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Quotes and Definitions

Ethics – a system of moral principles with respect to the rightness and wrongness of certain actions and to the goodness and badness of the motives and ends of such actions

Paraphrased from Webster’s Dictionary

Always do right. This will gratify some people, and astonish the rest.

*Mark Twain*

Do right and you will be conspicuous.

*Mark Twain*

Obedience to the unenforceable

Lord Moulton of Bank, a 19th century English parliamentarian in a brief essay appearing in The Atlantic, July, 1924

Principles become modified in practice by facts.

James Fenimore Cooper
Any path is only a path, and there is no affront, to oneself or to others, in dropping it if that is what your heart tells you.

Look at every path closely and deliberately.

Try it as many times as you think necessary.

Then ask yourself, and yourself alone, one question.

Does this path have a heart?

If it does, the path is good;

If it doesn’t, it is of no use.

Carlos Castaneda in *The Teachings of Don Juan*
I swear by Apollo, the healer, Asclepius, Hygieia, and Panacea, and I take to witness all the gods, all the goddesses, to keep according to my ability and my judgment, the following Oath and agreement:

To consider dear to me, as my parents, him who taught me this art; to live in common with him and, if necessary, to share my goods with him;

To look upon his children as my own brothers, to teach them this art, without charging a fee; and that by my teaching, I will impart a knowledge of this art to my own sons, and to my teacher's sons, and to disciples bound by an indenture and oath according to the medical laws, and no others.

I will prescribe regimens for the good of my patients according to my ability and my judgment and never do harm to anyone.

I will not give a lethal drug to anyone if I am asked, nor will I advise such a plan…

But I will preserve the purity of my life and my arts.

I will not cut for stone, even for patients in whom the disease is manifest; I will leave this operation to be performed by practitioners, specialists in this art.

In every house where I come I will enter only for the good of my patients, keeping myself far from all intentional ill-doing and all seduction and especially from the pleasures of love with women or with men, be they free or slaves.

All that may come to my knowledge in the exercise of my profession or in daily commerce with men, which ought not to be spread abroad, I will keep secret and will never reveal.

If I keep this oath faithfully, may I enjoy my life and practice my art, respected by all men and in all times; but if I swerve from it or violate it, may the reverse be my lot. I swear to fulfill, to the best of my ability and judgment, this covenant:

Original version translated to English, Wikipedia
Ethical issues are regulated by laws and professional codes, the purpose of which is to further the welfare of the client. Laws reflect the minimum standards that society will tolerate. An ethical code represents the ideal standards set by professionals. Codes are created to uphold the integrity of the profession through exemplary conduct.

All ethical codes in mental health are based on the following principles:

1. Do no harm
2. Practice only with competence
3. Do not exploit
4. Treat people with respect and dignity as human beings
5. Protect confidentiality
6. Act only with informed consent
7. Promote equity and justice

They are living documents and reflect current issues in our profession and society.
History of Ethical Codes in Psychology

- APA founded in 1892 and operated for 60 years without a formal code
- Committee on Scientific and Professional Ethics created in 1938
- APA created “an empirically developed code” based on ethical dilemmas of members (representative sample)
- First code approved in 1952 – “a code that could be lived”
- In revisions, members from diverse areas in psychology were involved at the ground level to provide input based on experiences and recent critical incidents
- Revisions were based on the “day-to-day decisions” made in their practices

Considerations and Problems With Ethical Codes

- Codes are guidelines and some problems can’t be handled by reliance on codes alone
- Enforcement difficulties
- Tendency to be reactive rather than proactive
- Professional’s values may conflict with the code
- Conflicts with institutional policies/practices
- Must be understood and adapted to specific cultures
- Not all members will agree with all the standards
- Conflicts between two or more standards within the code
- Conflicts between an ethical standard and a law
- Conflicts among other codes within mental health
- Ethics committees can be arbitrary
- Case law can change everything
**Legal Issues**

Informed Consent—clients are given enough information to become active participants in their therapeutic process

- Competence
- Voluntariness
- Full information
- Comprehension

**Clients should also know:**
- Goals, procedures, risks, and benefits of therapy
- Therapist’s qualifications
- Alternatives to therapy

**Confidentiality—exceptions**
- Suspected child/vulnerable adult abuse—report to CPS or police. Include all pertinent information including names and addresses; nature, extent, and history of injuries or neglect. Document in client record
- Medical emergency—information about the emergency; don’t disclose that the person is a client or other client information
- Destruction of property—information about the crime; don’t disclose client information
Confidentiality continued--

- Duty to warn/protect—notify police and intended victim(s) if there appears to be imminent danger
- Danger to self—a consideration of imminent danger must be made
- Third parties who have a right to know—third party payers, courts, probation officers, anyone who audits your clinical records
- Supervisors and those who have a need to know in the agency

Privacy
- Protection of records
- Electronic communications
- Disposal and transfer of records
- Consent to release records
- Clinical recordkeeping—if it’s not in the record, it didn’t happen
- Client information
- Assessment and diagnosis
- Treatment plan
- Progress notes
Other Ethical Issues

- Autonomy and self-determination—we only deviate from this when a client’s behavior puts them or others at imminent risk
- Referral
- Termination
- Competence
- Multiple roles, relationships
- Boundaries
- Fees
- Nontraditional therapy
- Professional relationships
- Supervision and consultation
- Multicultural diversity and sensitivity
Dilemmas and Ethical Decision Making

**Dilemma**—when an ethical standard is in conflict with another ethical standard; or when an ethical standard is in conflict with a law

**Decision-making models and approaches**—ethical codes can’t do our thinking, don’t involve feelings, can’t predict or understand the complicated nature of helping situations, demands, and clients. We deal with a multitude of situations, each with its own set of variables that require integrating diverse information and critical thinking into our ethical responses.

**Not your best approaches:**

- **Unintended actions**—as long as you didn’t intend harm or you don’t knowingly violate a standard or law your action is ethical
- **Specific ignorance**—a type of rationalization that says that even if there is a law, what you do is not illegal if you were unaware
- **Lateralization**—a type of rationalization that if we can’t find the specific directions for how to handle an event anywhere in the standards, laws or ethical codes, it must be ethical
**Decision Making Models**

The General Principles of Codes are aspirational and can lead us to ask:

- Is this in the best interest of my client or will it lead to exploitation or harm to client or other people?
- Whom do I owe my allegiance?
- Does what I’m considering fit with my obligations to this client?
- Am I being dishonest, deceptive?
- Am I providing the same quality of service and fairness that I would to others?
- Will this promote the client’s autonomy and independence?
- Is my objectivity or judgment impaired or will it become impaired by doing this action?

Rest’s model of moral reasoning (1984) which helps therapists

- Examine how one’s actions influence other’s welfare
- Identify the moral ideal and determine a moral course of action
- Make a choice between moral ideals and outcomes of each
- Implement the action

Decision making model (Tarvydas, 1998)

<table>
<thead>
<tr>
<th>Question</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the situation?</td>
<td>Consult</td>
</tr>
<tr>
<td>What is the problem/dilemma?</td>
<td>Select action by weighting competing and outcomes</td>
</tr>
<tr>
<td>What standards apply?</td>
<td>Plan, execute action</td>
</tr>
<tr>
<td>Generate possible/probable courses of outcome</td>
<td>Evaluate action</td>
</tr>
<tr>
<td>What are likely consequences?</td>
<td></td>
</tr>
</tbody>
</table>

Always check applicable laws, ethics codes, and agencies policies, as well.
Other Models

Unitarianism—the focus is on the consequences of the action and is more concerned with the outcome of a decision or situation than which path to take—for example withholding information from a client because it is deemed necessary for his or her well-being. It’s also concerned with pleasure over pain.

Ethical contextualism—there is no universal code that can be applied, rather there are many competing principles. Ethical principles are applied to suit the occasion. It asks the question of how can we assume a set of ethical principles could effectively address problems in life that are always shifting and changing.

Ethical relativism—people do not have the same viewpoint on what the most ethical solution to a problem would be. One person may see the plan of action as unethical, while another would not. Solving moral dilemmas is subjective rather than objective.

Kant’s formalist ethical theory—the concept that there are universal truths and understandings with values and principles to guide actions. This theory is concerned about the process of following logic or a moral code. Does the principle coincide with laws of reason?
Roles, Relationships, and Boundaries

Dual role/relationship—when a second relationship exists between a counselor and client that is outside the therapeutic relationship, and can occur simultaneously or sequentially. They may fall into the areas of sexual, friendship, financial, business, or other. Some of the ethical issues are:

- Power imbalance
- Exploitation of the client
- Conflict of interest
- Vague boundaries and unclear roles
- Harm to the client
- Harm to the therapist

These situations may start out with what seem to be benign behaviors on the part of the counselor, but they typically signify a change in the “rules” of the therapeutic relationship. They often have elements of transference and countertransference; client projects onto the counselor past feelings, attitudes, and behaviors toward significant people from his or her life; i.e., falling in love, being dependent or angry at not being taken care of, trying to make the counselor into a friend. The counselor may project his or her own feelings onto the client; getting into a parent/child role, feeling rejection, needing approval or to be “right”, over-identification with the client, giving advice.
Dual Relationship Behaviors

- Accepting a gift from a client
- Accepting a client’s invitation to a special occasion
- Accepting a service or product as payment for therapy
- Becoming friends with a client after termination
- Selling a product to a client
- Providing therapy to an employee, supervisee, or student
- Engaging in sexual activity with a current or former client
- Borrowing money from a client
- Disclosing details of your personal stresses to a client
- Inviting clients to an office/agency open house
- Employing a current or former client
- Eating out with a client after a session
- Buying goods or services from a client
- Inviting a client or a personal party or social event
- Providing individual therapy to a relative, friend, or lover of an ongoing client
- Allowing a client to enroll in your class for a grade
- Giving them rides
- Giving them tickets to concerts, plays or sports events
Ethical Decision Making and Multicultural Issues

Multicultural Ethical Decision-Making Model

- Identify and define an ethical dilemma
- Explore the context of power
- Assess acculturation and racial identity development
- Seek consultation
- Generate alternative solutions
- Select a course of action
- Evaluate the decision

(Frame & Williams, 2005, p. 170)

This article is highly recommended because of an in-depth review of various philosophical approaches viewed through the lens of culture and ethnicity.

21st Century Challenges

Internet advertising and social networking
Providing services via email
Video conferencing
Instant messaging
Online training or supervision
Faxing or emailing confidential information
Talking to clients via cellphone
Keeping client records on computer
Keeping client information (names, phone numbers, etc.) in cellphone
“Friending” clients on Facebook, MySpace, LinkedIn
Performing an online search to obtain information about a client
Online psychotherapy

Risk Management and Prevention

Ethics complaints to Boards
Malpractice cases—based on the tort of negligence which says that a person who Carelessly causes harm to another should pay for that harm. To prove a negligence claim, the injured party must demonstrate that the defendant:

1. Had a duty to the plaintiff,
2. Breached that duty,
3. And thereby caused
4. Injury to the plaintiff

Prevention
• Have a contract with the client which includes informed consent, expectations, fees, relationship boundaries, etc.
• Know applicable federal and state mental health laws and keep abreast of ethical trends
• Good malpractice insurance
• Careful screening and thorough assessment
• Refer when you’re out of your area of competence
• Clear inflexible boundaries
• Know when to self-report to the Board
• Use consultation and supervision
• Document, document, document