

INCORPORATING ETHICAL DECISION MAKING MODELS INTO CLINICAL PRACTICE

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ACA CODE OF ETHICS

“When counselors are faced with ethical dilemmas that are difficult to resolve, they are expected to engage in a **carefully considered ethical decision-making process**, consulting available resources as needed. Counselors acknowledge that resolving ethical issues is a process; ethical reasoning includes consideration of professional values, professional ethical principles, and ethical standards.

ACA CODE OF ETHICS

Counselors’ actions should be consistent with the spirit as well as the letter of these ethical standards. **No specific ethical decision-making model is always most effective, so counselors are expected to use a credible model of decision making that can bear public scrutiny of its application.** Through a **chosen ethical decision-making process** and evaluation of the context of the situation, counselors work collaboratively with clients to make decisions that promote clients’ growth and development” (American Counseling Association, 2014, p. 3).

2014 ACA CODE OF ETHICS

The taskforce reinforced using an ethical decision making model because they wanted to emphasize the importance of thinking through an ethical decision (Kaplan & Martz, 2014b).

The preamble reinforces the need for counselors to know ethical decision making models and consider the the impact of their ethical decisions (Kaplan & Martz, 2014a).

The task force did not provide a specific model as many good models exist. In addition, choosing a model may result in a counselor being held legally accountable for using that model when they used a different equally valid model (Kaplan & Martz, 2014c).

COMMON ELEMENTS ACROSS MODELS (REMLEY & HERLIHY, 2010)

Identify & define the problem

Consider the principles and virtues

Tune in to your feelings

Consult with colleagues or experts

Involve your client in the decision making process

Identify desired outcomes

Consider possible actions

Choose and act on your choice

ACA ETHICS COMMITTEE MODEL (1996)

(AN INCORPORATION OF VANHOOSE & PARADISE, KITCHENER, STADLER, HAAS & MALOUF, FORESTER-MILLER & KRUBENSTEIN, AND SILEO & KOPOLA)

1. Identify the problem.
2. Apply the ACA Code of Ethics.
3. Determine the nature and dimensions of the dilemma.
4. Generate potential courses of action.
5. Consider the potential consequences of all options, choose a course of action.
6. Evaluate the selected course of action.
7. Implement the course of action.

*While clinicians may choose different courses of action, following a systematic model ensures that the clinician is able to give a reasoned explanation for chosen behaviors."

POPULAR MODELS

Corey, Corey & Callahan (1998)
Forester-Miller & Davis (1996)
Tarvydas (1998)
Steinman, Richardson, & McEnroe (1998)
Frame & Williams (2005)
Cottone (2001)
Hill, Glaser & Harden (1995)
Welfel (2005)
Garcia, Cartwright, Winston & Borzuchowska (2003)
Kocet & Herlihy (2013)

YOUR EXPERIENCES?

Training
Early Clinical Work



WHAT HAPPENS WHEN WE DON'T
HAVE AN ETHICAL DECISION-
MAKING PROCESS?

“WHAT FEELS RIGHT”

Sheperis (2016) found counselors frequently make decision-making shortcuts and act based on commonsense or what feels right.

Ultimately, this results in making decisions that are based on their own personal values and not that of the profession.

Sheperis (2016) emphasized that the use of EDMs ensures their values are consistent with the profession.

KITCHENER'S LEVELS OF MORAL REASONING (1984)

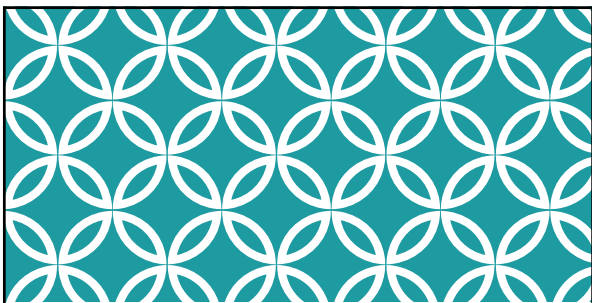
The Intuitive Level

- Immediate pre-reflective response to dilemmas based on own historical knowledge and experience.
- Can not always be trusted to lead to good ethical decisions.

The Critical-Evaluative Level

- Ethical Rules (codes, but frequently contradictory and ambiguous)
- Ethical Principles
 - Autonomy
 - Justice
 - Beneficence
 - Nonmaleficence
 - Fidelity

Kitchener believed counselors should "develop a deeper understanding of the basis for ethical decision making" (p. 44).



RESEARCH RATIONALE

ACA specifically recommends the use of decision making models. Very little research exists on the whether decision making models work (Cottone & Clause, 2000).

STUDY DESIGN

Nine practicing counselors participated in hour long interviews discussing how they have resolved ethical dilemmas in their counseling practice.

A semistructured interview protocol was used.

INTERVIEW QUESTIONS

1. Do you understand and agree with the material on the informed consent?
2. Could you describe an ethical dilemma you have encountered in your work as a professional counselor?
3. What were the key ethical concerns?
4. What steps did you take to resolve this dilemma?
5. What was the outcome?
6. What would you have done differently?
7. Repeat 2-6 for additional dilemmas.
8. What was your training for resolving ethical dilemmas?
9. How helpful was it to you in these situations?
10. Do you use a specific ethical decision making model? Discuss.
11. Are there any questions I can answer for you about this research?

ETHICAL DILEMMA

“A situation in which there are good reasons to take different courses of action” (Kitchener, 1984, p.53).

As described to participants:

- When two or more ethical values are in conflict, so that those two values can not be equally upheld.

THEMES

- Incomplete Following of Decision Making Models
- Varied Dilemmas
- Power
- Ethics Training

INCOMPLETE FOLLOWING OF DECISION-MAKING MODELS

A significant number of the participants relied on personal awareness and what felt ethical to them, often citing consultation with supervisors as the primary action used:

- "I am an ethical person."
- "I genuinely believe this, you're either an ethical person or you're not."
- "If you are someone who believes that the ethical code can be twisted to fit your way, then it doesn't matter how many ethics classes you have because you're going to believe that it doesn't apply to you."
- "I actually went off of my gut and my instinct."
- "I was pretty much, if something's unethical report it to your supervisor, that's about it"
- "I have to follow the orders of my supervisor because...what if I'm wrong"

VARIED DILEMMAS

Unethical supervisors

- Confidentiality
- Scope of practice
- Dual relationships
- Reporting peers
- Client empowerment/agency
- Safety issues
- Mandated reporting

Participants frequently noted the contrast between complexities of ethical dilemmas they encountered, compared to the brief ethical training they received at the graduate level.

POWER

How participants resolved (or felt unable to resolve) dilemmas was often tied to power.

Some participants felt their only option was to leave the agencies, as they were so unethical and they had little power.

- "Sometimes you can't change the system, you have to change your position. I realized in order for me to do the right thing that may include leaving."
- "I realized it was just going to be untenable....As a subordinate employee you have very little power...I was so disempowered."

POWER (CONTINUED)

Others reflected back on how they had grown in confidence as an ethical practitioner.

- "I have many many years of practice now....I'm at a different place where I don't feel intimidated by anyone....I think what I would have changed was doing more supervision and consultation when opportunities came up."
- "It is terribly important to include ethics in every class we teach...And be mindful because students do not synthesize the information and leave school not understanding the need or value of consulting the ethics code. I really felt incompetent and disabled as a result. I didn't feel empowered and that's very confusing because I'm supposed to be helping my clients."

TRAINING

The strongest theme was that of training.

The majority of the participants expressed that their training did not really prepare them for navigating a difficult ethical dilemma.

- "I don't think that there's a way that my training could have helped me deal with those situations."
- "When you are actually in it, it's very different than...reading it."
- "The ethical cases that I encountered in graduate school were very different than what I encountered working."
- "We didn't have training. It was more of case studies for you to identify certain ethical dilemmas."
- "My professor taught us under a decision making model...We were taught as a cohort...it's always given me a good sense of where I'm going as a professional."
- "I had very limited training."

• "There is a huge lacking, in that if you go into a community based or home based setting, that's not really addressed. I think the assumption is that we would all do office-based therapy."

• "Do this. Don't do this. It was very black and white to me."

• "So the windows kind of started opening to some flexibility in internship."

• "Ethics class was one of the first classes I took...There needs to be not just a class, but an ongoing discussion of ethical dilemmas in each class that you take."

• "Ethics is one of the first courses. But what I can say for myself was by the time I was in practicum, I had forgotten the class. I try to give that to students so that they don't end up like me – leaving and going 'I don't ever remember learning that.' That is not a good feeling."

• "That's what I remember – 'Don't have sex with your clients.'"

WHAT SUGGESTIONS DID PARTICIPANTS SUGGEST FOR TRAINING?

Ethics infusion throughout their educational programs, particularly in conjunction with their clinical experience.

Ethical dilemmas that match the varied experiences in the field.

Team/cohort based learning.

Reinforce options beyond supervision.

FINDINGS CONSISTENT WITH THE LITERATURE

Early in ethical development, students relied on one decision making component. In this research, students relied on the ACA code of ethics of their own personal values (Ametrano, 2014).

Understand that becoming an ethical professional is a developmental process, and requires cognitive stimulation and growth in the moral domain (Neukrug & Lovell, 1996).

FINDINGS CONSISTENT WITH THE LITERATURE

If a significant goal of ethics training is to help students reconcile their personal and professional values, an awareness of the role their personal values have in their ethical decision making should be a large part of that education (Ametrano, 2014). Providing multiple opportunities for working through ethical dilemmas with peer interaction (diverse perspectives) can support that awareness.

Ametrano (2014) taught her class alongside clinical experiences under supervision and "the overarching goal of the course is to help students move beyond knowledge of the ethical code to understand the complexities of the ethical decision making process" (p. 155).

HOW DO WE APPLY THIS RESEARCH?

We practice using EDMs, particularly in their clinical courses.

Examples (student used model, conversion therapy, biased supervisor)

ACTIVITY

Practice working through an ethical dilemma using the model provided.
