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ACA Ethics Essay Competition

Master's Level Scenario

ECM1405

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Abstract

A vignette featuring a family secret reveal during a therapy session was processed using the steps of the ethical decision making model created by Corey, Corey and Callanan (2011). The steps of the decision making model are described in detail ultimately leading to a sound ethical decision by the counselors in training.

ACA Ethics Essay Competition

Family secrets are a long-held tradition, whether they are used to ‘protect’ members of the family from an emotionally disturbing fact, maintain power in relationships, or conceal shame and guilt (Selvini, 1997). Regardless of the intent, secrets frequently cause harm when the information is later revealed. Family secrets play a particularly precarious role in family therapy and have long been a proverbial thorn in the therapist’s side. According to Selvini (1997), family secrets are often a symptom pointing to relational dysfunction because they prevent intimacy. When a secret is revealed and processed during therapy it indicates a high level of commitment and trust in the family relationships, which increases the probability of meeting therapeutic goals (Selvini, 1997).

In the vignette provided, a family secret is revealed and a critical moment occurs in the midst of a family therapy session. Family secrets, such as the one presented in this vignette, are a common occurrence when counseling families. Family secrets place the counselor in an ethically questionable position that must be examined closely in order to assist the family in reaching their therapeutic goals. Once the secret is made known to the counselor, the counselor must honor certain ethical guidelines in order to keep the counselor’s personal opinion and values from being imposed on the clients (Brennan, 2013). The immediate reaction and consequent actions of the therapist are crucial to an ethical and therapeutic process that results in a positive outcome for the family.

Ethical Decision-Making Model

Keith-Speigel and Kocher described ethical decision making models as a method for analyzing a situation (as cited in Cottone & Claus, 2000). When faced with an ethical dilemma, the 2014 *American Counseling Association (ACA) Code of Ethics* (ACA, 2014) states the process

used to determine courses of action should be well documented and placed in the client's file. In order to work through the ethical dilemma presented, the decision-making model created by Corey, Corey and Callanan (2011) was chosen because it includes consultation, an integral step in ethical decision-making (ACA, 2014). This model includes eight steps that will be processed, in-depth, to work through the presented ethical dilemma.

Identifying the Problem and Potential Issues

The ethical dilemma presented in the Masters Level Scenario is short but multifaceted in the number of concerns and factors to consider in the situation presented to the counselor, Elisa. In the presented session, the eldest son of Gina, aged 13, suddenly reveals to his "cousins" they are actually his biological brothers. The adoptive parents, Gina's aunt and uncle, consented to the adoption under the premise that the adoption never be revealed to the boys. Gina consented and retained custody of Eric, the eldest son. The vignette climaxes with the revelation of this family secret that could be painful and detrimental to the self-image and happiness of multiple family members. What occurs prior to the disclosure of the secret, however, is considered to be the most critical aspect of the ethical decision-making process. For the counselor, this is informed consent and the development of a plan.

Prior to beginning family therapy, the counselor, Elisa, would have interviewed and assessed the adult(s) who scheduled the family therapy sessions. The vignette disclosed that the counselor was aware of all familial intricacies that could pose potential ethical dilemma, which implied Elisa would have probed for relevant information pertinent to the cousins (brothers) not getting along. It would also have been disclosed that the oldest son, Eric, who remained in his biological mother's care, was aware that his cousins were actually his brothers.

Most importantly, prior to engaging in a family session with the client(s), it would have

been best for the counselor to have explicitly outlined her informed consent and the risks of family therapy, especially when one or more members retain a secret. According to Kuo (2009), informed consent is essential to establishing a strong therapeutic structure. This structure is effective in handling confidential communication and protecting a counselor, both of which are especially relevant when working with families. For a counselor, placing emphasis on informed consent and reviewing the possible risks educates the client about the therapeutic process and the intricacies of family therapy (Fall & Lyons, 2003).

It would have been best for the counselor to explain to both the biological and adoptive parents the potential negative consequences of not disclosing the adoption status to their sons, including possible identity confusion and resentment toward the adoptive parents (Baltimore & Crase, 2009). Experts have expressed that honest and open communication about adoption, especially at an early age, is more conducive to satisfaction in later life (Baltimore & Crase, 2009). It is also important to note that while research studies have shown that revealing adoption status is best practice, social scientists generally agree that research about adoptive families is sparse (Baltimore & Crase, 2009). Best practice for the counselor would have been to confirm both sets of parents understood that communication is essential to understanding the children's conceptualizations of adoption and how they fit in family relationships (Baltimore & Crase, 2009).

Eric, the eldest, may be confused about his self-image and the family's interactions. This self-image distortion and family interaction confusion could be affecting the "cousin" relationship, leading to his misbehavior and his ultimate outburst and revelation in the family therapy session. According to Adlerian Theory, specifically Rudolf Dreikurs, children misbehave for one of four reasons: attention, power, revenge, or as a demonstration of inadequacy

(Ansbacher, 1988). When viewing Eric's sudden revelation through any of these four Adlerian lenses, it is understandable that he could be trying to reach one of these four goals. The essence of Eric's misbehavior will be explored further in the decision-making model.

After utilizing psychoeducation with both the biological and adoptive parents, it would have been best for the counselor to ask all guardians involved to develop a plan for how to respond when and if Eric brought up his brothers' adoption status. Collaboratively developing a plan of action with the counselor reinforces client participation in therapy and ensures a more concrete understanding of the clients' informed consent. Elisa was ethically obligated to redirect any questions addressed to her by the boys back to the adoptive parents. It is the counselor's responsibility to honor the autonomy of the familial relationship and it is ethically imperative that Elisa allows them the opportunity to make an informed decision, and develop a plan of action, together as a family

Review Relevant Ethical Guidelines

There are several ethics codes which pertain to this ethical dilemma. According to the 2014 *ACA Code of Ethics* (ACA, 2014), one code to consider is:

B.4.b. Couples and Family Counseling

In couples and family counseling, counselors clearly define who is considered "the client" and discuss expectations and limitations of confidentiality. Counselors seek agreement and document in writing such agreement among all involved parties regarding the confidentiality of information. In the absence of an agreement to the contrary, the couple or family is considered to be the client. (p.7)

It is the counselor's responsibility to honor the autonomy of their clients, do no harm, and move forward in the best way possible for the clients (Remley & Herlihy, 2010). This ethical

point is the most important to consider when initially reading the vignette. Since the scenario does not state a specific client, Section B.4.b of the 2014 *ACA Code of Ethics* illustrates that the whole family should be considered the client. Relational therapists should focus on treating each individual equally by advocating for each individual and for relationships between members of the family (Butler, Rodriguez, Roper & Feinauer, 2009). Therefore, in order to ethically follow this guideline, the counselor should work in the best interest of all family members, even those wishing to keep the adoption status confidential. Although a plan of how to respond in case the family secret was revealed in session was developed, Elisa was obligated to not break confidentiality. The counselor was managing a multitude of relationships and in this therapeutic situation all relationships are of equal importance and must be treated as such.

The vignette does not discuss whether the boys were legally adopted and what their adoption agreement included other than the confidentiality of their birth mother. Without this information it would be difficult to specifically pinpoint the exact legal ramifications of the situation that presented itself in Elisa's office. Elisa did, however, have an ethical obligation to ensure the confidentiality of the adoptive parents. Since section B.4.b of the 2014 *ACA Code of Ethics* illustrates that in this situation the family-unit is considered to be the client, the counselor must have permission to disclose adoption status from all members. If Elisa disclosed the adoption status in this counseling session, she would have been violating section B.1.c of the 2014 *ACA Code of Ethics*. In this vignette the adoptive parents' consent was not presented, therefore, the counselor had an obligation to respect their confidentiality.

Another 2014 *ACA Code of Ethics* Code to consider is "B.1.c. Respect for Confidentiality. Counselors protect the confidential information of prospective and current clients. Counselors disclose information only with appropriate consent or with sound legal or

ethical justification” (p. 7). Along with B.1.c., another code that is important to consider when working with minors is:

B.5.c. Release of Confidential Information

When counseling minor clients or adult clients who lack the capacity to give voluntary consent to release confidential information, counselors seek permission from an appropriate third party to disclose information. In such instances, counselors inform clients consistent with their level of understanding and take appropriate measures to safeguard client confidentiality (ACA, 2014, p. 7).

Elisa was counseling minors who do not have the capacity to give voluntary consent to release information, thus Elisa would have needed to seek permission from the appropriate third party as described in section B.5.c (ACA, 2014). The counselor cannot release the adoption status without the Brinks’ consent according to sections B.4.b and B.1.c. of the 2014 *ACA Code of Ethics*. This guideline states the family unit is considered to be the client and the client must give total permission to release information. As described above, the adoptive parents, the biological mother, and the therapist would have needed a strategy in place to potentially release the confidential information in an open and honest way without putting Elisa in an ethically precarious situation while maintaining the family’s autonomy.

Review Applicable Laws and Regulations

According to the Kentucky State Law (KRS 600.020) not disclosing the adoption to the adopted children cannot be defined as child abuse. Since keeping the adoption status confidential did not warrant a duty to report, Elisa must have abided by the adoptive parents’ belief system regarding the disclosure. The vignette did not discuss whether the boys were legally adopted and what their adoption agreement included other than the confidentiality of their birth mother.

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Obtain Consultation

As a counseling professional, it is imperative to build an ethical support system with ethical mentors (Brennan, 2013). According to 2014 *ACA Code of Ethics*, when a counselor is faced with an ethical dilemma, colleagues familiar with the population, the theoretical orientation, and ethical codes should be consulted for possible courses of action. Consultation is effective when an open discussion is held where the counselor facing the dilemma may receive unbiased input regarding different facets of the dilemma and collaborate for possible courses of action (Brennan, 2013). In the scenario, after the initial interview with the parents and prior to the family session, Elisa may have benefitted by meeting with colleagues or other mental health professionals familiar with her theoretical orientation and preference to explain the situation and discuss her options, or lack thereof.

Consider Possible and Probable Courses of Action

Counselors may always refer to the principle ethics model developed by Beauchamp and Childress and supplemented by Kitchener as a reference tool in ethical dilemmas (Urofsky, Engels, & Engebretson, 2008). This model consists of the moral principles of autonomy, beneficence, nonmaleficence, justice, and loyalty (Urofsky et. al, 2008). In this particular case, the autonomy of the family must be respected by allowing them the opportunity to decide when and if they reveal the adoption status to the children.

The counselor may have practiced beneficence by encouraging the parents to reveal their secret during psycho-education and prior counseling sessions. This may have provided the potential for the family to grow and learn from the secret. Nonmaleficence might have been

demonstrated by doing what is best for the client, including carefully considering every intervention used and the possibilities and risks of each action. For example, responding to the children's question and confirming the family secret would not be in the best interest of the client (the family). Revealing the secret would undermine the authority and trust the children have for their adoptive parents and possibly cause harm, which is the antithesis of nonmaleficence.

Justice would have been particularly important in family therapy, as the counselor would have been best to have considered the needs of each member of the family and not "take sides" with any particular member. Finally, fidelity lies in the therapeutic relationship and the responsibility of the counselor to follow through with commitments. According to the decision-making model, if the counselor agreed to not confirm the family secret in the initial stages of therapy, it would have been important that trust not be broken and that the counselor follow through with therapy to best help the family resolve current conflicts and presenting concerns

Enumerate Consequences of Various Decisions

Revealing family secrets can be damaging to families and may uncover a multitude of other concerns. Because of the risk involved, it would be best for the counselor to have reviewed the possible consequences of each decision they may make in order to choose an informed, ethically sound course of action the counselor believed would most benefit the client. In counseling the Brinks family, the counselor could enumerate the consequences of revealing the adoption to the children versus keeping the parents' secret. The counselor could also review the possible long-term consequences of each decision and how they may impact the family in and out of therapy.

If the counselor were to disclose the adoption to the children, the counselor would risk a damaged therapeutic relationship with the parents. If the parents felt betrayed by the counselor,

they may never return to counseling and the family may never be helped. The counselor would also risk damaging the relationship between the children and their parents by undermining the parents' authority and credibility. If the family believed the counselor did not honor their confidentiality and autonomy, the counselor may also face consequences regarding their license and future practice. It is possible, however, the family could be relieved the counselor revealed the secret and the family could move forward to rebuild and recover with honest, open relationships. The risk of deciding to reveal the adoption, by the counselor, is too great. The family would more than likely feel betrayed because the counselor knew of the secret in advance and agreed not to disclose it to the children.

If the counselor chose not to reveal the adoption and instead redirected the question to the parents, the counselor would remain neutral and would allow the parents the choice of when and if they would like to disclose the adoption to the children. Though the children may feel betrayed by the counselor for not answering their question directly, the counselor would at least remain in a neutral position and allow the client autonomy in decision making. The parents would likely appreciate the counselor maintaining confidentiality and allowing them to decide what is best for their children and family. There was a risk, however, that the parents may have never consented to revealing the secret to the children and therapy may have had to eventually be terminated due to a lack of progress. If the children were able to discover their adoption later in life through health records, court records, etc., they may resent the counselor and the parents for keeping the secret.

Along with the long-term risks of the counselor not revealing the secret, there were risks of the immediate reactions in-session when the secret surfaces. If the counselor redirected the question to the parents and the parents were not prepared to answer, the parents could have

potentially had a negative reaction that is not helpful and harm could be done. For example, the parents may have lied, reacted angrily, or completely ignored the question altogether, all of which would have hindered therapy. Although risks abided in redirecting the question to the parents, there was also a positive consequence that could have occurred. The parents may simply answer the children's questions honestly, given the safety that counseling sessions typically provide (Fall & Lyons, 2003).

If the parents decided to disclose the secret in response to the children's question, the possibilities of reactions and consequences are endless and impossible to predict. The children may have experienced feelings of shock, betrayal, anger, sadness, frustration, jealousy, and confusion, but they may have also experienced feelings of joy, relief, curiosity, and excitement. The adults may have felt shame, guilt, panic, and frustration, but they may have also felt joy, relief, and excitement as well. The family could have erupted in a non-therapeutic, aggressive argument that may have resulted in more harm than good and the family may never recover or return to therapy. The disclosure of the secret could have also resulted in a therapeutic family session in which the family began the process of recovery and may have been able to effectively process their emotions and personal reactions. Regardless of the consequences and reactions, the counselor needed be prepared to act ethically and therapeutically.

Best Course of Action

Elisa could have implemented an Adlerian approach to Resilience-Focused Brief Family Therapy (RFBFT). The reason Adlerian therapy was chosen was because Eric's potential goal in revealing the information may have been one of the four that Dreikurs illustrates in his Child Misbehavior Guidelines (Ansbacher, 1988). By addressing the child misbehavior and the subsequent familial relational concerns, Elisa could possibly ensure that she was both

theoretically and ethically congruent when working with the family. According to Adlerian RFBFT a child's perspective formulates how they will respond either positively or negatively, therefore the child subconsciously chooses which behavior they believe will assist them in attaining their goals (Nicoll, 2011).

At the moment Eric revealed the secret and his brothers ask Elisa about their adoption, it would have been best for Elisa to neither confirm nor deny the adoption. Elisa need to redirect the question back to the adoptive parents according to the plan the parents and counselor developed prior to the family counseling session. Redirecting can allow the adoptive parents a fair chance to confirm the adoption status in a safe atmosphere and maintain confidentiality of the secret if they so choose. Allowing the clients the autonomy to choose reinforces beneficence, and nonmaleficence, justice, and fidelity of the client(s).

Eric may have chosen to reveal his brothers' adoption status in either an attempt to receive attention, to have power over his situation, for revenge, or to demonstrate his feelings of inadequacy (Ansbacher, 1988). By addressing these potential goals Elisa can move the family towards focusing on increasing healthy family functioning, which is the essence of RFBFT (Nicoll, 2011).

In RFBFT, the counselor can assist the family in identifying familial patterns to better understand each other's perspectives about their relationships (Nicoll, 2011). RFBFT can assess families according to five dimensions that are essential to healthy family life: physical safety, life skills, cohesion, behavior control, and boundary maintenance. Most families who seek counseling are underperforming in one of the five dimensions (Nicoll, 2011).

Possibly, the most critical of the five dimensions that this family improperly performed was boundary maintenance. It would be best for Elisa to have educated her client(s) about how

rigid boundaries can often cause problems in family relationships (Nicoll, 2011). Furthermore, by keeping the adoption status of the boys a secret, the Brinks' were hurting familial interactions between each family member, which violated the notion that all family members must be equally respected in order for the family to function effectively (Nicoll, 2011). By choosing to implement an Adlerian approach to RFBFT, Elisa could have helped steer the family in a theoretically congruent way to help resolve familial conflict.

It may be best for the counselor to have implemented two of the operational algorithms of Adlerian Family Therapy as soon as the secret was revealed in session by Eric. The first Adlerian technique that could have been utilized in-session post-reveal is calmness. Elisa could have remained calm, facilitating a safe atmosphere for the family to begin expressing their anger, hurt, and self-image uncertainties (Mozdzierz, 2011). Providing a welcoming and calming atmosphere is a core concept of not only Adlerian Theory but also counseling in general. Secondly, Elisa could have emphasized the least common denominator (LCD) in a therapeutic and positive way. As Adlerian theory states, the LCD is not only what unites the family, it can also be what divides them (Mozdzierz, 2011). In this scenario, although the secret adoption status of the two youngest siblings was damaging the family functioning, it was also binding them together. Identifying the LCD with the client(s) demonstrates that although there is a negative "common denominator" that pushes them away from each other it is also a factor in their unity as a family. Such a dichotomy is beneficial when working with families and implementing Adlerian theory because it can illustrate although there are difficulties navigating all relationships, there is also something (the secret) that binds the six family members together permanently (even after disclosure).

At the conclusion of the session, it would have been best for Elisa to suggest that the family continue to return to treatment as a unit to discuss and process the healing phase of the

secret's reveal. It may have also been best to suggest that each child under the age of 10 be referred to a developmentally appropriate Adlerian play therapist. Play therapy is empirically supported and effective with children (Dillman & Bratten, 2014). For the adults and Eric, age 13, an individual counselor would also be an appropriate and encouraged family counseling parallel.

Conclusion

Family secrets will frequently present in counseling regardless of the population. In counseling families who are harboring secrets, ethical decision making and behavior become especially important for the counselor. The 2014 *ACA Code of Ethics*, consultation, current research, and a decision making model are essential for a counselor to reference when seeking direction in an ethical dilemma. By remaining ethically and theoretically congruent, ethical breaches can be avoided through detailed informed consent, consultation with peers and current research, a family plan, and theoretically appropriate interventions. Unfortunately, there is a lack of research surrounding how a counselor should handle family secrets in family therapy and the best practices for dealing with such secrets in an ethical and therapeutic way (Fall & Lyons, 2003). Hopefully, the 2014 ACA Ethics Essay Competition will encourage more interest in research and publication on the impact of family secrets and best practices in counseling to provide better guidelines and support for counselors in the future.

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