A Review of Contemporary Ethical Decision-Making Models for Mental Health Professionals

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Abstract

Mental health professionals are faced with increasingly complex ethical decisions that are impacted by culture, personal and professional values, and the contexts in which they and their clients inhabit. This article presents the reasons for developing and implementing multiple ethical decision making models and reviews four models that address culture, values, and context. These models will guide the mental health professional in making and implementing decisions that will impact client care and counselor development.

Keywords: ethics, decision making, values, culture

A Review of Contemporary Ethical Decision-Making Models for Mental Health Professionals

The enterprise of counseling is often fraught with dilemmas, ethical and otherwise, as the counselor* works with the client to sift through the many issues brought into the consultation room. Each of these dilemmas requires thoughtful consideration. Yet, it is the ethical dilemmas that demand a well-reasoned decision making process not solely because of the possible legal and professional consequences, but because of the potential impact on the therapeutic relationship (Lehr & Sumarah, 2004; Neukrug, Lovell, & Parker, 1996). While many ethical dilemmas *may* appear to have clear cut solutions (e.g., intervening to prevent suicide), the context of the situation may add a level of complexity that requires the counselor to consider an alternative and equally ethical course of action that may have an equivalent therapeutic impact on the client. That is the definition and nature of a dilemma, "…a situation in which there are good reasons to take different courses of action" (Kitchener, 1984, p. 54).

Ethical decision making can best be described as "…a process of rational analysis geared toward identifying a resolution of an ethical dilemma" (Betan, 1997, p. 349). While there are a myriad of different ethical decision making models that offer step by step instructions for puzzling through a dilemma (R. Rocco Cottone & Claus, 2000), it is an inherently complex task (Neukrug, et al., 1996). Additionally, it must be noted that ethical decision making models do not make ethical decisions, counselors do. As such, they bring into the process their own values and personal characteristics, clinical orientation and experience, and the ethics training and education they have received. These personal characteristics, along with the ethical decision making model used will impact the results of the decision or action taken by the counselor

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* Please note that the word "counselor" is used inclusively throughout this manuscript and is meant to represent the major professional mental health providers: professional counselors, psychologists, marriage & family therapists, and social workers.

(Koocher & Keith-Spiegel, 2008). Other variables involved in the decision making process include:

- an awareness of the values of the professions (i.e., the beliefs and attitudes held in common by the profession and often reflected in the code of ethics);

- a working knowledge of the ethics and laws that govern the varied forms of practice in the mental health field and the common foundational principles on which those ethics are based (viz., autonomy, beneficence, nonmaleficence, justice, fidelity, and veracity);

- the community standards or mores of the culture in which one practices as well as the standard of practice in the mental health profession;

- and an understanding of the difference between mandatory ethics (i.e., compliance with minimal standards) and aspirational ethics (i.e., the highest standard of thinking and conduct for professional mental health providers) (Corey, Corey, Corey, & Callanan, 2015).

While this is not comprehensive list of all the variables that may be considered when working through any decision, an overriding *primary* consideration must include the best interest of the client rather than solely seeking to avoid any legal entanglements or ethics violations.

Why Have an Ethical Decision Making Model?

Protection of the Client

Professional association ethics offices and state licensing boards' files are replete with complaints about providers who either knowingly or unwittingly violated ethical standards and laws. This is often because counselors do not always identify the ethical issues within clinical situations or determine the best intervention for those ethical dilemmas they do identify. Others

simply fail to act or chose to act in ways that suggest their own competing values or interests are more paramount than those of the clients. Finally, there are those actions that suggest still more serious issues of counter-transference or hubris on the part of the counselor (e.g., sexual misconduct, boundary violations, etc.) (Betan, 1997). Related to counter-transference issues are behaviors relating to counselor self-care, burn-out, and impaired functioning. Counselors who are not self-aware enough to take care of their own personal, emotional, or cognitive needs are at risk of violating ethical standards to meet their own emotional needs (Betan, 1997; Rogerson, Gottlieb, Handelsman, Knapp, & Younggren, 2011). While an appropriate ethical decision making model will not protect clients from the counselors with the more serious issues, it will provide a safety net for clients whose counselors can learn to identify ethical issues in the midst of clinical situations.

Promotion of Quality Care and Practice

Ethical decision making is intimately tied to clinical judgment and common sense. Each of these variables impacts the other and ultimately affects the client (Sommers-Flanagan & Sommers-Flanagan, 2007). How and what a counselor decides concerning an ethical dilemma will, most likely, affect the treatment outcome. Clinical choices and judgments made during the course of therapy may be guided by a series of ethical choices made by the counselor. Additionally, what is beneficial for one client may be inappropriate for another in a similar situation because the context, culture, or conditions are slightly different requiring a different intervention to be chosen (Gottlieb, 1994; Lazarus, 1994).

A corollary to this concept is that a well thought out and documented ethical decision making process helps provide the counselor with an explanation should the decision ever come into question (Remley & Herlihy, 2014). In this way, if a client seeks a reason for why therapy

is taking a certain direction or seeks clarification why a treatment cannot be provided, the

counselor can demonstrate with clarity his or her reasons. This is also necessary should a

counselor have to defend oneself to a licensing board or in court.

Promotes Counselor Development and Reflective Practice

With each day and each client the counselor learns something new about oneself and

others. This growing sophistication is part of a larger developmental process that not only

includes counseling skills, but cognitive and moral development. At the lower levels of

development, the counselor's ethical framework can be characterized by a heavy reliance on the

code of ethics. Cognitive processes and ethical decision making tends towards

oversimplification, stereotyping, rigidity, dualism, and self-protection over against client care.

The beginning counselor leans more heavily on structured decision making models that are

concrete and linear in nature (Kitchener, 1984; Neukrug, et al., 1996; Stoltenberg & Delworth,

1987).

The more advanced and reflective counselor may demonstrate higher order ethical

thinking that is more flexible, complex, altruistic, and contextually sensitive. The counselor's

ethical reasoning is more sophisticated, requiring less inflexible adherence to a code of ethics

and allowing for a more nuanced ethical decision making process. The process is more reflective

and representative of aspirational or virtuous ethical thinking (Kitchener, 1984; Neukrug, et al.,

1996; Stoltenberg & Delworth, 1987). Through this reflective process, using an increasingly

complex ethical decision making model, a counselor's moral development and complex

cognitive growth is supported. This development does not happen of its own accord. It requires

supervision, consultation, and continued education and experience.

Professional Values and Principles to Guide Ethical Decision Making

Values

Counseling was once perceived as a values free endeavor. It is now understood that the personal and professional values of the counselor impact the therapeutic relationship with the client (Bergin, Payne, & Richards, 1996; Houser, Wilczenski, & Ham, 2006). Counselors are now called upon to manage their *personal* beliefs or values so that they do not contaminate the counseling process (Corey, et al., 2015; Francis & Dugger, 2014). This involves managing counter-transference issues and learning to set aside or bracket off those personal beliefs or values that may be purposely or inadvertently imposed upon a client or a decision making process so that they do not impact clinical outcomes (Kocet & Herlihy, 2014; Shiles, 2009). This does not require counselors to give up or change their personally held beliefs or values, only to effectively manage them so they do not interfere with clinical judgment, treatments, or ethical decision making.

Clients can be inadvertently harmed when counselors do not managed their beliefs or values and have allowed them to interfere with the treatment goals and plans of their clients (Shiles, 2009). Sadly, many clients have found themselves either being inappropriately referred onto other counselors when there has been a values conflict between the counselor and the client (Ford & Hendrick, 2003). This issue has also impacted counselor education programs when students refuse to learn how to manage their beliefs or values and expand their ability to work with and respect a diverse client population. When that has happened, many of these students have been dismissed from programs. In many instances, lawsuits have resulted that have impacted the profession in various ways (Herlihy, Hermann, & Greden, 2014; Hermann & Herlihy, 2006).

As beginning practitioners enter into the counseling profession they agree to adhere to its code of ethics. A code of ethics is, in a broader sense, a collective statement of the values and principles of that profession and is used to inform and educate the profession and public about what is expected when entering into a counseling relationship (Betan, 1997; Francis & Dugger, 2014). A review of the literature (Howard, 1992; Jensen & Bergin, 1988; Kelly, 1995; Packard, 2009; Reamer, 2013) and the various codes of ethics of the mental health professions (American Association for Marriage and Family Therapy, 2012; American Counseling Association, 2014; American Psychological Association, 2010; National Association of Social Workers, 2008) reveals a common set of shared professional values that include:

- Respecting the rights and dignity of all people (diversity)

- Recognizing and respecting the autonomy of all people

- Appreciating the variety of human experience and culture

- Competence in practice as we seek to alleviate personal distress and suffering

- Supporting healthy human relations and healthy growth and development

- Increasing personal effectiveness and coping skills

- Safeguarding the integrity of practitioner-client relationships

These values can be used to help the counselor work through the various courses of action that can be taken when faced with an ethical dilemma.

Moral Principles

Over the years, six basic moral principles have been identified that form the foundation for mental health ethics and decision making (Kitchener, 1984; Meara, Schmidt, & Day, 1996). These principles are commonly held assumptions or beliefs and are generally referred to when participating in an ethical decision making process (Remley & Herlihy, 2014). While they are

often listed in a certain order, it is not to imply that one principle is held higher than another.

They are applied contextually so that whatever the outcome, the client's needs and safety are

held in highest regard. For example, while autonomy (the client's right to self-determination) is

generally listed first and held in high esteem, a counselor is obligated to act to prevent a client

from attempting suicide, even though a client is exercising the right to self-determination. The

counselor is to practice beneficence (actively do good and work to promote mental health and

wellness) and prevent the suicide from occurring and work in the best interest and health of the

client. The six basic prima facie principles include

- Autonomy – counselors respect and promote the right of clients to self-
  determination within their social and cultural framework. Counselors work to
  decrease dependency and nurture independent decision making on the part of
  clients.

- Nonmaleficence – counselors avoid actions (or inactions) that risk harming
  clients.

- Beneficence – counselors work to promote the mental health and well-being of
  clients. Counselors promote the healthy growth and development of their clients.

- Justice – counselors are committed to fairness and equality in their professional
  relationships with clients and other professionals. Counselors seek to promote
  equality, providing appropriate services in all clients.

- Fidelity – counselors make and keep realistic commitments to their clients and
  other professionals. They seek to create trust in the therapeutic process so clients
  can seek solutions in a safe space.

- Veracity – counselors deal honestly with their clients and other professionals they come into contact with professionally.

Veracity is the most recent addition to the list of principles (Corey, et al., 2015) and is now specifically included in at least one professional code of ethics (ACA, 2014).

Questions to Ask after the Decision is Made

There is much written about how to make ethical decisions, different models of ethical decisions making, and the values and principles that provide these decisions with a foundation. After applying a model, consulting with colleagues and applying a code of ethics, how do counselors know they have made a correct decision? After all, the nature of any dilemma is that there are generally several good options (or equally poor options) available to the counselor and client. How can we determine if we have done the "right" thing?

Stadler proposed three questions or self-tests to determine if a course of action is appropriate. The first question asks about the concept of *justice*: Is the action fair? In other words, would you treat others the same in this situation? The second question addresses the concept of *universality*: Would you recommend this course of action to a peer? The final question addresses the more concrete notion of *publicity*: How would you feel if this decision was known by others or came to attention of the public (Stadler, 1986)?

Other tests that can be applied include the *reversibility* test. Would you want this same solution applied to you or someone you cared about in a similar circumstance? An additional question that can be asked involves imagining what others you respect or admire (*mentor test*) would do in this situation. Would they ask the same of you (Strom-Gottfried, 2007)?

Finally, there are feelings of *moral traces* to consider. Are there any lingering feelings of uncertainty, concern, doubt, and uneasiness than what might be considered normal? These

warning signs, especially in light of a decision that is more self-serving than client centered is a good indication that the process needs to be revisited and further thought and consultation is in order (Remley & Herlihy, 2014).

It cannot be emphasized enough that ethical decision making involves not only self-evaluation, but consultation with professional colleagues who can review your process and outcome. In this way, more than one set of eyes can review the process and outcome for blind spots, biases, and ineffective self-assessment (Corey, et al., 2015). Making any decision in a vacuum leaves one open to self-deception when self-interests are involved.

Selected Contemporary Ethical Decision Making Models

There are numerous ethical decision making models. Counselors may select one of the models presented to them in their graduate training and, as they gain more experience and confidence, adapt it to their needs, level of sophistication, and temperament (Neukrug, et al., 1996). Finding and developing an ethical decision making model involves the consideration of professional identity, practice setting, theoretical orientation, and personality (Remley & Herlihy, 2014). A counselor who works in a rehabilitation center in a large metropolitan area and identifies as a rehab counselor with years of experience will have different considerations from a counselor whose primary identity is that of a school counselor with little experience and practices in a rural high school setting (Case, Plaisance, Renfrow, & Olivier, 2008). The ethical decision making models presented below represent different philosophies and styles and can serve as a foundation for the development of a counselor's own model.

Practice-Based Model (Corey, et al., 2015)

Practice-based models are pragmatic in nature and less theory driven or based upon some philosophical understanding of human nature (Kitchener, 1984). They serve as practical guides,

offering a step by step approach to decision making. One of the most widely known models

comes from Corey, Corey, and Callanan (2015). The model offers a logical eight step map that

guides the counselor from identifying the problem, exploration of the ethics, consultation with

colleagues, and finally to a decision on the best course of action.

- Step One: Identify the problem or dilemma.
  - Recognizing that there is a problem or dilemma.
  - Determine the nature of the problem and gather the necessary information.
  - Consult with the client frequently throughout the process.
- Step Two: Identify the potential issues involved.
  - List and describe the relevant issues.
  - List and assess the rights, responsibilities, and welfare of all those who are impacted by the situation
    - Remember those involved may go beyond the client and counselor (e.g., family & friends).
    - Consider the broader cultural issues that may impact the situation (e.g., race, socioeconomic status, etc.).
  - Apply and prioritize the six moral principles to the situation, and identify where they might compliment or come into conflict with one another.
- Step Three: Review the relevant ethics codes.
  - Review the ethical codes that apply to the situation, paying close attention to the cultural issues present.
  - Reflect on your own values to see if or where they might come into conflict with their association's code of ethics.

- Step Four: Know the applicable laws and regulations.

    o Counselors know and apply the laws and regulations that govern their practice.

- Step Five: Obtain consultation.

    o Review issues and process with an unbiased colleagues who can look beyond the counselors' own subjective impressions.

- Step Six: Consider possible and probably courses of action.

    o Identify all possible courses of action and consider the ethical, legal, and clinical ramifications of each solution.

- Step Seven: Enumerate the consequences of various decisions.

    o Consider the consequences of each action as they might play out not only with the client, but any other constituent who may be involved.

- Step Eight: Choose what appears to be the best course of action.

    o Review all the gathered information and choose a course of action.

    o Document your process, decision, implementation, and outcome the course of action chosen.

Social Constructivist Model (R. R. Cottone, 2001; R. Rocco Cottone, 2004)

Cottone (2001) described social constructivism as "...social constructivism implies that what is real is not objective fact; rather, what is real evolves through interpersonal interactions and agreement as to what is "fact" (Ginter et al., 1996)" (p. 39). In other words, all knowledge comes through biological and social relationships. Reality is viewed as socially constructed. When applied to ethical decision making, the social constructivist model places the decision in the social context and interaction between the counselor and client, not in the head of the counselor as decision maker. Thus, the decision becomes an interpersonal process of

negotiating, consensualizing, and, when necessary, arbitrating. Therefore the process of making a decision is out in the open, between the two (or more) participants in the interaction and the context of the situation. "A decision is never made in a social vacuum. A decision is always made in interaction with at least one other individual" (Cottone, 2001, p. 40). Decision can be viewed as "good" or "bad" within a social context. Yet, good and bad are not "relative" in that social constructivism defines the understanding of "good and bad" or "right and wrong" within a social consensual domain as absolutely true within the social context.

The example used by Cottone (2001) to explain social constructivism within ethical and legal decision making is the well-known Tarasoff legal decision. The counselor in this situation took what he believed to be the agreed upon actions to contact and warn the police of a dangerous client. This agreed upon action was negotiated by the professionals and consensualized by the association as the obligation of a counselor. This was considered the "right" thing to do. The court, taking a different view, ruled in favor of the family of Tatiana Tarasoff and assessed liability.

The counselors (and associations) involved were acting to protect the confidentiality of the client as was the consensus and consistent with the code of ethics. The court disagreed and, according to social constructivism perspective, pointed out that no one socially constructed ethical stance can be better than another. Since the time the Tarasoff decision, the counseling profession was forced into new negotiations, consensus building, and eventually, as needed, arbitration, or a combination of the three.

Codes of ethics are living documents that grow and change as the profession develops. In a process of consensualizing, codes are revised to reflect the changes in society, the profession, and treatment advances. Within this model, a code of ethics represents a consensualization as to

what is acceptable. To be in conflict about an action or dilemma represents there is possible

disagreement and a conflict of consensualities between people, groups, or associations that the

counselor comes into contact. The code therefore acts as a way to prevent dilemmas from

happening by encouraging the counselor to build "linkages of professional responsibility"

(Cottone, 2001, p. 42) rather than "linkages of vulnerability" (p. 42). The counselor acts to be in

accord with the larger consensus that guides and directs professional practice. This is a

preventative action and encourages the counselor to participate in a social and professional

network and to avoid contact with social networks which might contest what is considered to be

"right" and "wrong."

This is part of the acculturation process in educating, supervising, and consulting with

new professionals who are entering the counseling profession (Handelsman, Gottlieb, & Knapp,

2005). By helping them to participate in and understand the code of ethics, as well as teaching

them different ways of interacting with clients and colleagues, mental health educators are

helping the student fully enter into the professional culture.

Negotiating, consensualizing, and arbitrating.

Ethical decision making in a social constructivist model is a process of negotiating (when

necessary), consensualizing, and arbitrating (when necessary). This all takes place, not in the

counselors head, but as part of an interpersonal process that occurs at critical moments of

professional practice.

When there are occasions of disagreements between two or more people, the process of

discussing and debating occurs (negotiating). For example, a client engages a counselor for

services using a therapeutic modality known to have substantial evidence to cause harm. The

counselor is aware of the "truth" reach by consensus in the code of ethics of the American

Counseling Association that states: "C.7.c. Counselors do not use

techniques/procedures/modalities when substantial evidence suggests harm, even if such services

are requested" (ACA, 2014, p. 10). The client insists on the use of the modality knowing that the

counselor has a working knowledge of the modality. The counselor works to explain the myriad

of different issues involved in not using this modality, offers a better treatment protocol, and

helps the client identify other avenues available. Negotiating is a process of "discussing and

debating a position taken by the counselor; negotiating requires operation in language and some

level of expressed disagreement" (R. R. Cottone, 2001, p. 42).

Consensualizing involves at least two individuals in a process where they work to act in

coordination or agreement on an issue. This is a collaborative, ongoing process that might

produce a decision, but not necessarily a final product. The periodic revision of an association's

code of ethics is an example of this process. As the profession continues to develop and new

knowledge and contexts are added, the association will work to build a consensus on what is

"right" and appropriate to do.

The process of seeking the judgment of an agreed upon (consensualizing) individual or

group in a dispute is known as arbitrating. In the context of ethical decision making, the

arbitrator may be an ethics committee appointed by the association to render a decision

concerning a dispute that could not be resolved through negotiation or where there is a

disagreement or lack of consensus on an issue, action, or inaction.

A social constructivism ethical decision making process.

When a concern is voiced or there is a disagreement about a decision, Cottone (2001)

notes that the counselor using a social constructivism model would take several steps:

(a) obtain information from those involved, (b) assess the nature of the relationships

operating at the moment in time, (c) consult valued colleagues and professional expert

opinion (including ethics codes and literature), (d) negotiate when there is a

disagreement, and (e) respond in a way that allows for a reasonable consensus as to what

should happen or what really occurred. (p. 43)

In this model, relationships are examined for connection to one another's system of

thought. The counselor is looking at the involved relationships for potential disagreement of

opinions concerning what happened or should happen. If consensus cannot be achieved, the

counselor seeks to negotiate further, reflects on further actions that could be taken, or calls for

arbitration. Once a course of action has been chosen, it is incumbent on the counselor to reflect

on that course of action. Again, this is not an intrapsychic process, but a continued consultation

with others that can provide perspective and linkage to the professional community.

A Transcultural Integrative Model (Garcia, Cartwright, Winston, & Borzuchowska, 2003)

The changes brought about in practice and ethics by our professions' understanding of

culture over the last 40 years is significant. For example, the 1961 code of ethics for the

American Personnel and Guidance Association (predecessor body to the ACA) (American

Personnel and Guidance Association, 1961) made no mention of culture. The 2014 code of

ethics has the consideration of culture infused throughout the entire document and has identified

"honoring diversity and embracing a multicultural approach" (ACA, 2014, p. 3) as one of the

main professional values of the association. The same is true of the other major mental health

associations (APA, AAMFT, NASW). As the codes have embraced cultural considerations as a

reflection of the professions' values, it is only natural that ethical decision making models evolve

to also take culture into consideration.

As previously stated, ethical decision making is a complex process and seldom involves simple answers. The participants in the process include the counselor, client, and often times, other stakeholders (agencies, families, communities, etc.) who may be impacted by whatever course of action is decided upon. Add the multifaceted constant of culture to this mix and you have a new variable that has the potential of taking any course of action in another direction.

The Transcultural Integrative Model (Garcia, et al., 2003) unites multicultural theory into an integrated model of ethical decision making. It combines the basic four stages of the Integrative Model (Tarvydas, 1998), with the approaches of negotiating, consensus seeking, and arbitrating of the Social Constructivist Model (R. R. Cottone, 2001), and the relational approach of the Collaborative Model (Davis, 1997). It follows a step by step format in a linear fashion. It is inclusive of a virtue-ethics approach that seeks to have counselors be reflective, attend to context, balance competing cultural views, and use collaboration with clients and other stakeholders (as appropriate) to create a course of action to remediate the ethical dilemma.

Step One: Interpreting the situation through awareness and fact finding.

As counselors begin the process of decision making, they move through a method of information gathering. It begins with going beyond just understanding that there is an ethical dilemma and includes increasing the awareness of the emotional and cognitive sensitivities of all the people involved. Different parties may attach dissimilar cultural meanings or understandings to the dilemma. Being aware of intragroup differences is necessary as well, for the client may not represent the cultural patterns of their identified group. Counselors also should not just become aware of the various cultures involved, but assess their own reactions towards and level of knowledge about the different cultural groups. This also requires counselors to be aware of how their cultural identity, acculturation, and socialization impact their view of the issues. Once

this reflection on similarities and difference is accomplished, counselors are ready to begin the

process of fact-finding. This includes gathering the current information needed to make a

decision as well as new information such as relevant cultural facts (e.g., family values,

immigration status, community relationships, etc.).

        Step Two: Formulating an ethical decision.

        With the gathered information, counselors begin formulating their course of action. It

begins with determining if the nature of the dilemma changes with the addition of the gathered

cultural information from Step One. With this information, counselors now review relevant

ethical codes, laws, and agency policies. The added cultural dimension includes reviewing the

codes, laws, and/or policies for diversity standards, discriminatory regulations, or conflicts

between the laws and the cultural perspectives of the ethical codes. Counselors then generate

different courses of action that are reflective of the different cultural perspectives present in the

situation. Considering all who are involved, counselors review the pros and cons of each

potential course of action and their possible consequences in light the worldviews present. It is

at this point in the model that counselors may want to employ either the practice of collaboration

from the Relational Model (Davis, 1997) or the techniques from Social Constructivism (R. R.

Cottone, 2001) to build consensus should there be a difference of opinion.

        The Relational approach uses a four step collaboration process that reflects the values of

cooperation and inclusion. The four steps include:

        (a) identifying the parties who would be involved in the dilemmas; (b) defining the

        various viewpoints of the parties involved; (c) developing a solution that is mutually

        satisfactory to all the parties, based on group work focusing on expectations and goals;

and (d) identifying and implementing the individual contributions that are part of the

solution. (Garcia, et al., 2003, p. 270)

The Social Constructivist approach adapted to this model and as previously reviewed,

would employ; (negotiating) discussion and debate when the different parties involved do not

agree; (consensualizing) working to come to an agreement or conclusion between the parties

involved, or; (arbitration) employing a mutually agreed upon arbitrator to make a final judgment

should disagreement persist (R. R. Cottone, 2001). These models are included in the

Transcultural model because they can be adapted to working with parties who may have

disagreements due to differing cultural worldviews.

The last two parts of this step include consultation with supervisors and/or other

knowledgeable resources. It is important that the consultants are conversant in multicultural

standards and policies as they pertain to the issues presented. Finally, counselors select the best

course of action after a rational and cultural analysis of all the competing information. It is best,

according to Garcia et al., (2003) to pursue a course of action that is congruent with the clients'

world view and that of the other parties involved.

**Step Three: Weighing competing, non-moral values and affirming the course of
action.**

Following the selection of a course of action, counselors engage in a reflective process

and analysis to identify any non-moral values (not moral; having no moral sense or standards;

not concerned with morality (Stevenson, 2010)) that may impede or interfere with the

implementation of the decision. Counselors pay particular attention to any acculturation, gender,

or other cultural issues that may be crucial.

Step Four: Planning and executing the selected course of action.

It is at this step that counselors implement the course of action that has been developed. This involves creating a reasonable plan, anticipating any barriers (cultural or contextual) that may interfere with the implementation, and documenting and evaluating the course of action. In evaluating the course of action, it is suggested that Relational and/or Social Constructivistic techniques be used to identify measures and data sources.

The impact of diversity and culture on the profession of counseling is immeasurably positive. It has allowed the profession to reach out in a sensitive and effective manner and allowed counselors to become more effective. The Transcultural Integrative model is a reflection of that positive impact of culture and diversity.

Counselor Values-Based Conflict Model (CVCM) (Kocet & Herlihy, 2014)

Recent legal actions (Bruff v. North Mississippi Health Services, Inc., 2001; Keeton v. Anderson-Wiley, et al., 2010; Walden v. Center for Disease Control & Prevention, 2012; Ward v. Wilbanks, et al., 2009) have demonstrated the need in the counseling profession for an ethical decision making model that takes into account what is in the best interest of clients while at the same time acknowledging the difficulties faced by counselors when their deeply held personal beliefs or values are in conflict with the clients' behaviors, lifestyle, or counseling goals. While a client's behavior or counseling goal may not be acceptable to the counselor, personal beliefs or values do not negate a counselor's responsibility to provide competent services if it is within the counselor's ability and expertise to do so. The broad ethical mandates and moral foundations must be upheld, regardless of the personal misgivings of the individual counselor (Granello & Young, 2012). The task force that revised the *2005 ACA Code of Ethics* sought to provide clarity on this issue (Francis, 2014) when adding the following subsection to the *2014 ACA Code of Ethics*:

A.11.b. Values Within Termination and Referral

Counselors refrain from referring prospective and current clients based solely on the counselor's personally held values, attitudes, beliefs, and behaviors. Counselors respect the diversity of clients and seek training in areas in which they are at risk of imposing their values onto clients, especially when the counselor's values are inconsistent with the client's goals or are discriminatory in nature. (ACA, 2014, p. 6)

The guidance in the professional literature and practice in this area are inconsistent (Ford & Hendrick, 2003; Kocet & Herlihy, 2014). Therefore an ethical decision making model that provides a process for counselors to work through a values conflict dilemma is needed. Kocet & Herlihy (2014) have provided such a model supplements other decision making models and provides for self-reflection and offers the counselor a method for offering appropriate services that meet a professional standard of care for the client.

Ethical bracketing.

Counseling, by its very nature, is a personal as well as professional endeavor. We enter the room not only clothed in the values of our profession, but with our own personal beliefs and values. Part of being "genuine" is to be aware of the values we hold as we interact with clients while at the same time seeking to avoid the imposition of our values onto the clients. Trying to balance our professional obligations with our personal values is challenging work. Inevitably conflicts will arise between what a counselor personally believes and values and what a client believes and values and how the client lives that out in the world. When (not if) this occurs, counselors can use a strategy from qualitative research known as "bracketing" (Patton, 2002). This method of self-examination helps researchers manage their experiences and preconceptions

prior to interaction with research participants. Applied to ethics and practice, "ethical

bracketing" (EB) is:

> the intentional separating of a counselor's personal values from his or her professional
>
> values or the intentional setting aside of the counselor's personal values in order to
>
> provide ethical and appropriate counseling to all clients, especially those whose
>
> worldviews, values, belief systems, and decisions differ significantly from those of the
>
> counselor. (Kocet & Herlihy, 2014, p. 182)

There are several steps involved in EB when a counselor is faced with a values conflict

with a client:

- *Immersion* in a self-reflective process about the nature of the values conflict.

- *Education* about the various codes of ethics and professional literature on best

  practices.

- *Consultation & Supervision* with trusted colleagues who can provide ongoing

  feedback about the specific values conflict.

- *Personal Counseling* to help manage and remediate any identified barriers and/or

  personal bias that prevent the counselor from forming a therapeutic alliance.

A second strategy of EB is to invite, with the client's permission, a co-counselor into the

therapeutic relationship. This would provide the effected counselor with a partner who could

objectively monitor and participate in therapy to ensure the client receives quality care. Finally,

the counselor could use collaborative or relational ethics and work openly with the client to

explore the potential conflict and examine the potential impact it could have on the counseling

relationship (Davis, 1997).

The CVCM approach.

The CVCM approach to ethical decision making in the face of a values conflict is a two pronged approach that engages the counselor in both personal and professional reflection and action. It is to be used as an adjunct to another ethical decision making model to allow for more self-reflection in the event of a values conflict.

Step One: Determine the nature of the value-based conflict

The counselor seeks to answer key questions to begin the process. What is the nature of the values conflict? As a part of the two pronged approach, the counselor would ask: is this conflict based on a conflict of personal or professional values? The answer to the second question will help to determine which path to proceed on, personal or professional, knowing that both paths may be traveled at the same time depending on the nature of the values conflict. Personal values conflicts involve those issues driven by the counselor's personal values, morals, beliefs, and attitudes that come into conflict with the client's behavior, values, beliefs, culture, and attitudes. These have the possibility of eliciting countertransference issues in the counselor. Professional values conflicts involve the counselor's lack of training, skills, or education in providing appropriate services.

Step Two: Explore core issues and potential barriers to providing appropriate standard of care.

Counselors explore the core of the values-based conflict, seeking to identify any potential obstacles that are preventing the counselor from offering an appropriate standard of care. What is the role of the counselor's personal morals and values in his or her life and how does that impact his or her way of providing services? Professionally, the counselor seeks to recognize any countertransference issues or deficits in education, skills, or experience.

Step Three: Seek assistance/remediation for providing appropriate standard of care.

Personally and professionally, counselors are advised to consult the code of ethics of their

professional association. Additionally, seeking consultation with colleagues, engaging a

supervisor, and immersing themselves in the professional literature is recommended. As

counseling moves forward, counselors personally engage in ethical bracketing while working to

maintain their own healthy connection to their values, beliefs, and morals. It is important to note

that at no time are counselors asked, encouraged, or required to give up their beliefs, only to

bracket them so as to not allow them to interfere with the counseling process. In this way they

are working to integrate their personal values and beliefs while not imposing them on the client.

Professionally, counselors are encouraged to develop a remediation plan to address any

deficiencies in education, skills or competencies.

Step Four: Determine and evaluate possible courses of action.

As counselors move forward along the personal path with the identified courses of action,

they evaluate their effectiveness in resolving or mitigating the personal values based conflict and

its impact on the counselor and the therapeutic relationship with the client. If, at this point, the

values based conflict has not been resolved or mitigated, counselors will need to evaluate the

rationale and basis for a potential referral in light of ethical codes, agency policies, and

applicable laws. Referrals for personal values based conflicts are actions of last resort when the

client is at risk of being harmed and only after a counselor sought remediation has been

unsuccessful. In that event, the ethics point the counselor to pursue a course of action that will

prepare them to work with a diverse client population.

On the professional side, counselors seek to implement and evaluate any remediation

plan identified in step three. Training and education would need to be accomplished in a timely

fashion to ensure the client receives quality care. Clinical supervision could also assist the

counselor in developing necessary skills to help the counselor with the current and future clients. Referral is considered when supervision and/or education cannot be obtained in a timely fashion and in consultation with the client.

   Step Five: Ensure that proposed actions promote client welfare.

   In the end, the CVCM process urges counselors to examine whether the actions intended promotes the well-being of the client. The goal of ethical decision making when using the CVCM is to promote an appropriate standard of care for the client while challenging the counselor to deep self-reflection and growth, personally and professionally. As is the practice in most models, consulting with colleagues is a standard practice. It allows the counselor an opportunity for reflection with another professional who might challenge and guide the counselor toward awareness of his or her own values as they impact the situation (Sheperis, Henning, & Kocet, 2016).

<div align="center">

Conclusion

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   The codes of ethics of the counseling professions are living documents that represent the communal aspirations, expectations, and core values of these same professions. They grow and change as the professions develop and as the body of knowledge expands. Additionally, they serve as a way to acculturate future professionals into the fold of practicing mental health providers (Francis & Dugger, 2014). Using the codes and an ethical decision making model helps counselors identify resolutions to dilemmas that put clients and counselors alike at risk. Ultimately, the use of an ethical decision making process is about providing the client with the best possible care for their continued growth, development, and mental health. The fact that a counselor will learn and grow as well is a beneficial by-product of the process. It can be a complex process that requires personal and professional work, but in the end, it is well worth it.

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