Introduction to Ethics & Ethical Decision Making

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Ethics Defined

- A standard of proper moral behavior
- Help people discover the “best” answer
- Define right and wrong
- Ethics is “a choice of a good”
- A decision making process
- Personal Ethics shaped by experiences, upbringing, environment, religion, goals, consequences, 12 step programs.
Ice-Breaker Scenarios

- Julia sees a woman drop a $20 bill on the floor and walk away without noticing.
  - What choice does Julia have?

- Suzanne’s younger sister age 15 has started spending time with a group of older students who drink and loiter at the park.
  - What choice does Suzanne have?

- Anna learns that a pregnant co-worker stole money from petty cash.
  - What choice does Anna have?

Sources of Ethics

- People derive their ethical system from different sources including:
  - Citizenship based
  - Religious based
  - Personal Conviction based
  - Professional Responsibility based
  - Law Based
Rationalizations

- “Everyone is doing it.”
- “It isn’t hurting anyone.”
- “I deserve it.”
- “She deserves it.”
- “I don’t want to hurt anyone.”
- “It is not fair.”
- “The end justifies the means.”

Self Assessment

- What systems have influenced your ethical decision-making.
- How are your decisions at home different than your decisions at work?
- Do the rationalizations impact your ethical decision making? Which ones and how?
- Where do you get your ethical grounding?
Ethics are based upon one’s world view.

Ethics help us to go from the PARTICULAR to the GENERAL and back to the PARTICULAR.

To do this we need to ask questions and more questions to view the situation from many perspectives.

Ethical decision making requires conceptual thought.

Guidance and communication with advisors is important.

**Types of Questions**

- **empirical**
  - what facts do we have regarding ...

- **technical**
  - what are the implications if ...

- **legal**
  - what does the law say about ...

- **professional**
  - what do codes say ...

- **personal**
  - how will I handle ...
Three More Questions

- What is the best possible outcome?
- How can we minimize risk?
- What is the desired result?

Decision Making Process

**Define Problem** (is there an ethical dilemma?)

**Educate Yourself** (Ask questions, see what codes say, determine the nature and dimensions of the dilemma)

**Generate Potential Options** (look at all sides, consider potential consequences of all options, seek guidance)

**Make Decision** (best outcome)

**Evaluate effects**
Evaluation Considerations

- Safety
- Legal
- Met Professional Codes
- Felt Good
- Felt Right
- Showed Respect for All Involved (including me)
- Demonstrated Good Character
- Helped
- Would be my Choice Again

Professional Ethics

- Professional Ethics serve as a group consensus of ethical choices.
- Professional ethics are shaped by the need for consistency and credibility, member personal ethics, law, peer pressure (common agreement), agency philosophy, threat of termination.
- An ethical code is a system of beliefs that guide a person or group’s ethical behavior.
- Credentialing agencies, professional associations, organizations and funding agencies have ethical codes.
Kitchener’s Five Moral Principles

- **Autonomy** (allow an individual the freedom of choice and action)
  - Encourage clients to make their own decisions and act on their own values.
  - **Special Considerations**
    - Help clients to understand how their decisions and values may or may not be received within the context of the society in which they live and how they impinge on the rights of others.
    - Persons not capable of making competent choices (children, some people with mental illness, some active addicts) should not be allowed to act on decisions that can harm themselves or others.

- **Nonmaleficence** (Not causing harm to others)
- **Beneficence** (responsibility to contribute to client welfare or “do good”)
- **Justice** (treating all individuals the same, if an individual is treated differently, counselor needs to be able to offer a rationale that explains the necessity and appropriateness of doing so)
- **Fidelity** (loyalty, faithfulness, honoring commitments; counselor must take care not to threaten the therapeutic relationship nor to leave obligations unfulfilled)
American Counseling Association Code of Ethics

- The Counseling Relationship
- Confidentiality, Privileged Communication and Privacy
- Professional Responsibility
- Evaluation, Assessment and Interpretation
- Supervision, Training and Teaching
- Research and Publication
- Resolving Ethical Issues

CAADE Principles

- Non-Discrimination
- Responsibility
- Competence
- Legal and Ethical Standards
- Publication Credit
- Client Welfare
- Confidentiality
- Client Relationships
- Interprofessional Relationships
- Financial Arrangements
- Societal Obligations
A CAS is dedicated to uphold the dignity and worth of all human beings and pledges to provide quality services for the welfare and betterment for all members of society.

(a) A CAS shall refrain from the undertaking of any activity where personal conduct, including the use of alcohol and or illicit drugs, is likely to result in providing inferior services or constitute a violation of law. Drugs or medication prescribed by a physician or other person authorized to prescribe drugs, or any over-the-counter drugs or medication shall only be used in the dosage and frequency prescribed or on the box, bottle, or package insert.

(b) A CAS who has knowledge of or observes any unethical or unprofessional behaviors in violation to the Code of Conduct shall report the violation to the appropriate authority.
Non-Discrimination

A CAS shall not discriminate against program participants, residents, or other staff members, based on race, religion, gender, disability, national ancestry, sexual orientation, or economic condition.

(a) A CAS shall stay cognizant of any and all cultural, ethnic and gender issues pertaining to the population he or she is serving and will not otherwise press them to adopt beliefs and behaviors which reflect their personal value system.

(b) A CAS shall be knowledgeable about The Americans with Disabilities Act (ADA) requirements and make reasonable accommodations for persons with disabilities when appropriate.

(c) A CAS shall make appropriate referrals to any individual he or she is unwilling or unable to provide adequate service to.

Interpersonal/Interprofessional Relationships

A CAS shall maintain positive and supportive relationships with program participants, residents, staff members and or other agencies that he or she may be directly or indirectly involved with.

(a) A CAS will not become involved financially, romantically or sexually with a program participant, resident, their family member, or other persons who are significant to them for at least one year after the last professional contact.

(b) A CAS will not engage in social or business relationships for personal gain with program participants, residents, their family members or other persons who are significant to them for at least one year after the last professional contact.

(c) A CAS will not commit any act of violence, threat of violence, real or implied, harassment, or abuse either verbally, physically, sexually or threaten in any way a program participant, resident, or family member, other persons who are significant to them, or staff members.

(d) A CAS respects organizational policies and procedures, rights of other staff members and cooperation with management both on the job and in associations with other agencies.
Confidentiality/HIPAA

A CAS shall adhere strictly to established rules of confidentiality/HIPAA of all records, materials and knowledge concerning persons served in accordance with all current government and program regulations and make every effort to avoid any and all invasions of privacy.

Self-Evaluation

A CAS will regularly evaluate his or her skills, strengths and limitations, striving always for self improvement, personal growth and increased knowledge through further education and training.

(a) A CAS shall stay abreast of all current governmental regulations, certification and or accreditation standards that apply to his or her employment position at any agency or institution.

(b) A CAS shall not perceive themselves as one’s of authority and will not attempt to counsel or advise anyone beyond the training or experience as a CAS.

(c) A CAS shall never use their position in a coercive manner to meet their own needs and will not promote dependence on themselves by program participants, residents or family members, but help individuals to mature in the recovery process.
Community Social Model Advocate

- A CAS shall inform the public and policy makers of the present dangers of alcoholism and drug addiction in their communities and promote recovery of individuals, families and society when presented with appropriate opportunities to do so.
  - (a) A CAS should not receive any form of gratuity whether it be financial or gifts of any kind while participating in their regular assigned duties representing an agency or institution.
  - (b) A CAS shall not be involved in any act that would be viewed as a conflict of interest between one's self and the agency or institution which he or she represents.

Dual Relationships

- Dual relationships with clients (more than one role in their life).
Dual Relationships Questions

- Is the dual relationship necessary?
- Is the dual relationship exploitive?
- Who does the dual relationship benefit?
- Is there a risk that the dual relationship could damage the patient?
- Is there a risk that the dual relationship could disrupt the therapeutic relationship?
- Am I being objective in my evaluation of this matter?
- Have I adequately documented the decision making process in the treatment records?
- Did the client give informed consent regarding the risks to engaging in the dual relationship?


Signs of Boundary Violations

- You spend an exceptional amount of time with a particular client.
- You are with the client while off-duty.
- You feel you are the only one who understands the client – other staff are “too critical” or don’t understand.
- You keep secrets with the client.
- You are guarded or defensive if asked a question.
- You accept gifts, cards, letters or excessive complements.
- You see the client as “your client.”
Scenarios

- A former client’s daughter is in your daughter’s class at school. You have not spoken with the former client, however, you are fairly confident through observation that she is in relapse. She plans to drive on a school field trip.

- You desperately need a good car mechanic now and have asked friends for recommendations. Two separate friends just gave you the name of the best car mechanic in town that they highly recommend. That night, a client’s partner comes to a family group where he introduces himself as a car mechanic.

More Scenarios

- Your program is facing serious budget cuts and the Board of Directors is finally interested in fund-raising. You are invited to a fund-raising meeting. At this meeting you are asked to develop a list of alumni to contact for fund-raising programs.

- Lola and her daughter Zoe age 3 are residents of the program. While Lola does not physically abuse Zoe, she rarely provides nurturing attention and frequently criticizes Zoe. You see that Zoe wants attention and after repeatedly trying to encourage Lola to improve her parenting, you have also been spending time engaging Zoe. Now Lola has told you to stay away from Zoe because you are trying to take her place.
More Scenarios

- You go to a 12 step meeting that you do not normally attend. You run into a former client (who completed the program 6 months ago). She invites you to go to coffee and a movie with a group of people from the meeting. You would like to go.

- A client reveals to you that she does not like groups with another staff member who uses confrontive techniques and talks a lot during groups. This is the third client to tell you she dislikes this counselor’s style.

More Scenarios

- One of your friends and colleagues has revealed to you that she has gotten romantically involved with a child welfare worker who works closely with the program. You notice that she is moody and distracted when his name comes up. She appears less concerned with the collaboration and client needs than on their personal interactions.

- A client who is a former prostitute refuses to be tested for HIV status proclaiming that she is sure she is HIV positive and does not want to deal with it. She relapses and returns to prostitution.
More Scenarios

- You are behind in your charting. You remember what clients you saw but not how much time, what you did with several clients last week, or how they had progressed. An audit is coming up day after tomorrow.
- Your supervisor asks you to lead a trauma group. You have attended trainings but have not led a group. You believe these groups should be handled by mental health professionals (and you are not a mental health professional).
- A lesbian client requests conversion or reparative therapy. You recently read that the American Counseling Association has found that there is no research to support this therapy as effective.

The Decision Making Framework

Define Problem

Educate Yourself
- Ask questions. See what codes say? What does the law say?
- Determine the nature and dimensions of the dilemma
- What is the desired outcome? What is in the best interests of the client?

Generate Potential Options
- Look at all sides. Identify several options and the potential consequences
- Seek guidance

Make Decision
- Why is this the best solution?
- What are the possible repercussions of this decision?

Evaluate Effects