Ethical Case Analysis Part II

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Introduction

As mental health professionals, it is vital to provide competent services, be sensitive to the ethics of practice, and be mindful of the welfare of clients. In professional ethics, there are five dimensions that represent the ethical ideals and values of the profession: (1) having sufficient knowledge, skill, judgement, and character to practice competently, (2) respecting the human dignity and freedom of the client(s), (3) using the power inherent in the professional's role responsibly, (4) acting in ways that promote public confidence in the profession, and (5) placing the welfare of the client(s) as the professional's highest priority (Welfel, 2016). These dimensions, along with codes of ethics, are the resources available to professionals in their ethical decision making. Codes of ethics specify the standards of care and the rules of conduct for members and represent "both the highest and lowest standards of practice expected for practitioners" (Welfel, 2016). Members are to be held accountable if these codes are violated. Accepting membership into a professional association or credential program, members are agreeing to abide by the codes even if the values of these codes contradict their own morals within their personal lives.

Application of these codes goes toward making ethical decisions while evaluating the benefits and risks of services to clients and prohibited activities between current client and mental health professionals. The codes, however, do not offer guidance for every situation that is going to occur within the professional relationship and do not make the decision a definitive one. They serve as a critical starting point for developing independent judgement based on the shared wisdom of the profession (Welfel, 2016). Evaluation of ethical issues in the field of sport and performance are to be cited through the Association of Applied Sport Psychology's (AASP)

Ethical Principles and Standards and the American Counseling Association's (ACA) Code of Ethics. The general principles of AASP are as follows: (A) competence, (B) integrity, (C) professional and scientific responsibility, (D) respect for people's rights and dignity, (E) concern for others' welfare, (F) social responsibility. The fundamental principles of professional ethical behavior through the ACA are (1) autonomy, (2) nonmaleficence, (3) beneficence, (4) justice, (5) fidelity, and (6) veracity. These ethical principles guide sport and performance psychologists in helping the public develop informed judgments and choices concerning sport, exercise, physical activity, and health behavior (Whelan, 2011). They give a common set of values for AASP and ACA members to develop their professional and scientific work.

Model Description

The theoretical based ethical decision-making model applying to moral reasoning of psychology was developed by Rest (1984) who defined a moral action as any behavior that can affect the welfare of another. Based on one's moral actions are components of moral behavior that contain four components. First labeled as moral sensitivity, is the process of recognizing the situation as one with implications for the welfare of another (Welfel, 2016). In other words, being able to understand that something bad can happen to another person within the process of an ethical dilemma. In a professional setting, these behaviors can have an impact on our clients, colleagues, or the public.

The second component is moral reasoning, which is the process of thinking through the alternatives once a situation has been recognized as having moral dimensions (Welfel, 2016). There are emotional and cognitive aspects to making a moral decision that can have various outcomes for all parties involved. It is about having to evaluate the choices and choosing the best alternative. The third component of moral reasoning is moral motivation, which is to select

among competing value outcomes of ideals, the one to act upon; deciding whether or not to try to fulfill one's moral ideal (Cottone & Claus, 2000). During this stage, one can ask themselves if they are going to choose the action they know to be the correct course of action. In the final component of the moral decision-making process is the stage of moral character where one must carry out the moral action to its conclusion (Welfel, 2016). Usually doing so requires the virtues of compassion, integrity, and conscientiousness.

When choosing the kind of ethical decision-making model to utilize, there are some cultural differences to consider among clients and colleagues. Welfel (2016) cautions, to fully appreciate the ethical standards for mental health services in a multicultural society, one must acknowledge not only that there are many cultural traditions beyond one's own, but even more importantly, that not all groups have equal power in our society. Without this awareness, a mental health professional cannot execute their role ethically to best serve their client(s). Prior to serving a specific cultural population, the practitioner may hold biases both consciously and unconsciously in the forms of unintentional racism or sexism and racial microaggressions. Unintentional racism and sexism occur when assigning preconceived labels or assumptions to people based on their racial or gender group. Racial microaggressions are brief and commonplace daily verbal, behavioral, and environmental indignities that communicate hostile, derogatory, or negative racial slights and insults to the target person or group (Welfel, 2016). It is vital as professionals that any personal biases we have toward any group of people do not inhibit our ability to provide competent and ethical services.

The intent of the moral reasoning model is to use the major units of analysis in tracing out how a particular course of action was produced in the context of a particular situation (Cottone & Claus, 2000). Not every moral dilemma that arises will definitively outline the course

of action to take with the moral reasoning model. It can be used as an outline for the courses of actions to take by a researcher or mental health professional who finds themself having to mitigate any negative consequences. Expected outcomes when using this model is to give a better understanding of what typically provokes a person to want to behave morally and when hearing about the courageous acts of other professionals.

Code Application

Within the given case study, the boundaries of competence are outlined in Code 2d stated as, "AASP members are aware of the limitations of their scientific work and do not make claims or take actions that exceed these limitations" (Whelan, 2011). Also mentioned in Code C.2.a. of ACA Code of Ethics, further elaborates on boundaries of competence in being a culturally competent counselor to a multicultural clientele. Elliot's clientele includes student athletes who attend the university, mandated clients, referrals from medical staff, athletes who self-refer, and those who are referred by coaches, trainers, medical providers, professors, and administrators. Within all these responsibilities, Elliot is being asked to take on full-time mental performance consulting to possibly an array of culturally diverse clients whom he does not have the proper knowledge to counsel. If he were to accept this position, he could be exceeding his limitations outlined within his professional role.

The ethical issue of multiple relationships is a potential violation as stated in Code 9a for AASP members and in Code A.6.e. for ACA members who must be cautious of the possible effects of the outcomes when in contact with other nonprofessionals about their work and with whom they choose to enter nonprofessional relationships with. This can potentially harm the objective of the AASP/ACA member and take advantage of the other party. Some of Elliot's current clients were uncomfortable with the possible risk of them being counseled becoming

public knowledge with the consulting work he would do outside of the university. Elliot must be aware of who he shares information with and what their intentions are while having knowledge of that information. Also, within the multiple relationships ethical standard is Code 9b as stated, "an AASP member refrains from taking on professional or scientific obligations when preexisting relationships would create a risk of such harm" (Whelan, 2011). Along with the ACA Code A.6.d. which entails role changes for the duration of a counseling relationship and for consent to be given to the client for them to express their right to refusal if necessary. Elliot was concerned over having clients who would be treated within the mental performance consulting and/or counseling services. The professional role can only have clients under one type of service, if serviced under both, would be a violation of the multiple relationships code.

Relating to a consultation and referral issue is ethical Code 11a which states that AASP members will only schedule consultations and referrals that are within the best interest of the client and with consent to certain obligations. ACA Code of Ethics describes Code D.2.b. counselors will take proper steps to ensure they have the proper resources in being able to provide services when referrals are requested or needed. With clients through various colleagues and referrals, not every client is going to be the best fit in terms of providing the best outcome that the client is desiring. Purposely taking on clients who Elliot knows he cannot provide the highest quality of services to, would be a violation of the consultation and referral code.

Being asked to conduct services through a third party is outlined in Code 12a which states an AASP member will clarify the nature of their services and the boundaries of the relationship when agreeing to services through a third party. The role they are clarifying includes the services provided, how information will be obtained, and the limits of their confidentiality policy. Further elaborating on third party policies is ACA Code C.6.b. which states counselors

are accurate, honest, and objective in reporting their professional judgements to appropriate third parties (American Counseling Association, 2014). When accepting to provide services, Elliot must be clear what facet of his expertise are the services being provided through: counseling or sport performance and report the correct information for the appropriate request. By not clarifying that detail, he is putting himself at risk for violating the report to third-party's request for services code.

The confidentiality of patients and clients is stated in Code 18a as an AASP member's primary obligation is to take any precautions necessary for the confidentiality rights with whomever they provide services to which can be established by law, their institution, or through their professional relationships. ACA Code B.3. specifies information that is shared with others including subordinates (B.3.a.), third-party payers (B.3.d.), in confidential settings (B.3.c.), and when transmitting confidential information (B.3.e.). Several of the clients who attend the university were aware of the information from their sessions being shared with their coaches by Elliot's secretary without their permission. This action clearly violates the confidentiality code by the AASP and ACA.

References

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