Ethical Policy-Making Exercise

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The purpose of this paper is to create an ethical policy plan for a counselling clinic. I will present a description of the fictional clinic and its client population, the clinic’s mission statement, and a detailed description of the ethical policies in place. I will conclude with the clinic’s policy on addressing grievances at the clinic.

**Description of clinic**

I am a supervisor of a mood disorder clinic, counselling people experiencing anxiety and depression. This clinic is located in a mental health hospital, which is dedicated to researching and helping people with mental health disorders. There are currently five full time counsellors at the clinic that I am responsible for supervising.

Our clients vary in gender, age, culture and socio-economic class. Since we are situated within the leading mental health hospital in a large urban city, we have referrals from many different sources, such as family doctors, other hospitals, and our own crisis team. We help clients who are experiencing anxiety and depression. A diagnosis is not needed to see one of our counsellors.

We use Cognitive Behavioural Therapy to treat clients. We typically see clients on a short term basis, about six to ten visits, however, we are able to see a limited number of clients for long term counselling. Clients’ needs are determined by their intake form, the counsellor’s feedback after the initial session, and any input from a medical professional that client may be seeing.

**Mission Statement**

We aim to provide supportive, competent care to individuals experiencing mood disorders. We provide essential counselling services to help clients achieve optimal mental and emotional health. We value our clients’ autonomy, and do not discriminate based on any social location, including gender, race, culture, class and ability.

Our vision is to assist our clients in living their ideal life, and support them to manage their anxiety and depression. We also aim to break down barriers for people with mood disorders, and stop discrimination based on mental health.

**Ethical Practice Plan**

**Good Practice Guidelines**

In order to ensure good practice guidelines at the clinic I will focus on the following ethical topics: respecting the dignity of our clients, the decision-making process, confidentiality, record-keeping, informed consent, and professional boundaries. Below I will outline the elements of each topic.

**Respect for the dignity of the client.**

The concept of respect for the dignity of clients includes valuing the worth, insight and knowledge of each client. At our centre, we practice anti-oppression in all our interactions with our clients, and with each other as staff. This is reflected in our mission statement, our literature about the clinic, and in our everyday practice. We want our clients to know that we will honour their insight and knowledge. There are many ways to practice anti-oppression at the centre, and one example is our intake form. Where it asks the client to identify their gender, the client can check off male, female or transgender. As we are constantly learning and evolving as a team, we will revisit this question any time we feel we are leaving out a group, or oppressing a group. Another concept involving respect for the dignity of our clients is appreciation for the client’s autonomy. Autonomy is the person’s capacity for self-determination, and we respect our clients’ right and ability to make competent choices for themselves (Sinclair & Pettifor, 2001). Respecting our clients’ autonomy includes avoidance of value imposition (Corey et al., 2011). As counsellors, we must be aware of our own values and biases, and ensure they do not interfere with the counselling process. Our clients are unique individuals with their own ideas of what is best for them, and we strive to support them in the way that best works for them. Our clients are our best educators on how to treat them respectfully.

**Decision making process.**

Since we are all licensed psychologists at the centre, we abide by the Canadian Psychological Association’s code of ethics (2000). When we are faced with an ethical dilemma, we look to the code’s ten step process for decision-making, which includes:

1. Identification of individuals and groups likely to be affected by the decision

2. Identification of relevant ethical principles, standards and guidelines

3. Consideration of personal bias, stress or self-interest

4. Development of alternative courses of action

5. Analysis of likely short-term, ongoing and long-term risks and benefits of alternatives

6. Choice of course of action

7. Action

8. Evaluation of the results of the course of action

9. Assumption of responsibility for consequences of actions taken

10. Appropriate action to prevent further occurrences of the dilemma. (CPA, 2000).

The counsellor faced with the ethical dilemma will work through the steps until a resolution is found. I would also encourage him/her to consult with myself and colleagues for extra support.

**Confidentiality.**

Confidentiality is taken very seriously at the centre. In order for our clients to have a positive working relationship with us, they must be able to trust us. Every client has the right to privacy when seeing a counsellor. The client must trust the counsellor to keep his/her information private, because without it, counselling would be worthless (Truscott & Crook, 2011). Confidentiality has numerous elements to it, including the client’s right to privacy, and informing the client of occasions where we must break confidentiality.

A difficult situation that may arise in any counselling relationship is the time when confidentiality must be broken. Since some of our clients experience severe depression, we may encounter suicidal clients. In such a situation, we are obligated to “stop or offset the consequences of actions by others when these actions are likely to cause harm or death” (Sinclair & Pettifor, 2001, p.69). This also includes situations where we suspect the client will do harm to another individual. In this case, we will contact authorities, or possible victims to ensure the safety of everyone involved. Safety of our clients and anyone they may harm takes precedent over maintaining their privacy in this situation.

**Record-keeping.**

At our clinic, we promote good record-keeping practices. These client notes have a dual function: one, to allow the counsellor to keep track of the client’s progress, and have a case history to refer to if needed, and two, to have written proof that the counsellor has taken steps to ensure ethical practice. Our counsellors only record relevant material from counselling conversations, and do not include opinion or speculation. I advise the counsellors to take notes while keeping in mind that the client or a third party may see them at any time. Therefore, it is of utmost importance to always be respectful and to the point when note-taking (Truscott & Crook, 2011).

**Informed consent.**

Relating to respect for the client’s dignity, informed consent includes the client’s right to consent to treatment. As counsellors, we “seek as full and active participation as possible from others in decisions that affect them, respecting and integrating as much as possible their opinions and wishes” (Sinclair & Pettifor, 2001, p.49). This includes our consent forms, which each of our clients signs prior to beginning counselling at our clinic. The form discusses the type of therapy our clinic provides, the fees for our services, possible risks of therapy and limits to confidentiality (Truscott & Crook, 2011). The counsellors and clients may revisit these forms at any time, not just at the beginning of counselling. It is important that client consent is something that is continually obtained and respected throughout the counselling relationship (Sinclair & Pettifor, 2001).

**Professional boundaries.**

Finally, maintaining professional boundaries is essential in counselling. This includes issues such as sexual relationships, self-disclosure and dual relationships. In following the CPA’s code of ethics (2000), our staff must to adhere to the policy of having no sexual contact with clients under any circumstances. This presents an issue of power differentials where the client will ultimately be exploited (Truscott & Crook, 2011). Our clinic therefore maintains a zero-tolerance approach to any type of sexual relationship within the counselling relationship. If we were to discover such a situation, the counsellor would immediately let go from our team, reported to the ethics board, and we would offer support to the client to continue therapy with another counsellor, or if more appropriate, refer him or her on to a different agency.

Self-disclosure is something we allow the counsellors to monitor on a case by case basis. There are times when having the counsellor share something with the client would be beneficial, such as for “instructive or illustrative” purposes (Truscott & Crook, 2011, p. 86). However, the counsellor must always maintain the focus on the client.

We understand that dual relationships are at times, unavoidable, such as when a client sees his or her counsellor at community events. However, since we live in a large city, there is less likely a chance of this being an issue than if our clinic was in a rural area. We generally encourage counsellors to avoid dual relationships to their best ability, as it can interfere with the therapeutic process (Truscott & Crook, 2011). When such a relationship is unavoidable, we ask that the counsellor seek support from myself and colleagues around the issue, to ensure he or she is maintaining professional boundaries.

**Promotion of Continuing High Standards**

It is important to ensure ongoing ethical practice in a counselling clinic. It is simply not enough to go over the ethical guidelines of the clinic upon hiring a new counsellor, and never again revisit them. In my clinic, I carefully screen new counsellors, hold weekly counsellor meetings, offer extra support to individual counsellors, hold workshops on ethical practices, and monitor daily ethical practice in the clinic. I am very detail-oriented when it comes to ethical practice, and no issue is too small.

When hiring new counsellors for our team, I will ensure they are ethically competent. This includes careful screening of those I am considering hiring. I require proof of licensure as a psychologist in Ontario and thus, proof of successful completion of an ethics course. During the interview process, I would ask the individual to respond to some ethical scenarios. For example, I may ask how he or she feels about dating a client two years after terminating their counselling relationship. I may also present some vignettes, and ask him/her to identify the ethical issues involved. I would also outline the ethical policies of our clinic, including how to respond in situations such as when a client is threatening suicide, or disclosure that he/she abused a child. This will be an ongoing conversation with all counsellors at the clinic.

I hold weekly debriefing meetings with the staff, where they can discuss any ethical dilemmas the counsellors are facing that week. I hold these meetings every Thursday afternoon. I want to ensure that they have the space to talk about any ethical challenges, as well as have time to interact with the rest of the team, and create a strong alliance between all of us. When discussing an ethical dilemma, we will use the CPA’s code of ethics as a guide (and we will protect the client’s confidentiality in all discussions). An example of this would be a counsellor asking how to react to a client who would like to give him a gift. We would discuss the pros and cons of receiving gifts, and of course, the potential harm either decision may cause. It is my hope that working through this as a team will help the counsellor to make ethical decisions. It is also a way I can monitor ongoing ethical practice in my clinic.

I also make myself available to support the counsellors with extra resources, and even be a go-between with the ethics board, should the occasion arise. I know that helping professional burnout is not uncommon in this profession, and it is important that counsellors do not allow their personal life stressors to overflow into their professional work. I therefore encourage the counsellors to engage in self-care, to avoid burnout (CPA, 2000). They are encouraged to seek support when they feel stressed out, whether it be from myself or another source.

I also have workshops on ethical issues in counselling at some of our meetings. I believe that workshops presented from a competent individual, such as a member of the ethical review board, can be a good way for professionals to stay in touch with current research and guidelines on ethical practice.

Finally, to ensure ongoing ethical practice, I will continually monitor our clinic’s everyday ethical practice, such as proper storage of client files (in a locked cabinet), and protecting confidentiality within clients, by taking steps to ensure they do not run into anyone they know in the waiting room. This also involves taking time to ensure clients in the waiting room cannot hear clients’ conversations in the counsellor’s offices

**Policy for Addressing Grievances**

Our clinic takes complaints against our counsellors very seriously. As part of respect for the dignity of our clients, we encourage our clients to speak up if they believe one of our counsellors have acted unethically.

We have our own policy for addressing grievances, adapted from the CPA’s procedures for dealing with ethical complaints (2011). When we receive a complaint, we take the following steps:

1. As supervisor of this clinic, all complaints are to be forwarded to me.

2. I will then advise the counsellor that a complaint has been filed against him/her.

3(a). I will review the complaint, and determine if further action is needed. This includes the decision of whether or not the complaint is valid.

3(b). If I feel unsure, or the complaint is of a very serious nature (i.e. putting a client at serious risk, making sexual advances towards a client, etc.), I will contact the CPA’s ethical review board for feedback and guidance.

4. At this stage, I will consider what action (if any) needs to be taken. If available, I will use the ethical review board’s feedback, and determine what steps I should take. This includes discussion with the client as well as the counsellor (separately in most cases).

5. Required action will be taken at this stage. This includes reprimanding the counsellor if necessary (for serious cases, termination and reporting to the ethical review board), and ensuring the client receives support, such as providing continuing counselling, or referral to another clinic.

6. Each time a complaint is submitted, I will revisit our clinic’s code of ethics for that specific area, and revise as necessary (Note: as part of our ongoing commitment to ethical practice, our clinic’s overall code of ethics is regularly reviewed).

If this process does not satisfy the issue, I will forward the case to the CPA’s ethical review board, as well as the hospital’s ethical review board.

**Conclusion**

In conclusion, I have presented my plan to ensure my clinic uses an ethical approach to counselling. I have discussed the elements of good practice, the steps we will take for promotion of continuing high standards, and finally, the complaint process. Ensuring ethical practice can be difficult, as there are many situations where the best approach to take, and even the ethical problem itself can be unclear. It is therefore essential to promote ongoing awareness of ethics within the clinic, and every encounter with our clients.

References

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