



Ethics, Law, & Social Justice: The Intersection of Behaviors and Beliefs

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Using the chat box, please tell me what you do...

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Who Are You?



3 Learning Objectives

- List the major components to the MSJCC and apply them to the 2014 ACA Code of Ethics.
- Analyze legal and ethical arguments within MSJCC and apply them to case studies and standards of practice.
- Apply the 2014 ACA Code of Ethics and MSJCC to advocacy efforts in legislative forums, agency policies, and standards of care.
- Describe the concept of a "moral injury" and its application to competent practice.
- Create an ethical remediation plan for supervisees struggling with moral and values conflicts

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What Are You Hoping to Learn?



WHERE WOULD YOU LIKE US TO PUT THIS INFORMATION WERE DELIVERING TO YOU??

Please let me know what you are hoping to learn in this presentation by using the chat function.

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F.7.f. Use of Case Examples

- The use of client, student, or supervisee information for the purposes of case examples in a lecture or classroom setting is permissible only when
 - (a) the client, student, or supervisee has reviewed the material and agreed to its presentation or
 - (b) the information has been sufficiently modified to obscure identity.

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Brief History of the ACA Code of Ethics

For those ethics geeks among us...

- What is the purpose of a Code of Ethics?
 - Please take a moment and write your answer in the chat box
 - There are no wrong answers
 - We will read a few examples

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■ ACA Code of Ethics Purpose

- The **Code** sets forth the ethical obligations of **ACA members** and provides guidance intended to inform the ethical practice of **professional counselors**.
- The **Code** identifies ethical considerations relevant to **professional counselors and counselors-in-training**.
- The **Code** enables the association to clarify for current and prospective members, and for those served by members, the nature of the ethical responsibilities held in common by its members.
- The **Code** serves as an ethical guide designed to **assist members** in constructing a course of action that best serves those utilizing counseling services and establishes expectations of conduct with a primary emphasis on the role of the **professional counselor**.
- The **Code** helps to support the mission of ACA.
- The standards contained in this **Code** serve as the basis for processing inquiries and ethics complaints concerning ACA members.

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Brief History of the ACA Code of Ethics
For those ethics geeks among us...

■ Establish Norms & Expectations

- Protect the welfare of clients (**beneficence**)
- To minimize risk to clients (**nonmaleficence**)
- Communicate our orientation of the service of others (**fidelity**)
- Set standards of care

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Brief History of the ACA Code of Ethics
For those ethics geeks among us...

■ Statement of Values & Morals

- Communicating to the public our commitment of care
- **Transmission of values, expectations, & principles to those who seek to enter the profession**

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Brief History of the ACA Code of Ethics

For those ethics geeks among us...

- **Hallmark of Professionalism**
 - Having a code meets one of the requirements that counseling is a legitimate profession
 - University based training
 - Specialized set of knowledge and skills
 - Established professional association (ACA)
 - Disseminates scholarly research
 - Advocates for its members
 - *Regulates itself through licensure and a COE*

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Hallmark of Professionalism

Professional Counseling	Coaching (non-athletic)
■ University based training	■ University based training
■ Specialized set of knowledge and skills (e.g., CACREP)	■ Specialized set of knowledge and skills
■ Established professional association (ACA)	■ Established professional association (ICF)
■ Disseminates scholarly research	■ Disseminates scholarly research
■ Advocates for its members	■ Advocates for its members
■ Regulates itself through licensure and a COE	■ Regulates itself through licensure and a COE

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Brief History of the ACA Code of Ethics

For those ethics geeks among us...

- Donald Super appointed a team to create a COE in 1953
- First COE proposed in 1959 for the APGA
 - Studied the APA Code Of Ethics
 - Sought to meet the needs of the members of APGA
 - Reflection of what many counselors were doing at the time
 - Reflected the infancy of counseling developing into a profession

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Brief History of the ACA Code of Ethics

For those ethics geeks among us...

- Fast Facts about the COE
 - First COE 1962
 - 4 Pages long & ~ 3,800 words
 - Revised six times (1974, 1981, 1988, 1995, 2005, 2014)
 - Each revision reflects the growing professionalization, complexity of tasks, variety of counselors

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Ver/ Sec.	1961 - APGA	1974 - APGA	1981 - APGA	1988 - ACA	1995 - ACA	2005 - ACA	2014 - ACA
	Preamble	Preamble	Preamble	Preamble	Preamble	Preamble & Purpose	Preamble & Purpose
A	General	General	General	General	The Counseling Relationship	The Counseling Relationship	The Counseling Relationship
B	Counseling	Counselor - Client Relationship	Counseling Relationship	Counseling Relationships	Confidentiality	Confidentiality, Privileged Communication, and Privacy	Confidentiality and Privacy
C	Testing	Measurement & Evaluation	Measurement & Evaluation	Measurement & Evaluation	Professional Responsibility	Professional Responsibility	Professional Responsibility
D	Research & Publication	Research & Publication	Research & Publication	Research & Publication	Relationships With Other Professionals	Relationships With Other Professionals	Relationships With Other Professionals
E	Consulting & Private Practice	Consulting & Private Practice	Consulting	Consulting	Evaluation, Assessment, and Interpretation	Evaluation, Assessment, and Interpretation	Evaluation, Assessment, and Interpretation
F	Personnel Administration	Personnel Administration	Private Practice	Private Practice	Teaching, Training, and Supervision	Teaching, Training, and Supervision	Supervision, Training, and Teaching
G	Preparation for Personal Work	Preparation for Personal Work	Personnel Administration	Personnel Administration	Research and Publication	Research and Publication	Research and Publication
H			Preparation Standards	Preparation Standards	Resolving Ethical Issues	Resolving Ethical Issues	Distance Counseling, Technology, and Social Media
I							Resolving Ethical Issues

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Brief History of the ACA Code of Ethics

For those ethics geeks among us...

- By comparison
 - APA's first COE - 1953
 - Commissioned by Carl Rogers in 1947
 - 170 pages long
 - 2000+ psychologists contributed
 - Due to the length, a supplementary document was created: *A Summary of Ethical Principles*
 - Length due to a list of real life conflicts

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Brief History of the ACA Code of Ethics

For those ethics geeks among us...

- 2014 ACA Code of Ethics
 - 24 pages long
 - ~14,800 words
 - 50 word glossary
 - First COE with a separate section on technology
 - i.e., distance counseling, social media, technology

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A Code of Ethics is a Living Document

- All COE are out of date the day after they are published
 - e.g., ACA COE section on technology was cutting edge when it was published in 2014
 - Ask yourself...what has changed with technology since 2014
 - Apps are gaining more popularity
 - e.g., ACA has not made any adjustments regarding ethical implications of torture
 - APA was caught in a dilemma when psychologists were helping with "enhanced interrogation" during Gulf War

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Any Questions about this Brief History



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The Growth of Social Justice Awareness in the COE

Has It Always Been Around In One Form Or Another?

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What is Social Justice

- Let's take a moment and work on a definition of Social Justice
- You will be placed in a small group
 - Please create a definition of "Social Justice" and give us an example related to mental health
 - 15 minutes please

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Definitions of Social Justice

- "Social justice encompasses economic justice. Social justice is the virtue which guides us in creating those organized human interactions we call institutions. In turn, social institutions, when justly organized, provide us with access to what is good for the person, both individually and in our associations with others. Social justice also imposes on each of us a personal responsibility to work with others to design and continually perfect our institutions as tools for personal and social development."
- Center for Economic and Social Justice**

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Definitions of Social Justice

- “Social justice may be broadly understood as the fair and compassionate distribution of the fruits of economic growth.”
United Nations

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Definitions of Social Justice

- “Social justice is the view that everyone deserves equal economic, political and social rights and opportunities. Social workers aim to open the doors of access and opportunity for everyone, particularly those in greatest need.”
National Association of Social Workers

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Definitions of Social Justice

- Actions taken by counselors to remedy social oppression and ensure that all persons have equitable access to resources and opportunities that have historically been reserved for those of privileged life status (Ratts, 2009; Sue & Sue, 2013; Thrift & Sugarman, 2019).
Counselors for Social Justice
Division of ACA

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Social Justice

- Definitions for social justice vary in wording
 - What are the commonalities among them:
 - Equal rights
 - Equal opportunity
 - Equal treatment
 - With these core values in mind, we can define the phrase: *Social justice means equal rights, opportunity, and treatment for all.*

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Social Justice

- Social Justice is embedded in the ethics of our profession
 - From 1961 to the present COE, Social Justice has had an increasing role in the ethics through:
 - Nondiscrimination
 - Advocacy
 - Research
 - Education

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What is a Social Justice Counselor?



- What are the behaviors you would expect of a professional counselor who is conscious of social justice issues and expectations?

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What is a Social Justice Counselor?

- Social justice counselors act within certain roles with clients holding oppressed identities, including **client empowerment** (Crethar & Winterowd, 2012; Martin-Baró, 1994), change agent (Lewis, 2011), **consultant**, and **facilitator** of indigenous healing systems that are congruent with the client's cultural beliefs/worldviews (Atkinson, Thompson, & Grant, 1993; Chávez, 2016). Social justice counselors also take on certain roles external to the counseling office to support clients from historically oppressed populations, including various forms of **client advocacy** (Toporek & Daniels, 2018) and **social activism** (Chávez, Fernandez, Hipolito-Delgado, & Rivera, 2016; Kiselica & Robinson, 2001; Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2016; Washington, 2018).
- A Call for Social Justice in the American Counseling Association. (2020). *Journal for Social Action in Counseling and Psychology*, 12(1), 2-12.

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The Prime Directive

(Geeky Star Trek Reference)

- Given all these definitions, what would you consider the **primary obligation** of a counselor when working with a client?
- Please share your thoughts in the chat box



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1961 APGA Ethical Standards

- "The member's **primary** (italics original) obligation is to respect the integrity and promote the welfare of the counselee or client with whom he is working" (APGA, 1961, p. 207)
- In 1961 the meaning of this standard was limited by the culture of the time
 - Consider all that was happening in the early 60's

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1974 & 1981 APGA Ethical Standards

- The APGA is an educational, scientific, and professional organization whose members are *dedicated to the enhancement of the worth, dignity, potential, and uniqueness of each individual and thus to the service to society.*
- Preamble, 1st paragraph

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1988 ACA Ethical Standards

- The Association is an educational, scientific, and professional organization whose *members are dedicated to the enhancement of the worth, dignity, potential, and uniqueness of each individual and thus to the service of society.*
- Preamble, 1st paragraph
- Nothing really changed in this statement beyond the name of the association.

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1995 ACA Code of Ethics & Standards of Practice

- The American Counseling Association is an educational, scientific, and professional organization whose members are dedicated to the *enhancement of human development* throughout the life-span. *Association members recognize diversity in our society and embrace a cross-cultural approach in support of the worth, dignity, potential, and uniqueness of each individual.*
- Preamble, 1st paragraph
- Focus is evolving to include our developmental focus

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2005 ACA Code of Ethics

- The American Counseling Association is an educational, scientific, and professional organization whose members work in a variety of settings and serve in multiple capacities. ACA members are dedicated to the enhancement of human development throughout the life span.

Association members recognize diversity and embrace a cross-cultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts.

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2014 ACA Code of Ethics

- Several issues brought about a significant change in the Preamble of the 2014 COE including:
 - Court Cases
 - Ward v. Wilbanks et al. (2009 – EMU)
 - Keeton v Anderson-Wiley et al. (2010 – Augusta State)
 - Review of other international COE
 - Many COE international presented a set of professional values

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Plainly Stating Our Values

- Professional values are an important way of living out an ethical commitment. The following are core professional values of the counseling profession:
 1. enhancing human development throughout the life span;
 2. *honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts;*
 3. *promoting social justice;*
 4. safeguarding the integrity of the counselor–client relationship; and
 5. practicing in a competent and ethical manner.

37 Plainly Stating the Ethical Principles

- As with the values, the taskforce felt it important to connect our professional values with the commonly held principles that provide the foundation for the entire COE
- Let's try and name all the principles
 - Hint...there are six and start with these letters:
 - A, N, B, J, F, V

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- These professional values provide a conceptual basis for the ethical principles enumerated below.
- These principles are the foundation for ethical behavior and decision making.
 - **autonomy**, or fostering the right to control the direction of one's life;
 - **nonmaleficence**, or avoiding actions that cause harm;
 - **beneficence**, or working for the good of the individual and society by promoting mental health and well-being;
 - **justice**, or treating individuals equitably and fostering fairness and equality;
 - **fidelity**, or honoring commitments and keeping promises, including fulfilling one's responsibilities of trust in professional relationships; and
 - **veracity**, or dealing truthfully with individuals with whom counselors come into professional contact.

39 Nondiscrimination

- The introduction of a nondiscrimination statement first appears in the 1981 COE at A.8.
- It is lumped in with a statement on using clients to meet the personal needs of the counselor

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Nondiscrimination 1981 ACA COE

- A.8. In the counseling relationship the counselor is aware of the intimacy of the relationship and maintains respect for the client and avoids engaging in activities that seek to meet the counselor's personal needs at the expense of that client. *Through awareness of the negative impact of both racial and sexual stereotyping and discrimination, the counselor guards the individual rights and personal dignity of the client in the counseling relationship.*

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Nondiscrimination 2014 ACA COE

- C.5. Counselors do not condone or engage in discrimination against prospective or current clients, students, employees, supervisees, or research participants based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital/partnership status, language preference, socioeconomic status, immigration status, or any basis proscribed by law.

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Then & Now: Nondiscrimination

From 1981 to 2014

<ul style="list-style-type: none"> ■ 1981 ■ Builds on the idea of awareness of the impact of stereotyping on clients ■ Work to "guard" rights and dignity of the client in the counseling relationship 	<ul style="list-style-type: none"> ■ 2014 ■ "...do not condone & engage in discrimination against prospective or current clients..." ■ More direct and specific ■ Long list of people who have suffered discrimination
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Advocacy as Ethics

Doing more than counseling

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Advocacy as Ethics

- Definition (From 2014 ACA COE – glossary)
 - Advocacy is...
"promotion of well-being of individuals, groups, and the counseling profession within systems and organizations. Advocacy seeks to remove barriers and obstacles that inhibit access, growth, and development" (ACA, 2014, p. 20)

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Advocacy as Action

- Core Professional Responsibility
 - Urged to action through the COE
 - Within the current code of ethics, advocacy is a "*professional responsibility*" (p. 8, C. Intro).
 - The counselor is "...*expected to advocate to promote changes at the individual, group, institutional, and societal levels that improve the quality life...*" (p. 8).

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Advocacy as Action

- **Promoting** the growth and development of our clients by working to remove barriers to services (A.7.a.).
- **Advocating** for change at the societal level to improve the quality of life for our clients (C. Intro.).
- **Working to address** bias in assessment and diagnosis (E.5.c. & E.8.).
- **Recruiting and retaining** a diverse faculty and student body that is reflective of the diverse cultures of our society (F.11.).
 - Also a CACREP standard (Section 1: K. & Q.)

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ACA Advocacy Competencies

(Lewis, Arnold, House, & Toporek, 2003)

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Advocacy as Action

Beck, M. J., Meier, C. A., Means, A., & Isaacson, L. A. (2018). Interdisciplinary collaboration for LGBTQ students in foster care: Strategies for school counselors. *Journal of LGBT Issues in Counseling, 12*(4), 248-264.

- **Problem**
 - Youth in foster care at increased risk
 - LGBTQ+ youth in foster care are at even more risk
 - Foster care placements are "ill-equipped to competently meet their needs and subjects them to further bias and discrimination" (Human Rights Campaign, (2015). LGBTQ youth in the foster care system.)
 - They are at the intersection of two marginalized groups
 - LGBTQ+
 - Foster Children
 - One group who can help: School Counselors
 - **But they can't do it alone!!!**

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Advocacy as Action

Beck, M. J., Maier, C. A., Means, A., & Isaacson, L. A. (2018). Interdisciplinary collaboration for LGBTQ students in foster care: Strategies for school counselors. *Journal of LGBT Issues in Counseling, 12*(4), 248-264.

- ASCA Ethics (2016)
 - **Advocate** for the equal right and access to free, appropriate public education for all youth, in which students are not stigmatized or isolated based on their housing status, disability, foster care, special education status, mental health or any other exceptionality or special need.
 - ASCA, 2016, p. 5
 - Clearly, LGBTQ+ foster youth fall into this category

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“
School counselors can take intentional steps to help merge together the practices of child welfare and education systems in the design and implementation of an interdisciplinary approach to supporting LGBTQ youth in foster care. (p. 225)
 ”

Beck, M. J., Maier, C. A., Means, A., & Isaacson, L. A. (2018). Interdisciplinary collaboration for LGBTQ students in foster care: Strategies for school counselors. *Journal of LGBT Issues in Counseling, 12*(4), 248-264.

Advocacy as Action

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Advocacy as Action

Beck, M. J., Maier, C. A., Means, A., & Isaacson, L. A. (2018). Interdisciplinary collaboration for LGBTQ students in foster care: Strategies for school counselors. *Journal of LGBT Issues in Counseling, 12*(4), 248-264.

- Identified the Problem
- We have the ethical mandate
 - Aspirational or Mandated
- We even have a great quote!!
- What's the plan?



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Advocacy as Action

Beck, M. J., Maier, C. A., Means, A., & Isaacson, L. A. (2018). Interdisciplinary collaboration for LGBTQ students in foster care: Strategies for school counselors. *Journal of LGBT Issues in Counseling, 12*(4), 248-264.

- ▶ What is the role of the School Counselor?
 - ▶ After assessing the needs, bringing together those who can help through advocacy efforts...
- ▶ PK-12 Educators
- ▶ School Psychologist
- ▶ Family & Caregiver
- ▶ Social Services
- ▶ College Programs
 - ▶ e.g., scholarship & support services for foster youth

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“
School counselors are positioned to advocate and identify barriers on behalf of LGBTQ youth in foster care collaboratively across multiple disciplines. (p. 260)
 ”

Beck, M. J., Maier, C. A., Means, A., & Isaacson, L. A. (2018). Interdisciplinary collaboration for LGBTQ students in foster care: Strategies for school counselors. *Journal of LGBT Issues in Counseling, 12*(4), 248-264.

Advocacy as Action

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ACA Advocacy Competencies

(Lewis, Arnold, House, & Toporek, 2003)

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Advocacy as Action

Becker Herbst, R., Sabet, R. F., Swanson, A., Suarez, L. G., Marques, D. S., Ameen, E. J., & Aldarondo, E. (2018). "They were going to kill me": Resilience in unaccompanied immigrant minors. *The Counseling Psychologist*, 46(2), 241-268.

- Current/Ongoing Problem
 - Unaccompanied and undocumented immigrant minors (UUIM) entering the U.S. illegally and being placed in short/long term substandard facilities
 - Legal process to determine their status can be long

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Advocacy as Action

Becker Herbst, R., Sabet, R. F., Swanson, A., Suarez, L. G., Marques, D. S., Ameen, E. J., & Aldarondo, E. (2018). "They were going to kill me": Resilience in unaccompanied immigrant minors. *The Counseling Psychologist*, 46(2), 241-268.

- By definition, UUIM are still developing emotionally, intellectually, physically
- Potential for acculturative stress & depression & anxiety from four sources
 - Linguistically & culturally environment
 - Discrimination within new culture
 - Overt prejudice within current sociopolitical environment
 - Discrimination within our culture in the U.S. due to immigration status

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“
A decade of work responding to needs of this population has taught us that counseling psychologists have an important role to play in directing and catalyzing the effectiveness of community resources, expertise, and goodwill to address the needs and support the healthy development of these youth. Counseling psychologists' commitment to multicultural issues, human development, and social justice provides a rich skillset from which to design and implement advocacy and social change strategies to promote the human rights and well-being of UUIM. (pp. 262-3)
 ”

Becker Herbst, R., Sabet, R. F., Swanson, A., Suarez, L. G., Marques, D. S., Ameen, E. J., & Aldarondo, E. (2018). "They were going to kill me": Resilience in unaccompanied immigrant minors. *The Counseling Psychologist*, 46(2), 241-268.

Advocacy as Action

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Advocacy as Action

Becker Herbst, R., Sabet, R. F., Swanson, A., Suarez, L. G., Marques, D. S., Ameen, E. J., & Aldarondo, E. (2018). "They were going to kill me": Resilience in unaccompanied immigrant minors. *The Counseling Psychologist*, 46(2), 241-268.

- Defined the problem
 - UUIM crossing border with resultant legal & ethical issues
 - Negative impact on social/emotional/intellectual development
- Defined experience and resources available

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Advocacy as Action

Becker Herbst, R., Sabet, R. F., Swanson, A., Suarez, L. G., Marques, D. S., Ameen, E. J., & Aldarondo, E. (2018). "They were going to kill me": Resilience in unaccompanied immigrant minors. *The Counseling Psychologist*, 46(2), 241-268.

- Advocacy Tasks
 - Preparing appropriate services and shelters
 - Educating lawyers & judges on issues & needs of UUIM
 - Transition into U.S.
 - Transition to home country
 - Equip UUIM with tools to manage cultural challenges
 - Advocating & Advancing immigration policy reform
 - Research

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ACA Advocacy Competencies

(Lewis, Arnold, House, & Toporek, 2003)

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What are the Multicultural and Social Justice Counseling Competencies

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The MSJCC & Ethics – Assumptions

- Effective Counseling
 - Begins with developing an understanding of who the client is within their world (*Multiculturalism*)
 - How the client is situated in their world (*marginalized or privileged*)
 - What impact that makes on the client's well-being (*wellness*)

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The MSJCC & Ethics – Assumptions

- Counselors need to be aware of the same issues
 - Develop an understanding of who you are in the world (*multiculturalism*)
 - How you are situated in your world (*marginalized or privileged*)
 - What impact that makes on your well-being (*self-awareness*)

64 The Sharpest Tool in Your Toolbox



65 The MSJCC & Ethics – Assumptions

- At the Core of the Model
 - *“multiculturalism and social justice should be at the center of all counseling”*
 - Multicultural & Social Justice Competencies, p. 2
 - Counseling and psychology theories are often grouped into five key approaches, known as the “Five Forces”: Psychoanalytic, Cognitive-Behavioral, Existential-Humanistic, *Multicultural, and Social Justice.*

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The MSJCC & Ethics

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The MSJCC & Ethics – Ethics

- Quadrant I: Privileged **Counselor**–Marginalized **Client**
- Quadrant II: Privileged **Counselor**–Privileged **Client**
- Quadrant III: Marginalized **Counselor**–Privileged **Client**
- Quadrant IV: Marginalized **Counselor**–Marginalized **Client**

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The MSJCC & Ethics – Quadrants

- Complex Identities
 - **Clients** and **Counselors** are made up of different identities (e.g., *racial, ethnic, gender, orientation, disability, etc.*)
 - Those identities all come into the consultation room
 - Identities are categorized into:
 - Privileged/Marginalized
 - Client/Counselor



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The MSJCC & Ethics

- Exercise
 - List all the different identities you have and whether they carry **Privilege** or are **Marginalized**
 - Be aware that **context** plays a big role in P/M
 - You can hold both P & M status at the same time

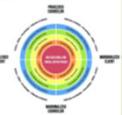
- Example
 - I am the HUMAN who is:
 - Caucasian (p)
 - Straight (p)
 - Male (p)
 - Full Professor (p)
 - Older (64) (m/p)
 - Married (p)
 - Financially secure (p)
 - Christian (m/p)
 - Ed.D. (educated) (p)
 - Cancer Survivor (p/m)
 - LPC (p/m)



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The MSJCC & Ethics – Quadrants

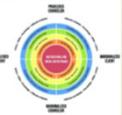
- The statuses highlight how issues of *power, privilege, & oppression* impact the relationship between counselors and clients
- The interactions are categorized into four quadrants:
 - Quadrant I: Privileged Counselor – Marginalized Client
 - Quadrant II: Privileged Counselor – Privileged Client
 - Quadrant III: Marginalized Counselor – Privileged Client
 - Quadrant IV: Marginalized Counselor – Marginalized Client



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The MSJCC & Ethics – Quadrants

- Our many different identities fit into different quadrants...in many ways...at many times
- This reflects:
 - Fluidity of identities
 - Dynamics of power, privilege, & oppression
 - The impact on the counseling relationship



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Example

Manivong J. Ratts, M. J., Singh, A. A., Butler, S. K., Nassar-McMillan, S. & McCullough, J. R., (2016), p. 3.

- A gay male counselor of color & a heterosexual female client of color may experience their interaction through various lenses.
- They both may perceive their interaction to stem from Quadrant IV because of shared racial identities — a common experience with respect to issues of racism.
- Quadrant IV: Marginalized Counselor – Marginalized Client



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Example

Manivong J. Ratts, M. J., Singh, A. A., Butler, S. K., Nassar-McMillan, S. & McCullough, J. R., (2016), p. 3.

- A gay male counselor of color & a heterosexual female client of color may experience their interaction through various lenses.
- Alternatively, the client may consider their interaction from a Quadrant I perspective because of gender differences.
- The client may feel displaced and at a disadvantage because of the counselor's male privilege.

■ Quadrant I: Privileged Counselor – Marginalized Client

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Example

Manivong J. Ratts, M. J., Singh, A. A., Butler, S. K., Nassar-McMillan, S. & McCullough, J. R., (2016), p. 3.

- A gay male counselor of color & a heterosexual female client of color may experience their interaction through various lenses.
- Another possibility is that the counselor might identify with Quadrant III because of their differences in sexual orientation. In such a scenario, the counselor may be placed at a disadvantage because of the client's heterosexual privileges.

■ Quadrant III: Marginalized Counselor – Privileged Client

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The MSJCC & Ethics – Domains

- Developmental in nature
- Focus on progressive levels of multicultural and social justice competence
 - The domains are:
 - Counselor self-awareness
 - Client worldview
 - Counseling relationship
 - Counseling and advocacy interventions

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The MSJCC & Ethics – Domains

- Counselor Self-Awareness
 - Self-awareness of your cultural values, beliefs, and biases
 - What do you bring to the room that helps and/or interferes with the growth of the client



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The MSJCC & Ethics – Domains

- Client Worldview
 - Being aware of the client's cultural values, beliefs and biases
 - This helps the counselor understand the client's worldviews and identity development.



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The MSJCC & Ethics – Domains

- Counseling Relationship
 - Awareness of the how much you may or may not share
 - Identities
 - Privileged and Marginalized statuses
 - Values
 - Beliefs and biases
 - Culture influence
 - Important in determining the direction of treatment



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“
Scientific research and theory on many topics can be of use, but the practitioner, to really understand must know and feel the loss and suffering either directly or vicariously on an emotional level (p. 129).
 ”

Skovholt & Stanley, 2010

Something to think about...

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The MSJCC & Ethics – Domains

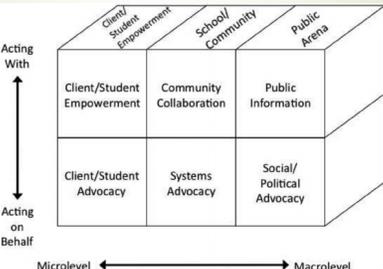
- Counseling & Advocacy Interventions
 - Embedded in the model framework is the call for interventions and strategies at all levels of life for the client (e.g., interpersonal, intrapersonal, institutional, community, public policy and international/global)
 - This allows counselors to see client issues more contextually and tailor interventions to the needs at the individually or system-wide



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ACA Advocacy Competencies

(Lewis, Arnold, House, & Toporek, 2003)



	Client/Student Empowerment	School/Community	Public Arena
Acting With	Client/Student Empowerment	Community Collaboration	Public Information
Acting on Behalf	Client/Student Advocacy	Systems Advocacy	Social/Political Advocacy
	Microlevel		Macrolevel

82

So...What is Culture in the COE

- COE Definition
 - **Culture** – membership in a socially constructed way of living, which incorporates collective values, beliefs, norms, boundaries, and lifestyles that are co-created with others who share similar worldviews comprising biological, psychosocial, historical, psychological, and other factors.
 - **Diversity** – the similarities and differences that occur within and across cultures, and the intersection of cultural and social identities.

83

What is Culture in the COE

- How does culture impact the COE
 - For Example:
 - A.10.f. Receiving Gifts
 - C.5. Nondiscrimination
 - E.5.b. Cultural Sensitivity (in diagnosis)
 - E.8. Multicultural Issues/Diversity in Assessment
 - F.11.b. Student Diversity (in admissions to CE programs)
 - F.11.c. Multicultural/Diversity Competence (in training)

84

The MSJCC & Ethics – Domains

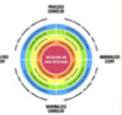
- Where does this fit with the COE?
 - A. Intro: Counselors actively attempt to understand the diverse cultural backgrounds of the clients they serve. *Counselors also explore their own cultural identities and how these affect their values and beliefs about the counseling process.*



85

The MSJCC & Ethics – Domains

- Related COE Standard
 - A.4.b. Personal Values
 - Counselors are aware of—and *avoid imposing*—their own values, attitudes, beliefs, and behaviors. Counselors respect the diversity of clients, trainees, and research participants and seek training in areas in which they are at risk of imposing their values onto clients, especially when the counselor's values are inconsistent with the client's goals or are discriminatory in nature.



86

What do Values Have to Do with Culture

- Values come from different sources
 - 2014 ACA Code of Ethics Definition
 - Culture* – membership in a *socially constructed* way of living, which incorporates *collective values, beliefs, norms, boundaries, and lifestyles* that are co-created with others who share similar worldviews comprising biological, psychosocial, historical, psychological, and other factors.

87

The MSJCC & Ethics – Domains

- The first step is self-awareness
 - Identifying one's embedded cultural values, beliefs, and biases and learning how your status within your community (e.g., privileged or marginalized) affects the counseling process.
 - Example: Disclosure Statement
 - Agreement between equals in a supportive community or
 - Agreement between un-equals in a community that shuns counseling and mental health issues



88

The MSJCC & Ethics – Case Study

The Adjunct Client



Case Study



89

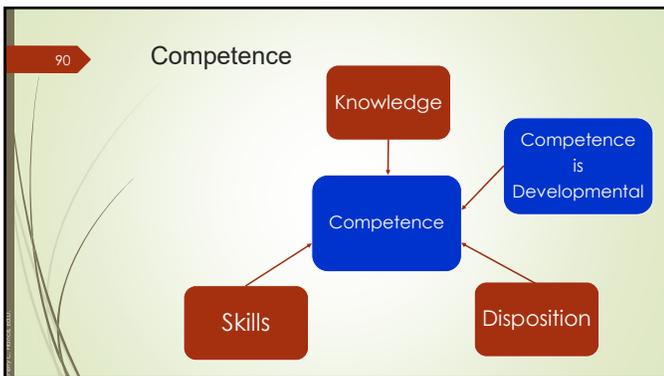
The MSJCC & Ethics

- Competencies

Think back to your first practicum client!!!

- What were your skills like?
- Do you remember:
 - How you were breathing?
 - The different thoughts running through your mind.
 - Hearing your professor's voice in the background?
 - How anxious were you?
- Are you different today?





91

The MSJCC & Ethics – Competencies

- Attitudes and Beliefs** involve **awareness** of “their social identities, social group statuses, power, privilege, oppression, strengths, limitations, assumptions, attitudes, values, beliefs, and biases” (p. 5).
- Knowledge** requires “an **understanding** of their social identities, social group statuses, power, privilege, oppression, strengths, limitations, assumptions, attitudes, values, beliefs, and biases” (p. 5).



92

The MSJCC & Ethics – Competencies

- Counselors must also possess **Skills** “that enrich their understanding of their social identities, social group statuses, power, privilege, oppression, limitations, assumptions, attitudes, values, beliefs, and biases” (p. 5).
- Counselor “take **Action** to increase self-awareness of their social identities, social group statuses, power, privilege, oppression, strengths, limitations, assumptions, attitudes, values, beliefs, and biases” (p. 6).



93

The MSJCC & Ethics – Assumptions

- Moving Outside the Consultation Room**
 - Advocacy & Social Justice**
 - Consider what difference the counselor can make in the greater environment
 - This moves beyond the client into the world of the client
 - Moving beyond the individual client and working for improvement for different populations (e.g., migrants, access to mental health care, underserved populations).

94

The MSJCC & Ethics

- Built Upon the Ethics
 - A.7.a. Advocacy
 - *When appropriate*, counselors advocate at individual, group, institutional, and societal levels to address potential barriers and obstacles that inhibit access and/or the growth and development of clients.
 - A.7.b. Confidentiality and Advocacy
 - Counselors obtain client consent prior to engaging in advocacy efforts on behalf of an identifiable client to improve the provision of services and to work toward removal of systemic barriers or obstacles that inhibit client access, growth, and development

95

The MSJCC & Ethics – Case Study

Marnie and the Church



96

Let's Talk About Professional Values

Will be connected to Social Justice & Advocacy

97

Values & Ethics

- ▶ A Code of Ethics is a statement of values
 - ▶ It is the "coat" we put on as we enter the consultation room
 - ▶ What does that mean???



98

Values & Ethics

- ▶ To be clear...
 - ▶ The profession **does not** require you to change your values to be in alignment with the COE
 - ▶ The profession seeks to have you be aware of and manage your values so you do not impose them in session, on the client

99

Our Reference Case

The Case of Hiam (This is an actual case)

- ▶ You are the director of a counseling center.
- ▶ A practicum student at your counseling center is an observant Orthodox Jew. He is a very bright and gentle man.
- ▶ He announced that he consulted his rabbi who told him that he could see gay people as long as they didn't talk about being gay.
- ▶ The example he gave was if the client is struggling with his/her orientation, he cannot work with them.
- ▶ The problem is that often if LGBTQ clients are struggling it won't arise in a session at the beginning of therapy.
- ▶ The college has a large LGBTQ population on campus and this whole thing is giving you the heebie-jeebies.

100

Our Reference Case

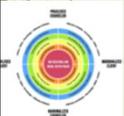
The Case of Hiam

- Questions:
 - If he is allowed to not see gay students are you condoning bigotry?
 - What if LGBTQ issues arise after five sessions?
 - What else might the rabbi forbid?
 - What is the ethical course of action for the practicum student?
 - What is the ethical course of action for you as the director?

101

The MSJCC & Ethics – Quadrants

- This case highlights how issues of *power, privilege, & oppression* impact the relationship between counselors and clients
- How does Hiam’s refusal to see “gay” clients fit here?
 - Quadrant I: Privileged Counselor – Marginalized Client
 - Quadrant II: Privileged Counselor – Privileged Client
 - Quadrant III: Marginalized Counselor – Privileged Client
 - Quadrant IV: Marginalized Counselor – Marginalized Client



102

A.4.b. Personal Values

- Counselors are aware of—and avoid imposing—their own values, attitudes, beliefs, and behaviors. Counselors respect the diversity of clients, trainees, and research participants and seek training in areas in which they are at risk of imposing their values onto clients, especially when the counselor’s values are inconsistent with the client’s goals or are discriminatory in nature.
- This is both a competence and multicultural issue

103

Respecting Diversity

- The word "diversity" appears 31 times in the COE
- Generally connected to:
 - Respecting or Honoring
 - Self awareness
 - Impact on clinical issues
 - Training & Infusing
 - Enrollment
 - Competence
 - Faculty Diversity
 - Research bias

104

Defining Competence & Counseling within Diversity in the COE

- *Multicultural/Diversity Competence*
 - Counselors' cultural and diversity awareness and knowledge about self and others, and how this awareness and knowledge are applied effectively in practice with clients and client groups.
- *Multicultural/Diversity Counseling*
 - Counseling that recognizes diversity and embraces approaches that support the worth, dignity, potential, and uniqueness of individuals within their historical, cultural, economic, political, and psychosocial contexts.

105

Brief History of Values in the ACA-COE

- The Revision Task Force reviewed ethical codes from several English speaking countries
 - Did not have the time or recourses to do non-English COE
 - Here is what we found...

106

Core Professional Values From Britain

- The *fundamental values of counselling and psychotherapy* include a commitment to:
 - Respecting human rights and dignity
 - Protecting the safety of clients
 - Ensuring the integrity of practitioner-client relationships
 - Enhancing the quality of professional knowledge and its application
 - Alleviating personal distress and suffering
 - Fostering a sense of self that is meaningful to the person(s) concerned
 - Increasing personal effectiveness
 - Enhancing the quality of relationships between people
 - Appreciating the variety of human experience and culture
 - Striving for the fair and adequate provision of counselling and psychotherapy services

107

Britain's Personal Moral Qualities of a Counselor

- Empathy: the ability to communicate understanding of another person's experience from that person's perspective.
- Sincerity: a personal commitment to consistency between what is professed and what is done.
- Integrity: commitment to being moral in dealings with others, personal straightforwardness, honesty and coherence.
- Resilience: the capacity to work with the client's concerns without being personally diminished.
- Respect: showing appropriate esteem to others and their understanding of themselves.
- Humility: the ability to assess accurately and acknowledge one's own strengths and weaknesses.
- Competence: the effective deployment of the skills and knowledge needed to do what is required.
- Fairness: the consistent application of appropriate criteria to inform decisions and actions.
- Wisdom: possession of sound judgement that informs practice.
- Courage: the capacity to act in spite of known fears, risks and uncertainty.

108

New Zealand

The core values of counseling are:

- Respect for human dignity
 - Partnership
 - Autonomy
- Responsible caring
- Personal integrity
- Social justice



- The following principles are expressions of these core values in action. They form the foundation for ethical practice.
- Counsellors shall:
 - Act with care and respect for individual and cultural differences and the diversity of human experience.
 - Avoid doing harm in all their professional work.
 - Actively support the principles embodied in the Treaty of Waitangi.
 - Respect the confidences with which they are entrusted.
 - Promote the safety and well-being of individuals, families, communities, whanau, hapu and iwi.
 - Seek to increase the range of choices and opportunities for clients.
 - Be honest and trustworthy in all their professional relationships.
 - Practice within the scope of their competence.
 - Treat colleagues and other professionals with respect.

109

Core Professional Values Scotland

- The working relationship between a member and their client, and between members, is governed ethically. It is a relationship which is respectful and valuing of each person who is part of it and members have the primary responsibility for maintaining the ethical framework of that relationship.
- Members respect the dignity, worth and uniqueness of all individuals and affirm their autonomy.**
- Members recognise and respect diversity and differences between people. Members do not practise, condone or encourage unjustified discrimination or oppressive behaviour.**
- Members respect privacy and preserve the confidentiality of information acquired in the course of their work.
- Members work within the law.
- Within the broader context, the above ethical principles are manifest whenever applicable in all the professional activities and relationships engaged in by members.
- Members work in the best interests and for the welfare of their clients, and of their colleagues.**
- Members work within the limits of their competence, monitoring their effectiveness and recognising the need for their on-going professional development.**
- Members demonstrate integrity, openness and objectivity to their clients, and colleagues. Members do not exploit or harm their clients, or colleagues.

110

Core Professional Values From Around the World

Ireland's Basic Principles

- The Code is based on four overall ethical principles, under which specific ethical standards are elaborated in greater detail.
 - Principle 1: Respect for the rights and dignity of the client. Practitioners are required to treat their clients as persons of intrinsic worth with a right to determine their own priorities, to respect clients' dignity and to give due regard to their moral and cultural values.** Practitioners take care not to intrude inappropriately on clients' privacy. They treat as confidential all information obtained in the course of their work. As far as possible, they ensure that clients understand and consent to whatever professional action they propose.
 - Principle 2: Competence. Practitioners are required to monitor and develop their professional skills and ethical awareness on an ongoing basis.** They recognize that their expertise and capacity for work are limited, and take care not to exceed the limits.
 - Principle 3: Responsibility.** In their professional activities, practitioners are required to act in a trustworthy and reputable manner towards clients and the community. They refer clients to colleagues and other professionals, as appropriate, to ensure the best service to clients. They act appropriately to resolve ethical dilemmas and conflicts of interest.
 - Principle 4: Integrity.** Practitioners take steps to manage personal stress, maintain their own mental health, and ensure that their work is professionally supervised. They are required to be honest and accurate about their qualifications and the effectiveness of the services which they offer. They treat others in a fair, open and straightforward manner, honour professional commitments, and act to clarify any confusion about their role or responsibilities. They do not use the professional relationship to exploit clients and they deal appropriately with personal conflicts of interest. They take action against harmful or unethical behaviour in colleagues.

111

Common Themes

- Respect the dignity of your client
- Be prepared to work in a diverse world
 - Do not discriminate
- Do no harm
 - Work within your competence
 - Work to maintain and enhance your competence



112 Plainly Stating Our Values

- When you review the different versions of the ACA COE, you find:
 - The values have been developing throughout the history of the COE
 - Issues of diversity have always been part of the COE in various forms
 - The 2014 COE simply made them obvious

113 Plainly Stating Our Values

- Professional values are an important way of living out an ethical commitment. The following are core professional values of the counseling profession:
 1. enhancing human development throughout the life span;
 2. *honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts;*
 3. *promoting social justice;*
 4. safeguarding the integrity of the counselor–client relationship; and
 5. practicing in a competent and ethical manner.

114 So...where is the problem?

- There are competing views of how to handle issues of values conflicts in the profession
 - Example: Ward v Wilbanks (EMU)
 - Burkholder, D., Hall, S. F., & Burkholder, J. (2014). Counselor educators respond. *Counselor Education and Supervision*, 53(4), 267-283.

115

Counselor Educators Respond

Opinions of Julia Ward

- Erroneously believing that referral protected the client ... putting [her] own values ahead of the client.
- Underdeveloped understanding of her responsibilities of care toward sexual minorities.
- Believes she knows the truth ... believes she is responsible for enforcing her truth.
- Julea displayed an inability to resolve conflict between her identification as a "Christian" and her identification as a counselor.
- Julea was not able to navigate this scenario and EMU was correct in their approach.

Opinions of EMU

- Inability to effectively work with students who hold sincere spiritual beliefs ... a narrow view of what a counselor is.
- Religious discrimination ... political correctness.
- A desire for authenticity/genuineness ... to preserve her religious freedom and client rights.
- Trying to act ethically as she was surely instructed ... wanted to avoid doing any harm.

116

A Confusion of Competing Codes

- There are two views
 1. Refer values/cultural conflicts for the benefit of the client (do no harm)
 2. Work under supervision and work to educate yourself on the diversity issues and treatment
 - If you can counsel Adam & Eve, you do the same for Adam & Steve

117

What Are the Competing Codes?

- Boundaries of Competence
 - ACA: C.2.a. –
 - Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. *Whereas multicultural counseling competency is required across all counseling specialties, counselors gain knowledge, personal awareness, sensitivity, dispositions, and skills pertinent to being a culturally competent counselor in working with a diverse client population.*

118

What Are the Competing Codes?

- Non-Discrimination
 - ACA: C.5. –
 - Counselors do not condone or engage in discrimination against prospective or current clients, students, employees, supervisees, or research participants based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital/partnership status, language preference, socioeconomic status, immigration status, or any basis proscribed by law.

119

Additional Codes

- Avoiding Harm & Imposing Values
 - ACA: A.4. a. –
 - Counselors *act to avoid* harming their clients, trainees, and research participants and *to minimize or to remedy* unavoidable or unanticipated harm.
 - ACA: A.4.b. –
 - Counselors are aware of—and *avoid imposing*—their own values, attitudes, beliefs, and behaviors. *Counselors respect the diversity* of clients, trainees, and research participants and seek training in areas in which they are at risk of imposing their values onto clients, especially when the counselor's values are inconsistent with the client's discriminatory in nature.

120

In Plain Language...

- Many mental health professionals have read these codes and have taken them to mean:
 - Refer clients when you cannot tolerate/accept their values or other characteristics lest you do harm or risk imposing your own values.
 - *Iatrogenic harm* - refers to the harm caused inadvertently by the process of treatment.
 - Do not discriminate or be influenced by bias, bigotry, or prejudice but seek to provide caring and competent services to all people. Treat others as you would want to be treated and provide care for those who might not receive appropriate care
 - Nagy, 2005

121

The MSJCC & Ethics – Quadrants

- How does Hiam’s refusal to see “gay” clients fit here?
 - Quadrant I: Privileged Counselor – Marginalized Client
 - Quadrant II: Privileged Counselor – Privileged Client
 - Quadrant III: Marginalized Counselor – Privileged Client
 - Quadrant IV: Marginalized Counselor – Marginalized Client

122

What Can This Lead To?

- Discriminatory Referrals
 - Occurs when a mental health professional refers a client when they believe that they cannot work with the client’s presenting concern (in this case due to a values/religious/lifestyle conflict) before the professional has consulted with the client or sought consultation, supervision, further education, or other means to increase his or her capacity to provide services.
 - When the professional has *not* sought these services, they may be referring inappropriately and committing an act of discrimination.
 - Shiles, 2009

123

Postulated Reasons (Shiles, 2009)

- Practice (invisible racism) is normative in mental health field
- Maintains our self-image as moral and decent to refer (best interest of the client)
- Referral is easier than obtaining training, consultation, introspection, etc.
- “Glorification” of referral is literature and practice

124

Addressing Personal Values

- Research has demonstrated:
 - Therapist values influence the effectiveness of therapy
 - Client & therapist values are often different
 - Therapists tend to have more liberal sexual values
 - Client values are often influenced (changed) by therapist values
 - Client values often move toward the therapist values

125

Addressing Personal Values



- Psychotherapists are called upon to [bracket off] their values to the best of their ability.
- If a therapist suspects their values are impacting the session or client, they should consult with another professional or seek supervision.

126

Our Reference Case

The Case of Hiam (This is an actual case)

- You are the director of a counseling center.
- A practicum student at your counseling center is an observant Orthodox Jew. He is a very bright and gentle man.
- He announced that he consulted his rabbi who told him that he could see gay people as long as they didn't talk about being gay.
- The example he gave was if the client is struggling with their orientation, he cannot work with them.
- The problem, of course, is that often if LGBTQ clients are struggling it won't arise in a session at the beginning of therapy.
- The college has a large LGBTQ population on campus and this whole thing is giving you the heebie-jeebies.

127

Questions...



- If he is allowed to not see gay students are you condoning bigotry?
- What if it comes up after five sessions?
- What else might the rabbi forbid?
- What is the ethical course of action for the practicum student?
- What are the rights of the practicum student?
- What is the ethical course of action for you as the director?

128

What About the Rights of the Clinician?

- Clinician Rights to One's Belief or Values
 - Clinician is not asked to change beliefs or values
 - Ethics & good practice require a bracketing off of personal values so create a therapeutic environment for client
 - Prohibition from imposing values on client
 - ACA: A.4.b.

129

The Ethics

- ACA: A.4.b.
 - Counselors are aware of—and avoid imposing—their own values, attitudes, beliefs, and behaviors. Counselors respect the diversity of clients, trainees, and research participants and seek training in areas in which they are at risk of imposing their values onto clients, especially when the counselor's values are inconsistent with the client's discriminatory in nature.

130

A Controversial Standard

- 11.b. Values Within Termination and Referral
 - Counselors refrain from referring prospective and current clients based solely on the counselor's personally held values, attitudes, beliefs, and behaviors. Counselors respect the diversity of clients and seek training in areas in which they are at risk of imposing their values onto clients, especially when the counselor's values are inconsistent with the client's goals or are discriminatory in nature.

131

Gaining Competence

- Competence is not an either/or concept
 - Continuum of competence
 - Competence is always growing and changing with the people and issues we work with.
 - Growing Competence Requirements
 - ACA: C.2.a
 - Staying current with literature & knowledge
 - Acquiring appropriate skills (CEUs, supervision, consultation, etc.)
 - Understanding when referral is necessary due to inability to gain competence required
 - Fisher, 2003

132

The Ethics

- ACA: C.2.a
 - Boundaries of Competence
 - Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience.
Whereas multicultural counseling competency is required across all counseling specialties, counselors gain knowledge, personal awareness, sensitivity, dispositions, and skills pertinent to being a culturally competent counselor in working with a diverse client population.

133

Conflict of Values & Do No Harm

- Confusion over referring when conflict occurs
 - ACA: A.4.a., b.
- Ethics require the professional to be proactive before referring
 - Obtain consultation
 - Obtain supervision
 - Obtain education
- Referral is **LAST RESORT**

134

Questions to Ask Before Making a Referral

- Based on my **training & experience**, do I feel competent to work with this client?
- **Can I be respectful** of my client's beliefs related to their presenting concern?
- How might **my reaction to this client differ** from my reaction to a client with a similar presenting concern, but with different demographic variables?

135

Questions to Ask Before Making a Referral

- **Can I expand my competence** regarding this issue through reading, supervision, or other professional activities?
- **Am I willing to work at expanding my competence**, and if not, why?
- Is this an area that the counseling profession regards as **essential for competent practice**?

136

Questions to Ask Before Making a Referral

- Would referring this client cause more harm than good for this client and for other clients with similar characteristics who are considering counseling?
- Have I exhausted all other options before considering this referral?
- Shiles, M., 2009. Discriminatory referrals: Uncovering a potential ethical dilemma facing practitioners. *Ethics & Behavior* 19(2), 142-155.
 - Emphasis added by presenter

137

Moral Injury & Ethics

Social Justice and Advocacy Can Have a Price

Do You Pay a Price for Strongly Held Beliefs that are contrary to Ethical Practice?

138

The New Diversity – Ethical & Moral Reasoning

Genius, S. J. and Lipp, C. (2013). Ethical diversity and the role of conscience in clinical medicine. *International Journal of Family Medicine*, 2013 (18 pages).

- Summary
 - Medical community becoming more ethically diverse
 - Issues of Conscience are increasingly problematic
 - Emerging technology and expectations involve more than treating disease & alleviate suffering

139

The New Diversity – Ethical & Moral Reasoning

Genuis, S. J. and Lipp, C. (2013). Ethical diversity and the role of conscience in clinical medicine. *International Journal of Family Medicine*, 2013 (18 pages).

- ▶ Diverse priorities increase the complexity of medical decisions
 - ▶ Balancing wellness, conserving priorities, evolving standards, quality of life decisions, advocacy, changing harmful patient behavior
- ▶ Pressure to follow external clinical healthcare standards over individual wisdom, personal ethical conviction, peer standards

140

The New Diversity – Ethical & Moral Reasoning

Genuis, S. J. and Lipp, C. (2013). Ethical diversity and the role of conscience in clinical medicine. *International Journal of Family Medicine*, 2013 (18 pages).

- ▶ Authors ask three questions:
 - ▶ When health providers disagree with their patients, colleagues, or regulatory professional bodies about the suitability of specific types of care, what standard should provide a point of reference for the practitioners' ethical course of action?
 - ▶ Is it acceptable to punish health providers (professional discipline, loss of privileges, loss of job, etc.) because of their commitment to act in accordance with their firmly held ethical position?
 - ▶ What impact does acquiescence to regulatory edicts have on health professionals who hold ethical or moral reservations about existing clinical standards/guidelines?

141

The New Diversity Ethical & Moral Reasoning

Dilemma	Situation
Physician pressured to perform CPR	In a case situation consistently deemed medically futile, a clinician refuses to prolong dying, squander resources, and extend patient suffering by repeatedly commencing CPR
Peer pressure for physician to conform to standard of care guidelines	A doctor is derided for using evidence-based nutritional and environmental interventions where such therapies deviate from standard clinical practice
Physician asked for advice about suitability of abortion	Patients seek advice from a rural physician on suitability and wisdom of having an abortion after discovering that the developing fetus has cystic fibrosis
Patient request for assisted suicide	An elderly patient adamantly requests that a physician prescribe a lethal dose

142

The New Diversity Ethical & Moral Reasoning

- Is there a cost of being “required” to provide care that goes against one’s sincerely held beliefs or morals
- Moral Injury
 - Refers to consequences resulting from “perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs or expectations”

143

The New Diversity Ethical & Moral Reasoning

- Moral Injury
 - Associated with the military when soldiers need to act in ways they others would not in ambiguous situations or events of life and death
 - ...an individual’s moral framework may constitute a fundamental component of their identity, coercion to engage in behavior that violates their moral code may represent an assault on their moral ecosystem and a violation of personal integrity that threatens their essential humanity. (p. 8)*

144

The New Diversity – Ethical & Moral Reasoning – Counseling Profession

Dilemma	Situation
Counselor is strongly opposed to abortion on moral and religious grounds and wants to refer the client	Long term client seeks help in deciding to have an abortion for an unwanted and unexpected pregnancy from a casual encounter
Counselor is a gay Black man who immigrated to US from South Africa and has suffered discrimination is told by employer to manage the case and his own emotions	A client sent by employer for discriminatory and potentially violent behavior at work. He has attended rallies that have turned violent supporting “White Rights.”
College counselor whose Rabbi told him he cannot work on LGBTQ issues with clients	Closeted gay student seeking help in how to tell parents he is gay

145

Burn Out

- Repeated Moral Injury
 - The Stress of Conscience (not able to fully address the needs of challenges of those receiving care) leads to burn out of health care professionals
- Nursing Burnout Research
 - Psychiatric, neonatal, geriatrics, intensive care

146

Burnout

- Among Physicians
 - Preliminary research
 - Anguish from ethical situations in
 - Podiatry, general medicine, critical care

147

The New Diversity Ethical & Moral Reasoning

- Applying these questions to the Counseling Profession
 - When professional counselors disagree with their patients, colleagues, or professional ethics about the suitability of specific actions to be taken, what standard should provide a point of reference for the counselor's ethical course of action?
 - Is it acceptable to punish counselors (professional discipline, loss of privileges, loss of job, etc.) because of their commitment to act in accordance with their firmly held ethical position?
 - What **impact** does acquiescence to regulatory edicts have on counseling professionals who hold ethical or moral reservations about existing ethical standards/guidelines?

148

The New Diversity Ethical & Moral Reasoning

Freedom of Conscience

<p>■ Opposition</p> <ul style="list-style-type: none"> ■ Creates dysfunction & compromises client care ■ Creates paternalistic system (i.e., counselor knows best) ■ Limits science based decisions 	<p>■ Support</p> <ul style="list-style-type: none"> ■ Comprises the counselor's genuineness ■ Encourages counselors to separate from values & creates "dissolution of character" ■ Promotes greater communication & transparency with client
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149

How Does This Play Out in the Law

- **Tennessee**
 - You do not have to follow the ACA Ethics on referrals
 - Non ACA Member complained he could not practice counseling as he wanted
- **Arizona**
 - You may not remove any student from a mental health counseling education program (i.e., psychology, social work, counseling) for sincerely held beliefs
 - Result of Ward v Wilbanks (EMU) case

150

How Does This Play Out in the Law

- **Conversion Therapy with Minors**
 - Banned in several states
 - Shown to be harmful
 - Still practiced by some counselors when requested

151

The MSJCC & Ethics – Quadrants

- The question persists...if you are “forced” to act contrary to your *sincerely held beliefs*, are you marginalized and how does that impact your work with the client?
 - Quadrant I: Privileged Counselor – Marginalized Client
 - Quadrant II: Privileged Counselor – Privileged Client
 - Quadrant III: *Marginalized Counselor – Privileged Client*
 - Quadrant IV: *Marginalized Counselor – Marginalized Client*



152

Partial Solution – Ethical Decision Making Model



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. (Preamble, p. 3)

153

Counselor Values-Based Conflict Model

Step 1: Determine Nature of Values-Based Conflict
What is the nature of the values conflict between me and the other person?

Personal	Professional
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Step 2: Explore Core Issues and Potential Barriers to Providing Appropriate Standard of Care

<p>Personal</p> <ul style="list-style-type: none"> Recognize role of personal, moral, and/or religious biases and impact of personal life experiences Recognize potential barriers and how personal values impede the counseling relationship. 	<p>Professional</p> <ul style="list-style-type: none"> Recognize counter transference or deficiencies in skills, training or expertise
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Counselor Values-Based Conflict Model

Step 3: Seek Assistance/Remediation for Providing Appropriate Standard of Care

Personal	Professional
<ul style="list-style-type: none"> Consult Code(s) of Ethics Consult Colleagues, Supervisors, and Professional Literature Seek additional training or supervision Utilize Ethical Bracketing Theory (Immersion, Education, Consultation, Supervision, and Personal counseling) Identify ways to maintain personal/religious/moral beliefs while still providing effective counseling services 	<ul style="list-style-type: none"> Consult Code(s) of Ethics Consult Colleagues, Supervisors, and Professional Literature Develop professional remediation plan to increase skills, competency, or expertise Seek additional training or supervision

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Counselor Values-Based Conflict Model

Step 4: Determine and Evaluate Possible Courses of Action

Personal	Professional
<ul style="list-style-type: none"> Examine rationale and basis for potential referral and whether or not referral to another provider is ethical or unethical. Assess effectiveness of remediation plan as it relates to resolving values-based conflict. 	<ul style="list-style-type: none"> Examine whether or not intended referral to another provider is ethical or unethical. Explore rationale and basis for potential referral. Assess effectiveness of remediation plan as it relates to an increase in competency/effectiveness.

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Counselor Values-Based Conflict Model (CVCM)

Step 5:

- Ensure that Proposed Actions Promote Client Welfare

Kocet, M. M. & Herlihy, B. J. (2014). Addressing Value-Based Conflicts within the Counseling Relationship: A Decision-Making Model. *Journal of Counseling & Development*.

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One Last Thought On This Section

- This is not about religious views vs. counseling practice
- This is about the ability to manage one's values (whatever they might be) when working with a client with a different set of values

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Our Reference Case – What do you do?

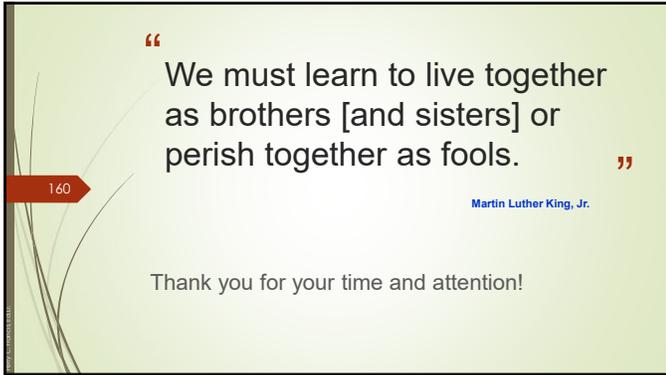
The Case of Hiam (This is an actual case)

- You are the director of a counseling center.
- A practicum student at your counseling center is an observant Orthodox Jew. He is a very bright and gentle man.
- He announced that he consulted his rabbi who told him that he could see gay people as long as they didn't talk about being gay.
- The example he gave was if the client is struggling with their orientation, he cannot work with them.
- The problem, of course, is that often if LGBTQ clients are struggling it won't arise in a session at the beginning of therapy.
- The college has a large LGBTQ population on campus and this whole thing is giving you the heebie-jeebies.

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Questions

- Is there a potential for a moral injury?
- Is Hiam both privileged & marginalized?
- What about the potential clients?
- How would you supervise Hiam?



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“ We must learn to live together as brothers [and sisters] or perish together as fools. ”

Martin Luther King, Jr.

Thank you for your time and attention!
