

The Case of Gina and Her Sons

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Ethical codes are like rubber bands: stretching us to review, reflect, and react; while also binding us together. Counselors of all sorts face many ethical and often legal complications. No professional can anticipate all of the various types of dilemmas that will occur in a counseling session. Issues faced may be very complex, but thankfully counselors can use ethical codes to provide them with direction for the ethical reasoning needed to handle each dilemma they encounter. Just recently, the ACA revised the code of ethics for all counselors. The newly revised ethical code provides counselors with the guidelines to improve professional practice while also holding practicing counselors accountable for “sound ethical conduct” (ACA, 2015, p.12). The revised code has also made the transition from “focusing on the needs of the counselor to [focusing on] the needs of the client” (Meyers, 2014, p.1). At the core of the standards are professional values that provide the basis for ethical behavior and decision-making (ACA, 2014, p.14). These values “...provide a conceptual basis for the ethical principles” developed over time and posited by the American Counseling Association. Expanded from autonomy, non-maleficence, beneficence, and justice, the principles now include fidelity and veracity as well (ACA, 2014, p.3; ACA, 2015). Elaborating on each, counselors have a duty to promote individuals’ independence, do clients no harm, work for the good of clients, treat all clients fairly, work in an honorable manner with clients, and be truthful with clients and colleagues (ACA, 2015). Pairing the values of the counseling profession with the use of the ethical guidelines are what all counselors should use as a “marriage” to influence their practice, and help them when faced with ethical dilemmas.

The newly revised 2014 code of ethics requires counselors to use a problem-solving model when dealing with an ethical dilemma (Meyers, 2014, pg.6). While ethical dilemmas can be overwhelming or frightening, the use of ethical codes, consultation, and decision-making models can help counselors make sound decisions. Concerning the situation at hand with Gina Roberts and her family during counseling, we looked for a decision making model that would walk us through the issues presented. The Eight Steps in Making Ethical Decisions adopted by Corey, Corey, & Haynes (1998) outlines steps to take and also imperative questions to ask. This decision making process posits that ethical decision-making should be collaborative, not just individualistic-i.e. the counselor making decisions for the client (Corey, Corey, Haynes, 1998). Through the Eight Steps in Making Ethical Decisions model, our group was able to walk through our case by utilizing the guidelines and questions. The eight steps are as follows: 1) identify the problem or dilemma, 2) identify the potential issues involved, 3) review the relevant ethical codes, 4) know the applicable laws and regulations, 5) obtain consultation, 6) consider possible and probable course of action, 7) enumerate the consequences of various decisions, 8) decide on what appears to be the best course of action (Corey et al, 1998).

Identify the Problem or Dilemma

To identify the problem or dilemma, our group discussed in length that the ethical dilemma at stake pertains to confidentiality. With the new revised code of ethics confidentiality was addressed. “Under the revised code, the responsibility to protect confidentiality begins even before a counselor takes on a client and continues after the client’s death” (Meyers, 2014, p. 5). One of the most important elements of counseling is

confidentiality. It is important to let the client or group know that what is shared will remain confidential, secure, and not shared with others unless they sign a consent form (Chang, Scott, Decker, 2013). Prior to and throughout the counseling relationship, a counselor is to obtain informed consent which includes the “obligation to review in writing and verbally with clients the rights and responsibilities of both counselors and clients” (ACA, 2014, A.2.a, p.4). Some details regarding informed consent to address both verbally and in writing might include: confidentiality, counseling policies, counseling procedures, explanations of when disclosure is required by law, the rights of clients, and information about counseling sessions (Chang, Scott, Decker, 2013). Through informed consent the counselor can help create a trusting and honest relationship. In this way, clients have the option of entering into/or remaining in the counseling relationship from the onset of the counseling process.

Since this is a private practice and the entire family, including minors Eric, Joel, and Kyle are present for counseling services, parental permission has been obtained by both Gina and Mary and Kevin Brink to counsel the children. Standard B.4.b of the *ACA Code of Ethics* also reminds us that, in the absence of another agreement, the “family is considered to be the client” and is “made aware of the expectations and limits of confidentiality” in a signed agreement “among all involved parties” (ACA, 2014, p.7). Since there is no indication to the contrary, it appears that all parents present have done this.

Identify the Potential Issues Involved

The potential issues involved in this scenario include confidentiality, parental/adoption rights, and the welfare of all involved. What we know about our case

is that Gina Roberts is the biological mother of 3 sons: Eric, Joel, and Kyle. When Joel and Kyle were 11 months and 2 years old, respectively, Gina's Aunt and Uncle, Mary and Kevin Brink, consented to adopt the boys if Gina promised to never disclose to them that they were adopted. Gina agreed to this plan. For the past 9 years, Joel and Kyle have assumed they are cousins with Eric and that Gina is their Aunt. Since all the boys have been getting into serious conflicts at school and family functions, Gina has suggested coming to therapy. It is assumed that Mary and Kevin Brink agree to see the counselor and bring their two adopted sons who are now 11 and 10 years old with them. Elisa, the counselor is aware of the adoption status. After a few weeks of family therapy, confidentiality is breached when Eric blurts out, "You don't know this, but you are not my cousins, you are my brothers." Joel then turns to Elisa and questions her by asking for the truth. As one can see, there are several issues involved in this case. The first being that confidentiality is now breached. Secondly, our group must examine parental and adoption rights issues for the families and children involved in therapy. The last issue to consider is how the counselor should act to be sure that she is protecting the rights and promoting the welfare of all of her clients. We believe it is pertinent that Elisa takes charge to create a trusting and collaborative atmosphere where the clients feel safe and the counselor is able to promote the welfare of each family member. From here, Elisa would need to decide what actions have the least chance of bringing harm to the clients, what will best safeguard the client's welfare, and the ways she can encourage the family to participate in identifying and determining the issues involved (Corey, Corey, Haynes, 1998).

Review Relevant Ethical Codes

Even though we obtained informed consent from the family members initially, reviewed it throughout the counseling process, and clearly explained that confidentiality cannot be guaranteed in a group setting, we are keenly aware of Principle II, 2.2 of the American Association for Marriage and Family Therapy's *Code of Ethics* which states, "...in the context of couple, family, or group treatment, the therapist may not reveal any individual's confidences to others in the client unit without the prior written permission of that individual" (AAMFT, 2012). Since we cannot divulge any details regarding the prior adoption arrangement, the breach made by Eric's emotional outburst requires that we now look for guidance from relevant ethical codes that might pertain to this dilemma. First, we find standard A.4.a. of the *ACA Code of Ethics* which directs counselors to immediately remedy any unavoidable or unanticipated harm during counseling (ACA, 2014, p. 4). Second, we are guided by standard A.9.b. of the same code of ethics which posits that counselors will "take reasonable precautions to protect clients from physical, emotional, or psychological trauma" (ACA, 2014, p. 6). In this case, we are aware that Eric's revelation is probably a shock to both Joel, Kyle, Mary, and Kevin due to the agreement that was made nine years earlier among Gina, Mary, and Kevin. While the secret of the boys' adoption status has been maintained for many years, an ethical dilemma now exists because confidential information has been shared without expressed permission of the parties involved and resulting psychological damage can ensue. Third, we must look to codes A.8 and B.4.b of the *ACA Code of Ethics* as we now "may be called upon to perform potentially conflicting roles" with the release of this

information which can damage the trusting relationship we have built with the client, “the family,” over the past three weeks (ACA, 2014, p. 6).

Know the Applicable Laws and Regulations

After reviewing applicable ethical codes and guidelines, we next turn to any applicable laws and regulations. Are there any specific laws, regulations, or agency policies that might have a bearing on the dilemma at hand (Corey, et al., 1998)? The Uniform Adoption Act (1994) reminds us that “an adoption proceeding ends an initial legally-recognized (and enforceable) parent-child relationship and replaces it with an entirely new legal parent-child relationship. The former relationship is treated as if it never existed” (p. 1). In addition, § 48-1-106 of North Carolina’s legislative statutes, where all of the parties reside, also details the legal effects a decree of adoption has on both the birth parents and the adoptive parents. The statute states, “a decree of adoption severs the relationship of parent and child between the individual adopted and that individual's biological or previous adoptive parents” (North Carolina General Assembly, 1995). As a result, we must look to Mary and Kyle Brink as to how they would like to proceed now that Eric has revealed confidential adoption information.

Obtain Consultation

There are many different resources that counselors can use to obtain appropriate consultation when dealing with ethically related cases, such as this one with Gina. The *ACA Code of Ethics* (2014) states that “counselors take reasonable steps to ensure that they have the appropriate resources and competencies when providing consultation services.” Therefore, a few ways to obtain these appropriate resources include, but are

not limited to, referring to the ACA *Code of Ethics*, consulting with other professionals, and utilizing online and Internet resources.

From the beginning of our case, we would consult with other professionals for guidance with our dilemma and the family dynamics involved. Consultation is necessary to help solve the issues at hand, think of new solutions, and carry them out through our action plan. ACA *Code of Ethics* standard B.7.a. states “information shared in a consulting relationship is discussed for professional purposes only. Written and oral reports present only data germane to the purposes of consultation, and every effort is made to protect client identity and to avoid undue invasion of privacy” (ACA, 2014, p. 8). As a result, we would be careful to keep any identifiable information private, but focus on obtaining input regarding the ethical dilemma as standard B.7.b of the ethical codes prevents the counselor from disclosing any information that could lead to the identification of a client (ACA, 2014, p. 8).

It is imperative that counselors keep in mind that there will be times where seeking many different types of consultation may be needed before they are able to make an appropriate decision as to which route to take next with their clients. This is not uncommon in many situations and perhaps even encouraged as a way of providing the counselor with greater options from different perspectives. Within the act of obtaining any and all types of consultation, there are three main points worthy of being emphasized. These include the use of reputable and/or experienced resources, the assurance that information gathered is up-to-date and verifiable, and the reliability that one’s consultation relates directly to the situation at hand. In ensuring that counselors are taking appropriate and careful actions in obtaining consultation, the clients involved will

benefit from the counselors' efforts to keep the client's welfare and best interest a top priority.

Possible Courses of Action

There is no question that secrets can divide people, hinder relationships and the development of people (Imber-Black, 2013). Even though therapists are "professional confidence keepers," the premature revelation of secretive information in group therapy—especially within the framework of a family system can have the potential to be very destructive. Therefore, we need to consider how best to proceed after consulting with other professionals. In the case of Gina, after consulting with others, we consider four possible courses of action that we can take when Joel and Kyle ask about being adopted and lied to. We can initiate a temporary break to speak with the parents privately. This action would allow Mary and Kevin Brink as well as Gina a few minutes to consult with each other and decide what type of response or action should happen next. We could also allow silence to ensue in order to give the family time to take the initiative to lead and guide which way the conversation will go next. We could also refer the question to Mary and Kevin who are the legal parents of Joel and Kyle, as it is the parents' rights and responsibility to address this question. Finally, we could ask the parents if they would like to end the session with the understanding that at the next session we could address the issue concerning adoption. This would allow the parents time to avoid being put on the spot without adequate preparation as to how best answer questions that could potentially escalate negative reactions and leave the children with expectations of answers to be forthcoming in the next family session.

Potential Consequences of Actions Highlighted

While each of the above courses of action come with their own additional pro's and con's, one of them undoubtedly has to be chosen. The greatest concern remains keeping the children's best interest at heart, while respecting and abiding by the decisions of the parents as well as how they relate to positive ethics. In addition, Corey, Corey, and Haynes (2014) reminds us once more to discuss the psychological risks involved at this point with the clients. After consulting with other professionals and discussing the psychological risks with the clients, we also need to consider the consequences of the various courses of action we can take.

As a result, we turn to our first course of action-the temporary break to speak with the parents privately about how they wish to proceed. The primary purpose of this action is to "respect the [parental] inherent rights and responsibilities of the welfare of the children" (ACA, 2014, standard B.5.b). Mary and Kevin may decide to terminate the counseling process at this point, or they may desire to work with Gina in greater depth in another counseling session to work through this issue without the boys. In either case, we are respecting the rights of the parents to make decisions that are best for their children.

The second alternative, a period of silence during the counseling session, would allow clients time to process Eric's outburst and respond as they so choose. What are the possible consequences of this approach? There is the chance that no one would respond or initiate the next phase of the discussion. There is also the possibility that anger, hurt feelings, and feelings of betrayal could be revealed through an explosive emotional

reaction to Kyle's question which would prove perhaps more psychologically damaging to the children.

The third alternative, directing the question/conversation to Mary and Kevin, the legal parents of Joel and Kyle, would provide them the opportunity to respond, as they deem appropriate. Based on their responses, we would work through this issue with the family to bring about healing, understanding, acceptance, and a new manner of relating to one another while providing additional resources of outside support for the new dynamics of the family unit. As in another option, however, we would not know what they might say or how they might react. It is clear that this option may increase the risk of harm for both Gina and the boys.

Finally, we have the option of ending the current session with the intention of addressing this issue at the next session. While this may minimize any additional psychological harm that could take place by continuing the session, would it really be in the best interest of our clients? We feel we would be remiss in our professional duties to allow them to leave in such a fragile, agitated state with only the promise of another session aimed at addressing this once again. After reviewing our potential courses of action, we feel as though this option would be least beneficial to our clients.

Course of Action

Of the choices listed, the final course of action we would take in the case is we would refer the children's questions back over to Mary and Kevin Brink. After consulting and working through the ethical decision-making model selected, this is believed to be the best way to handle this particular situation for several reasons. It is the

one that would constitute risking harm to the children's emotions and well being in the least harmful way. As Mary and Kevin are Joel and Kyle's legal (adopted) guardians and based on their request for Gina to never tell the boys the truth, Mary and Kevin deserve the right to reveal this information to the children as they see fit. While we must maintain our role of being supportive during the family sessions and respectful to the decisions of the parents, it does not authorize us or any counselor the right to break or manipulate the trust factor that has been created between the counselor and the children being counseled through the family system by agreeing to lie.

The best course of action for everyone involved would be to allow Mary and Kevin to answer the question brought to everyone's attention. Though this adoption secret was not ever intended to come out, secrets often plague families. Through many articles and research on marital and family therapy, we are reminded of the power that secrets have on families and how they divide families. They ultimately prevent the development of healthy relationships. It is our group's opinion that the best approach is to allow the family to work through this incident and accept that revealing this secret is not betrayal, but rather a necessity for the future of their family (Imber-Black, 2013). "When family members suspect that important information is being withheld from them, they may pursue the content of the secret in ways that violate privacy" (Imber-Black, 2013, p.2). We strongly believe that in coming to therapy in the first place that both the Brink's and the Robert's desired a closeness, and to break any barriers between them and their children. When a secret concerns an individual's or group's emotional or physical well-being, then we believe that it should be discussed out in the open. While we understand wholeheartedly why the families kept the adoption a secret,

we believe that now that the boys are older and are seeking the truth, that the truth be said. Elisa, the counselor in the provided scenario, was aware of the confidential information from the start of counseling and, as a counselor, was aware of the possibility of breaching confidentiality. With the scenario at hand, our group believes that the best course of action would therefore be to have Elisa direct the question that the boys have asked her to Mary and Kevin, thus looking to Mary and Kevin Brink to lead the discussion. Through ongoing consultation with a colleague or supervisor, we would be prepared to work with the family in an ongoing basis shifting our focus to the new goals of the clients involved. While the counseling option we have chosen is still a risky proposition, we believe it is best for the wellbeing of all family members. This course of action has the least amount of harm to all involved. This also allows all of the family members to take part in the decision-making phase of what will they do in this stage of counseling.

Once the course of action has been taken, we would evaluate the situation further by continuing to discuss the situation and having everyone share their feelings. Questions may be asked. Unhappy, angry, and confused emotions may be displayed; however, we would allow what is appropriate and normal to happen. In this way, we would serve more as a mediator to attend to the family's immediate needs. We could also then use the actions of each family member as a form of self-evaluation to be reviewed for the handling of future situations. Follow-ups with the family would be encouraged and welcomed. A referral to a family counselor that focuses on this area of consult may also be made at this time.

Conclusion

Capuzzi and Gross (2011) remind us that “the helping relationship is a constant throughout the counseling or psychotherapeutic process” (p. 5). When working with clients either as individuals, groups, or family units, trust is the cornerstone upon which the helping relationship is built. As Egan (2002) asserts, the helping relationship can be broken down into three phases: “relationship building, challenging the client to find ways to change, and facilitating positive client action” (as cited by Capuzzi & Gross, 2011). As a result, when counselors encounter ethical dilemmas with their clients, they must use an ethical decision making model that will allow them to maintain trust and still work collaboratively toward facilitating positive action for the client (s). We have used Corey, et al.’s (1998) decision making model in the case of Gina and her sons precisely because of this. Our focus is on treating the family, our clients, with mutual respect and developing a helping relationship in which all members can work together to bring about positive change for all.

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