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Constructing an Integrated Model of Ethical Decision Making in Counselor Education and Supervision: A Case Conceptualization

This paper is based on the 2014–2015 ACA Graduate Student Ethics Competition (doctoral-level team) First-Place Essay.

Michael K. Schmit, Erika L. Schmit, Rachel K. Henesy, Samantha L. Klassen,
and Marvarene Oliver

Schmit, Michael K., is a doctoral student in the Department of Counseling and Educational Psychology at Texas A&M University-Corpus Christi. He is also a LPC-Intern and program coordinator for a community mental health agency in Texas. His research interests are specific to integrative care treatments, counseling outcomes, and serious mental illness.

Schmit, Erika L., is an assistant professor in the Department of Psychology, Counseling, and Special Education at Texas A&M University-Commerce. She is a LPC-Intern who has experience working with children, adolescents, and adults in an inpatient setting. Her research interests include inpatient hospitalization, counseling outcomes, and clinical mental health.

Henesy, Rachel K., is an inpatient counselor/clinician in the Crisis Stabilization Unit of Meridian Behavioral Healthcare in Gainesville, Florida.

Klassen, Samantha L., is a doctoral student in the Department of Counseling and Educational Psychology at Texas A&M University-Corpus Christi. She is also a LPC-Intern who provides cognitive behavioral therapy to children, adolescents, and families at a community mental health agency in Texas.

Oliver, Marvarene, is a professor in the Department of Counseling and Educational Psychology at Texas A&M University-Corpus Christi.

Abstract

Ethical decision-making models serve as blueprints that guide professional counselors in systematically examining all factors involved in an ethical dilemma. This paper presents an integration of two different ethical decision-making models: *The Practitioner's Guide to Ethical Decision Making* and the *Intercultural Model of Ethical Decision Making*. Furthermore, the authors applied this integrated model to a case scenario involving Jordan, a counselor-in-training, and Toni, a client who is receiving services at Jordan's internship site. A detailed discussion is presented on (a) the integration of both ethical decision-

making models, (b) potential ethical dilemmas with respect to the *ACA Code of Ethics*, and (c) identification of possible courses of action.

Keywords: ACA Code of Ethics, practitioners guide to ethical decision-making, intercultural model of ethical decision making, ethics, counseling

Case Scenario

Jordan, a 58-year-old African-American, lesbian female, is a student in a clinical mental health counseling program in a small town in the Southeastern United States. Having previously worked as a minister, Jordan left the ministry because she felt rejected by her congregation once she revealed her sexual orientation. Jordan is in her first semester of internship working in a faith-based counseling center. After 2 weeks, Jordan overhears her site supervisor make prejudicial comments about his client, Toni, whose biological gender is male but who self-identifies as a female. As a strong advocate for lesbian, gay, bisexual, and transgender (LGBT) rights, Jordan accesses Toni's mental health record and finds that she is struggling with issues of depression, anxiety, and suicidal ideation. Having experienced these issues herself, Jordan decides to locate Toni on Facebook and invites her to join an advocacy group she runs within the local community. When Jordan later sees Toni at the center, Toni thanks her for the information, and Jordan tells her she can "contact her at any time for help," providing Toni with her cell phone number and personal e-mail address. Late one evening, Toni contacts Jordan via text and tells her she is going to kill herself. Jordan immediately tries to call Toni, but she doesn't answer. When Jordan texts her back, Toni does not reply. Jordan leaves Toni multiple messages but does not receive a response. She does not call her site supervisor because of his earlier biased comments and does not reach out to her faculty supervisor because she has not yet revealed to anyone in her program that she is a lesbian.

The *ACA Code of Ethics* (2014) is a living document that collectively defines the values of the counseling profession. Furthermore, codes of ethics are established guidelines used by professionals to promote normative practices and expectations and to assist in the governing of a profession (Francis & Dugger, 2014). As such, it is important for professional counselors to aspire to and abide by these standards when working with others (Herlihy & Dufrene, 2011). In the case of Toni and Jordan, numerous potential ethical violations may have transpired regarding the following areas: (a) the counseling relationship; (b) confidentiality and privacy; (c) professional responsibility; (d) relationships with other professionals; (e) supervision, training, and teaching; and (f) distance counseling, technology, and social media.

In this essay, we examined the potential ethical dilemmas surrounding Jordan, a counseling student, and Toni, a client at the internship with whom Jordan has identified. In order to shed light on the potential ethical violations, we evaluated two ethical decision-making models for their appropriateness to the case of Jordan and Toni. Based upon our assessment, we concluded that neither model fully addressed Toni's or Jordan's needs or the ethical implications of the case. Thus, we decided to integrate the models, yielding a more comprehensive approach that was grounded in the fundamental

principles established by the *ACA Code of Ethics* (2014), as well as sensitive to the cultural nuances inherent to the case scenario.

Selecting an Ethical Decision-Making Model

After thoroughly reviewing the scenario and examining the five principles of morality identified by Kitchener (1984) and *A Practitioner's Guide to Ethical Decision Making* (PGEDM; Forester-Miller & Davis, 1996), we continually reverted back to the cultural, religious, and worldview (CRW) factors of not only Jordan but also of Toni, which seemed to be insufficiently addressed by the PGEDM alone. For instance, the principles of autonomy and beneficence from Jordan's point of view were overshadowed by her actions. After examining Jordan and Toni's CRW factors, Jordan's actions may be viewed as central within her cultural perspective and worldview, a viewpoint not necessarily considered when using the PGEDM. Also, the unspoken context inherent to the situation that only a select few individuals have access to is unaccounted for by the PGEDM (i.e., individual members belonging to a specific cultural group have a more in-depth understanding as a result of their lived experiences). Therefore, we decided to integrate concepts and central tenets of the *Intercultural Model of Ethical Decision Making* (IMED; Luke, Goodrich, & Gilbride, 2013) within the structurally sound framework of the PGEDM.

Rationale for an Integrative Approach

Integration of theory combines concepts and central positions of two or more theories (Elliot, 2012) to better understand a single phenomenon (Mayer & Sparrowe, 2013). Each theory or perspective, on its own merit, may provide valuable information while addressing only a portion of the phenomenon in question. However, many research questions or situations require the examination of multiple facets related to an overarching theme (Mayer & Sparrowe, 2013), and therefore, may require multiple points of view to adequately address the problem. Thus, integrating theoretical perspectives provides an advantage by factoring in multiple viewpoints. In doing so, exploratory power and inclusiveness is increased when compared to using a singular theory or perspective (Elliot, 2012). In other words, by integrating both the PGEDM and IMED model, a greater degree of intention is focused on both Toni and Jordan's CRW factors, beyond what the PGEDM asserts solely, creating a more comprehensive approach to ethical decision-making.

Mayer and Salomon (2006) proposed three methods of integration: (a) single-phenomenon, two-theoretical perspectives; (b) one-phenomenon, disparate theoretical perspectives; and (c) application of one theory into the domain of another. In regards to Toni and Jordan's ethical dilemma, an *a priori* selection of method by which to integrate seemed inappropriate in this case. Therefore, we decided that the selected models would inform the manner in which integration would occur. After thoroughly reviewing numerous ethical decision-making perspectives (e.g., Calley, 2009; Corey, Corey, & Callanan, 2007; Cottone, 2001; Garcia, Cartwright, Winston, & Borzuchowska, 2003; Remley & Herlihy, 2005; Welfel, 2006), we selected the *Practitioner's Guide to Ethical Decision Making* (Forester-Miller & Davis, 1996) due to its sound structural framework

based on Kitchener's five moral principles. To address the cultural, religious, and worldview components, the *Intercultural Model of Ethical Decision Making* (Luke et al, 2013) was selected. Based on each model's uniqueness in addressing the same phenomenon (i.e., ethical course of action) a single-phenomenon, two-theoretical perspective approach was utilized. This integrated model is discussed below.

PGEDM and IMED: An Integrated Approach

Step #1: Awareness of the Existence of a Problem

Utilizing the framework of IMED (see Figure 1), Luke et al. (2013) suggested counselors must first recognize a dilemma has occurred in the context of the situation. Furthermore, the counselor must recognize the potential CRW factors of all individuals involved. Through this increased awareness of the dilemma and the CRW factors present, an individual can begin the process of self-supervision (Bernard & Goodyear, 2014).

Jordan must first recognize that her choices and actions have led to an ethical dilemma. Furthermore, she should examine the CRW factors that impacted her and influenced her decisions. For example, past experiences with oppression in her own community may have impacted Jordan's reaction to the offensive comments made by her supervisor. Although her intentions were to help Toni, her lack of awareness of personal triggers led her to attempt to rescue Toni, rather than to approach the situation in an appropriate and ethical way. Had Jordan been aware of this triggering effect and sought consultation with a trusted supervisor or professor, the ethical dilemma may have been avoided altogether.

Step #2: Identify the Problem and Corresponding CRWs

Step two of the integrated model consists of elements of step one of the PGEDM, and steps one and two of the IMED (see Figure 1). Forester-Miller and Davis (1996) and Luke et al. (2013) encouraged counselors to identify the problem from an objective point of view while considering all possible ethical and legal issues. However, where the PGEDM falls short is in recognition of potential CRW factors that impact the dilemma itself. Luke et al. (2013) suggested that counselors need to outline each person's CRW factors, as well as those of other stakeholders, including the counselor. Thus, counselors must be experts about their own CRW factors and be able to recognize how those factors may potentially influence a decision.

In accordance with this step, Jordan should examine the situation using a wider, more objective lens. In essence, she would bracket her experiences in order to gain perspective about the entire picture and the potential ethical and legal concerns in question. The process of bracketing occurs through further examination of herself and how her CRWs impacted her thoughts, feelings, choices, and actions (Patton, 2002). Additionally, she would then need to examine the CRWs of those involved, including Toni and her site supervisor, to obtain a richer understanding of the situation with which she was confronted. Using this model, Jordan may wish to write an outline of her own CRWs, as well as those of the site supervisor and Toni. Then, Jordan could analyze the situation from multiple viewpoints. Jordan should meet with a trusted supervisor or professor to receive guidance in managing her own CRW factors, as well as direction

with examining the information, processing her reactions, and planning a course of action.

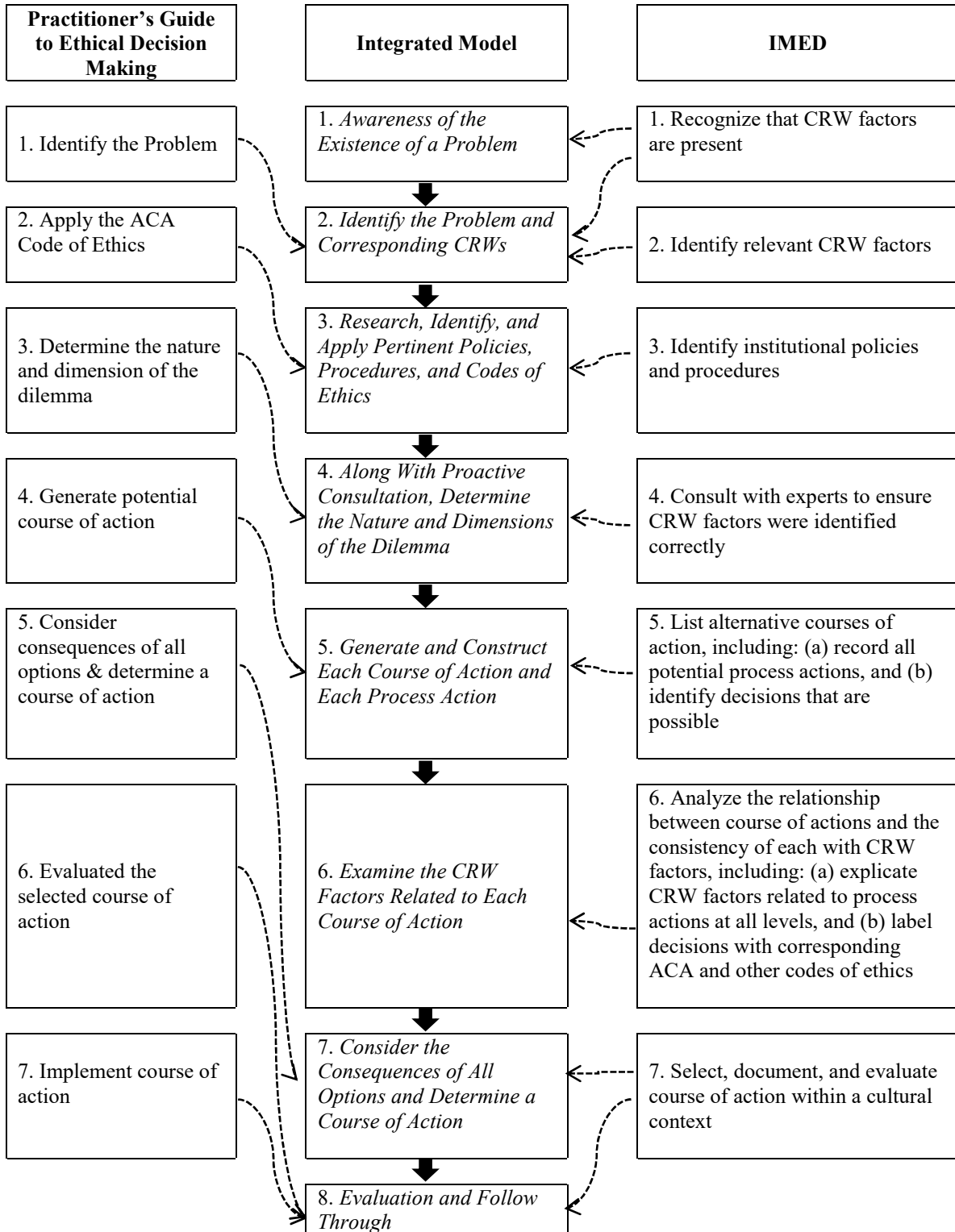


Figure 1
Integrated Model of Ethical Decision Making Models

Step #3: Research, Identify, and Apply Pertinent Policies, Procedures, and Codes of Ethics

The next step of this integrated model consists of elements from step two of the PGEDM and step three of IMED (see Figure 1). Counselors need to research and understand the applicable policies, procedures, and codes of ethics related to the profession, the agency, and any other vested entities. Furthermore, counselors need to explore any legal issues or other constitutionally protected rights (Luke et al., 2013). Luke et al. (2013) indicated this portion of the IMED model as being unique because counselors are operating simultaneously in the rule and legal system. Once relevant codes, policies, and procedures have been identified, each one needs to be applied to the situation presented.

The specific ACA ethical codes that were violated in this case are located in several different sections: Section A: The Counseling Relationship, Section B: Confidentiality and Privacy, Section C: Professional Responsibility, Section D: Relationships With Other Professionals, Section F: Supervision, Training, and Teaching, and Section H: Distance Counseling, Technology, and Social Media. The specific codes and how they were violated are discussed below.

There is some overlap between the codes that were violated in Section A and Section H. Codes that overlap were related to informed consent, disclosure, confidentiality, and limitations/explanation of scope of practice (A.1.b, A.2.a, A.2.b, A.7.b, H.2.a, H.2.b, and H.2.c). When Jordan made contact with Toni, she had an ethical obligation to abide by the aforementioned codes. However, Jordan failed to have a conversation with Toni regarding any of the salient concerns, and therefore was in violation of numerous ethical codes. Additionally, the comprehensive list of ethical codes violated in this case is as follows (ACA, 2014):

A.1.b Records and Documentation. Jordan had an ethical obligation to document the specifics of and the rationale for all of her communication with Toni. This includes meeting with Toni on-site, contacting Toni on social media, and communicating with Toni via text message.

A.2.a Informed Consent, H.2.a Informed Consent and Disclosure, A.2.b Types of Information Needed, H.2.c Acknowledgement of Limitations, H.6.b Social Media as Part of Informed Consent, B.1.d Explanation of Limitations, F.5.c Professional Disclosure. Before engaging Toni in any capacity, Jordan had an obligation to clarify that any relationship between them would be a professional counseling relationship. Furthermore, Jordan had an obligation to review informed consent for both face-to-face and digital interactions. The specifics of this professional relationship should have been explained clearly to Toni, and her consent should have been received before any further contact was made. Also, Jordan should have explained that she was a counseling student and educated Toni about her scope of practice and the supervision process. All limitations should have been discussed, including exceptions to confidentiality and specific limitations related to digital communications.

A.3 Clients Served by Others. Because Toni was a client of another counselor at Jordan's internship site, Jordan should have engaged in communication with this counselor prior to contacting Toni. In other words, Jordan should have formally established a professional relationship with Toni. Additionally, the clinical rationale for offering services when another counselor was already engaged in a professional

relationship with Toni should have been documented in very clear terms. Prior to Jordan considering engaging in a relationship with Toni, she should have sought supervision. However, since Jordan was uncomfortable with her supervisor regarding the prejudicial comments made, as such, her efforts may have been thwarted to do so. Moreover, she should have consulted with a professor or another supervisor at her university to receive guidance.

A.4.b Personal Values, A.7.a Advocacy, B.1.a Multicultural/Diversity Considerations, D.1.h Negative Conditions, A.7.b Confidentiality and Advocacy. As discussed earlier, Jordan had an ethical obligation to gain an awareness of her own personal values and beliefs and how they affect her work with clients. Social justice and advocacy are a core component of the counseling profession; however, the way in which Jordan approached this situation was inappropriate. An awareness of her own values and beliefs could have helped Jordan to make informed decisions that were in line with the *ACA Code of Ethics*. Jordan had an ethical obligation to report the supervisor's negative comments to another supervisor in order to advocate for the client's well-being. After consulting with a supervisor, Jordan should have considered that code A.7.b requires counselors to obtain client consent before engaging in advocacy efforts. Toni may have had a beneficial relationship with her counselor, and Jordan sought to provide additional or alternative counseling services without Toni's consent.

H.1.a Knowledge and Competency, H.1.b Laws and Statutes, H.2.d Security, H.4.b Professional Boundaries in Distance Counseling, H.6.c Client Virtual Presence, H.6.d Use of Public Social Media, A.6.c Documenting Boundary Extensions, B.6.a Creating and Maintaining Records and Documentation, A.5.e Personal Virtual Relationships with Current Clients, A.6.e Nonprofessional Interactions, H.2.b Confidentiality Maintained by the Counselor, B.1.b Respect for Privacy, B.3.c Confidential Settings, C.2.a Boundaries of Competence. Before initiating digital communications with Toni, Jordan should have consulted several ethical codes, as well as the laws and statutes of the state in which she resides. Furthermore, all communication should have been documented in the records at the counseling site. Because Jordan failed to abide by the standards necessary, it could be argued that she was engaged in a personal virtual relationship and nonprofessional interactions with Toni, both of which are prohibited. Moreover, by finding Toni on Facebook without her consent and by inviting her to a group, Jordan violated confidentiality and Toni's privacy. Because Jordan is a student and not licensed to practice independently, and because she was not receiving appropriate supervision in her work with Toni, she was practicing outside the boundaries of her level of competence in this situation.

B.2.a Serious and Foreseeable Harm and Legal Requirements. When Jordan received the message from Toni indicating she was planning to harm herself, Jordan had an obligation to contact her supervisor to gain assistance in trying to protect Toni's well-being. Additionally, depending on the state in which they reside, Jordan may have been legally required to contact authorities regarding Toni's statements of self-harm.

F.5.a Ethical Responsibilities. Finally, code F.5.a of the *ACA Code of Ethics* states that students and supervisees are obligated to know, understand, and follow the code of ethics. Students have the same obligations as professional counselors. Therefore, Jordan's status as a student does not account for her ethical violations or excuse her from taking full responsibility.

Step #4: Along with Proactive Consultation, Determine the Nature and Dimensions of the Dilemma

The fourth step of the integrated model combines elements from step three of the PGEDM and step four of the IMED (see Figure 1). Within this step, the counselor determines the nature and scope of the dilemma(s) and combines his or her perspective with information from expert counselors and leaders (e.g., spiritual leaders, community elders, etc.) within the cultural community of the client (Forester-Miller & Davis, 1996). This integrated model facilitates purposeful consultation with experts in the field who are knowledgeable regarding the legal and ethical issues, as well as individuals who can weigh in and provide support for relevant CRW factors (Luke et al., 2013). Consultation may require a range of individuals, and therefore, the counselor needs to be aware of the potential CRW factors introduced into the decision-making process.

There are many layers to consider with regard to Jordan's dilemma. The ethical dilemma began when Jordan accessed Toni's record at the clinic after overhearing the inappropriate comments made by her site supervisor. Accessing Toni's record resulted in both an ethical and a legal issue (i.e., HIPPA violations). After accessing Toni's record, Jordan began to experience countertransference with regard to her own struggle with sexuality and depression and subsequently entered an inappropriate virtual relationship with Toni. Next, Jordan provided Toni with her personal cell phone number and e-mail address and told her to "call her anytime," further blurring professional boundaries. Finally, Jordan failed to reach out to supervisors or medical professionals when there was a risk of serious and foreseeable harm to Toni.

Before taking any action, Jordan should have considered relevant CRW factors and sought consultation accordingly. There are numerous CRW factors to consider with regard to both Jordan's and Toni's lived experiences. Jordan is a lesbian, African-American woman with a history of strong religious conviction, whereas Toni is a transgendered woman struggling with depression and suicidal ideation. LGBT issues impact both Jordan and Toni and must be taken into consideration in the decision-making process. Prior to taking any action, Jordan should have sought consultation from her university supervisor to address concerns about her site supervisor's behavior and issues with countertransference related to Toni's treatment at the clinic. Additionally, Jordan could have sought consultation from leaders in the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC) to address CRW factors. Furthermore, Jordan should have applied the Competencies for Counseling with Transgender Clients to guide her approach (ALGBTIC, 2009). While Jordan is familiar with sexuality issues as part of her own lived experience, she may not fully understand the relevant CRW factors impacting Toni as a transgendered woman. Transgendered individuals may often face marginalization and gender discrimination due to heteronormative values that are present in society. Such values have historically led to pathologizing of non-cisgendered individuals, or individuals who identify as transgendered or non-gender-conforming (ALGBTIC, 2009).

Step #5: Generate and Construct Each Course of Action and Each Process Action

Step five of the integrated model combines principles of the fourth and fifth steps of the PGEDM and the IMED (see Figure 1), respectively. Within this step, the counselor

generates all the potential courses of action (Forester-Miller & Davis, 1996). Additionally, the counselor will also identify all the potential process actions (i.e., what should be done to obtain the information) and record each potential decision and course of action. Because of the multifaceted nature of Jordan's dilemma, there are numerous courses of action to be proposed. First, Jordan's issue with her impaired site supervisor must be addressed. Jordan's site supervisor is impaired because he is attempting to counsel a client about whom he holds prejudicial attitudes. Jordan had two options in this scenario: address the issue with her site supervisor himself, or seek supervision from her university supervisor.

Second, Jordan must consider how to be helpful to Toni in an ethical and respectful way that maintains appropriate professional boundaries. Jordan could suggest incorporating her advocacy group in her work at the clinic, giving all clients the opportunity to benefit from participation without singling out Toni because of the parallels between her life and Jordan's. Had she requested and been granted permission to incorporate the advocacy group at the clinic, Jordan would have had no reason to contact Toni through social media. Another possible option would be discussing her concerns about Toni's treatment with her university supervisor. Because Jordan is experiencing such strong countertransference issues related to Toni's treatment, it was imperative that she process these feelings with her university supervisor to gain clarity and awareness of herself and the situation at hand.

Toni's decision to text Jordan about her suicide plan may not have arisen without Jordan's involvement with Toni through social media. However, if she continued to have professional contact with Toni and this issue arose again, Jordan would have a plan with different courses of action to choose from. For instance, Jordan could choose to alert her site supervisor, alert her university supervisor, or call police or medical professionals to ensure Toni does not harm herself or others, depending on the laws regarding exceptions to confidentiality in her state.

Step # 6: Examine the CRW Factors Related to Each Course of Action

Step six of the integrated model is analogous to the sixth step of the IMED (see Figure 1). Counselors will identify and analyze the CRW factors related to each process and decision identified in the previous step, and the CRW factors that support or conflict with a particular action or decision, along with the corresponding codes of ethics (Luke et al., 2013).

With regard to addressing the issue with her impaired site supervisor and within her relationship with Toni, Jordan must consider how her own CRW factors are impacting her decision-making process. First, these CRW factors are impacting Jordan's willingness to disclose information to her university supervisor both about her site supervisor's prejudicial comments and about her relationship with Toni. As a lesbian woman who has experienced trauma related to disclosing information about her sexuality, Jordan is understandably hesitant to open up to others about this issue. Presumably, Jordan did not want to speak with her university supervisor about her site supervisor's behavior because she was worried she would need to disclose information about her sexuality, or because the situation may have been triggering for her. Jordan's past traumatic experiences may be impeding her ability to be an effective therapist and supervisee, as evidenced by her unethical behavior. It is Jordan's ethical responsibility

(ACA, 2014, F.8.d) to address personal concerns in counseling because her judgment is perhaps impaired by past experiences and current triggers. Jordan must work through these issues to be a successful therapist in the future. Similarly, Toni's CRW factors were what drew Jordan to her in the first place. Toni is a transgendered woman working through issues with depression and suicidal ideation, which Jordan experienced after feeling rejected by her congregation. While it is unclear whether Toni's depression stems from LGBT issues, it is important for Jordan and her supervisor to be aware of these concerns as a potentiating factor.

Step #7: Consider the Consequences of All Options and Determine a Course of Action

Using elements of step five of the PGEDM and step seven of the IMED (see Figure 1), counselors evaluate each option and assess for potential consequences for all individuals and entities involved. Counselors will consider which course of action best addresses the CRW factors present along with the most appropriate action based on the information gathered throughout the decision-making process. Lastly, counselors will determine a course of action.

The first possible course of action could have several consequences for Jordan. Addressing this issue directly with her site supervisor could end with a positive or negative consequence for Jordan. If Jordan feels more comfortable, supervision with her university supervisor may be appropriate. Talking with either may help ease Jordan's anxieties regarding her site supervisor's biased comments about Toni. This would also continue Jordan's work as an advocate for LGBT individuals and their rights. Secondly, considering how Jordan could be helpful to LGBT clients may help to relieve the potential unethical boundaries between present and future clients. Again this could serve her advocacy efforts as well as benefit clients' needs. Additionally, Jordan's willingness to process her feelings surrounding Toni's treatment will aid in eliminating her countertransference issues. Lastly, the consequences of Jordan failing to act in the case of Toni's suicidal plan could result in Toni's death. Therefore, in the future, if Jordan is placed in a similar situation, she should absolutely respond with the appropriate ethical plan (i.e., site supervisor or police). In addition, prevention initiatives should be in place in order to thwart similar occurrences in the future (i.e., safety plans).

All courses of action, including CRW factors, are considered in order to make an ethical, informed decision. ACA (2014) requires all students to be aware of the code of ethics and this includes standards for resolving ethical issues. Jordan's first course of action ideally includes having an open and honest conversation with her site supervisor. Additionally, if Jordan feels uncomfortable, consultation and/or supervision with others, such as a professor, would be appropriate. In regards to Jordan's decision to reach out to Toni on social media and failing to act in the case of a suicidal client, more training and education is needed regarding her ethical obligations as a counselor. Jordan breached the professional boundary by engaging in a personal relationship with Toni, and this resulted in a failure to act.

Step #8: Evaluation and Follow Through

The final step relied upon elements of steps six and seven of the PGEDM and step seven of the IMED (see Figure 1). Counselors take action (Forester-Miller & Davis,

1996; Luke et al., 2013), evaluate the selected course of action (Forester-Miller & Davis, 1996), and document the decisions made (Luke et al., 2013). Lastly, it is important to follow up on the situation in order to determine if the action had the intended effect (Forester-Miller & Davis, 1996). Jordan and others involved in the ethical decision-making process outlined would take action based on decisions made in the previous step and would put those into practice, documenting actions taken. In addition, Jordan and any others involved in such actions would evaluate the outcomes of the actions and document those, as well, including the impact on Jordan and Toni.

Limitations

As with all methods in counseling, social science research, and the application of ethical decision-making models to potential dilemmas, limitations need to be explicitly addressed. In the current case scenario, there are disadvantages to providing an optimal case conceptualization for an ethical decision-making choice. Limitations that could affect decisions include the small town aspect of the case study setting, religious background of Jordan and the counseling center, and a lack of counseling research regarding LGBTQ affirmative counseling. Additionally, community demographics and knowledge of available resources would prove to be invaluable in constructing a complete picture from which to make informed decisions. Because of the aforementioned, we decided to incorporate two ethical decision-making models to address complex issues from the current case study. Also, we acknowledge the lengthy process of the current integrative approach (i.e., eight step model) and understand that it may be inappropriate for time sensitive issues. Nevertheless, we believe that an integrative approach is needed for complex, multicultural issues.

Conclusion

In the current scenario, Jordan was challenged with difficult ethical dilemmas. The doctoral team utilized an integrative approach, using *A Practitioner's Guide to Ethical Decision Making* and the *Intercultural Model of Ethical Decision Making* in order to provide the best ethical decisions for the case scenario. We believed that it was important to incorporate a multicultural lens into a sound ethical decision-making model. The *ACA Code of Ethics* (2014) was used to identify any potential ethical violations, and the integrative decision making model created was used to thoroughly address dilemmas and courses of action from a culturally appropriate lens. ACA (2014) requires counselors and counselor educators to implement best practices for clients and students. A crucial component of this includes following codes of ethics, laws, gatekeeping, and remediation where needed in order to best serve the client, the counselor, the counseling profession, and the general public.

Utilization of a model such as the one proposed may provide a useful way for counselors and counselor educators to think about training and supervision regarding cultural, religious, and worldview factors as they relate to ethical practice, advocacy, and scope of practice. In addition, use of such a model may provide counselor educators and supervisors with important information to consider when determining whether to encourage particular students to seek personal counseling to address issues that may

impact professional behavior. Lastly, use of such a model may help in the establishment of methods to enhance prevention of unethical behaviors such as those outlined in the case scenario.

In an institutional setting, the CRW factors of every individual involved are important to consider in making decisions or in implementing change. As Luke et al. (2013) stated, “Answers to ethical dilemmas are not clear” (p. 186). Therefore, a protocol in place for situations such as those involving circumstances illustrated in the case scenario would prove to be positive for handling ethical dilemmas and discussions both in educational settings and those where internship experiences are provided. Training may be necessary for counselors and counselor educators in order to effectively work with individuals coming from diverse backgrounds.

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