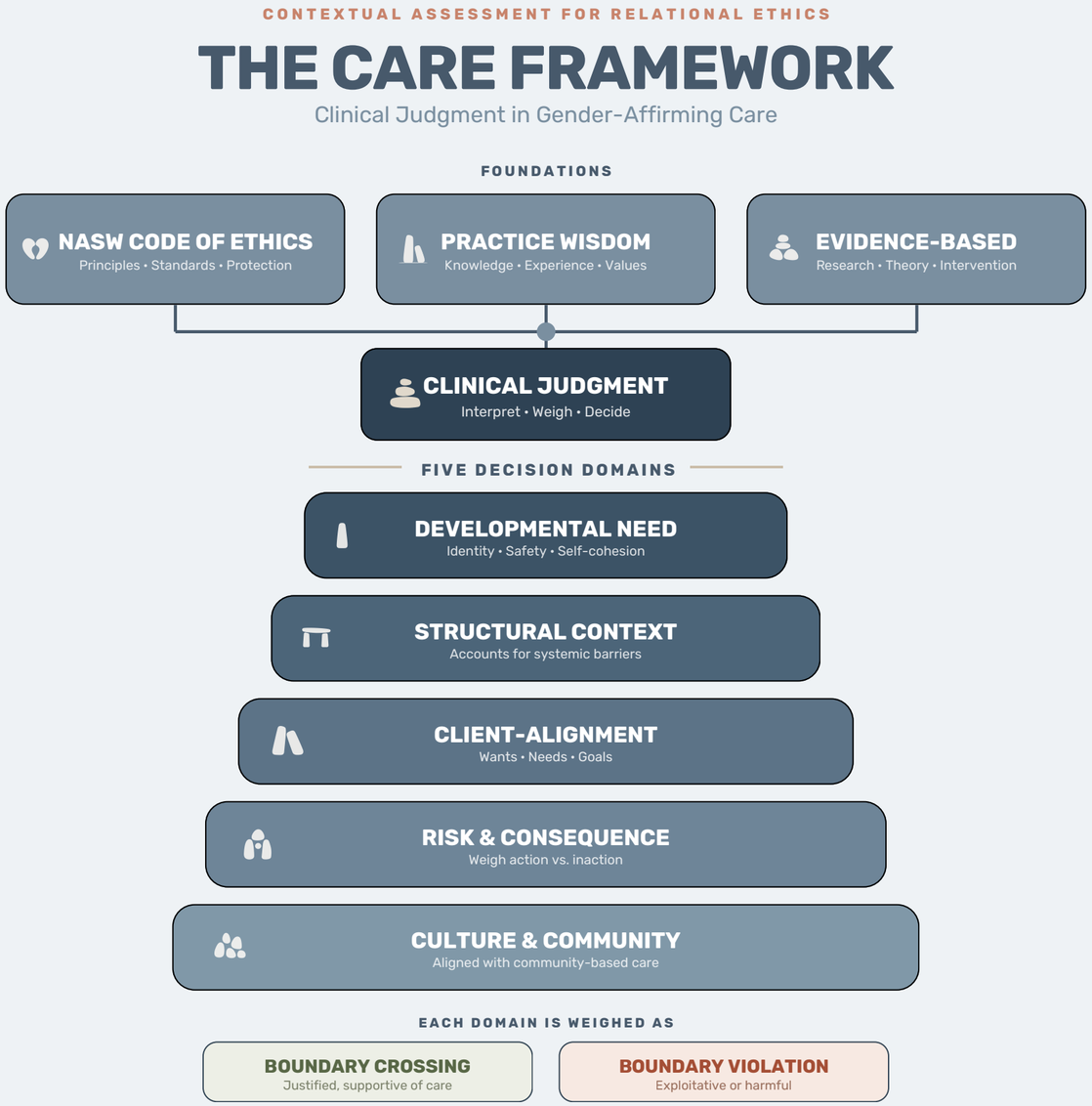
It is informed by the Code of Ethics, Evidence-Based Practices (EBPs), and Practice Wisdom.



NAVIGATING ETHICAL COMPLEXITY

THE CARE FRAMEWORK

When ethical guidance is incomplete or unclear, clinicians do not rely on rules alone. Ethical decisions emerge through the **interaction of practice wisdom and clinical judgment.**



THE CARE FRAMEWORK

DECISION DOMAINS

Five Decision Domains structure ethical decision-making across relational and contextual dimensions.

01	**DEVELOPMENTAL NEED**	Supports Identity, Safety, Self-Cohesion
02	**STRUCTURAL CONTEXT**	Accounts for Systemic & Institutional Barriers
03	**CLIENT-ALIGNMENT**	Co-Created & Aligned with Client Wants, Needs, & Goals
04	**RISK & CONSEQUENCE**	Weighs Impact of Action vs. Inaction
05	**CULTURAL & COMMUNITY CONTEXT**	Aligned with Community & Cultural Care Practices

THE CARE FRAMEWORK

GUIDING QUESTIONS

Questions to reflect on competing responsibilities, contextual realities, and the impact of clinical action.

DEVELOPMENTAL NEED

- What developmental task is the client trying to navigate right now?
- Could action support identity formation, self-cohesion, safety, or belonging?
- Is the client asking for comfort, affirmation, autonomy, protection, or repair?

STRUCTURAL CONTEXT

- What barriers are limiting the client's access to care, safety, or affirmation?
- Who holds power in the situation, and how does it affect the client's options?
- Am I accounting for systemic harm, or treating it as an individual concern?

CLIENT ALIGNMENT

- Is this action clearly connected to the client's stated wants, needs, and goals?
- Has the client been included in defining what support should look like?
- Am I responding to the client's need, or to my own anxiety, urgency, or values?

RISK & CONSEQUENCE

- What could be harmed by acting, and what could be harmed by not acting?
- Is the level of boundary crossing proportionate to the client's need?
- What safeguards, consultation, or documentation would reduce risk & preserve care?

CULTURAL & COMMUNITY

- What forms of care are meaningful or protective within the client's community?
- Am I interpreting this only through dominant professional norms, or the client's cultural reality?
- Would this action honor or dismiss community-based ways of surviving, belonging, or healing?

KAGLE & GIEBELHAUSEN, 1994

BOUNDARY CROSSING

A **deliberate, contextually appropriate** deviation from typical professional norms that is intended to **benefit the client** and support therapeutic goals.

vs

KAGLE & GIEBELHAUSEN, 1994

BOUNDARY VIOLATION

A **harmful or exploitative breach** of professional boundaries that serves the needs of the **clinician** or misuses power within the relationship.

EXAMPLES

BOUNDARY CROSSING

DEVELOPMENTAL NEED

Providing a TGNC teen with access to a binder in response to acute gender dysphoria.

STRUCTURAL CONTEXT

Using a client's chosen name and pronouns despite parental or institutional resistance.

CLIENT-ALIGNMENT

Engaging in limited, intentional self-disclosure to support recognition and trust.

RISK & CONSEQUENCE

Responding outside of session during a moment of acute emotional or safety need.

CULTURE & COMMUNITY

Helping the client access TGNC community resources or affirming peer networks.

vs

EXAMPLES

BOUNDARY VIOLATION

DEVELOPMENTAL NEED

Purchasing gifts or resources to meet the clinician's emotional needs or foster dependency.

STRUCTURAL CONTEXT

Disclosing a client's gender identity or chosen name without their consent.

CLIENT-ALIGNMENT

Sharing personal experiences in a way that shifts focus onto the clinician.

RISK & CONSEQUENCE

Maintaining ongoing, unbounded availability that creates dependency or role confusion.

CULTURE & COMMUNITY

Replacing rather than supporting the client's broader community support systems.

CASE VIGNETTE • HE/HIM • CONFIDENTIAL

MEET ETHAN

A **14-year-old transmasculine student** navigating high school, family, and a growing sense of disconnect from his body.

At home, his gender identity is denied and attempts to seek support are dismissed. As puberty progresses, his distress has intensified — contributing to disordered eating and increasing depression.

> After being hospitalized for low weight, his parents **removed him from the ED recovery program** because the doctor was gender-affirming.

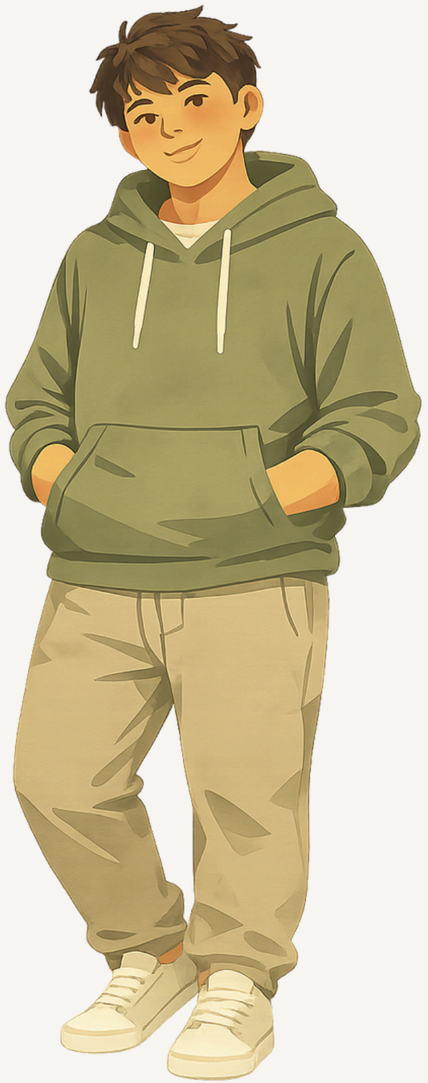
14 years old

Sophomore

Ecuadorian

Loves the Joker

Future scientist



CASE • THE DILEMMA

THE ETHICAL DILEMMA

CARE VS. CODE

One session, in pain and through tears, Ethan reached out with a request. Responding could support his safety and sense of self, but it may also be seen as **crossing a professional boundary.**

> The question is no longer just what he needs, but **what is ethically permissible.**

IN SESSION

“Will you please get me a binder?”

CARE VS. CODE

THE ETHICAL TENSION

What **clients need, what communities have built, and what the profession allows do not always align** — creating tension that cannot be resolved through rules alone.

DEVELOPMENTAL NEED

- Gender Affirmation
- Identity Formation
- Psychological Safety
- Sense of Belonging
- Role Models

PROFESSIONAL GUARDRAILS

- Risk Management
- Professional Boundaries
- Institutional Policies
- Client Safety
- No Abuse of Power

CULTURAL CONSIDERATIONS

- Chosen Family
- Mutual Aid
- Trans Eldership
- Homo/Transphobia
- Social Justice

INFORMED JUDGEMENT

THE CODE REQUIRES INFORMED JUDGEMENT

> *"The NASW Code of Ethics **does not provide a set of rules that prescribe how social workers should act in all situations** and ethical decision-making involves 'the informed judgement of the individual social worker.'"*
>
> *— NASW Code of Ethics, 1996, p. 2*

APPLYING THE FRAMEWORK

ETHAN’S REQUEST

Ethan’s request can be evaluated through multiple decision domains, rather than a single rule or guideline.

DEVELOPMENTAL NEED	What developmental task is the client trying to navigate right now?
STRUCTURAL CONTEXT	What barriers are limiting the client’s access to care, safety, or affirmation?
CLIENT-ALIGNED	Is this action clearly connected to the client’s stated wants, needs, and goals?
RISK & CONSEQUENCE	What could be harmed by acting, and what could be harmed by not acting?
CULTURAL & COMMUNITY CONTEXT	What forms of care are meaningful or protective within the client’s community?

Taken together, is this a boundary crossing or a violation?

APPLYING THE FRAMEWORK

ETHAN’S REQUEST

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DEVELOPMENTAL NEED	What developmental task is the client trying to navigate right now?
STRUCTURAL CONTEXT	What barriers are limiting the client’s access to care, safety, or affirmation?
CLIENT-ALIGNED	Is this action clearly connected to the client’s stated wants, needs, and goals?
RISK & CONSEQUENCE	What could be harmed by acting, and what could be harmed by not acting?
CULTURAL & COMMUNITY CONTEXT	What forms of care are meaningful or protective within the client’s community?

This is not a violation — it’s a clinically justified boundary crossing.

APPLYING THE FRAMEWORK

ADDITIONAL SCENARIOS

Questions to reflect on competing responsibilities, contextual realities, and the impact of clinical action.

01 SCENARIO

GRADUATION

A TGNC student asks their clinician to attend graduation because their family refuses to come. The clinician must decide whether attending would function as a developmentally meaningful boundary crossing or create role confusion.

02 SCENARIO

SELF-DISCLOSURE

A TGNC teen asks their clinician, “Are you trans too?” The clinician must decide whether intentional self-disclosure could support recognition, trust, and relational safety, or shift the focus of the therapeutic relationship.

03 SCENARIO

CLIENT SMOKING

A trans adult client occasionally smokes weed during virtual therapy sessions. The clinician must decide whether the behavior meaningfully interferes with treatment, reflects a coping strategy, or requires a boundary conversation.

APPLYING THE FRAMEWORK

ADDITIONAL SCENARIOS

01 GRADUATION

DEVELOPMENTAL NEED
Need for mirroring, affirmation

STRUCTURAL CONTEXT
Family rejection present

CLIENT ALIGNMENT
Client-directed request

RISK & CONSEQUENCE
Support vs dependency

CULTURE & COMMUNITY
Chosen family legacy

02 SELF-DISCLOSURE

DEVELOPMENTAL NEED
Recognition, idealization

STRUCTURAL CONTEXT
Lack of TGNC adults

CLIENT ALIGNMENT
Supports trust / safety

RISK & CONSEQUENCE
Attunement vs role blur

CULTURE & COMMUNITY
Shared identity meaning

03 CLIENT SMOKING

DEVELOPMENTAL NEED
Emotional regulation

STRUCTURAL CONTEXT
Minority stress coping

CLIENT ALIGNMENT
Explore meaning / use

RISK & CONSEQUENCE
Impairment vs rupture

CULTURE & COMMUNITY
Normalized coping tool

APPLYING THE FRAMEWORK

IMPLICATIONS FOR PRACTICE

Ethics becomes a process of evaluation , not rule-following — and clinical judgment is essential, not optional.

01 TRAINING & EDUCATION

Train clinicians to navigate ambiguity, not just apply rules.

02 CLINICAL DECISION-MAKING

Center contextual evaluation, not default risk-avoidance.

03 STRUCTURAL AWARENESS

Account for systemic barriers and unequal access to care.

04 RELATIONAL PRACTICE

Relational responsiveness is ethically necessary, not risky.

05 KNOWLEDGE & AUTHORITY

Practice wisdom & lived experience are valid knowledge.

06 ETHICAL REASONING

Move beyond compliance toward contextual ethical judgment.

CARE FRAMEWORK

Contextual Assessment for Relational Ethics

Clinical Judgment in Gender-Affirming Care

NASW CODE OF ETHICS
Principles • Responsibilities • Standards • Protection

PRACTICE WISDOM
Knowledge • Experience • Values • Context

EVIDENCE-BASED PRACTICE
Research • Theory • Evidence • Intervention

CLINICAL JUDGEMENT
Interpret • Weigh • Decide

DECISION DOMAINS

DEVELOPMENTAL NEED
Supports Identity, Safety, Self-Cohesion

STRUCTURAL CONTEXT
Accounts for Systemic Barriers

CLIENT-ALIGNMENT
Aligned with Client Wants, Needs & Goals

RISK & CONSEQUENCE
Weigh Action vs. Inaction

CULTURE & COMMUNITY
Aligned with Community Care

BOUNDARY CROSSING: Justified, supportive of care

BOUNDARY VIOLATION: Exploitative or harmful

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EQUITY & WELLNESS