Title of Course: Ethical Decision Making for Counselors: A Practical Model
CE Credit: 3 Hours
Learning Level: Intermediate
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Abstract:
From time to time, counselors are confronted with ethical dilemmas that are difficult to resolve. Although ethical decision-making models provide guidelines as to how counselors should proceed in such matters, they do not always do so in a pragmatic manner. The purpose of this course is to provide counselors with an intuitive method of resolving ethical dilemmas that is grounded in best practices as outlined in the professional literature as well as the American Counseling Association Code of Ethics (2005). Topics include the differences between ethics and the law, identifying moral principles which underlie the ethical practice of counseling, and how to apply a practical approach to ethical decision-making. This course is written in a conversational style and includes mnemonics to assist in learning the material and drawing upon this knowledge as necessary when ethical dilemmas arise throughout one’s career.

Learning Objectives:
1. Identify differences between ethics and the law
2. List the purposes of an ethics code
3. Name moral principles that underlie the ethical practice of counseling
4. Identify ways of recognizing and resolving ethical dilemmas
5. Utilize a practical approach to ethical decision-making in counseling and other roles enacted by counselors
Introduction

What are ethics and the principles that guide ethical decision making?

“I wouldn’t do that. That’s not ethical.” “Boy, I can tell that guy has strong convictions.” “I can’t believe you just did that! Didn’t your mother ever teach you right from wrong?” These are statements you might hear people make throughout the course of the day that pertain to appropriate or inappropriate forms of behavior. In fact, you can turn on your television any time of the day and listen to people get into heated arguments pertaining to issues that have an ethical component. When Oprah invites experts to her show to speak on the topic of stem cell research, audience members who are passionate about the issue, regardless of their positions, do not hesitate to let one another know why they believe their respective positions are the correct ones. Have you ever watched those political pundits on Fox News or MS-NBC? It does not take too long to hear them hurl “verbal daggers” at one another or squabble about the morality of war or the sexual peccadilloes of lawmakers. They give the impression that they have a corner on the market regarding what is right, proper or “ethical” conduct, although you may sometimes wonder if they have skeletons in their own closets! Although these programs are good from the standpoint of heightening your awareness about various ethical issues, they fail to provide useful information regarding how ethics apply to counseling. As such, the purpose of this course is to increase your knowledge of ethics and provide you with a practical step-by-step approach in responding to ethical dilemmas that arise throughout your career as a counselor.

What are Ethics?

- Ethics pertain to what constitutes appropriate conduct.
- An ideal set of principles that a professional association (e.g., American Counseling Association) develops on behalf of its members.
- Represent the “gold standard” to which professionals should aspire.
Ethics are necessary because they represent the gold standard to which you should aspire as a counselor. Indeed, it is fair to say that most individuals who seek professional training in a helping profession are motivated to develop the knowledge and skills necessary to provide the highest-quality services possible. In fact, you can probably think of someone in the helping profession whom you admire and strive to model. Perhaps it is a senior colleague with whom you work or even someone you have seen portrayed in a movie. You may think of this person as representing the gold standard with regard to professionalism and integrity. This is a person who, more or less, serves as your reference point when ethical issues arise. In other words, your default option is to place yourself in the shoes of someone you admire and operate from within their framework when resolving the issue. Perhaps you have accumulated enough experience that you can start using yourself as a reference point.

What is the law? Where ethics represent high standards of professional behavior to which counselors should aspire, the law is essentially at the opposite end of the continuum in that it defines the minimum standards of conduct that society will tolerate on the part of counselors. For example, a law may state that a person who is applying for a license as a counselor must have a master’s degree in counseling or a closely related profession. Alternatively, it may mandate that an individual be supervised for a minimum number of hours by an appropriately licensed professional prior to practicing independently.

Neither of these standards ensures that the person is ready to “hang out his or her shingle” and practice unsupervised. It is simply what the state has decided to be minimal acceptable standards of practice.

**Point to Ponder**

In addition to the National Counselor Examination (NCE) and jurisprudence exam, should state licensing boards require counselors to demonstrate their readiness for independent practice through submission of a videotaped counseling session in which their skills are evaluated by experts using a rubric or standardized rating form?

Although legal standards vary from state to state, codes of ethics apply to the entire membership of a national association regardless of where they reside. Thus, a licensure law may state that counselors are required to obtain at least 40 hours of continuing education credits every two years to maintain their licenses; forty hours being the minimal criterion. However, the ethics code sets higher standards in terms of keeping individuals up to date and educated, especially in areas in which they are weak and/or lack competence. There is no minimal number of continuing education hours written in the ethics code. This is left up to the professional to define for him or herself with the assumption that a true professional will aspire to high standards of professional conduct.

It is important that there are two sets of standards, ethical and legal, for counselors to abide by because they offer guidelines for gauging professional conduct. However, true professionals are motivated to behave in a manner that is consistent with ethical standards (1) to ensure the welfare of clients, (2) to maintain the credibility of the profession, (3) to develop self-respect as a counselor. Integrity is the cornerstone of one’s identity as a counselor. The challenge is to go beyond the mindset of abiding by minimal standards because "it's the law" and to aspire to a higher set of standards. This illustrates the difference between “mandatory ethics” and “aspirational ethics.”
Case #1 – Amber Cromwell, MS

Amber Cromwell is a counselor who works with adolescents. She is disturbed by the number of clients she has counseled over the past couple of months who have expressed suicidal ideation. In fact, one client, Jessica, is very upset about a recent break-up with her boyfriend and feels there was no reason to go on living. Jessica informs Amber that she plans to take her father’s shotgun and blow her head off at 12:01 a.m. tonight! Amber is shocked, and remembers that this client attempted suicide in the past by overdosing on a bottle of antidepressant medication. She attempts to establish a no-harm contract with Jessica, but Jessica will not agree to it. She begs Amber not to tell her parents about her plans.

What are the ethical and legal issues contained in this scenario? What would you do if you were Amber?

ACA Code of Ethics Standard: B.1.c, B.1.d

Koocher and Keith-Spiegel (2008) note that there are several purposes of ethics codes: “A code...creates an implied social contract that purports to balance professional privilege with responsibility and a commitment to consumer welfare...They set aspirations and expectations for members, reduce internal bickering about what is and is not proper conduct, and serve as tools for licensure boards, civil litigants, and other formal mechanisms of redress to cite in sanctioning and defending professional conduct” (p. 42). Thus, promoting the best interest of clients, setting standards to which counselors should aspire, serving as a reference in ethical or legal proceedings as well as providing general guidelines as to how dilemmas can be resolved are what make ethics codes useful.

Basic Moral Principles in Making Ethical Decisions

Although the ACA Code of Ethics (2005) provides general guidelines as to how counselors should resolve ethical dilemmas, there are moral principles which serve as a backdrop to the code. Specifically, these principles are a reference point from which counselors operate in achieving the highest ideals of ethical and professional conduct (Corey, Corey, & Callanan, 2007). The moral principles are as follows:

1. Autonomy
2. Nonmaleficence
3. Fidelity
4. Beneficence
5. Justice
6. Veracity

Moral Principles

**Autonomy.** One of the most important attitudes that counselors communicate to clients is freedom to make their own decisions and live in accordance with their own values, attitudes and beliefs. Indeed, individuals who are trained in counseling and other helping professionals are instructed to refrain from imposing their own values on clients so as not to interfere with autonomous decision making. However, it is important to use common sense with regard to communicating to clients their ability to make their own decisions. For example, it may be wise to talk to clients about the impact of their decisions on personal relationships.
This would be an especially important consideration when providing counseling services with somebody, say, from an Eastern culture like Japan or China, which values interdependence as opposed to independence.

Common sense also comes into play when working with younger clients. Some counselors fail to consider differences among children and adults with regard to their ability to understand certain vocabulary, let alone concepts pertaining to counseling. For example, asking a nine-year-old if he would have any objection to you employing cognitive therapy with him would not only result in a puzzled look because you used the word “cognitive,” but would also ignore the fact that a nine-year-old is not yet capable of abstract thought, thus encouraging him to make an independent decision in this regard would be foolish. Koocher (2008) notes that ethical practice involves engaging the young client in a manner consistent with his or her developmental level. With respect to the moral principle of autonomy, this involves weighing freedom of decision making with client vulnerability.

The concept of autonomy is reflected in standard A.2.a of the American Counseling Association (ACA) Code of Ethics: “Informed Consent. Clients have the freedom to choose whether to enter into or remain in a counseling relationship and need adequate information about the counseling process and the counselor” (p. 4).

Let’s take into consideration Justin. Justin is an 8-year-old boy whom Dr. Austin, a licensed professional counselor and professor of counseling at a local university, is meeting for the first time today. In her session with Justin, Dr. Austin discovers that he does not get along with his teacher and has been sent to the principal’s office on numerous occasions for non-compliant and disrespectful behavior. Throughout the course of the interview, Justin expresses his displeasure with his mother “dragging me in to talk to a ‘nut doctor.’” He only provides brief answers to Dr. Austin’s questions and maintains a non-committal attitude when she explains to him the nature and purpose of counseling. Justin may decide he does not want to participate in counseling. However, his mother is the one who will make this decision on his behalf, as Justin does not have the mental capacity (as defined by state law) to make important decisions that are in his best interest. Indeed, laws in most states authorize parents and legal guardians to make decisions on behalf of significant others when a person’s mental competence and/or ability to make rational decisions are impaired or not otherwise developed (Sperry, 2007).

Although counselors do not obtain legal consent from minors, they still have an ethical responsibility to explain the nature and purpose of counseling in an understandable manner as outlined in standard A.2.d (Inability to Give Consent) of the ACA Code of Ethics: “When counseling minors or persons unable to give voluntary consent, counselors seek the assent of clients to services, and include them in decision making as appropriate. Counselors recognize the need to balance the ethical rights of clients to make choices, their capacity to give consent or assent to receive services, and parental or familial legal rights and responsibilities to protect these clients and make decisions on their behalf” (p. 4).

**Self-Reflection Question:**

At what point do minors have the right to decide whether or not they will participate in counseling or determine the amount and/or type of information a counselor shares with their parents?

In the past, children had few rights and were essentially treated in the same way as was the property of their parents. The government did not interfere with how parents dealt with their children. Laws were changed in favor of children’s rights starting in the 1900’s as reflected in the prohibition of child labor, compulsory education, and later with the requirement of professionals (e.g., teachers, counselors, physicians) to report suspected child abuse. However, biological parents still have the final say with regard to important decisions.
Generally speaking, the law views individuals under the age of 18 as incapable of making informed, voluntary decisions (Remley & Herlihy, 2007). Therefore, the privacy rights of minors legally belong to their parents or guardians. However, some states have enacted “mature minor” laws, which give minors who demonstrate good judgment and emotional maturity and can understand the risks and benefits of counseling the right to give informed consent to treatment. Indeed, Sommers-Flanagan and Sommers-Flanagan (2007) note that “As children begin to engage in formal operational thought (between ages 11 and 12, usually), they can grasp significant informed consent components, but they still need age-appropriate explanations and examples” (p. 124). As such, it is important that counselors provide information about counseling in a way that is understandable to minor clients and include parents or client advocates to ensure the rights of minors are protected (Hartsell & Bernstein, 2008).

**Nonmaleficence.** Most likely, you are familiar with the Hippocratic Oath to which physicians subscribe: “Do no harm.” Counselors are challenged to live up to this same standard, but in a different context. Specifically, counselors should avoid engaging in behaviors that could potentially harm clients (Cottone & Tarvydas, 2007). Although most counselors understand how potentially harmful acts such as engaging in a sexual relationship with a client are inappropriate, Sperry (2007) notes that not all harm done to clients is intentional. As such, counselors should be cognizant of how they could inflict unintended harm to clients and take measures to reduce the occurrence of potentially harmful acts. For example, a counselor who is conducting an intake interview may discover that a client has struggled for years with abandonment issues, which could spell problems (e.g., sadness, anger, manipulative behavior) if, say, the counselor decided to take a vacation. As such, it would behoove the counselor to spend time discussing possible disruptions to therapy that might trigger strong negative reactions in this client during the informed consent process (e.g., having to cancel a session on the day of scheduled appointment due to another client threatening to commit suicide) (Pope & Vasquez, 2007). If such a disruption were to occur, it would be important to touch base with the client soon after the crisis subsides to reassure him or her of the importance of the therapeutic relationship and reschedule the appointment so the client can be seen in the immediate future. Therapy interruptions will be discussed again later in this continuing education course.

**Point to Ponder**

Disruptions in the counseling relationship (planned and unplanned) occur from time to time. What issues might you need to address if, say, you are ill and will not be able to provide counseling services for a six-month time period? (Reference: ACA Code of Ethics, Standard A.11.a, Abandonment Prohibited)

The word “harm” is oftentimes thought of as an extreme negative action inflicted on another person, such as physical assault or emotional degradation. However, given that counselors wield a great deal of power in the counseling relationship (Remley & Herlihy, 2007; Sommers-Flanagan & Sommers-Flanagan, 2007) even subtle behaviors such as rolling your eyes if a client tells you something that you think is far -fetched could be interpreted by the client as an emotional bullet. Thus, the principle of nonmaleficence underscores the importance of not inflicting intentional or unintentional harm.

Standard A.4.a (Avoiding Harm) of the ACA Code of Ethics exhorts counselors to avoid harming those with whom they interact in a professional capacity: “Counselors act to avoid harming their clients, trainees, and research participants and to minimize or to remedy unavoidable or unanticipated harm” (p. 4).
Let’s go back to the case of Justin and Dr. Austin. During the course of their discussion, Justin discovers that Dr. Austin is the coach of a boys’ elite soccer team. This intrigues Justin, since he has been the star soccer player on his team and Dr. Austin’s team is the one on which he has always wanted to play. He asks Dr. Austin about the possibility of playing on her team. Dr. Austin is in a pickle! On the one hand, she knows that Justin is an excellent soccer player and would probably fare well on her team. On the other hand, she wonders what would happen if she had to get on Justin’s case during practices or if, for some reason, she was not able to play him much in games. Would this negatively impact the counseling relationship? She decides that the risks outweigh the potential benefits and informs Justin of her decision not to allow him to play on the team. Justin is obviously displeased with her decision and does not cooperate with her during the next several counseling sessions.

Self-Reflection Questions:

In some cases, counselors are confronted with the prospect of entering into multiple relationships with clients. Multiple relationships refer to instances in which counselors assume two or more roles at the same time or sequentially with clients or are in relationships with individuals who are closely related to clients with whom counselors have professional relationships (Corey, Corey & Callanan, 2007). Dr. Austin would have entered into a dual relationship with Justin had she allowed him to play on her soccer team given that she would have been functioning as Justin’s counselor and coach. But is this necessarily a bad thing? What are the pros and cons of assuming more than one role with clients?

Pros:
1. _______________________________________________________________________
2. _______________________________________________________________________

Cons:
1. _______________________________________________________________________
2. _______________________________________________________________________

This is certainly not a black-and-white issue. It is always possible that you may be thrust into a dual relationship with a client that is unavoidable. However, that is not always the case:

Case #2 – Jeremy Burns, MA

Jeremy Burns is a licensed professional counselor who works as a private practitioner in a large city. One of his clients, Jim Parsons, is a salesperson at an auto dealership from whom he bought a sports utility vehicle (SUV). Jeremy is appreciative that his client got him the SUV for below invoice. He regularly meets with another client to play golf, as he believes socializing with clients makes it easier for them to “open up” in counseling, and thus progress through the therapy process in a more efficient manner. Although Jeremy’s colleagues have questioned him about his non-professional relationships with clients, he does not see anything wrong with what he is doing.

How might Jeremy's non-clinical relationships with clients negatively impact his work with them in counseling?

ACA Code of Ethics Standard: A.5.c; A.5.d

The ACA Code of Ethics does not prohibit dual or multiple relationships that are non-sexual in nature, but strongly urges counselors to avoid them whenever possible: “Counselor-client nonprofessional relationships with clients, former clients, their romantic partners, or their family members should be avoided, except when the interaction is potentially beneficial to the client” (A.5.c; p. 5).
Beneficence. Beneficence refers to promoting the welfare of clients. Keeping the best interests of clients in mind and behaving in a manner that benefits them is the cornerstone of professional practice. This is more of an active concept than nonmaleficence, which essentially involves refraining from engaging in some behavior which risks harm to a client. Beneficence means taking active measures to promote the well-being of clients. Beauchamp and Childress (1983) discuss this in terms of providing mutual aid to individuals who require assistance. They note that helping professionals are obligated to provide mutual aid when (a) another person has a significant need to be helped, (b) the person who could assist that person is qualified by virtue of knowledge and skill to help the person, (c) the action would have high likelihood of succeeding, and (d) the person who is providing aid will not be placing him or herself at risk of harm or taking on a greater burden than the person they are helping.

Cottone and Tarvydas (2007) make a good point when they state, “They [professionals] must balance their decisions to influence the client or actively undertake a course of action that, in their professional judgment, will result in the client’s increased growth or well-being against the possibilities that they might, at the same time, sacrifice some of the client’s autonomy or do harm to the client” (p. 27). Making these decisions is particularly difficult during the early phase of one’s professional career and, although issues become clearer as one gains experience, the issues do not become any less challenging. Sperry (2007) notes that less experienced practitioners tend to resolve ethical dilemmas using a textbook or “letter of the law” (i.e., mechanistic) approach, while more experienced practitioners attempt to achieve a balance between mandatory and aspirational ethics by taking into consideration the situation or the context of the dilemma (i.e., spirit of the law ethics). Supervision plays a critical role in helping students-in-training and young colleagues develop an understanding of issues such as nonmaleficence and beneficence from gradually more complex and enlightened viewpoints.

In the case of Justin and Dr. Austin, if Dr. Austin decides not to allow Justin to play on her soccer team, then she has an obligation to seek out other opportunities on his behalf and/or to do some creative problem-solving to promote his best interest. For example, perhaps there is another elite soccer team that Justin could play for, if not in the city in which he resides, then in another city. Alternatively, perhaps Dr. Austin could allow Justin to play on her team, but ask a parent volunteer or a friend with whom she has played soccer in the past to serve as an assistant soccer coach and assign that coach the primary responsibility of coaching Justin. This latter solution would be consistent with Beauchamp and Childress’ (1983) viewpoint in that Justin is someone in need of help, and the fact that Dr. Austin coaches a soccer team – a sport that Justin loves – might be a way to enhance the therapeutic relationship if handled appropriately. In addition, Dr. Austin would not be placing herself at risk of harm or going too far out of her way to assist Justin if she decides to have someone else take on the coaching duties with him. This is the type of situation in which the risks of a dual relationship must be weighed against the potential best interest of the client (Lazarus & Zur, 2002).

Self-Reflection Questions:

What experiences, words of wisdom from colleagues or former professors/supervisors, professional readings, etc. do you rely upon in making decisions that are in the best interests of clients?

Are there challenges in making decisions that are in the best interests of clients and, if so, a) what are these challenges and b) how do you deal with such challenges in an ethically appropriate manner?
Justice. The concept of justice refers to treating people fairly and making efforts to ensure they have the same opportunities and/or access to resources necessary to promote their best interests. This is addressed in Standard C.5 (Nondiscrimination) of the ACA Code of Ethics: “Counselors do not condone or engage in discrimination based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital status/partnership, language preference, socioeconomic status, or any basis proscribed by law. Counselors do not discriminate against clients, students, employees, supervisees, or research participants in a manner that has a negative impact on these persons” (p. 10).

Although the ACA is very clear in this regard, some counselors fail to live up to these standards because they are inherently biased or prejudiced. For example, imagine how difficult it would be for a counselor to promote the best interests of a client with a homosexual sexual orientation if he was raised in a home that taught that homosexuality is an abomination and to steer clear of these individuals. Is the counselor obligated to take this person on as a client if his values will impinge too much on the therapeutic relationship? One’s values obviously play a very important role with regard to ethical decision making. Counselors who are likely to impose their values on clients or lose objectivity due to a value conflict should consider referring the client to another helping professional (Corey, Corey & Callanan, 2007; Cottone & Tarvydas, 2007); otherwise it would be too difficult to treat the client fairly. Hartsell and Bernstein (2008) address the issue this way: “There is a delicate balance between discrimination and exceeding one’s level of competence and objectivity. The friction must be recognized, considered, pondered, and then handled in an ethical manner...In some situations, the position of the client is so contrary to that of the provider that offering therapy would present too many conflicts. When this occurs, it is unwise as well as inappropriate to work so hard to overcome these biases that concentration on the problem becomes impossible. Refer, but document” (pp. 76-77).

Points to Ponder

Is there a point at which it is too late to refer a client to another mental health professional when one discovers that a personal bias is challenging his or her ability to remain objective? Does a counselor have an ethical responsibility to “work through” his or her bias by continuing to work with such a client (assuming he or she receives ongoing peer supervision)?

It is important to note, however, that in the case of Bruff v. North Mississippi Health Services, Inc. (2001) the United States Court of Appeals for the Fifth Circuit ruled that counselors may cause emotional harm to homosexual clients if they refuse to discuss relationship issues with them and that providing counseling only on issues that do not conflict with counselors’ religious beliefs is an inflexible position not protected by law (Hermann & Herlihy, 2006). Although this ruling was decided by the Fifth Circuit Court of Appeals, and only courts under the jurisdiction of the Fifth Circuit are obligated to make decisions in accordance with the ruling, it obviously sets a precedent that could impact courts nationwide in the future.

Kitchener (1984) maintains that what justice really means is “treating equals equally and unequals unequally but in proportion to their relevant differences” (p. 49). Indeed, counselors sometimes treat clients differently based on their symptom presentations, and it would be unethical if they did not do so. This is not a problem as long as such treatment variations are sufficiently justified. For example, let’s say you are a counselor who treats adults with depression and personality disorders. Two clients are expressing suicidal ideation. Client #1 suffers from Major Depressive Disorder, but not a co-morbid personality disorder. You have diagnosed Client #2 with Dysthymic Disorder and Borderline Personality Disorder; this client presents a history of chronic suicidality.
Based on your knowledge of evidence-based therapies you decide that utilizing Cognitive-Behavioral Therapy (CBT) would be the best approach to use with Client #1 and Dialectical Behavior Therapy (DBT) with Client #2. The latter approach requires more frequent contact with clients, given their high rate of instability and impulsivity (Dimeff & Koerner, 2007). Thus, you may decide from a therapeutic standpoint that, in addition to individual therapy, it is important for Client #2 to be given the opportunity to touch base with you by telephone throughout the course of the week (assuming the client does not abuse this privilege), but is not necessary with Client #1. As you can see, although both of these clients are experiencing suicidal ideation, your approach necessitates treating “unequals unequally” because of the nature of their clinical presentations.

You can probably think of many scenarios in which justice becomes a therapeutic issue. How might justice play itself out with Justin and Dr. Austin? Dr. Austin usually establishes rapport with children by playing games with them outside. However, she might not believe this is a wise course of action to take with Justin because he would take advantage of the situation and keep the focus on playing the game instead of discussing critical issues pertaining to his problem. In addition, if Dr. Austin decides to let Justin play on her soccer team, she might ask her assistant coach to coach him because the dual-relationship issue could potentially compromise the therapeutic relationship. These scenarios illustrate instances in which Dr. Austin had a good rationale for treating Justin differently.

**Self-Reflection Questions:**

Think of situations in which you have treated clients differently. Specifically, were there times when you provided a different level of service to one client than another? How come? Do you believe you were justified in treating them differently? Why or why not? How do you know when you are crossing the line between justice and injustice and how do you resolve this dilemma?

**Fidelity.** Fidelity refers to keeping one’s promises and honoring one’s commitments. Usually the word “fidelity” is used in conjunction with weddings. How often have you heard some version of these vows at a wedding: “I, _______, take you, ________, to be my lawfully wedded husband/wife. I promise to be true to you in good times and in bad and in sickness and health. I will love and honor you all the days of my life.” The theme is remaining committed to one’s partner through thick and thin.

Counselors are likewise challenged to follow through on their promises and continue providing services to clients during good times and bad. For example, in his discussions with a female client about her marital problems, a counselor strikes a chord that evokes an angry response from the client. In fact, the counselor feels like he is on the “hot seat” as the client speaks to him in a loud, angry and accusatory manner - a similar dynamic she enacts with her husband. Unlike normal relationships, however, the counselor does not allow the client’s behavior to alter his commitment to her because he understands that transference is a normal aspect of counseling and can be used in a way to help her make therapeutic gains.

Another counselor is working with a client who is contemplating suicide, an experience that is atypical for this client. The counselor is in a quandary as he and his partner had planned a getaway weekend. The counselor has two options: reschedule the trip or find a trusted colleague to cover for him. He decides to reschedule the trip given the level of seriousness and his core belief of remaining committed to clients in situations such as this. These are the types of sacrifices that counselors make from time to time because of their commitment and moral obligation to help clients improve their mental health.
Clinical judgment plays an important role in this regard as some clients may believe their counselors are abandoning them when they take vacations (similar to how children might react to separations from parents; Obegi, 2008) and subsequently play the manipulation game to force counselors to prove their level of commitment (Pope & Vasquez, 2007; Zanarini, Frankenburg, Hennen & Silk, 2003).

This speaks to the importance of discussing with clients possible solutions to such challenges well in advance of their occurrence as part of the informed consent process. Indeed, Remley and Herlihy (2007) note that “Clients sometimes have strong and even puzzling reactions to their counselor’s absence, so it is important that counselors give clients adequate notice and ensure that clients know whom to contact in a crisis or emergency. The ACA Code of Ethics (2005) requires counselors to make appropriate arrangements for the continuation of treatment during interruptions caused by vacations, illnesses, or unexpected events (Standard A.11.a)” (p. 73).

Unfortunately, following through with professional commitments can spell problems for counselors with regard to their personal relationships. How do you explain to your significant other that you cannot go on the weekend getaway because of a suicidal client? On the flip side of the coin, what if a counselor cannot bring himself to leave the client due to a strong emotional reaction resulting from his belief that “a committed counselor wouldn’t abandon his client?” It is important for the counselor to step back and look at this situation objectively and evaluate whether this is a countertransference-based emotion.

Perhaps the client’s reaction to hearing the news that the counselor will be leaving town triggers a twinge of guilt in the counselor similar to how the counselor felt when his mother reacted to him “leaving her” to play with his friends, go on dates or attend college in a far away city. Corey (2008) notes that “Recognizing the manifestations of their countertransference reactions is one of the most essential abilities of effective counselors. Unless counselors are aware of their own conflicts, needs, assets, and liabilities, they can use the therapy hour more for their own purposes than for being available for their clients, which becomes an ethical issue” (p. 21). When counselors find it increasingly difficult to maintain objectivity, it is their responsibility to consult with a colleague or supervisor and/or seek out a counselor to resolve unresolved issues (Ford, 2006; Peluso & Spina, 2008).

It is obvious in the case of Justin and Dr. Austin that Dr. Austin could easily conclude that working with Justin is “just not going to work” especially if Justin ups the ante. What would happen, for instance, if Dr. Austin walked into the bathroom at her mental health clinic and discovered that someone (likely Justin) had written the words “Eat my shit, Austin!” in feces on the bathroom stall? Would this justify termination of the therapeutic relationship or would it simply provide a topic for conversation in their next therapy session? Rationalizing that it is just not going to work would be analogous to calling it quits when a newly married couple engages in their first spat. Looking at things from a long-term perspective is important if Dr. Austin hopes to develop a facilitative relationship with Justin and help him understand and alter maladaptive behaviors. As a helping professional, she understands that challenging behaviors are expected from clients and does not allow those behaviors to weaken her commitment to them.

**Self-Reflection Questions:**

Think of a client with whom you have experienced conflict. Were you ever tempted to say “sayonara” or “good riddance?” If so, how did you maintain objectivity and continue to provide this person with professional services? What is your secret to treating clients fairly when their behavior seemingly does not warrant such a response from you?

**Veracity.** The final moral principle is veracity, which means that counselors are honest and do not deceive clients. The old saying, “A man is only as good as his word” applies here. Trust is a critical element in the counseling relationship. Moreover, honesty is the foundation upon which the therapeutic relationship is built. If clients do not feel they can trust their counselors, then how effective is the process going to be?
In the movie, “Liar, Liar,” in which Jim Carrey plays the part of an unscrupulous attorney whose modus operandi is to tell people what they want to hear, it is evident that others, including his 6-year-old son, are on to him and cannot trust anything he says. Even after he is magically altered and is forced to tell the truth, his son and ex-wife find it difficult to believe him because of all of the years of lies and deceit. In many ways, clients are like Jim Carrey’s son in that they are vulnerable and implicitly trust that counselors will be honest in their interactions with them. Unfortunately, it only takes one incident to shatter clients’ trust in the counseling relationship. For example, let’s say that a person’s first encounter with a helping professional is with a high school counselor. The counselor lies to the student when she [client] asks him [counselor] if he told her chemistry teacher something she said about him. The counselor may deny he did this, but if the student found out later that he lied, then what kind of an impact do you think this would have on the therapeutic relationship? Worse yet, what kind of impact might this have on the student’s perceptions of any kind of helping professional?

The principle of veracity not only applies to counseling relationships, but also with regard to how counselors portray themselves to others. Standard C.4.a (Accurate Representation) states, “Counselors claim or imply only professional qualifications actually completed and correct any known misrepresentations of their qualifications by others. Counselors truthfully represent the qualifications of their professional colleagues. Counselors clearly distinguish between paid and volunteer work experience and accurately describe their continuing education and specialized training” (p. 10).

Veracity is also implied in the informed consent process. Counselors are expected to inform clients of things such as the goals of counseling, the roles of counselor and client, the risks and benefits or counseling, and the limits of confidentiality. Clients expect counselors to honor their commitments (fidelity) by not sharing with others personal issues that are discussed in counseling sessions and to inform them when they are legally required to do so (veracity).

If Dr. Austin were to say to Justin, “You can tell me anything. I won’t tell your mom anything that you and I discuss,” and then discloses their conversations to Justin’s mother, Dr. Austin would not be upholding the principle of veracity. It would be better if Dr. Austin were to ask Justin’s permission to share specific aspects of their conversations with his mother and/or, if appropriate, to invite Justin to remain in the office as she talks to her. When considering information that is shared with parents, counselors should keep in mind the client’s level of cognitive and emotional maturity (Sommers-Flanagan & Sommers-Flanagan, 2007). It is the counselor’s responsibility to weigh carefully contents of conversations with minor clients that are being considered for disclosure to parents or caretakers and to inform children of the intent and necessity to disclose prior to disclosure (Ford, 2006). Indeed, in their discussion of confidentiality issues in the schools, Glosoff and Pate (2002) state, “School counselors do not give up their ethical obligation to apply the basic moral principles when counseling children and adolescents. However, they must apply these principles in developmentally appropriate ways and attempt to honor the rights of children and adolescents to make decisions while appropriately including their parents and school personnel” (p. 23).

Self-Reflection Questions:

Is it ever appropriate to lie to a client? Why or why not? Can you think of situations in which you might be justified to lie to a client? What are the risks of lying to clients? How would you handle a situation in which a client asks you a direct question which, if you answer truthfully at that juncture in the therapeutic process, would negatively impact the counseling relationship?
A Practical Ethical Decision-Making Model

**Ethical Dilemmas**

Now that you have discovered how the moral principles figure into the counseling process, it is time for you to learn a practical model to resolving ethical dilemmas. You will likely appreciate the intuitive nature of the model, as it is based on how professionals naturally deal with ethical issues. However, ethical dilemmas are complicated, which means that critical thinking plays an important role in the resolution process. Thus, this is included in the model as well. Also, remember that the moral principles will serve as a default option when there is any question as to how you should resolve an ethical issue. In fact, these principles are so important that they are interwoven throughout the presentation of the model.

Let’s start this section of the course by taking into consideration Denise, a graduate student in a counseling training program. Denise is taking a practicum course this semester and one of the course requirements is to observe her fellow practicum students conduct counseling sessions through a one-way mirror in a university community-based training clinic. She is currently observing Andrew conduct a session with an 8-year-old child. Andrew is very friendly and asks the child a variety of questions about her family. At one point in the session, the child informs Andrew that her step-father has been coming into her bedroom late at night and lying next to her. The child describes how the step-father gives her back rubs, which feel really good, and then softly runs his hands up and down her thighs and eventually “touches my private parts – I don’t like him doing that!” Andrew is shocked, but tries not to let the girl see his reaction. He continues talking to her about her stepfather and discovers that this has happened on more than one occasion. Andrew meets with the mother after he concludes his session with the child. Andrew does not tell the mother what the child told him, believing this is confidential information. After the mother and child leave the clinic, Denise walks out of the observation room and sees Andrew talking to his supervisor about the session. Andrew does not mention anything about the bombshell that the child shared with him. What would you do if you were Denise?

A. Empathize with Andrew about how difficult the session must have been for him.
B. Ask Andrew why he didn’t tell the mother what the child had told him.
C. Encourage Andrew to share with his supervisor what the child told him about her stepfather.
D. Tell the supervisor what you heard the child tell Andrew.

**Self-Reflection Questions:**

Why did you choose your particular answer? What factors did you take into consideration in making your decision? Did the moral principles come into play with regard to your decision and, if so, how?

Although you might think you know what you would do if you were Denise or Andrew, it is not always a clear-cut decision when you are in the heat-of-the-moment. Perhaps Denise did not want to say anything to Andrew that would call into question his competence as a counselor and thereby deteriorate their relationship. On the other hand, maybe Denise did not feel it was her place to say anything. Andrew may have been confused about privacy and confidentiality issues as they apply to minors. Whatever the case, making ethical decisions is never an easy proposition and many counselors are unclear how they should proceed when ethical dilemmas confront them.

Cottone and Tarvydas (2007) define an ethical dilemma as a “circumstance that stymies or confuses the counselor because (a) there are competing or conflictual ethical standards that apply, (b) there is a conflict between what is ethical and moral, (c) the situation is such that complexities make application of the ethical standards unclear, or (d) some other circumstance prevents a clear application of the standards” (p. 2).
Do you know what ethical dilemmas have in common? It is “the gray factor,” meaning there is not a clear-cut solution to the dilemma due to a variety of factors (e.g., the issues involved are complex; the ethical standards do not provide enough guidance regarding how to resolve a specific ethical dilemma). Thus, helping professionals are oftentimes in a quandary as to how they should proceed. Here is a general rule of thumb: If there are no obvious or decent solutions to a dilemma, the default option is to consider the solution judged to be in the best interests of the client. (“How will my decision impact my client and our therapeutic relationship? Is the decision I'm going to make in the best interests of my client, someone else’s best interests, or my best interests?”). For example, if the mother of a child to whom you are providing counseling services asks you what you discussed with her daughter, she technically might have a right to know this information, but you may decide it is in the child’s best interests not to provide detailed information given the strong likelihood that the mother would use it to promote conflict with her daughter.

Case #3 – John Moore, MS

John Moore just graduated from a mental health counseling program and has been hired to work as a counselor at a community mental health center. His supervisor informs him that he will need to run two counseling groups in addition to providing individual counseling services. One of the groups will be conducted with children. John was informed during his interview that he would be facilitating groups, but was surprised to find out that one of these was a children’s group. Although John was trained in facilitating groups in his graduate training program, he does not have much experience working with children. His supervisor is grateful that John is “part of the team” because the center has a critical need for counselors who work with children and his youthful spirit would certainly fare well with this population.

What makes this an ethical dilemma (or what is the primary ethical issue involved in this scenario)? How might you resolve it?

ACA Code of Ethics Standards: C.2.a; C.2.b

Unfortunately, it is not always easy to determine the best interests of clients. For instance, what would you do if a client whom you had been seeing for a period of six months gave you an expensive watch upon termination of the counseling relationship to express his appreciation over how much you have helped him resolve his problems? One part of you might say, “I should take the watch because if I don’t, he’ll take it as an insult and that isn’t in his best interest.” However, another part of you might reason, “But it’s really not appropriate for me to accept the watch because it blurs the boundaries between a personal and professional relationship. What if the client needs to see me again in the future? Might he expect me to interact with him differently as a result of my acceptance of the gift? Would it be more difficult for me to maintain objectivity? Maybe it’s not in his best interest for me to take it.” Although best interest ethics provides a general frame of reference to resolving dilemmas, it would still be helpful to learn and utilize a more formal method of resolving such quandaries.

Smith, McGuire, Abbott, and Blau (1991) conducted a survey of therapists regarding their reasons for selecting particular courses of action when confronted with hypothetical ethical dilemmas. Although therapists acknowledged the importance of laws and ethics when identifying what they should do, they more often identified personal values and practical factors when determining what they would actually do when faced with these situations.
The guidelines that follow acknowledge this fact, but are based on the moral principles. Indeed, a purely intuitive approach to ethical decision making does not take into consideration the moral aspects that are such an important part of counseling. Thus, an attempt has been made to strike a balance between what is realistic in terms of decision making, yet base it on principles that are recognized by the profession as a critical part of these models.

Remembering the moral principles is an important part of the ethical decision-making model that follows. Memory researchers have found that it is easier to recall information that is stored in long-term memory if it was originally encoded in an easy-to-recognize pattern using mnemonics. Mnemonics are special strategies people use to store and later retrieve information. For example, many people learn the names of the Great Lakes by using the acronym HOMES (Huron, Ontario, Michigan, Erie, and Superior). Music teachers oftentimes help students remember the names of the notes on the spaces of the staff by using similar principles:

Thus, in order to make it easier for you to remember the moral principles, it is recommended that you use the F-F-F-H-H-H format:

**Mnemonic Device for Remembering the Moral Principles**

- Fair ................................................ Justice
- Free ................................................ Autonomy
- Faithful ............................................ Fidelity
- Helpful ............................................. Beneficence
- Harmless ........................................ Nonmaleficence
- Honest ............................................. Veracity

These will be referred to throughout the following discussion of the Practical Ethical Decision-Making Model, which starts with recognizing ethical dilemmas.

**Recognizing Ethical Dilemmas**

**Practical Ethical Decision Making – Step #1 – Listen to Your Gut**

How do you know when an ethical issue arises that requires action on your part? What do you think are some of the characteristics of ethical dilemmas as they apply to counseling? It does not take very long to answer these questions.

Kidder (1995) suggests that ethical dilemmas oftentimes involve right versus wrong choices or “moral temptations.” This certainly applies to a variety of situations including becoming involved in sexual relationships with clients, falsifying data, failing to be up front with clients about policies or procedures pertaining to the counseling process, and using therapeutic techniques without having been trained in the use of those techniques. Most counselors have either dealt with or thought about situations that make them question what the right thing to do is.
Denise and Andrew were certainly confronted with ethical dilemmas in slightly different ways. You can probably place yourself in their shoes and understand how they must have felt in their respective situations especially being new to the field: confused, surprised, and perhaps overwhelmed. In fact, recognizing ethical dilemmas oftentimes starts with a feeling, specifically, an awareness that you are feeling uncomfortable or uneasy.

Indeed, it is not uncommon for one’s unconscious self to pick up on and react to elements of a situation that one’s conscious self may overlook or fail to react to as quickly. This may be compared with the way in which antivirus software continually monitors activities that are going on in the background of our computers while surfing the net. Although there may be times you are cognizant of the dilemma that aroused these feelings, other times you may realize that something is not right about a situation, but not necessarily be able to put your finger on it until you give it more thought. It is the realization that “something’s not right” and the associated feeling that is your initial clue that you are dealing with an ethical dilemma.

It is important that you be tuned in to the feelings that are kindled by ethical dilemmas and to use your feelings as data in the ethical decision-making process. Indeed, Remley and Herlihy (2007) point out that, “Virtue ethicists believe that emotion informs judgment.” They likewise provide the following advice: “Consider what emotions you are experiencing as you contemplate the situation and your possible actions…Your emotions can help guide you in your decision making” (p. 13).

Think back to when you were a child. Did your parents ever tell you that everyone has a “little voice” that helps them distinguish right from wrong? Some people refer to this as a conscience. The same principle applies to recognizing ethical dilemmas. You might have a gut-level feeling that a situation is somehow problematic and demands action on your part. Although you may not know what you are supposed to do at that moment, you realize that “something’s wrong” and that feeling does not go away. The emotional uneasiness produced by the dilemma yearns for a response from you to, in essence, put it out of its misery. Knapp and VandeCreek (2006) note that, “…for many counselors the first indication of a problem comes from their own ‘gut’ reactions or the reactions of a patient. That is, a strain in interpersonal relationships or a feeling of emotional uneasiness is often the first indication of an ethical problem” (p. 43).

Recognizing ethical dilemmas not only becomes easier with supervision and experience, but if the foundation of your professional identity is the six moral principles, then you will understand intuitively when an issue arises that demands sound reasoning and judgment. There is not one particular moral principle that will help you recognize an ethical dilemma. Counselors continuously filter experiences through their moral principle net. When issues get caught in the net they experience a twinge of discomfort that spurs the reasoning and resolution process.

Hare (1991) argues that moral reasoning starts with intuition: “…the intuitive level, with its prima facie duties and principles, is the main locus of everyday moral decisions” (p. 35). Cottone and Tarvydas (2007) likewise note that “The intuitive level of analysis always constitutes the first platform of decision making, even when the situation requires the more detailed level of analysis involved in the critical-evaluative level of consideration” (p. 91). The important point is that intuition is simply a starting point. Counselors are trained to be self-aware so they are sensitive to issues that should be addressed with clients. When considered in terms of a scientific process, intuition serves to generate hypotheses that can be confirmed or disconfirmed as counselors interact with clients throughout the course of the counseling process and discuss ethical concerns with colleagues.
Let’s take into consideration how this might work in the real world. Two counselors have clients who both suffer from depression. Counselor A, who is fresh out of graduate school, is concerned that his client is becoming too dependent on him given that the client calls him at home at all hours of the night and will do whatever he tells him to do. Counselor B, who has been in the field for several years, is also dealing with a depressed client with dependency issues, but has taken a different approach. Counselor B has placed limits on the number of calls she is willing to receive from the client and has requested that the client not call her at home.

How do the moral principles play a part in the reasoning processes of both counselors? Counselor A recognizes that something is wrong, but his moral principle net is “too loose” to catch the problem. Counselor B understands that allowing the client to call her at home as often as he would like only fosters dependency and is not in the client’s best interest (the moral principle of beneficence or “helpfulness”). Although the client does not like the fact that Counselor B has placed limits on him, he reluctantly agrees to abide by the rules. Counselor B felt uncomfortable the first time the client attempted to maneuver into a dependency role and that feeling sparked a response that prevented her from enabling this behavior. But it was only because the discomfort was interpreted in relation to the moral principle of beneficence that Counselor B understood why it was necessary to set limits.

**Self-Reflection Question:**

How do my body, mind and emotions react when I experience an ethical dilemma?

**Responding to Your Gut**

**Practical Ethical Decision Making – Step #2 – Discuss Your Dilemma with a Significant other, Colleague or Supervisor**

All right, so you know something is wrong and you have to take action, but what kind of action? What do you do? Many ethical decision-making models would first have you consult the ACA Code of Ethics, although you might not always be in a situation in which you can do that. Other models encourage practitioners to search out journal articles to find out how experts in the field might resolve the problem. Although these are certainly appropriate actions, they are probably not the first things you are going to do. From a pragmatic standpoint, you will more likely talk to a significant other, friend, colleague or supervisor about what happened and figure out what to do next. This does not mean the process stops here. Discussing events with individuals who are important to you and engaging in brainstorming activities are natural types of activities you engage in when unusual events occur or when life throws you a curve. Talking to others oftentimes helps you think about dilemmas in ways you had not thought of before. Indeed, in their discussion of supervisees consulting with their supervisors, Haynes, Corey and Moulton (2003) note that “…it is generally helpful to consult with a colleague or colleagues to obtain a different perspective on the problem…Consultation can help you think about information or circumstances that you may have overlooked” (pp. 156-157).

Corey, Corey and Callanan (2007) note that resolving an ethical dilemma is not simply an event that involves rational thought. “Ethical decision making is not a purely cognitive and linear process that follows neatly step by step. Indeed, it is crucial to acknowledge that emotions play a part in how you make ethical decisions.”
As a practitioner, your feelings will likely influence how you interpret both your client’s behavior and your own behavior...An integral part of recognizing and working through an ethical concern is discussing your beliefs and values, motivations, feelings, and actions with a supervisor or a colleague” (pp. 19-20).

Let’s take Denise as an example. She may believe that Andrew should have immediately told the mother what her child shared with him. Perhaps this would have been the right thing to do. However, it is usually a good idea to obtain both sides of a story. Maybe Andrew believes children have the same rights to privacy and confidentiality as adults. Although state law dictates what counselors should do in this situation, legal standards should not be the sole determinant of how he handles the situation (Remley & Herlihy, 2007). Once again, when a counselor knows that the law says one thing, but such actions potentially have a negative impact on the therapeutic relationship; it makes it difficult to follow through with the decision. This is the human condition. That is why people seek out others so they can share with them their conflicts and indecisiveness in hopes they see something that is not obvious and will share words of wisdom that unlock the answer to the dilemma. If only it were that simple!

The important point is that you respond to your gut when you experience an initial twinge of discomfort. Using the current framework, this means that your moral principle net has caught something that requires your inspection. Inspecting feelings is oftentimes difficult because they are uncomfortable and our nature is to rid ourselves of those feelings as quickly as possible (Sommers-Flanagan & Sommers-Flanagan, 2007). However, our professional selves seek information to help place our feelings in proper context so as not to act on them impulsively and inadvertently harm clients (the moral principle of nonmaleficence or “harmlessness”).

Let’s say that you are working with a client whom you have diagnosed with borderline personality disorder. Although you expect affective instability, you are caught off guard when the client directs her anger toward you and threatens to hurt herself if you continue to bring up issues that create discomfort for her. Cognitively, you know that the client’s willingness to discuss issues that are uncomfortable is a key to her therapeutic success, but emotionally you feel as though you want to tell her to take a hike because she has no right to treat you this way. You share your frustrations with a colleague who listens patiently (and tries hard to conceal his amusement) and reminds you that your feelings can play an important role in understanding the interpersonal dynamics of clients and encourages you to use this knowledge to help your client. Although the emotional part of you seeks to defend yourself from the client, the rational part of you knows that the client’s behaviors are the precise reason she is coming to see you and that you need to respond in a different way than others in her social network. Despite the fact that you might feel “I don’t need to deal with this. I’m not seeing her anymore,” the way you actually respond to your gut will be based on professionalism, which is grounded in the moral principle of fidelity (i.e., “faithfulness”).

**Exemplars and Professional Codes of Ethics**

**Practical Ethical Decision Making – Step #3 – Consider How an Admired Friend or Professional Would Handle this Situation in Light of the ACA Code of Ethics**

Oftentimes when you consider a best course of action, you think to yourself, “What would so-in-so do in a situation like this?” That is, you call to mind individuals whom you admire and consider to be a model of integrity, whether it is a friend, a priest, rabbi or minister, a former professor or a respected colleague. In fact, it is quite likely that someone came to mind as you read the previous sentence – someone whom you respect. These individuals are sometimes referred to as “exemplars.” Now, just take a minute and think about that person. Why is it that you admire him or her? If this person had to deal with a situation like Andrew, what do you think s/he would do? Even if you do not know the answer to that question, you probably have a general idea of how the person would approach it and that is fine. That is the kind of thing you think about that contributes (or has contributed) to your identity as a professional because you want to emulate them. In fact, how a counselor responds to a situation is likely to be different than how “Joe Blow” responds to the situation because a professional looks at situations from a broader and complex perspective. In other words, you understand there are a variety of factors to take into consideration when arriving at a decision pertaining to an ethical dilemma.
Take into consideration the movie “Good Will Hunting,” starring Robin Williams and Matt Damon. In his role as a psychologist, Williams was forced to make a variety of ethical decisions including whether or not to risk disclosing personally relevant information to his client (Damon) knowing that this could resurrect painful feelings and create an optimal breeding environment for dicey therapeutic encounters. Yet Williams’ character understood there was a purpose in doing this. He understood that the only way the therapeutic process would progress with this particular client was for him to take the risk and self-disclose (the moral principle of veracity or “honesty”).

In the situation involving Andrew, a variety of thoughts and images likely flowed through Denise’s mind. She probably tried to place herself in the shoes of the child in an effort to empathize with her. However, given that she is a student, she likely identified with Andrew and thought about what she might do if she were in his situation. And then conversations she had with her classmates and ethics professor pertaining to various ethical issues scurried through her mind. In particular, Denise would have given serious consideration to how her professor – a true exemplar – would have handled the situation due to her respect for him. She recalled how he challenged students to take into consideration how possible solutions to ethical dilemmas would impact the client and family members and to not prematurely commit oneself to a solution to a problem. She admired this about her professor and incorporated this as one of the foundational elements of her professional identity.

Denise also recalls words of wisdom passed on to her from her parents, for example, “there are always two sides to a story,” and “failing to search for facts makes it easier to jump to conclusions.” Her parents were not professional counselors, but Denise had such admiration for them that it created in her a desire to emulate them. Thus, taking into consideration the aforementioned factors, Denise can now understand how it would be important to obtain information from the client’s parents in an effort to properly evaluate the situation and decide on a proper course of action. Approaching situations in this manner means that all parties are dealt with fairly (the moral principle of justice or “fairness”).

**Problem-Solving Strategies of Experts**

Although you might find it helpful to take into consideration how exemplars might handle ethical dilemmas, it is important to understand how they handle them the way they do. In many cases, they solve problems in a manner similar to experts. Counselor researchers have studied problem-solving strategies of experts and have found that they do not approach problems in the same way every time. In some cases, when you are trying to get from point A (problem) to point B (problem solved), the best route may be to start with point B! In other words, some experts advocate starting with the end and working backward. This strategy may take you by surprise because it runs counter to the way you were taught to solve problems. Bernstein and Nash (2008) provide an example of the working backward strategy: “Consider the problem of planning a climb to the summit of Mount Everest. The best strategy is to figure out, first, what equipment and supplies are needed at the highest camp on the night before the attempt to reach the summit, then how many people are needed to stock that camp the day before, then how many people are needed to supply those who must stock the camp, and so on until a plan for the entire expedition is established” (p. 258).

The first step in using the working backward strategy is to assume you have already solved the problem, thus you will need to give some thought to what the final outcome looks like even if you cannot get a detailed picture. In fact, this is what counselors do during the initial stages of counseling when setting goals with clients (i.e., “How do you picture things being different when you don’t have this problem? How can you translate this picture into a definable goal?”).
For example, recall Counselor A and Counselor B, both of whom were dealing with highly dependent and depressed clients who called them late at night asking for advice, help, etc. In a situation like this, you could start the problem-solving process by imagining what it would be like if the problem were solved. Your client would not be calling you at all hours of the night and you could get a decent night’s sleep! It is also important that you observe the moral principles when considering the solution to the problem. Specifically, it would not be in the client’s best interest to continue enabling his calling behavior, thus a solution in which the client learns coping strategies that allows him to fend for himself between appointments is clearly consistent with the moral principles of autonomy (i.e., free) and beneficence (i.e., helpful).

O.K., so you have an idea of what the resolution of the problem looks like, but there are steps you took before you got to this point. Let’s say you were Counselor A, the one who did not know how to handle the situation. Using the working backwards strategy, you can probably imagine that before the client eliminates you from his speed dial, you must somehow wean him from his calling regimen (similar to how drug addicts must be weaned off their substance of choice). Thus, you can picture the client calling you every now and then one step prior to the resolution of the problem, but nothing like he had been doing before. But how were you able to do this? Perhaps you say to the client as you are talking to him on the telephone:

“O.K. Brian. It sounds like you have some things you’d really like to discuss with me, but let’s see if you can stick to your agreement by not calling me at home and waiting until we see one another later this week to talk about your concerns. Are you willing to do that? Now, what did we discuss in our last session about what you could do if you started feeling down-in-dumps and felt the compulsion to talk to me at that moment?”

Prior to this point, you might imagine the client calling you on a daily basis and telling him that you want him to make a commitment not to call you quite as often and perhaps waiting one or two days between calls. Finally, you can imagine yourself at square one, which is the client calling you every night to talk about his concerns.

Self-Assessment Questions:

How might you use the working backwards strategy to solve a problem with one of your clients? What does Point B (i.e., the problem resolution) look like (i.e., who will be doing what, when and to whom?)? What do you have to do to move one step back from Point B in the direction of Point A (the client’s current problem) and so on and so forth until you get to A?

Experts also solve problems by using analogies. If you have previously solved a problem that is similar to a new one, you can use the old solution as a model. The trick is to recognize that the second problem resembles the first (Kassin, 2006), which is an associative thinking ability. Let’s go back to the situation with Counselor A. As Counselor A thinks about his relationship with Brian, he recognizes the similarities between the way Brian interacts with him and how a peer interacted with him in high school. The classmate was very needy and Counselor A was not sure how to handle the situation. His parents told him it seemed like Counselor A was his classmate’s only friend and that it might be a good idea to help the classmate broaden his social network. Thus, Counselor A invited the classmate to a few football games with a group of friends. The classmate befriended other students and subsequently stopped calling Counselor A all of the time. Counselor A used this strategy to suggest to his client that he join a support group and become involved in a bowling league, as this is one of his interests. This problem-solving approach is consistent with the moral principle of beneficence (i.e., helpful). In addition, this example illustrates how non-professionals (in this case, Counselor A’s parents) can play a role in helping counselors resolve ethical dilemmas.

Problem-Solving Strategies of Experts

- **Working Backward** – Working backward from the final goal through all the steps necessary to reach that goal.
- **Using Analogies** - Finding similarities between the solution to an old problem and a potential solution to a new problem.
Case #4 – Carl Davis, PhD

Carl Davis recently accepted a position as an assistant professor at a CACREP-approved counseling program after working in private practice for ten years. He was hired to teach the “Practicum in Counseling” course in which he teaches students the practical applications of counseling as well as meeting with his graduate students for individual and group supervision on a weekly basis. One of Dr. Davis’ supervisees, Matt, has struggled to develop basic counseling skills. His listening responses are poor and he does not seem to be connecting with his clients. Matt discloses to Dr. Davis that he has been under a lot of stress due to school, relationship, and job-related pressures. Dr. Davis spends time talking to Matt about these issues and provides him with encouraging remarks at the end of their supervision sessions. After their most recent session, Dr. Davis thinks to himself, “Matt could really use some help right now. If I refer him to a counselor, he probably couldn’t afford it because he doesn’t have any health insurance. If I referred him to a counselor at a community agency, he might be able to afford it, but their waiting lists are notoriously long. He needs help NOW so he can get on his feet and improve his counseling skills. I guess I’ll counsel him myself.”

What are the possible implications of Dr. Davis’ decision? How might have Dr. Davis resolved this issue using "exemplar” or “expert problem-solving” strategies?

ACA Code of Ethics Standards: F.3.a; F.5.c; F.8.b

Using the Code of Ethics to Resolve Ethical Dilemmas

Moral principles no doubt play an important role when deciding how to solve ethical dilemmas, but they are only designed to serve as a backdrop to ethical decision making. The ACA Code of Ethics takes a more prominent role in the decision-making processes of counselors because the principles outlined in the code represent well-reasoned and agreed-upon rules of conduct set forth by members of the Association. Welfel (2002) notes that “The intent of the code is to guide the professional through the most common pitfalls in practice and to identify the ethical goals of the profession” (p. 9).

Most counselors have at least glanced at the code of ethics although it may not have been since graduate school! Because a professional code of ethics is not an entertaining piece of literature like, say, Moby Dick, A Tale of Two Cities, or Harry Potter, it would not be one’s first choice to read at bedtime! As such, it is not something that is particularly familiar to counselors. The code might be reviewed from time to time as the need arises, but it is difficult to remember the details of the code over the course of one’s career.

Whatever the case, it is important to at least be familiar enough with the code of ethics to know what to look up when the time comes to consult it. One method of remembering primary elements of the ACA Code of Ethics is to use another mnemonic device. In this case, the various sections of the code can be collapsed into three broad categories as represented by the Three “R’s.”
Sometimes it is helpful to identify an image you can use to represent things to be remembered. Have you ever heard someone use the metaphor of how a three-legged stool provides a strong foundation for those who sit on it and that taking away one of the legs threatens its stability (i.e., the two cannot survive without the other)? Well, you can think of the categories represented by the three R’s as the “Three Legged Stool of Ethics” (see figure below).

![“Three Legged Stool of Ethics”](image)

Becoming familiar with the “Three Legged Stool of Ethics” will help you narrow down the area in which you need to focus when confronted with an ethical dilemma. For example, in the case of Andrew, it was a situation involving his responsibility to the welfare of clients and the profession of counseling. A professional thinks about the ramifications of disclosing a confidence shared in a counseling session, formulates a game plan as to how he and/or the client could proceed once the information has been shared, and subsequently delivers this information tactfully and respectfully always keeping in mind how his decision affects the welfare of the client and its potential impact on the public’s perception of psychology.

**Reframing and Rehearsal**

**Practical Ethical Decision Making – Step #4 – Think of the Ethical Dilemma from Different Angles and Rehearse How You Will Follow Through with Your Decision**

Despite the fact you consult with a colleague and review the ethics code, you may still be left with a sickening feeling that the decision you are about to make is the wrong one. Unfortunately, this is part of the human condition. Indeed, when people are forced to make decisions in situations that are ambiguous and/or where there is not an obvious right or wrong answer, the closer they come to selecting what they perceive to be the correct decision, the more that self-doubt and potentially negative consequences creep on to the horizon like dark thunder clouds – the classic approach-avoidance conflict (Hockenbury & Hockenbury, 2007).
Part of the problem is that codes of ethics are intentionally written in general terms, as it would be impossible to include solutions to every conceivable ethical dilemma. This is where human judgment comes into play. Indeed, Remley and Herlihy (2007) state that, “Codes are a crucial resource, but they are not a substitute for an active, deliberative, and creative approach to fulfilling your ethical responsibilities” (p. 9). Despite the fact that you have obtained information from various sources about what to do next, it does not make it any easier to make a decision. Emotions play a role in decision making, particularly when having to take action that will affect another person, family or group in significant and potentially negative ways. Knapp and VandeCreek (2006) describe it this way: “Intense emotions appear to interfere with the cognitive processes necessary to generate or evaluate solutions. This high anxiety may cause a [counselor] to select the first or one of the first solutions that come to mind, only because having a solution temporarily reduces anxiety. However, the first halfway reasonable (‘just-good-enough’) solution to come to mind may not be the optimal solution. It may be prudent to consider the Aristotelian ‘golden mean’ when it comes to emotions and decision making. Too little, as well as too much, emotion can undermine the quality of the decision making process” (p. 44).

What if you were Denise (the graduate student who observed Andrew’s session with a child)? You might believe that the appropriate thing to do is talk to Andrew about what you observed, as you were taught to work out dilemmas with colleagues informally whenever possible. You have also thought about encouraging Andrew to obtain more detailed information about the girl’s relationship with the stepfather from the mother and eventually disclose to the mother what the girl shared with him in the counseling session. It is never easy to follow through with plans such as these because of the potential reactions of those involved as well as the long-term ramifications. In Denise’s case, she does not want to lose Andrew as a friend when she informs him of what he should have done and what he needs to do now; she can feel her anxiety barometer rising! However, beneficence and integrity always trump nonmaleficence and unprofessionalism. Thus, the trick is for Denise to enact a solution that makes it palatable to fulfill her professional obligations.

Situations such as the one involving Denise and Andrew call for techniques that make it easier to take the necessary course of action. In this case, a cognitive reframing technique is recommended. That is, it is important that you try to look at tough ethical dilemmas from different angles, yet still operate from a frame of reference that is professionally appropriate and results in decisive action. You have probably heard how pessimists look at a half-full glass of water as half empty while optimists look at the same glass as half full. In the case of Andrew and Denise, Denise may view the situation as difficult and perhaps burdensome, which may thereby delay her from taking appropriate action or taking any action at all. If Denise were instead to look at this as an opportunity for her to help Andrew, her friend and classmate, in his professional development, it might make it easier for her to follow through with her professional commitment. This technique is oftentimes used by counselors to help clients resolve problems (e.g., reframing compulsive client behavior as careful and deliberate; Murdock, 2009), but it can obviously be used in a professional context too.
Let’s consider how this situation could be resolved by combining the cognitive reframing technique with the analogy approach discussed previously. In many ways, parents are like Denise in that they encounter parental milestones such as dropping off their babies at daycare for the first time or allowing their newly licensed teenagers to drive unaccompanied to movie theaters or football games. These are not easy situations, however many parents cope with these realities by telling themselves, “This is what I have to do to prepare my kid for life. I’m not always going to be around to do things for her.”

In the movie, “The Wizard of Oz,” the cowardly lion initially viewed the Wicked Witch of the West as a personal threat because he saw how she engaged in wicked actions and did not want to be subjected to her evil whims. However, his view of her changed after he befriended Dorothy. Yes, he was still afraid, but his ability to look beyond himself and his motivation to help his friend return home gave him a new perspective on the Witch and his approach to dealing with her. This, in turn, helped him develop courage. In a similar vein, although Denise is a student colleague of Andrew, she understands that as part of her own professional development she must be willing to do what any good colleague would do and talk to Andrew about the situation. Denise can tell herself that discussing her viewpoints with Andrew will help both of them in their professional development – a cognitive reframing technique.

It never hurts to do some mental rehearsal when you decide on a course of action. Once again, try to place yourself in Denise’s shoes for a minute. Try to imagine in as much detail as possible how Andrew might react if you told him what he should do. When would you do this? Where would you do this? What would be his facial expression as you talked to him about this? How might he likely respond to you and how would you in turn respond to him? It is important to rehearse different scenarios so you will have an idea of how to respond in the situation. Just as one learns about the importance of driving defensively during driver training, anticipation is a key to handling ethical dilemmas in a competent manner.

Let’s take into consideration a different situation. What if you were a counselor in a community mental health center and your female client informed you that she had recently been raped, but the police did not buy her story because of her extensive mental health history. Later on, you have a counseling session with a man who describes in an uneventful manner how he had just raped a woman – the same woman you had seen earlier that day. What would you do? Well, your gut would obviously be telling you that “something’s wrong here” and call for a response. This is a difficult situation and you believe it is prudent to consult with an experienced colleague. Your colleague informs you that the man’s right to confidentiality still outweighs the woman’s right to know because the act (i.e., rape) had already been committed and was not something he was planning to do (your state law requires a breach of confidentiality if a client is intending to harm another person, but not if they have already committed the act). You think about how your former supervisor or a master therapist such as Albert Ellis (Rational Emotive Behavior Therapy), Insoo Kim Berg (Solution Focused Therapy) or Carl Rogers (Client Centered Therapy) might handle this situation. You also consult the ACA Code of Ethics and discover that standard B.1.c (“Respect for Confidentiality”) states, “Counselors do not share confidential information without client consent or without sound legal or ethical justification” (p. 7). Although this generally addresses your concern, you wonder if what the client shared with you constitutes adequate justification to violate confidentiality. Upon further exploration you come across standard B.2.a (“Danger and Legal Requirements”) which states, “The general requirement that counselors keep information confidential does not apply when disclosure is required to protect clients or identified others from serious and foreseeable harm or when legal requirements demand that confidential information must be revealed” (p. 7).

You determine that the ethics code does not explicitly state what you should do in the situation. It is an emotionally riveting dilemma because you have been taught to do what is in the best interests of the client, but both of these people are your clients. The moral principle of justice applies in this situation, as it would not be fair to disclose to the woman who your other client is; they both have the right to receive services that will help them work through their respective issues. In situations such as these, Corey, Corey and Callanan (2007) advocate that practitioners consider the six moral principles as a framework for a) evaluating the consequences of various courses of action and b) promoting the welfare of clients.
This is a situation in which you might implement a modified version of the cognitive reframing strategy, but use the strategy on yourself! In this case, when preparing for your next session with the woman, you might try to frame the situation as would a person with a dissociative disorder and simply separate yourself from the disturbing memory (i.e., block the thought that the man who allegedly raped her is your client). You would subsequently picture yourself in the session with the woman with as much detail as possible and mentally practice your responses within the framework of your “dissociative state.” Specifically, in your mind’s eye you can see yourself as physically and psychologically present making empathic listening responses so the client knows she is heard and that you care deeply about her emotional state. Your client is obviously distraught and is relying on you to provide her with words of comfort as well as a game plan of where to go from here. The important thing to keep in mind, first and foremost, as you are engaging in your mental rehearsal is what you are preparing to do is in the best interests of your client. In addition, Remley and Herlihy (2007) advise evaluating whether your chosen course of action is congruent with the moral principles.

**Self-Reflection Questions:**

How could you reframe your perception of, say, a mother of a child-aged client who is rude, obnoxious and has a sense of entitlement? How do you see yourself interacting with her when she demands that you spend extra time with her son in your therapy sessions “so he’ll get better faster?”

**“It’s Show Time!”**

**Practical Ethical Decision Making – Step #5 – Carry Through with Your Decision with the Understanding it is Congruent with the Moral Principles**

Up to this point in time, you have considered what Andrew has done and what you would do if you were in Denise’s shoes. Now there is only one more thing to do and that is set into motion what you have been rehearsing mentally. This is a nerve-wracking experience for many people, partly because of the fear of the unknown (i.e., not knowing how the other person is going to react and/or how the situation will turn out). Stage actors oftentimes talk about getting butterflies in their stomachs on the opening night of a performance because, although they have rehearsed their lines hundreds of times, performing in front of a live audience is a totally different animal as there is greater risk involved.

Ethical dilemmas are also difficult for counselors to handle because it is not something they deal with on a regular basis. That is why it is important to get into the habit of interacting with others in an ethical and professional manner early in your career. Welfel (2002) acknowledges that it takes “ethical courage” to resolve ethical dilemmas and describes the sources of this special kind of fortitude: “One’s moral character is one piece of it, and structuring the environment to minimize temptation is another. A third aspect is habit – people are more likely to act morally in major issues if they have made a habit of acting responsibly in the less important matters” (p. 42).

“...people are more likely to act morally in major issues if they have made a habit of acting responsibly in the less important matters.”
If others have formed their impressions of you as a person with integrity who upholds the ethical standards of the profession, then it would come as no surprise to them if you initiated a discussion pertaining to an ethical issue. Just knowing how others perceive you would make it easier for you to take necessary and appropriate action. However, even if people do not know you or have not experienced how you have handled ethical dilemmas in the past, you would still have the experience of interacting with other people in this manner throughout the course of your daily work activities (i.e., behaving ethically has become a habit or second nature), thus giving you the confidence to follow through with your obligations in more important matters.

One thing that you usually do not see written about in books regarding ethical decision making is the process involved in actually implementing an ethical decision. That is, how does one deliver potentially conflictual information or bad news to someone who is part of the dilemma? Sometimes you may overlook the answer to this question because you are too concerned with how the person might react or the ramifications of your actions. Think about it. In the event you need to confront a colleague regarding an ethical violation, you will continue to run into him or her throughout the course of the workday and might be the recipient of some nasty looks or be given the cold shoulder. There is a risk involved in such situations because you do not know how the person will react. Perhaps the person will not appreciate what you tell him or her and take it as a personal affront. Maybe Andrew will think that Denise is doing this because she wants to make herself look good in the eyes of their professor. Perhaps the mother of the child will overreact and force the issue when you inform her that you are not inclined to spend extra therapy time with her child if it is not indicated clinically.

In some cases, people are appreciative when you point out potential or actual ethical issues and see that you are truly concerned about their welfare and/or the welfare of others. Whatever the case, it is oftentimes difficult to know how another person, colleague or client, will react when you bring up material that could result in relational conflict. Although it is never easy to be the bearer of bad news, counselors have a moral obligation to be honest about matters pertaining to their clients and in their professional relationships (the moral principle of veracity or “honesty”).

Here are a few ideas that might help:

First, timing is important. Although you may want to get this issue off your chest as quickly as possible, it does not mean you should act on that impulse (Sommers-Flanagan & Sommers-Flanagan, 2007). Deciding to talk to Andrew about your concerns right after his session with the child, but right before he is scheduled to go into session with another client, is probably not the best idea. Likewise, you have to be in the right state of mind yourself, and if you have other things that need to be dealt with and this issue is just one of many things, then it probably is not a good idea to tackle it at that time.

Secondly, the way you approach the issue is important. Telling Andrew that you have a “concern” about his behavior that “you want to talk to him about later” is probably not the way to address the issue. This will likely put Andrew on the defensive. Instead, try to make it your problem and request his help to solve it. In other words say, “Andrew, I have this dilemma that I need you to help me out with. When I watched you working with that child today I noticed that she told you things that happened with her stepfather, and I thought that someone, like maybe her mom, should know about it. However, I wasn’t sure if you felt the same way I did or maybe had a different take on the situation. What do you think?” An important thing to keep in mind is your relationship with the other person. How can you let the person know you have a concern about what happened without jeopardizing your relationship with him or her?

Third, letting the person/client know you are willing to help despite the fact you are the one who is taking action is important. In the case of Denise and Andrew, it would be important for Denise to ask Andrew what she can do to help if and when he decides to take a course of action with regard to the child. In the case of a counselor who, say, has to report suspected child abuse to child protective services, it is important that he or she rises to this professional challenge and maintain a spirit of helpfulness despite the fact that the parent in question is upset and has nothing good to say about him or her. Indeed, these situations test strength of character as well as personal and professional relationships and the therapeutic working alliance.
Stadler (1986) suggests applying three simple tests to the selected course of action to ensure that it is appropriate. In applying the test of justice, assess your own sense of fairness by determining whether you would treat others the same in this situation. For the test of publicity, ask yourself whether you would want your behavior reported in the press. The test of universality asks you to assess whether you could recommend the same course of action to another counselor in the same situation. If the course of action you have selected seems to present new ethical challenges, then you should go back to the beginning and reevaluate each step of the process. Perhaps you have chosen the wrong option or identified the problem incorrectly.

**Point to Ponder:**

If you decided not to report your client to the authorities (i.e., the client who raped your other client) because the crime had already been committed and you believe he could benefit from your services, do you think your decision would pass the tests of justice, publicity and universality? Why or why not?

**Case #5 – Erica Bernstein, MA**

Erica Bernstein provided counseling services to a man, Steve, who was experiencing symptoms of depression as the result of job-related stress. She counseled Steve for six months, and he experienced significant improvements in his intrapersonal and occupational functioning. She subsequently terminated him from counseling. Erica received a phone call from Steve five years later asking her how she was doing and if she had any interest in going out to dinner with him. Erica was flattered and accepted his invitation. She was actually attracted to Steve when they first met, but kept her feelings in check in order to maintain objectivity during their counseling sessions. After dinner, Steve drove Erica home and she invited him into her home for a nightcap. As they conversed, she felt sexually aroused and contemplated asking Steve to spend the night.

The ACA Code of Ethics (Standard A.5.b) states, “Sexual or romantic counselor-client interactions or relationships with former clients, their romantic partners, or their family members are prohibited for a period of 5 years following the last professional contact” (pg. 5). If you were Erica’s colleague what would you advise her to do? Why? The American Psychological Association Code of Ethics (2002) instructs psychologists to wait for two years following the termination of a therapeutic relationship prior to becoming involved in a sexual relationship with a former client. Do you think this is a more reasonable standard or should such relationships be strictly forbidden regardless of how much time has passed? Why?

ACA Code of Ethics Standards: A.5.b; A.5.c; A.5.d

“So How Did It Turn Out?”

**Practical Ethical Decision Making – Step #6 – Evaluate the Success of Your Decision and, if Necessary, Do Things Differently the Next Time**

Most ethical decision-making models suggest that counselors evaluate the success of their decisions. This is a good idea because you need to find out if what you did was the appropriate course of action and/or if it was truly in the best interests of the parties in question. What is not spelled out, however, is what is involved in making these evaluations. Here are some rules of thumb that may help you evaluate the success of your decisions.

First, take into consideration the timing issue again. In other words, when is the best time for you to evaluate the results of your decision? Asking Andrew how things turned out the following day is probably premature; waiting a week or two is more realistic. Why? Not enough time has elapsed for the situation to work itself out.
In addition, situations in which your actions sparked an intense emotional reaction on the part of another person may mean that that person requires time to cool off. There is no hard and fast rule as to the right time to evaluate your decision. Once again, this is where judgment comes into play.

Second, it would be difficult to evaluate the success of an ethical intervention in the same way you go about conducting research or a psychological evaluation, as the latter activities involve a more systematic approach to evaluation. However, they are similar in that all three endeavors involve collecting and evaluating data. With respect to evaluating your decision, you will consider the perspectives of the affected party and/or someone else who is part of or familiar with the case (e.g., colleague, supervisor). It is important to be careful of human bias as you are collecting data to evaluate the success (or lack thereof) of your decision. In other words, it is human nature to listen for information that confirms the course of action you took and to disconfirm contradictory information (i.e., confirmation bias). Likewise, it is easy to be mindful of the situational variables that affected your decision making and behavior, yet attribute to others a lack of moral strength or other personal flaw when they commit an ethical violation or do not resolve an ethical dilemma in a manner which you deem appropriate (i.e., fundamental attribution error). As an ethical practitioner, it is important that you are willing to admit that the course of action you took was not the correct one and to take a good look at what you should have done differently. In their discussion of boundary violations, Pope and Keith-Spiegel (2008) rightly note “Many of us find it easier to question the ethics of others – especially in a difficult and often controversial area such as boundaries – while putting our own beliefs, assumptions, and actions off-limits. Questioning someone’s ethical decisions and behavior must be a two-way street, and it is crucial to question our own decisions and behavior – and to open ourselves to questioning by others – at least as much as we question others” (p. 641).

Point to Ponder

Think of a strategy or approach you use to point out confirmation bias to clients. Is this a strategy you could use on yourself when evaluating the strengths and weaknesses of your solution to an ethical dilemma?

Third, it is important to take into consideration whether you have promoted the best interests of the client as a result of your decision. This can be done by asking the following questions:

1. Is the client safe as a result of my decision?
2. Did my decision provide the client with an opportunity to break out of a negative relationship or behavioral cycle in his or her home, school, work place or community?
3. Did my decision provide the client with an opportunity to enhance his or her self-esteem, strengthen his or her relationships with others, function more effectively at school or work and/or help him or her deal with events in a more realistic manner?

If the answers to these questions are “yes,” then you have likely acted in the best interests of the client. But how does one obtain the answers to these questions? As stated previously, it usually involves asking clients (or colleagues) about their situations following the implementation of the decision, but in may also be helpful to talk to others who are familiar with the client (e.g., family member, caseworker). For example, a caseworker may inform Andrew that his decision to contact child protective services regarding the situation with his young client worked out well because their office had received calls about the stepfather in the past and, thus prompted them to take legal action to protect the girl. This must be weighed against the mother’s strong negative reaction that your action has “destroyed the family.”
It is perfectly normal to second-guess yourself after you have implemented a decision to resolve an ethical issue. This is also part of the evaluation process and is where emotion can sometimes make it difficult to determine the appropriateness and/or success of the decision. In some cases, you might think, “Shoot, if I had to do over I would have done things differently.” Corey, Corey & Callanan (2007) rightly note that, “Hindsight does not invalidate the decision you made based on the information you had at the time” (p. 23). However, an important part of the evaluation process involves tweaking your strategy to produce better outcomes in the future.

Evaluating the Success of Your Decision in Resolving the Ethical Dilemma

1. Make sure enough time has elapsed from the time you implemented your strategy to resolve the dilemma to the time you evaluate its impact.

2. Be careful not to fall into the trap of fishing for information that confirms your solution to the dilemma and disconfirms contradictory information.

3. Determine if you have promoted the best interests of the client by obtaining multiple sources of information regarding your decision.

Summary

You are no doubt feeling as though there is a lot to remember when it comes to resolving ethical dilemmas and you are right! However, as with most things, it becomes easier to do this once you have used the Practical Ethical Decision-Making Model a few times. And remember Welfel’s (2002) exhortation to get into the habit of dealing with smaller ethical issues so when it comes time to take on the bigger ones you will not feel overwhelmed or impotent.

Let's review the six steps of the Practical Ethical Decision-Making Model:

1. Listen to your gut.
2. Discuss your dilemma with a significant other, colleague or supervisor.
3. Consider how an admired friend or professional would handle this situation in light of the ACA Code of Ethics.
4. Think of the ethical dilemma from different angles and rehearse how you will follow through with your decision.
5. Carry through with your decision with the understanding it is congruent with the moral principles.
6. Evaluate the success of your decision and, if necessary, do things differently the next time.

Moral Principles and the ACA Code of Ethics

You probably noticed as you were reading the materials that the moral principles were incorporated into the ethical decision-making model because they go hand-in-hand. It is important that you have a good grasp of how these principles relate to the ACA ethics code as well because it will help you develop ethical sensitivity similar to how a trained musician can instantly detect when her violin is out-of-tune with the rest of the orchestra.

As stated previously, the six moral principles serve as a backdrop to the ACA Code of Ethics and, thus, should influence how you consider resolving ethical dilemmas. However, it takes practice to figure out how to resolve issues in light of the moral principles. As a starting point, read over the following standards from the ethics code and determine the primary moral principle that is involved. Here is an example:

ACA Ethical Standard and Moral Principle example:
Ethical standard: C.5 (Nondiscrimination). “Counselors do not condone or engage in discrimination based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital status/partnership, language preference, socioeconomic status, or any basis proscribed by law” (p. 10).

Moral principle(s): Justice (Fair), Nonmaleficence (Harmless).

Ethical Standard and Moral Principle #1:

Ethical standard: B.5.c (Records: Release of Confidential Information). “When counseling minor clients or adult clients who lack the capacity to give voluntary consent to release confidential information, counselors seek permission from an appropriate third party to disclose information. In such instances, counselors inform clients consistent with their level of understanding and take culturally appropriate measures to safeguard client confidentiality” (p. 8).

Moral principle(s):

- Beneficence (Helpful)

Ethical Standard and Moral Principle #2:

Ethical standard: C.2.g (Professional Competence: Impairment). “Counselors are alert to the signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when such impairment is likely to harm a client or others” (p. 9).

Moral principle(s):

- Nonmaleficence (Harmless)

Ethical Standard and Moral Principle #3:

Ethical standard: C (Professional Responsibility: Introduction). “Counselors aspire to open, honest, and accurate communication in dealing with the public and other professionals. They practice in a nondiscriminatory manner within the boundaries of professional and personal competence and have a responsibility to abide by the ACA Code of Ethics” (p. 9).

Moral principle(s):

- Veracity (Honest); Nonmaleficence (Harmless)

Ethical Standard and Moral Principle #4:

Ethical standard: A.2.a (Informed Consent in the Counseling Relationship: Informed Consent). “Clients have the freedom to choose whether to enter into or remain in a counseling relationship and need adequate information about the counseling process and the counselor” (p. 4).

Moral principle(s):

- Autonomy (Free)

Ethical Standard and Moral Principle #5:
Ethical standard: A.11.a (Termination and Referral: Abandonment Prohibited). Counselors do not abandon or neglect clients in counseling. Counselors assist in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions such as vacations, illness, and following termination” (p. 6).

Moral principle(s):

- Fidelity (Faithful); Nonmaleficence (Harmless); Beneficence (Helpful)

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