

ETHICS MADE EASY

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About The Author

Bill Malone, MSW, LISW-S is owner of Malone Counseling and Consulting Services LLC. Bill has 28 years of social work experience. He has been a professional workshop presenter for 20 years. He has presented workshops on clinical supervision, ethics, grief/loss and working with toxic co-workers, just to mention a few. His clinical orientation is cognitive behavioral therapy, solution focused and problem solving therapy. Mr. Malone works with children, adolescents, marriages and families. He provides practical information that his workshop participants can utilize right away. Some participants have said that Bill brings spice and seasoning to his programs.

Course Objectives

Professional ethics are at the root of all mental health practices. Social workers, counselors and marriage and family therapist are governed by ethical principles. It is the intent of this home study course to discuss many of the ethical principles that these professionals scribe to. The fundamental objective of this home study course is for the reader to understand that the purpose of professional ethics is to protect the public, protect the client, protect the practitioner and protect the profession.

Additional objectives of this home study course are for the social worker, counselor and marriage and family therapist to:

- a) Avoid making careless ethical mistakes
- b) To recognize the ethical issues involved in confidentiality, duty to warn, multiple relationships and competence

- c) Identify and resolve ethical problems using a ethical decision making model
- d) To explain the *Tarvydas Integrative Decision Making Model*
- e) Assess if the professional is making a boundary violation or boundary crossing

Facts about Ethics

There are some important points to keep in mind when we are discussing ethics. Ethics are not a science, rather they are a set of values and standards that have been compiled to assist and guide the mental health professionals. Ethics are not written in stone and they are not black and white. Ethical codes are stated in generalities to leave room for application that requires interpretation and to apply to a variety of situations that a black and white code would not be able to address. Ethics codes are about morality and as a result, a practitioner could find oneself in a mushy field attempting to determine what is the right course of action to take. Our ethical codes require us to use critical thinking skills to get to the right decision rather than doing the right thing.

Ethical Codes Serve To

Ethical codes help the mental health practitioner identify values, focus areas, who the client is, the client's goals and objectives which in part is what clinical practice is based on. These codes also help identify the core values of the counseling, social work and marriage and family professions. By identifying the values of clinical practice and the profession, ethics establish a specific set of standards that guide the practicing member. (NASW).

In addition, ethics provide guidelines; values and standards that can help direct the practitioner when professional obligations are in conflict with each other causing an ethical dilemma. One such ethical dilemma occurs around receiving gifts. Part of the dilemma to consider when gifts become an issue is: what type of gift can be accepted? What is the monetary value of the gift? And what impact will accepting or rejecting the gift have on the client? The marriage and family, counselor and social work codes all provide some guidelines as to how the clinician can handle this particular problem. Keep in mind that the various codes of ethics do not give a clear and specific action to take. The specific action to take is up to the clinical and critical thinking skills of the mental health professional.

Protection of the public is a function of licensing boards as well as the profession. It is through the ethical codes and the established standards that the licensing boards and the different professions can determine if ethical violations have occurred. Without the ethical guidelines the licensing boards and the Social Workers, Counselors, and Marriage and Family Therapist professions would be making guess work decisions. These codes provide these bodies a frame of reference to operate in. The ethical codes also provided standards that the public can use to determine if they have been treated unethically.

The socialization of newcomers to the profession is another function that the ethical codes serve. The codes spell out the mission of the profession, the professions values and ethical conduct that the newcomer is expected to follow. Again, without the codes the newcomer would be also doing guess work which would in turn most likely result in poor professional conduct that would look bad on the newcomer and the profession as a whole. This would also keep the licensing boards busy with needless investigations.

In short, ethical codes are good for all of us; the providers of clinical care, the public who receive the services and the professions who train and facilitate the ongoing development of its members. Without appropriate standards the ability to say what is effective and appropriate is compromised. This would be like the Indianapolis 500 race without rules and drivers could drive in any direction they wanted.

Careless Ethical Behavior Occurs When

Careless ethical behavior occurs when the professional does not read the ethical codes. The ethical codes can be easily obtained by going on the internet and simply reading the ethical codes that each profession has posted. The social work code of ethics can be viewed at www.socialworkers.org. The counselor code of ethics can be viewed at www.counseling.org. The marriage and family therapist can view the ethical codes by going to www.aamft.org.

It is highly recommended by this writer for the counselor, social worker and marriage and family therapist to make it a routine habit to read the code of ethics of ones profession the first of every year. By making this an ongoing habit, the professional can be aware of any changes that may have occurred

and will re-educate themselves on the ethical codes. The result of this simple practice may prevent the professional from making an ethical error. Ethical errors are not only time consuming, but they can also be costly to oneself and the practice they work in.

Another careless ethical behavior is to make gross misinterpretations of the codes as a result of “I didn’t know”. “ I didn’t know”, is a terrible defense because as professionals we are suppose to know. If the practitioner finds that he/she does not know, putting ones head in the sand is a careless practice. A smart practice is to go seek the opinion of another professional, supervisor or even contact the licensing board of your profession. These folks can lead you down the “right” ethical path and possibly avoiding any ethical complications.

Failing to check out what you questioned can also lead to careless ethical behavior. After several years of doing clinical work a sixth sense develops. This sixth sense or gut reaction can point out that the interactions that are being performed or observed are not right. Experience tells us to check out when the sixth sense or gut speaks. These sixth sense hunches can serve as early warning signals similarly to the red flashing lights at railroad crossings which alert us that a train is coming and caution or even stopping forward progress is suggested. When a mental health professional ignores these early warning signals potential ethical violations can occur. The mental health practitioner must heed these warnings and seek the advice of other colleagues, supervisors, the profession and or their licensing board, if the professional wants to avoid or prevent a train wreck.

Since the clinical work social workers, counselors and marriage and family therapist do is not black and white and ethics are not black and white either means gray areas are bound to occur. Careless ethical behavior can occur when these gray areas are ignored. To avoid making an ethical error it is wise and prudent to check out the gray areas in order to rule out if an ethical problem exists. It is wiser and more professional to error on the side of caution than to ignore the gray area and find oneself on the wrong side of the decision.

The final careless ethical behavior that can occur is to view clients as a diagnosis rather than an individual. When clients are viewed as a diagnosis the therapist is saying that patient is a borderline personality disorder or he is a bi-polar client. This indicates the therapist is not treating all clients with

respect and dignity. Respect for clients, and treating clients with dignity are required by all the mental health professional boards. Furthermore, a diagnosis is a label we use to identify and communicate to other professionals what the specific symptoms are. Diagnoses were never designed to describe a person. All persons are more than their diagnoses and ethics tell us to treat the person as a human being not as a diagnosis.

Factors That Make Ethics Complicated

As was stated earlier, ethics are not a science and they are not black and white. These factors alone make managing ethical issues difficult. There are other factors that further complicate ethics. Professional opinions are one such factor. How we as professionals interpret these standards make room for a lot of discussion. The discussion of what is the “right” ethical decision is influenced by the professionals’ objectivity or how they view the world. Attitudes and beliefs also make managing ethics difficult. As there are a variety of methods to treat an individual there are a variety of attitudes and belief about what makes for good clinical treatment and what is believed to be effective. There are some clinicians that believe a practitioner should never reveal anything personal about themselves to their clients. There are others who believe that sharing of oneself make the provider more approachable and easier to connect with. When we put these different professionals with their differing beliefs and attitudes and ideas in the same room to discuss and solve an ethical issue it is never easy and can be at times heated. Even though the differences in values, beliefs and attitudes exist they are essential for ethics because they are at the heart of ethical decision making.

Failure to Read, Understand, Implement and Document Ethical Behavior Can Result In

Besides the hassle caused by the failure to read, understand, implement and document ethical codes, having to appear in front of a professional board is possible. This can be an extremely stressful, emotionally draining and financially costly experience. The failure to implement the ethical codes can lead to reprimands, suspension of one’s license, loss of one’s license and legal consequences such as being sued.

Failure to know what the speed limit is on any given highway is not an excuse to get you out of a traffic ticket. Likewise, failure to read, know,

understand and follow ethical standards is not a good defense if a problem happens. In short, not knowing is not a get out of jail free card. The best practice is to make it a point to read and understand the ethical standards on a regular basis. A further safe guard to ethical violation is to be able to justify the action that was taken. Later in this course, an ethical decision making model will be described. Utilizing this model will demonstrate that the clinician used a critical thinking approach to coming to the “right” decision.

Practical Reasons To Read, Know, Understand and Follow Your Ethical Codes

Ethical codes although written in less than specific language, provide valuable information. One of the main purposes of this information is to assist and guide the clinician in decision making. Another practical reason for effectively using the ethical code is to keep the clinician out of harms way with the licensing boards.

Supervisors are responsible to insure that their supervisees are adhering to all the ethical codes. Effective practice of all ethical codes will keep the social worker, counselor and marriage and family therapist out of trouble and conflict with their supervisor. This for sure is an added benefit for effectively practicing all ethical standards.

Like supervisors, colleagues are also responsible for monitoring the ethical behavior of the professionals in each of the disciplines. (AAMFT) It would be extremely uncomfortable and unpleasant to have to confront a colleague about inappropriate ethical behavior. Having to file a complaint with the license board about a colleague’s unethical behavior would be terribly stressful and difficult. It does not take a genius to conclude that reading, knowing and effectively utilizing the ethical codes is also a means to keep out of ethical trouble with colleagues.

Providing quality care to all clients is the responsibility of all providers of mental health services. The ethical codes make it very clear that the welfare of the client is a focal point of treatment. The clinician is directed to put the needs of the client first. Since the ethical codes provide the standards for putting the needs of the client first, how can this be accomplished without reading and following the codes? By making an annual commitment to read

understand the ethical standards insures that the practitioner is putting the needs of the client first.

Identifying Ethical Dilemmas

A dilemma occurs when a situation requires a choice between equally undesirable alternatives says Webster's dictionary.

An ethical dilemma occurs when a situation develops and a practitioner must make a choice between competing or contradictory ethical mandates.

(Malley, Reilly, 1999). Cottone and Tarvydas (2007), state that ethical dilemmas can confuse and hinder and even block the work of the clinician. They add that ethical dilemmas can occur in four ways. The four ways include:

- There are competing or conflicting ethical standards that apply
- There is a conflict between what is ethical and moral
- The situation is such that complexities make application of ethical standards unclear
- Some other circumstance prevents a clear application of standards

Being alert to possible legal issues should be a priority when faced with ethical dilemmas. Cottone and Tarvydas (2007), stress the importance of education of the mental health professional to be on the lookout for ethical dilemmas. They make several suggestions to help educate the practitioner. These include: "Education of the mental health worker as to what is considered a acceptable and competent counseling practice, they should be educated about the ethical nuances in practice: with special populations or in types of specialty practice, educated on the day to day practice being sensitive to and acting in a way that is ethical. This includes being aware of their own moral virtues and how they interplay with professional standards, clients, supervisors and the general public.

Ethical dilemmas should never be ignored because of the consequences it brings to the client, the practitioner and the profession. The following discussion of the various codes of practice will serve to educate and inform the clinician. The American Psychology Code of Values have been included in this discussion because this information is similar to what the social workers, counselors and marriage and family therapist values have to say, but the APA Code of Values are stated in a little different language. It is felt that this information also adds depths to the knowledge base of ethical values.

Ethical Principles That Guide The Helping Professional Solve Ethical Dilemmas

APA's Code of Values spell out five specific values with includes autonomy, beneficence, justice, non-maleficence, and fidelity. Each of these values are defined as follows.

Autonomy – which states that a person is free to choose the course of their life so long as it does not interfere with the autonomy of others

Beneficence – states practitioners should work for the benefit of the client and practice within the scope of their competence. They must avoid becoming paternalistic

Justice – to treat others equally and to be fair. It presumes reciprocity, impartiality and equality

Non-maleficent – to take no action that will do harm

Fidelity – keeping promises, faithfulness, loyalty and tells the truth

NASW's Code of Values

The NASW Code of Values emphasizes values as the APA code of values, but is stated in a little different fashion. The NASW Code of Values includes: service, social justice, dignity, human relationships, integrity and competency. A specific definition of each of these values is presented as follows:

Service – Social workers' primary goal is to help people in need and to address social problems

Social Justice – Social workers challenge social injustice

Dignity and Worth of a Person – Social workers respect the inherent dignity and worth of a person

Human Relationships – Social workers recognize the central importance of human relationships

Integrity – Social workers behave in a trustworthy manner

Competence – Social workers practice in their area of competence and develop and enhance their professional expertise

ACA's Code of Values

The ACA code of Values also emphasize strict adherence to the values. Again, these values are similar to the APA and the NASW because they address the counseling relationship and professional responsibility. The

ACA Code of Values specifically addresses confidentiality, research and supervision of the training supervisee. The ACA Code of Values is outlined below.

Counseling Relationship – Promote the growth and development of clients

Confidentiality – To earn the trust of clients

Professional Responsibility – To practice in a nondiscriminatory manner and to practice within the professional and personal competency levels

Relationship with other professionals – To develop positive working relationships with other professionals in order to enhance services to clients

Evaluation, Assessment and Interpretation – Promote the well being of clients through the development and using appropriate educational, psychological and career assessment instruments

Supervision, Training and Teaching – To develop and foster meaningful relationships and to maintain appropriate boundaries with supervisees and students in training

Research/Publication – To participate and contribute to the knowledge base without bias and respecting diversity

Resolving Ethical Issues – To behave in a legal, ethical and moral manner and to hold others to the same standards and be willing to take appropriate action if problems arise

AAMFT's Code of Values

The AAMFT Code of Values are also inline with the other professional codes of values. Some added emphasis that serves the practitioner particularly for those in private practice is detailed in the AAMFT Codes. The AAMFT codes add a discussion of financial arrangements and advertising. The advertising values are worth noting because some practitioners advertise themselves as a marriage counselor and the fact is they are a social worker or a counselor. This writer knows one social worker that advertised himself in his biography that he had 25 years experience as a counselor and consultant. Advertising himself as a consultant is ok, but the social worker is not a counselor and thus can not claim to be one. The only professional who can claim he/she is a marital therapist is a Marriage and Family Therapist. A social worker, counselor can say they do marriage counseling if they have the training. According to the AAMFT Code of Values we can not advertise being something we are not. The Ohio Counselor, Social Worker and Marriage and Family Therapist Board also supports the correct advertising of ones credentials.

The following is a brief summary of the AAMFT Code of Value. These values include: responsibility to the client, confidentiality, professional competence, responsibility to student and supervisor/supervisee, responsibility to research participants, responsibility to the profession, financial arrangements and advertising.

Responsibility to the client – To advance the welfare of families and individuals

Confidentiality – To respect and guard the confidence of each and every client

Professional Competence and Integrity – To maintain high standards and integrity

Responsibility to Student and Supervisor – Do not exploit the trust and dependency of students and supervisees

Responsibility to Research Participation – Respect the dignity of research participants and the laws governing the research practice

Responsibility to the Profession – Respect the rights of colleagues and participant in activities that promote the profession

Financial Arrangements – To establish reasonable, understandable fee arrangements with clients, third party payers and conform to acceptable practices

Advertising – To engage in appropriate informational activities that enable the public and referral sources to choose professional services clearly and accurately

Specific Ethical Standards Found In The Helping Professions

To ensure that the counselor, social worker and marriage and family therapist are operating within a solid ethical structure, a discussion of confidentiality, informed consent, duty to warn, counselor roles and relationship boundaries will be conducted.

Confidentiality

One of the purposes for confidentiality is to support the client's right to privacy. Therapists are ethically bound to provide an environment where by the client can express their thoughts and feelings in a safe and private setting. Confidentiality is the foundation of effective therapy. (Malley and Reilly, 1999) Without the ability to express oneself openly, safely, privately and honestly counseling would be nothing more than a conversation with a stranger.

Lawsuits do occur in the counseling process and breaches of confidentiality rank in the top three of errors made by clinicians.

A practitioner's safest confidentiality practice is to treat client information as if it was revealed in the strictness of confidence. It is only after you have the client's written permission to reveal any information should it be release. To further insure that confidentiality is maintained it is a wise practice to inform clients who on your staff will be looking at their records and make sure they sign consent documents. The following individuals should also be included in the consent document: supervisors, treatment teams, support staff and other colleagues who may be handling client information. Further safe guards include; getting treatment plans signed, keep all records in locked files and in locked rooms. (Heisel, 2009)

Common Limits To Confidentiality

There are some circumstance that a decision to breach confidentiality may be made. Malley and Reilly (1999) include the following events as a reason to breach confidentiality. This list includes:

- Cases of suspected child abuse or neglect. Social worker, counselors and marriage and family therapist are mandatory reporters of suspected child physical and sexual abuse.
- Client's intention to harm an individual or society, mental health practitioners according to the Tarrosoft act have an obligation or a duty to warn
- Information about a minor child in care to his/her legal parent or guardian. Even though a minor child is not in the care of one of his/her biological parent, the social worker, counselor and marriage and family therapist can not withhold the client record. All biological parents have a right to the minor child's record. A therapist has a right to charge a fee for copying the record but they are not permitted to withhold the record unless a motion is made in court to show cause for why the biological parent should not have access to this information.
- Court subpoena signed by a judge
- Seeing clients in groups
- When there is a problem defining who the client is

Informed Consent

As part of client's confidentiality, they have a right to give informed consent for treatment. Elizabeth Reynolds Welfel (2006) states, "Informed consent has two central aspects. The first is disclosure of relevant information the client needs to make a reasonable decision about whether to start counseling. The second is free consent which means that the decision to engage in an activity is made without coercion or pressure." The premise of informed consent is to see each client as a human being who is autonomus and capable of directing his or her own life. Counseling them is a collaborative effort where the client takes part in the treatment process. By providing clients with as much information as possible they are better able to make empowered decision in the treatment process.

In order for the mental health professional to satisfy the ethical demands of informed consent an informed consent document should be provided to each client. The informed consent document should include:

- A description of the mental health professionals qualifications
- The clinician's approach to treatment
- Financial obligation and expectation of the client
- Limits of confidentiality
- Termination options: clients or therapist
- Telephone coverage for a crisis
- Coverage in any absence by the practitioner
- All legal obligation to report, elder/child sexual and physical abuse
- Risk of harm to others
- Client's right to ask questions about counseling and to have those questions answered in a way the client can understand
- The client's right to refuse counseling without retribution
- How client's can acquire access their records
- How supervisors and support staff will be involved in the management of the case
- What is the procedure for the client to file a grievance?

It is strongly recommended that the social worker, counselor and marriage and family therapist present the informed consent document at the first treatment date. When this information is provided right upfront to the client it reduces any misinterpretations or confusion on the part of the client. Having a clear, concise contract always makes for good business.

There are a few informed consent questions to give consideration. The first question for consideration is does the client have the capacity to understand informed consent? If the client does not have the capacity to give informed consent, treatment should be put on hold until suitable consent can be achieved. Failure to get consent could result in the mental health professional being in ethical or legal difficulty or both. The second question for consideration is: Is the client old enough to grant consent? Again, if the client is not old enough to give consent, the appropriate parent or guardian should be sought out. The third question to consider when looking at informed consent; are multicultural factors involved? If the client does not understand what he or she is granting, informed consent is compromised because the client has not given consent freely. Further procedures need to be exercised so that any multicultural factors are eliminated.

Duty to Warn

Tarasoff vs. Regents of the University of California ruling states “privilege ends when the public peril begins” (Tarasoff, 1976).

Mental health practitioners have a duty to protect the potential victim if imminent danger exists. This statement is supported by the NASW, ACA, APA and the AAMFT code of ethics. In fact, the ACA code of ethics states in section B.2.a, Danger and Legal Requirements. “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. Counselors should consult with other professionals when in doubt as to the validity of an exception. Additional considerations apply when addressing end-of-life issues.” (Welfel, 2006)

Six Crucial Factors To Assess With Dangerous Clients

Duty to warn should never be considered lightly because the well-being of the client and others involved with the client may be affected. Practitioners should be skilled at risk assessment and evaluation of dangerous clients. There are several assessment questions to answer when considering breaching confidentiality and acting on the duty to warn requirement. These assessment questions include:

- Does the client attitude support or facilitate the violent action?
- Does the client have the capacity or means to carry out the violence?

- Has the client taken any steps toward crossing the threshold to carrying out the violent action?
- Has a weapon been purchased or has a weapon been obtained?
- Does the client have a history violent behavior?
- What is the client's current level of functioning and does it support the attitude of being a danger to oneself or others?
- Does the client have specific access to means of doing harm?
- Is the presence of the intent to carry out the action present (not just an idea or thought)?
- Are the responses of others to the plan to act violently present?
- What is the degree of client's compliance to professional recommendations to reduce the violent risk?

If the mental health professional finds the answer to the majority of the above questions as yes, harm most likely is imminent. A duty to warn exists and the professional should get help immediately. It is recommended to seek out and talk to ones supervisor or agency director. Consult with other colleagues if a supervisor is not available. The professional boards can provide some useful information. It is also recommended to speak with an attorney to insure that proper procedures are followed. The police are another resource to consider. The point is to assess effectively, act swiftly and be concise in oral and written documentation. It is worth noting just leaving a message is not good enough. A thorough approach is required when the duty to warn occurs.

Counselors Roles and Relationships With Clients

The social worker, counselor and marriage and family therapist role is a vital part of the counseling process. Ethics require that we act with respect of the client's values and that the focus is the benefit to the client. The only benefit the mental health professionals should achieve through this relationship is the satisfaction of helping another human being and the fee he/she receives. Ethical and legal problems occur when the mental health professional strays from what his or her role is. Adhering to the list below can help the professional from getting into trouble. The social worker, counselor and marriage and family therapist would be wise to be a helper/facilitator not a dictator. This means not being paternal and telling clients what to do. The professional would be wise to be able to describe to clients the methods used because this demonstrates a knowledge base as well as providing informed consent. The clinician would be wise to practice consistently within one's

own practice and the profession as a whole. It is when the therapist deviates from conventional wisdom that problems are most likely to arise. Further, the therapist stays within its role by working to serve the benefit of the client and not the therapist. When work is being done for the benefit of the counselor, social worker or the marriage and family therapist a dual relationship is developing.

There are other roles the clinician can adhere to preserve the therapeutic relationship. These include working in baby steps, act respectfully and patiently, know when it is time to slow down or end treatment all together, know the boundaries of the services you offer whether in an agency setting or private practice and always get written informed consent right up front.

Competence

“Why the fuss, I studied the book” says the social worker who is facing a complaint made to the board from a former client because of a lack of competence. New information that is read only falls short of competence. All the ethical codes require that the practitioner work within the limits of his/her experience, training and practice according to standards set by the profession.

Practitioners should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience. Practitioners should provide services in substantive areas or use intervention techniques or approaches that are new to them only after engaging in appropriate study, training, consultation, and supervision from people who are competent in those interventions or techniques

When generally recognized standards do not exist with respect to an emerging area of practice, practitioners should exercise careful judgement and take responsible steps, including appropriate education, research, training, consultation, and supervision, to ensure the competence of their work and to protect clients from harm.

Clinical Competence Is Acquired Through

Clinical competence is acquired through a variety of means that go beyond “just reading the book.” Competence is acquired through the following means:

- Education
- Supervision
- Experience
- Advanced training
- CEU’s

Graduate and postgraduate schooling is a good starting point for raising ones level of competence. Experience has been said to be the greatest teaching device a person could have. Experience is a great teacher, but a good teacher/supervisor is required to become competent. An individual who wants to become a great singer will not accomplish that unless they study under a skilled competent master. The same is true in the helping profession. Supervision provides the learning therapist the details, the feedback, the insights and coaching that can not be learned on their own. Supervision is necessary to become competent throughout ones career in the helping profession.

Advanced training is another way to achieve competence. This can be done by participating in varies specialty training programs like the Gestalt Institute, Philadelphia Child Center and the Clinical Social Work Society just to mention a few programs available for advanced training. Regular attendance to continuing education programs is another way to develop competency skills as is required by the State of Ohio Counselor, Social Work and Marriage and Family Board. The Board requires 30 hours of continuing education to renew ones license. It is worth noting that taking one CEU course in a particular subject does not make one competent either. It is through multiple CEU courses on the same subjects, supervision and advanced training for a counselor, social worker and marriage and family therapist to say one is competent.

A worker who fails to adhere to this training regiment is flirting with disaster with the board, the profession, with clients and with the legal community. So it is highly recommended that the social worker, counselor and the marriage and family therapist go beyond the basics and utilize all the areas for

acquiring competency discussed so far in order to maximize their areas of competence.

Boundaries and Boundary Management

Dual relationships now referred to in the ACA code of ethics as multiple relationships is a factor that the social worker, counselor and marriage and family therapist must understand. These professionals must also be aware that these boundaries be maintained and respected. The ACA code allows multiple relationships when it can be demonstrated that the client will benefit from the relationship. Furthermore, the ACA code disallows any multiple interaction when there is the possibility that the client will not benefit from the interaction (Welfel, 2006). The NASW and the ACA code's of ethics address the issues as well and the reader is directed to these sources for a more comprehensive review.

The Purpose of Boundaries

There should be a division or separation between the lives of the counselor and the client, says Cottone and Tarvydas (2007). The purpose of this division or boundary is to provide a structure to the process of counseling and to provide safety for the client that is being served. Additionally, boundaries are established to provide the appropriate emotional distance for effective therapeutic intervention. The therapist and the client relationship should exist only within this division. If these boundaries get crossed or violated the therapist is acting in unethical territory.

“Whenever mental health professionals have other connections with a client in addition to the therapist-client relationship, a secondary relationship exists.” (Welfel 2006) When the therapist-client relationship goes beyond its boundaries and a secondary relationship is formed this is called a multiple relationship. Multiple relationship should be avoided because of the potential harm they could cause to the professional relationship. When the therapist-client relationship extends beyond its boundaries and the division becomes blurred this can lead to a boundary crossing or a boundary violation.

Boundary crossing according to Elizabeth Reynolds Welfel (2006) is a departure from common practice with the intent to help and with some credible evidence that benefit is likely to result. If there is credible evidence

that the client will benefit, boundary crossings can be ethical. The burden is on the therapist shoulders to prove the client will or has benefited from the boundary crossing. An example of a boundary crossing is when the therapist and client have a chance meeting at the supermarket and they discuss the sale on prime rib. In this case the client may benefit from the information and there is little risk that the client will be harmed.

Boundary Violation

Welfel (2006) defines a boundary violation as “A departure from common practice that causes the client harm or has the potential to cause harm.” Implied in this definition of boundary violations is that the professional should have spotted the error if he/she was working ethically with the best interest of the client at the top of the list. In fact, Welfel (2006) goes on to say that “boundary violations often occur when professionals are too compromised to function competently or too self-interested to attend to the effects of violations on clients.” Safely put, boundary violations are never ethical.

Problems with Multiple Relationships Include

Besides the ethical problems that multiple relationships can cause, other problems are also introduced in the therapeutic environment. These problems include: conflicts in social roles, clouded or conflicting expectations, the possibility of the exploitation of the client and conflicts in role obligations.

These problems should be avoided at all possibility. The easiest way to avoid these problems is for the clinician to maintain appropriate division between themselves and the client. This means adhering to solid boundaries like wooden fences between neighbors. Communication can pass back and forth easily, but the neighbors know clearly where the boundary begins and the boundary ends.

Four Factors To Consider In Order to Prevent Boundary Crossing/ Violations

The following four factors if looked at carefully may assist the professional at avoiding boundary crossings and boundary violations.

- Fiduciary obligation – Is the counselor’s primary obligation and is the focus on promoting the client’s well being?
- Role of abstinence – Is the counselor’s only gratification the fee that is received and seeing the client’s therapeutic gains?
- Emotional involvement with the therapist – Is the counselor maintaining the counselor-client relationship? We know that multiple roles and role expectations can cloud and cause complications with the trust, confidence, and clarity, rules and expectations that exist between client and therapist.
- Power differential – Is the counselor working within the boundaries and the roles of the therapeutic relationship or is the therapist acting paternal? It is important to note, given the therapist position of power the client could acquiesce to therapist’s wishes even though these wishes are at odds with the client’s desires

Questions To Consider In Multiple Relationship Decision Making

The following list of questions developed by Cottone (2007), can serve as a guide to help the mental health professional make the determination to engage in a multiple relationship. By going through these questions the professional can show that great consideration was taken before the decision to engage in a multiple relationship. Failure to review this list could show the governing bodies that the professional acted with self-interest.

- Are the role expectations and obligations so divergent as to be incompatible?
- Is promoting the client’s welfare the exclusive motivation of the counselor in initiating the professional relationship?
- Can the professional attain the same degree of objectivity about this person and competent practice as is achieved in other professional relationship?
- Is misuse of the professional’s power a plausible occurrence?
- Is this multiple relationship a low-risk and high-benefit situation for the other person?

Is the professional reasonable certain that the multiple relationship will not negatively affect the client's emotional involvement in counseling or capacity to achieve the therapeutic goal?

Is the multiple relationship unavoidable?

Have all other options really been considered?

If a counselor is embarking on a boundary crossing has a fully informed consent procedure been undertaken so that the client understands the situation, including its risks and the special arrangements that may be necessary?

Have both parties evaluated the changes that may result in their other relationships because of the professional contact they are now considering, and are they both comfortable with these changes?

If the decision were presented to the counselor's respected colleagues, is it likely that they would support the decision to go forward with this multiple relationship?

Is the counselor willing to document the nonprofessional contact in case notes?

Has the counselor made provision for continuing consultation and/or supervision to monitor the risks and benefits to the client as the relationship develops?

Have the client and counselor developed an alternative plan in the event that the relationship does not unfold as they expect so that harm can be remedied?

Is the counselor committed to diligently following up, so that if problems form the multiple relationship arise after the professional contact has ended, the counselor will be able to provide assistance?

Was the relationship explicitly terminated?

Was the termination issues successfully processed?

Is the length of time since termination sufficient to allow both client and counselor to engage in new behaviors with each other?

Can the confidentiality of disclosures form counseling be maintained in the post counseling relationship?

Is there a clear arrangement between parties for dealing with confidentiality issues?

Does the client understand that by entering into this post counseling relationship he or she may be relinquishing the opportunity to reenter a counseling relationship with this professional?

Does the client understand all other possible ramifications?

How serious were the former client's problems at the time he or she was receiving services?

How strong was the transference, and how successfully were they resolved by the end of treatment?

Have the problems resurfaced?

Is the client emotionally stable and self-sufficient?

Writers of ethics recommend avoidance of all post therapy contacts when the client's problems were severe or characterological

Licensing Boards, Do They Represent You?

Do licensing boards represent the mental health worker? The answer to this question is no. The licensing board represents the public and it is the board's job to protect the public from harm by the mental health worker. So, does this mean that the board should be feared and avoided at all cost? No is the answer to this question as well. Boards can be helpful because they can provide information regarding specific standards that can guide the counselor, social worker and marriage and family therapist in making ethically sound decisions. Boards hold the practitioner accountable for the decisions and actions taken and they can offer information to guide the practitioner giving more credibility to the decision made by the mental health worker.

A case in point can illustrate to value of the board. A therapist was working with a mother and her daughter. The daughter resided with her father during the school year and came to live with mom for the summer. Upon arriving to the mother's home the daughter reported she was having suicidal thoughts. Mom got help and quickly the daughter returned to a healthier affect. Dad was not involved since he lived in another state. When summer was nearing the end and the daughter had to return to her father's house dad called the therapist wanting a copy of the record. The uninformed therapist wanting to protect the confidentiality of the mother and the daughter refused the father's request. The father in turned made a complaint with the Board who in turn contacted the therapist. The board took a helpful position by explaining to the therapist that the father had a right to the case file and the law was black and white. The board and the therapist made arrangement for how the father could get the file. All parties were served and protected and the case was closed.

This case illustrates that the Board can be a source of valuable information for making ethical decisions and the worker would be wise to consult with

them. Keep in mind the Board will not give a legal opinion since they are not lawyers, but they will give the worker the Board's position of the matter.

Ethical Decision Making Models

Models provide a systematic standard or framework for comparison or for analyzing something, says Cottone and Tarvydas (2007). Models also provide a process for critical thinking and moves the practitioner away from "gut knowledge". Thanks to the Wright brothers, we have a model for how man can fly. Over the years the science of aerodynamics have taken on some new dimensions, but the basic principles of how man can fly still adhere to the same model that the Wright brothers developed. Thus, it is safe to say that models provide a protocol to follow so others can duplicate it. Without model to follow, decision making could take on so many different variations and paths that no clear understanding of the end result could be ascertained leaving everyone in the dark. Models make for a more solid defense as to why one action was taken over another because models follow a more scientific pattern that describes the steps that were taken to get to a specific point.

General Components Of A Ethical Decision Making Model

We can utilize a decision-making model to assist at resolving ethical dilemmas that occur in the counseling and helping professions. A basic model for ethical decision making would include the following steps:

- Identify what the specific ethical dilemma issues are,
- Determine what the NASW, ACA and the AAMFT codes say the worker should do,
- Review any laws that pertain to the ethical issue of concern,
- Seek out consultation from a supervisor or colleague,
- Consider a course of action,
- Explore the consequences of each action and
- Choose and implement the best choice of action.

The above model contains the basic elements that a decision making model should contain. A variety of more sophisticated models exist. These models described by Cottone and Tarvydas in their book Counseling Ethics and Decision-Making (2007) include: Philosophically Based Models and Practice-Based Models of Ethical Decision Making. In the philosophically based models different theories are discussed as a means to understanding

ethical decisions. In the practice based models ethical procedures are derived less from theories and more from practical experiences. If the reader is interested in a more in depth discussion of these models review table 6-1 pg. 91 in Counseling Ethics and Decision-Making (2007).

One model that incorporates the virtues and values of most of the models for ethical decision making and adds a contextual component is the *The Tarvydas Integrative Decision-Making Model of Ethical Behavior* (Tarvydas/Cottone, 2007). This model emphasizes the interaction between the process and elements involved. It also adds reflective elements in order to get different perspectives from the different people involved. The model focuses on the development and production of an actual ethical behavior within a specific context. In other words, the model will lead the practitioner to a specific action to take.

The model looks at themes and attitudes involved in the ethical issue. *The Tarvydas Integrative Decision-Making Model of Ethical Behavior* maintains an attitude of reflection on the part of the persons who are striving to determine the “right” course of action.

The model addresses or looks at the balance between issues and the parties involved in the ethical dilemma. Furthermore, this model pays close attention to the context(s) of the situation and utilizes a process of collaboration with all rightful parties in the situation.

There are four stages in the *The Tarvydas Integrative Decision-Making Model of Ethical Behavior*. These stages are:

- Stage I. Interpreting the Situation through Awareness and Fact Finding
- Stage II. Formulating an Ethical Decision
Enhance sensitivity and awareness
- Stage III. Selecting An Action By Weighing Competing Non-Moral Values, Personal Blind Spots, or Prejudices
- Stage IV. Planning and executing The Selected Course of Action

Each of these stages has specific tasks to be work through. So let us look at the individual components of each of these stages so the reader can understand what is done first, second and third etc.

Stage I directs the practitioner to heighten his or her sensitivity and awareness. The next step is to determine the major stakeholders and their

ethical claims in the situation. This may mean looking beyond what one sees on the surface. The third step is to engage in the fact-finding process and to uncover as much relevant information as possible.

Stage II asks the practitioner to review the ethical problem or dilemma. The next step is to determine what ethical codes, laws, ethical principles, and institutional policies and procedures that exist that apply to the dilemma. Once this step is completed the model directs the practitioner to generate possible and probable courses of action and to consider potential positive and negative consequences for each course of action. Since the Tarvydas model emphasizes reflection, getting feedback by consulting with supervisors and other knowledgeable professionals is highly suggested and encouraged. Again, two heads are better than one. After the consultation with others is completed the model directs the practitioner to select the best ethical course of action.

The practitioner is directed in Stage III. Selecting An Action By Weighing Competing Non-Moral Values, Personal Blind Spots, or Prejudices to engage in reflective recognition and analysis of competing: non-moral values, personal blind spots, or prejudices. A second component of this stage is to consider contextual influences on values selection at the collegial, team, institutional, and societal levels and finally select the preferred course of action.

Stage IV. Planning and executing The Selected Course of Action is where all the above data is compiled and an action plan is developed. This requires figuring out a reasonable sequence of specific actions to be taken. Anticipating and working out personal and contextual barriers to effective execution of the plan of action is also completed in this stage of the model. As well as determining any effective countermeasures if they are needed. Lastly the final goal of *The Tarvydas Integrative Decision-Making Model of Ethical Behavior* is to carry out, document, and evaluate the course of action as planned.

As the reader can see, *The Tarvydas Integrative Decision-Making Model of Ethical Behavior* is a comprehensive model that takes into account process, content, feelings and attitudes as well as consultants and the other players involved in the dilemma. By working through each of these steps the practitioner can come to an action plan that goes beyond just a gut reaction. Furthermore, by the documenting of the steps taken in each of the four

stages provides the needed evidence that the practitioner made every reasonable attempt to resolve the ethical dilemma in a comprehensive and scientific manner.

Preventing Ethical Dilemmas

It is recommended that the worker avoid ethical problems in the first place. Here are some general practices that may keep the worker out of harms way. These include developing a positive, productive and satisfying relationship with all your clients. Clients who feel good about the person they are working with are less likely to file complaints with the board or file a civil suit. Do no harm to your clients is another preventative strategy that includes not promising something you can not deliver and do not lie to your clients. In short, always tell the truth,

Social work 101 states establishing good relationships with your clients starts where the client is. Do not tell clients what to do. If the worker is telling clients what they should do the worker is performing in a paternal manner and this is an ethical problem. Rather than behaving paternally, explore options with the client and turn the responsibility to them. Remember that the worker is the helper and the client is the doer.

All clients have a story and ethical problems can be avoided by being respectful of their story and letting the client share their story. Being clear about what can be offered as help can also be a preventative measure. As is getting all release forms signed in the beginning can prevent ethical problems, establishing specific goals and guidelines to work in as well as remaining professional at all times can prevent problems. Take nothing personal and do not react to client's behavior and stories will also prevent problems. Self-disclosure for the purpose of the client's benefit and not for personal benefit is always a preferred practice.

It is in some ways ridiculous to say we can not give a client a caring hug of a supportive touch, but in our sue everyone society it is wise not to touch because a client may misinterpret this action and ethical and legal problems may follow. The final preventative strategy for avoiding ethical problems is to be clear about how you work, what client's can expect and be clear about who is responsible for what and know who is the client and who is not.

A final summary note is worth making. If you think an action is an ethical problem it most likely is. The mental health professional would be wise to the following:

- Check it out
- Consult with supervisor, director, colleague, and lawyer
- Be clear about what the agenda, goals you are working on
- Don't take cases that are outside the limits of your ability

Reading Reference List Ethics

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Cottone, R. Rocco and Tarvydas, Vilia, *Counseling Ethics and Decision Making, 3rd Edition*, 2007 Pearson Education, Inc, Upper Saddle River, NJ

Heisel, James, *Ethics In Everyday Practice*, Home Study Course, 2009

Malley, Patrick and Rielly, Eileen, *Legal and Ethical Dimensions for Mental Health Professionals*, 1999, George H. Buchanan Co. Philadelphia, PA

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Ethics Home Study Course

1. Ethics is a science that is a set of values and standards that have been empirically researched and compiled to assist and guide the mental health professional.
True False

2. Stupid ethical behavior occurs when?
 - a. The professional checks out the gray areas
 - b. The professional consults with a colleague or supervisor when gray areas occur
 - c. The professional ignores his gut feelings and ignores any concern or ethical gray area
 - d. The professional consults with the ethical codes to determine if an ethical issue exists

3. Factors that make ethics complicated
 - a. The black and white nature of ethics
 - b. The differing values, opinions and interpretations by the mental health professionals
 - c. The ethical codes are written in a specific concise format
 - d. The fact that ethics are a waste of time

4. The role of the licensing board is?
 - a. To put the screws to the social worker, counselor and marriage and family therapist
 - b. To give jobs to those who can't engage clients
 - c. To protect the public from harm by incompetent mental health workers
 - d. Collect money for the state from licensing fees

5. It was highly recommended by the writer of this ethics home study course to make it a routine habit to read the ethical codes of one's profession the first of every year.
True False

6. Which of the following is not a practical reasons for the mental health professional to read, know and understand the ethical codes of ones discipline?

- a. Ethical codes although not written in specific language provide valuable information
 - b. Effectively following ones professions code of ethics will help keep the worker from having to answer to the board for an ethical violation
 - c. The ethical codes make it clear that the focal point of treatment is the welfare of the client that is being served
 - d. Ethical codes are boring to read and are good for putting one self to sleep
 - e. None of the above
7. An ethical dilemma occurs when a situation develops and a practitioner must make a choice between competing or contradicting mandates
True False
8. Ethical dilemmas should not be ignored because of the?
- a. Consequences to the client
 - b. Consequences to the practitioner
 - c. Consequences to the profession
 - d. All the above
 - e. None of the above
9. The APA, the NASW, the ACA and the AAMFT codes of values are as different as night and day
True False
10. Specific ethical standards found in the helping profession include;
- a. informed consent
 - b. informed consent, confidentiality
 - c. informed consent, confidentiality, duty to warn
 - d. informed consent, confidentiality, duty to warn and multiple relationships
11. The mental health professional's role and relationship with the client is a vital part of the counseling process. Ethics require that the practitioner?
- a. Act with respect of the clients values
 - b. Listen only to the adults in the counseling session
 - c. Ignore any hidden messages because they are unclear
 - d. Share your lunch with your client, but not your cookies
 - e. All the above

12. Only reading a book on a clinical subject does not make one competent. What makes one competent is?
- Obtaining CEU's
 - Getting advanced training
 - Experience
 - Getting ongoing supervision
 - Formal education
 - All the above
13. The purpose of models is to provide the observer with a systematic standard or framework for comparison or for analyzing something.
True False
14. Which one of the following is not a general component of a ethical decision making model?
- Identify what the specific ethical dilemma issues are
 - Determine what the NASW, ACA and AAMFT code of ethics say
 - Review the laws that pertain to the ethical issue
 - Determine who is not involved in the ethical dilemma
15. The ethical decision making model that was spelled out in this home study course is?
- The Cottone and Jones Ethical Tree Design for Ethical Decision Making
 - The Tarvydas Integrative Decision Making Model of Ethical Behavior
 - The Welfel Ethics Decision Making Strategy
 - The Bill Malone Best Writer of Ethical Decision Making Models

Home Study Course
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513-779-4710 fax

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4. Evaluation questions

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3	A	B	C	D		
4	A	B	C	D		
5	TRUE		FALSE			
6	A	B	C	D	E	
7	TRUE		FALSE			
8	A	B	C	D	E	F
9	TRUE		FALSE			
10	A	B	C	D		
11	A	B	C	D	E	
12	A	B	C	D	E	F
13	TRUE		FALSE			
14	A	B	C	D		
15	A	B	C	D		
16	TRUE		FALSE			
17	A	B	C	D	E	
18	A	B	C	D		
19	A	B	C	D		
20	A	B	C	D	E	
21	TRUE		FALSE			
22	A	B	C	D	E	
23	A	B	C	D		
24	TRUE		FALSE			
25	A	B	C	D	E	F
26	TRUE		FALSE			
27	A	B	C	D		
28	A	B	C	D		
29	TRUE		FALSE			
30	A	B	C	D	E	

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1 2 3 4 5 6 7 8 9 10
C. I feel like I learned something useful to add to my work
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D. Was the process of using our website, downloading the test and sending in the test easy?
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E. I would recommend this homestudy course to a colleague?
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