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CHAPTER 2
A MODEL FOR ETHICAL DECISION MAKING: USING RESOURCES TO ENHANCE INDIVIDUAL JUDGMENT

Chapter Summary

When counselors and therapists make ethical decisions that impact others' lives, these decisions should not be intuitive, but instead should be made after careful deliberation about the ethical justification of various potential actions. A 10-step model for justifying ethical decisions begins with (Step 1) recognizing the ethical dimensions of the situation, and moves to (Step 2) examining all the relevant facts (including the sociocultural context of the situation), the stakeholders, and categorizing the type of ethical dilemma involved. In Step 3, professionals define the central issues and their options. Step 4 examines the standards, laws and regulations relevant to the issue. Step 5 involves review of the relevant ethical literature to learn the views of experts in applied ethics. Step 6 entails analyzing the five ethical principles that govern human service professions: respect for autonomy, nonmaleficence (avoiding harm), beneficence (doing good), justice or fairness, and fidelity to promises made. If analysis of these principles does not resolve the dilemma, a practitioner may need to move to a deeper level of ethical justification—ethical theories. At Step 7, consultation with supervisors and respected colleagues obtains alternative perspectives. In Step 8, once all the data are obtained, the process of individual deliberation and decision making takes place. Deliberation requires acknowledging pressures and practicalities that may make implementing the decision more difficult. Step 9 involves informing supervisors and other relevant individuals, usually including the client, and then implementing the chosen action. The final step is a period for reflection on the experience that allows one to take pride in one's honest effort to act responsibly and to identify ways in which the process could be improved when the next similar dilemma occurs.

Not all ethical issues require progressing through all 10 steps. Some are resolved expeditiously. When ethics codes or laws are definitive, a professional can move immediately to the final three steps of the model. In addition, although the process appears

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time consuming, it can be shortened by a familiarity with the ethics codes and the relevant ethics literature and by ensuring ready access to a set of knowledgeable colleagues with whom to consult. Up-to-date ethics knowledge and prior experience with ethical problems also speeds up decision making.

Class Exercises and Assignments

1. In order to help students become aware of their intuitive style of decision-making, have them think about an important decision they made in the last two years. If no other thoughts come to mind, suggest that they use the experience of deciding to go to graduate school. Ask them to answer the following questions about the decision:

   Did you make a deliberate decision or did it just seem to happen?

   What alternatives, if any, did you entertain to making the choice you made?

   How did you decide to eliminate the other alternatives?

   With whom, if anyone, did you consult about this decision?

   Did you think you had adequate information to make this decision at the time?

   On a time line, identify the important stages or steps in the process that led you to this choice?

   Was the choice you made originally the choice you stayed with? If not, what influenced you to change your mind?

   Reflecting on the experience of this process of decision-making is there anything you wished you had done differently to make the decision a better or an easier one? Is there anything that you now feel very glad that you did and that you would be sure to do when faced with the next major life decision?

   It is especially important to help students become aware of the strengths and limitations of an intuitive style of decision making prior to discussing the ten-step model of ethical decision making if they are to appreciate the value of a deliberate and highly rational process of making professional ethical choices. Students may share their experiences in small groups or you can follow-up with a large group discussion of the awarenesses that this exercise provoked.

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2. A simple strategy to clarify the limitations of intuitive decision making is to begin the class by writing this word on the board, DRAPETOMANIA, and asking if anyone remembers what it means without going back to the chapter. Typically, students remember seeing the word in the chapter but have not committed his meaning to memory because it does not obviously relate to ethics terms they believe they will need to know for the exam. The term is the word coined in the mid-nineteenth century as part of the psychiatric lexicon and referred to the predicament of slaves who ran away from their masters. Specifically, it meant, "the running-away-from-slavery disorder." This one word exemplifies the problems inherent in intuitive ethical judgments and leads students to a discussion of other examples of less-than-exemplary intuitive ethical judgments by professionals not intending to be malicious.
3. The case of Archie in this chapter is very provocative and one that has alternative solutions that would also be considered ethical according to the codes. Students can be asked to solicit responses to this dilemma from practicing professionals, both in schools and in other settings, to get an experience of that diversity of opinion, and to help them discern the decision-making pattern of professionals in the field. This exercise of soliciting reaction from one or two practitioners is ideally followed up with a debate in class, with one small group taking the view expressed in the text and the other arguing that Archie's recent disclosure should be immediately shared with the investigating professionals and/or his mother. Such a debate encourages students to apply the standards in the codes and the material in the text to a complex ethical issue commonly faced by practicing professionals.
4. Because students often fail to appreciate the breadth and depth of literature that has been published over the last thirty years in professional ethics and its potential value in helping them resolve ethical issues, I assign a literature search on a very specific topic that the code of ethics addresses only generally or not at all. Examples include but are not limited to the following:

    Ethical issues for mental health professionals in the military

    Ethics of discussing psychotropic medication with clients when one is not licensed to prescribe them

    Ethical issues in counseling clients who are in prison

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Ethical issues in substance abuse counseling

Ethical issues in research with children

Ethics of personal growth experiences as required components in graduate mental health training programs

I encourage them to identify a very specific topic relevant to the aspect of practice they believe they are interested in. I require that they write a 3-sentence summary of at least four of the sources they found. I put together a binder with copies of these annotated bibliographies and make this binder available to students throughout the course in my office and in the library course reserves. The list of references could also be placed on the faculty member's Web page or otherwise made accessible via the Internet.

5. Have students review of major ethical decision making models summarized in the article by Cottone and Claus (2000) and select one to compare with the Welfel model. They should read that model thoroughly, apply it to the case of Annette and Archie and write a one-page summary of the strengths and limitations of that model.

Questions for Discussion

1. If Annette heard from a friend of Archie's (instead of from Archie) that Archie had fabricated the claim of abuse because he wanted to protect his mother from any more domestic violence, what other steps (if any) would Annette have been obligated to take to sort out her dilemma?
2. Licensing boards and ethics committees sometimes require those convicted of unethical practice to successfully ethics courses in their discipline. What are the merits and liabilities of such a practice? Under what circumstances is this education likely to be beneficial to this professional's future clients?
3. Is the ethics model described in the text and the others that have been published really useful in the day-to-day world of counseling and psychotherapy? If not, what approach would you suggest that would be more workable and that would really help professionals with the ethical dilemmas they face?

Cases for Discussion

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- Marlene is a certified school counselor and licensed clinical counselor in Ohio. She has spent twenty years working with adolescents in a variety of school and clinical settings and she has developed extensive competency in individual counseling of adolescents with developmental, educational, and mental health issues. She is known in her high school as the counselor "kids can trust". In the last year there have been numerous reports in the media about teenage girls who have hidden their pregnancies from their families, delivered babies alone, and had babies who died soon after birth, either because of the girl's actions or independent of them. In fact, one of the more notorious of these cases occurred in the town next to Marlene's school. As a result the school principal has mandated that all personnel who know of or suspect a student pregnancy should immediately notify parents and the school principal. Marlene is disturbed by this edict and fears it will jeopardize her open-door policy with students. Therefore, she decides to ignore it.

Test Items

Essay Questions

1. Describe a situation in which the principle of beneficence and the principle of nonmalficence may conflict and the decision making process a counselor or therapist should use to resolve this conflict.
2. Identify at least three situations in which the codes of ethics fail to provide definitive advice for professionals treating clients. Also describe the steps a professional should take to resolve the ethics issue when this happens.
3. Mental health professionals have fidelity obligations to clients, colleagues and to the institutions for which they work. Sometimes these loyalty obligations conflict. Give an example of one such situation and discuss the steps a professional should use to resolve this conflict.
4. When professionals consult with colleagues or supervisors about an ethics issue, what questions should they ask colleagues and which colleagues should they speak with?

Multiple Choice Questions

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1. Respect for autonomy is based on Kant's principle that states
    (a) Equals should be treated equally and unequals unequally in proportion to their inequality
    (b) People should not be used as a means to an end but should be ends in themselves
    (c) Autonomy is not possible without competence
    (d) All of the above
    (a) None of the above
1. In human service professions the most fundamental ethical principle is:
    (a) Justice
    (b) Beneficence
    (c) Nonmaleficence
    (d) None of the above
2. The obligation to be truthful with clients and colleagues is most closely related to which of the following ethical principles?
    (a) Fidelity
    (b) Justice
    (c) Nonmaleficence
    (d) Beneficence
3. When consulting with colleagues counselors and therapists should:
    (a) Describe the facts of the case to the colleague
    (b) Ask the colleague which aspects of the ethics code seem most applicable to the facts of the case
    (c) Ask the colleague for emotional support as well as rational analysis of the situation
    (d) All of the above
    (e) None of the above
4. If a licensed professional explains in response to a complaint that they acted the way they did "because a supervisor insisted that that action be taken" a disciplinary body:
    (a) Is likely to excuse the professional from culpability for any unethical action

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(b) Is likely to ignore the influence of the supervisor when deciding whether any violation of the code took place

(c) Is likely to reduce the severity of the punishment if they are convicted of a violation of the ethics code

(d) All of the above

(e) None of the above

5. Drapetomania is a diagnosis:

(a) That means being obsessed with design and decorating

(b) That was applied to runaway slaves

(c) Used in the early 20th century to refer to manic behavior

(d) None of the above

Recommended Readings

Bazerman, M. H. Tenbrunsel, A. E. (2012). *Blind spots:Why we fail to do what's right and what to do about it.* Princeton, N. J.: Princeton University Press.

Beauchamp, T. L., & Childress, J. F. (2012). *Principles of biomedical ethics* (6th ed.). Oxford, England: Oxford University Press.

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Jordan, A. E., & Meara, N. M. (1990). Ethics and the professional practice of psychologists: The role of virtues and principles. *Professional Psychology: Research and Practice, 21,* 107–114.

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Pedersen, P. B. (2001). Cross cultural ethical guidelines. In J. B. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (2nd ed) (pp. 34–50). Thousand Oaks, CA: Sage.

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