Application of the Systematic Decision-Making Model: The Case of Dominique

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Dominique is a 28-year-old professional football player that is currently being seen for counseling mandated by his employer following his arrest for driving under the influence of alcohol. Over the course of his counseling sessions, Dominique has stated information that poses ethical dilemmas for his counselor. He revealed that he has a positive diagnosis of AIDS, which poses a possible danger to his current girlfriend, Michelle, as well as his previous sexual partners. Within the counseling session, Dominique has verbally threatened Michelle’s life by stating that he plans to kill her if she rejects him. Additionally, Dominique has revealed knowledge of a possible crime committed by his football team’s doctor. In this situation, a counselor is faced with ethical conflicts between upholding confidentiality with the client and the counselor’s duty to warn others of possible harm. In this paper, we will use the Systematic Decision-Making Model proposed by Barret, Kitchner, and Burris (2001) to analyze the aforementioned ethical conflicts and propose what we believe is the most ethically appropriate course of action in accordance with the ACA Code of Ethics (2005).

The Systematic Decision Making Model

Barret et al. (2001)’s systematic decision-making model consists of the following eight steps: “(a) carefully reviewing personal reactions; (b) determining facts; (c) making a preliminary plan; (d) analyzing the preliminary plan in terms of a professional code of ethics as well as foundational ethical principles; (e) examining the legal consequences of the preliminary plan; (f) identifying and assessing options to refine the preliminary plan by balancing clinical, ethical, and legal considerations; (g) choosing a course of action and (h) implementing the course of action and evaluating the outcomes” (133-134). This model has been specifically applied in cases with clients that have HIV/AIDS (Barret et al., 2001). In this paper, we will detail the
process through which we analyzed Dominique’s case and arrived at our ethical plan of action using the systematic decision-making model proposed by Barret et al. (2001).

**Evaluating our Personal Responses to the Case**

The first step of the systematic decision making model is to identify and reflect upon our personal responses to the case. At first, we felt anger towards our client’s apparent disregard for the safety of his sexual partners. We had an immediate desire to identify all of Dominique’s previous and current sexual partners so that we could encourage them to receive HIV/AIDS testing and subsequent medical attention. We also felt compelled to protect Michelle from Dominique’s potential threat of harm as well as concern for our personal safety upon hearing his threat. Additionally, we were dismayed by the team doctor’s lack of ethical and professional conviction. This led to an initial desire to report her/him to the appropriate authorities.

**Review of the Facts**

Our next step is to review the information in the case and distinguish between factual information and information that is believed or assumed. First, we would question Dominique about his knowledge of the AIDS virus. While he takes “medication holidays” to influence his athletic performance, he may be unaware of the negative consequences that can result from this. According to the U.S Department of Health and Human Services (2009), intermittently stopping treatment for HIV and AIDS can result in decreased treatment efficacy and additional health complications. This may explain his noticeable change in mood and physical appearance.

Next, we would want to further explore Dominique’s use of alcohol, stemming from his recent DUI. We would want to find out how frequently and in what quantity Dominique consumes alcohol to determine if his alcohol use could be affecting his medical treatment. The National Institute on Alcohol Abuse and Alcoholism (2002) notes that alcohol can increase
susceptibility to certain infections and has the potential to increase AIDS-related brain damage. Furthermore, heavy use of alcohol has been shown to predict decreased medical compliance. We also need to consider the relationship between his emotional state and use of alcohol. It would be helpful to know if he is drinking because of the emotional toll his AIDS diagnosis is having on him. This would help to identify potential patterns of substance abuse, which could factor into the counseling plan.

Additionally, we would seek further information about how many potential sexual partners may have been exposed to the virus by Dominique. Through our initial assessment with Dominique, we believe that his risky sexual behavior stems from his discomfort with informing others of his status rather than malicious intent to purposely harm his sexual partners, however, we would seek to clarify these assumptions with Dominique.

**Preliminary Plan Based on Client Issues**

The purpose of conceptualizing a preliminary plan is to identify what actions would serve the best interest of Dominique. Before considering our legal and ethical obligations of this case, we first want to ensure that we identify the immediate needs of our client. By separately conceptualizing our client’s needs from our ethical and legal obligations, we ensure that each aspect is receiving adequate attention. At this point, it seems as though we are some of the only people that Dominique has confided in regarding his diagnosis. Given this, we want to ensure that we continue to work towards developing an empathic relationship in order to adequately address his needs.

Dominique seems to be struggling with accepting his AIDS diagnosis. We would first want to help him through the process of acknowledging and accepting his diagnosis. Additionally, we would share our concerns regarding the team doctor’s ethicality with
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Dominique and suggest that Dominique report the doctor’s unethical behavior to a medical standards board. We would also encourage Dominique to begin a relationship with another doctor. Because of Dominique’s hesitation to inform others of his condition, we would stress that doctors are ethically obligated to uphold doctor-patient confidentiality and that we would hope that an experience with a new doctor would be more positive than what he has experienced thus far from his relationship with the team doctor. Additionally, we would discuss the possibility of Dominique providing us permission to consult with this doctor. Given the mental and physical toll of the AIDS virus, it is important for counselors to work in conjunction with a client’s medical professionals in order to ensure a holistic approach is used to offer the best treatment for the client (Bor, Miller, & Perry, 1988).

We would also share our concerns regarding the health risks associated with unprotected sex. In order to mediate our conflict between keeping an empathic relationship with Dominique and our concern for the safety of Dominique’s potential sexual partners, we would request that Dominique agree to a safe sex contract, stating that he will not engage in unprotected sex for the duration of our counseling relationship. This will provide us with time to work with Dominique while reducing the risk of spreading the disease. Within this contract, we would also require Dominique refrain from harming Michelle should an altercation between the couple take place.

Analysis of Plan According to Ethical Code and Foundational Ethical Principles

As members of the American Counseling Association (ACA), we have a duty to uphold the organization’s ethical standards to ensure that we effectively promote the best interests of our client. Additionally, embodying the spirit of the ACA (2005) ethical code serves as a means to protect ourselves from potential liability and serve as advocates for our profession. In the following sections, we will detail the ethical framework through which our decisions are based.
Confidentiality. According to the ACA (2005) Code of Ethics, counselors are expected to uphold the confidentiality of their clients in order to establish an empathic relationship that fosters client welfare. However, code B.2.a also provides us a justification for breaking confidentiality to protect “identified others from serious and foreseeable harm” (p. 7). Therefore, if we determine that Dominique’s threat against Michelle’s life is both credible and imminent, then we are justified in notifying her.

Section B.2.b of the ACA (2005) ethical code states that in cases involving contagious and life-threatening diseases, such as AIDS, counselors are justified in breaking client confidentiality in order to warn others that “are known to be at demonstrable and high risk of contracting the disease” (p. 7). If we can correctly identify any individuals that are or were at high risk of being exposed to the AIDS virus by Dominique, then we are justified in contacting them. Before breaking confidentiality, we would explicitly confirm the diagnosis with Dominique’s doctor, which is attainable given our initial plan of seeking to collaborate with the doctor.

Interdisciplinary teamwork. ACA (2005) ethical codes D.1.b and D.1.c support our decision to develop and foster a collaborative relationship with Dominique’s doctor. By doing so, we work to best serve our client by drawing on the perspectives of multiple disciplines. In line with section D.1.e, we are committed to developing a working relationship in which all parties are ethically committed to the promotion of our client’s welfare.

Additionally, we would share our concerns with the doctor regarding the possible transmission of the AIDS virus to potential past and future sexual partners, provided that Dominique has given us consent to collaborate with the doctor. We feel that this is beneficial, as the “AIDS/HIV-positive status is a medical condition, in many circumstances informing the
client’s physician of [our] concern about the client endangering others will transfer to the physician the obligation of protecting others” (Remley & Herlihy, 2010, p. 191).

**Consultation.** Throughout this case, we would consult with other professionals for guidance and affirmation of our ethical decision-making plan, as embodied in the ACA (2005) code C.2.e. This may include other counselors, supervisors, and/or the ACA Ethics and Professional Standards Department. Given the potential legal ramifications of this case, consulting with a legal professional may also be beneficial.

**Legal Consequences**

In addition to our ethical accountability, we must also uphold our legal obligations concerning the harm of others that may result from our client’s actions. We would assess all aspects of this case in order to determine if it met the duty to warn guidelines established as a result of the *Tarasoff v. Regents of the University of California* (1976) court case, subsequent clarifying litigation, and our state laws (Remley & Herlihy, 2010).

The legal obligation to warn individuals of potential harm caused by the transmission of the AIDS virus varies from state to state (Remley & Herlihy, 2010). Therefore, we would consult legal professionals regarding our state’s current stance on the duty to warn Dominique’s sexual partners of the potential transmission of the AIDS virus and act in accordance with our state’s legal requirements.

**Refinement of the Preliminary Plan**

After analyzing our ethical, legal, and professional duties to our client and society, we strongly suspect that his verbal threat against the life of Michelle may be credible. This was further evidenced by the Instagram post in which he compared himself to Othello and displayed
an access to weapons. We feel as though our aforementioned ethical and legal duties to warn Michelle of this threat may supersede our requirement to uphold our client’s confidentiality.

**Proposed Course of Action, Implementation and Evaluation**

We would first attempt to work with Dominique on accepting his diagnosis and further encourage him to inform his sexual partners about his AIDS status on his own. We would inform him that according to the Center for Disease Control (n.d.), he is able to report his status to sexual partners anonymously, safely creating a way to avoid public disclosure. Additionally, we would encourage Dominique to switch doctors. Though we personally feel that the team’s doctor should be held accountable for his unethical behavior, we do not feel that we could adequately report him without putting Dominique’s confidentiality at risk. As such, we encouraged Dominique to consider reporting the potentially unethical actions of the team’s doctor. We would also inform Dominique’s present doctor of our concerns about possible endangerment of others.

During this time, we would also have a safe-sex contact in place. This will provide us with time to work with Dominique while reducing the risk of spreading the disease. Within this contract, we would also require Dominique refrain from harming Michelle should an altercation between the couple take place. We would attempt to figure out more information about Michelle’s identity in case we deem Dominique’s threat as credible or probable.

After further assessing Dominique’s presentation and state of mind, we feel justified in warning Michelle of Dominique’s threat of imminent harm. We acknowledge that by breaking our client’s confidentiality and informing Michelle of his verbal threat, Dominique is unlikely to continue seeing us for counseling. As such, he may no longer uphold our safe-sex contract and may not move to notify his sexual partners of his status. However, because we have already shared our concern regarding the safety of these individuals with his doctor, we have taken the
proper measures to ensure that a professional is working to address this. This course of action would differ if our particular state’s law dictated that we were mandated reporters for these types of incidents.

**Rationale for the Model and Future Directions**

Using Barret et al. (2001)’s model for this particular situation was advantageous, as it has been applied to HIV/AIDS cases successfully in the past. It provided a conceptual framework for addressing the ethical and legal standards that practitioners must uphold as well as our personal responses to the situation. Given the controversial nature of the present case, using a method with an interpretive first step was essential, as it allowed us to assess the personal lenses through which we viewed this ethical dilemma. By doing so, we were able to adhere to the intentionality of the ACA Code (2005) section A.4.b. which states, “Counselors are aware of their own values, attitudes, beliefs, and behaviors and avoid imposing values that are inconsistent with counseling goals” (p. 5).

Additionally, the systematic or distinct step-by-step application of this model proved fruitful for this case as it provided an opportunity to separately analyze our professional commitment to our client, our ethical obligations, and our legal requirements. Because these three aspects are intertwined within this case, analyzing them separately encouraged us to focus extensively on each dimension and subsequently weighs all of our commitments to determine the best possible outcome.
References


