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The ETHICS Model: Comprehensive, Ethical Decision Making

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Abstract

The ETHICS model is a theoretical grounded ethical decision-making model that draws from the latest relevant literature in ethics and integrates multiple theoretical perspectives. Specifically, the model is comprehensive and accessible, and can be used with a wide range of cases. This model organizes a decision-making process for new and seasoned practitioners. The steps of the model are: *Evaluate the dilemma, Think ahead, Help, Information, Calculate risk, and Select an action.*

Keywords: ethics, dilemmas, decision making, practice, training

The 2014 *ACA Code of Ethics* (American Counseling Association [ACA], 2014a) includes an added emphasis on the use of ethical decision-making models (ACA, 2014b). Currently, there are multiple ethical decision-making models available (e.g., Corey, Corey, Corey, & Callanan, 2015; Forester-Miller & Davis, 1996; Frame & Williams, 2005; M. R. Hill & Mamalakis, 2001; Sileo & Kopala, 1993). However, many of these models are dated and were created before the 2014 *ACA Code of Ethics*. In addition, some models were designed for use with a narrow range of cases (e.g., Stone, 2009).

Research indicates that current ethical decision-making models may not yield comprehensive answers or lead to improved ethical decision making and that such models are not theoretically grounded (Barnett, Behnke, Rosenthal, & Koocher, 2007; Cottone & Claus, 2000). In addition, Neukrug and Milliken (2011) found that less than half of counselors report participating in an ethics-specific course as part of their ethics

education. As a result, when applied, many ethical decision-making models are subjective and result in inconsistent decision making (Haas, Malouf, & Mayerson, 1986; Woody, 2013). Further, researchers have noted that there is a need for ethics training, particularly as related to ethical decision-making (A. L. Hill, 2004; Levitt, Farry, & Mazzarella, 2015).

New and seasoned counselors would benefit from a model that is theoretically grounded and accessible, considers relevant literature, is widely applicable, and addresses the complexity of decision making in practice. In the following sections, we discuss necessary theoretical perspectives, components of good ethical decision making, and limitations of existing ethical decision-making models. We then present a new ethical decision-making model that includes current thinking on ethical decision-making and apply it to a case example.

Theories of Ethics That Should Be Considered

We believe counselors should consider whether theoretical bases are represented when selecting a decision-making model. Specifically, decision making should consider a multitude of perspectives to arrive at the most ethical course of action (Corey et al., 2015; Remley & Herlihy, 2016; Welfel, 2016). One common ethical perspective is utilitarianism, which suggests that counselors consider how actions may lead to the greatest good for the highest number of clients (Mills, 1863/2004; Warburton, 2013). Using a utilitarianism perspective, counselors prioritize the consequences of a course of action rather than the manner in which the consequences are achieved. Our model uses utilitarianism as the driving perspective in considering the various outcomes and benefits that might result as counselors work to resolve ethical situations.

Another ethical perspective is moral relativism, which suggests that ethical courses of action be conceptualized within a societal context (Sumner, 1906/2008; Warburton, 2013). In other words, ethical actions should be based on industry standard practices (i.e., what most counselors would do). For instance, current best practices consider the multicultural context of a situation (Frame & Williams, 2005). In our model, moral relativism encourages seeking assistance from others in the field to determine what are the industry standards that apply to a situation. Moral relativism also suggests that counselors educate themselves using literature relevant to the ethical situation in question.

A third ethical perspective is moral absolutism, which suggests that practitioners approach dilemmas with a deontological framework by prioritizing rules over consequences (Alexander & Moore, 2015; Kant, 1785/2004). Our model utilizes a deontological framework when considering liability and what actions in an ethical dilemma would serve to increase or limit counselors' exposure to liability. While many models incorporate some of these ethical perspectives, we have found that few combine multiple perspectives into one decision-making model.

Components of Ethical Decision-Making Models

Counselors must consider many components during the selection of a decision-making model. First, models should be accessible and appropriate for practitioners of all experience levels. Due to the nebulous nature of some ethical decision-making models, some are only appropriate for more experienced practitioners. Some models, such as

those developed by Forester-Miller and Davis (1996; Stone, 2009), ask practitioners to consider specific codes of ethics but do not explain the details or include case examples for demonstration. Other models require counselors to consider specific issues for which they lack prerequisite knowledge, such as faculty-student dual relationships (M. R. Hill & Mamalakis, 2001). This may be problematic given the limited ethical training counselors receive (Neukrug & Milliken, 2011). Since the field of counseling is an evolving one, it is important for ethical decision making to consider recent relevant research and literature as it applies to a situation.

Because the *ACA Code of Ethics* requires that counselors “do not engage in discrimination” (ACA, 2014a, p. 9), addressing multicultural issues is particularly important in ethical decision making. Consequently, this mandate requires that counselors consider the multicultural perspectives as they make ethical decisions (Frame & Williams, 2005). Indeed, recent court cases have underscored the importance of multicultural competence in counseling (e.g., Behnke, 2012; Keeton v. Anderson-Wiley, 2011; Ward v. Wilbanks, 2010).

Some ethical decision-making models are only appropriate for a narrow range of situations. For example, models by Biaggio, Paget, and Chenoweth (1997) and M. R. Hill and Mamalakis (2001) only focused on dual relationships. Given that counselors may encounter a variety of situations, we believe that a broadly applicable model that can be used with a wide range of cases simplifies how counselors approach situations. This eliminates the need to determine what model is most appropriate for any given case. In addition, models should provide flexibility and adaptability to new or updated ethical codes. For example, some existing models, like the one created by Stone (2009), are only appropriate for one specific code of ethics. Good ethical decision making should allow for the use and application of multiple codes of ethics (e.g., ACA, 2014a; American Art Therapy Association, 2013). Consequently, there is a need for an ethical decision-making model that is both comprehensive and accessible to new and seasoned counselors.

The ETHICS Model

The ETHICS model is a theoretically grounded ethical decision-making model that draws from the latest relevant literature in ethics, ACA’s suggestions for good ethical decision-making models, and updates in the *ACA Code of Ethics* (ACA, 2014). The theoretical framework for this model includes utilitarianism, moral relativism, and moral absolutism; this allows a shared focus on consequences and liability, as well as individual and societal good, while also encouraging further education (Alexander & Moore, 2015; Warburton, 2013). The ETHICS model is appropriate for practitioners of all levels and can be used with a variety of situations. The steps of the model are: *Evaluate the dilemma*, *Think ahead*, *Help*, *Information*, *Calculate risk*, and *Select an action*.

E—Evaluate the Dilemma

The identification and evaluation of the ethical dilemma in a situation is the most critical aspect of the ETHICS model. Understanding the ethical dilemma provides the framework and justification for the application of the model (Barnett & Johnson, 2010; Carson, 2013; Remley & Herlihy, 2016). The identification and evaluation of an ethical dilemma draws from the application of codes of ethics to a situation (Barnett & Johnson, 2010; Carson, 2013). The *ACA Code of Ethics* provides both aspirational and mandatory

guidelines for counselors (ACA, 2014a; Corey et al., 2015; Remley & Herlihy, 2016). In some cases, the code provides absolute clarity on an ethical question. For example, in A.5.a, the code clearly mandates that sexual counselor-client interactions are prohibited. However, in other cases, the ethical course of action is less clear. For example, A.2.c indicates that counselors consider cultural implications of informed consent and adjust practices accordingly; since this is aspirational, the code does not provide specific guidance on how to do so. Another aspirational example is A.6.a, where the *ACA Code of Ethics* advises counselors to consider the risks and benefits of providing counseling to those with whom they have had a previous relationship. This leaves it up to the counselor to determine whether entering into a counseling relationship is ethical. Behnke (2006) described this challenge of ethics codes by using the metaphor of a stoplight. In this metaphor, ethics codes can be seen as communicating prohibited behavior via a red light, permitted behavior via a green light, and behavior where caution is warranted as a yellow light (Behnke, 2006).

In many situations, several components of the ethics code may be applicable and may communicate different messages about the most ethical course of action (Carson, 2013). In these situations where the code is not clear and consistent about the ethical course of action, a decision-making model is necessary. For the purposes of this ethical decision-making model, an ethical dilemma is defined as a situation where ethical codes may be violated regardless of the course of action taken (Barnett & Johnson, 2010). Specifically, an ethical dilemma is where no ideal course of action exists (Remley & Herlihy, 2016). Consequently, the most ethical course of action is dependent upon a thorough analysis of the possible courses of actions, the weighing of various courses of action, and a conscious decision to engage in a course of action that may potentially violate an ethical code (Knapp & VandeCreek, 2005). In short, an ethical dilemma is a situation that places ethical codes in opposition to one another.

In order to identify and evaluate the ethical dilemma in a situation, counselors should first identify the possible courses of action moving forward (i.e., options) and then thoroughly review what codes might be relevant to that course of action (Corey et al., 2015). With each option, ethical codes may either support the option or potentially be violated by the option. In some cases, a code that supports one option may be violated by another option. Counselors must ensure that their options are those that a reasonable, prudent counselor might consider (Frame & Williams, 2005). For example, C.2.g indicates that counselors do not provide professional services when impaired; however, not providing services may result in a violation of A.12 which states that counselors do not abandon clients (ACA, 2014a).

Identification of the options requires counselors to understand and evaluate the various dimensions of an ethical situation (Remley & Herlihy, 2016). It is often helpful to start with the various questions that counselor needs to consider in a situation. This allows the counselor to determine which aspects of the ethical situation require an ethical decision-making model and which are answered by virtue of the ethics code (Frame & Williams, 2005). For example, if one aspect of the situation is whether a counselor should have sex with the client, the answer is clearly provided by the *ACA Code of Ethics* and is not one that needs to be examined. By engaging in this process, counselors can winnow down the dilemma to focus only on the dimensions that are central to the dilemma.

As counselors consider courses of action in an ethical situation, three potential categories of actions may exist. First, a course of action may exist where no codes have the potential to be violated. In this situation, no ethical dilemma exists and there is no need to apply an ethical decision-making model. Second, a course of action may exist where the option violates codes and there are no codes that support the course of action. In this situation, this course of action should not be considered. Third, a course of action may exist where codes are simultaneously supported and violated by the course of action (Knapp & VandeCreek, 2005). We have found that this third situation is most common and there are usually multiple orthogonal courses of action that fall into this category. By engaging in this strategy, it becomes clear when an ethical dilemma exists as there are no options that allow the counselor to resolve the ethical situation without potentially violating an ethical code.

A common misconception for counselors is that ethical decision making includes the correction of previous behaviors or actions that violated ethical codes (Welfel, 2016). Counselors often find it challenging to separate out these previous violations from remediating actions moving forward (Welfel, 2016). Counselors may find it helpful to only consider previous behaviors or actions insofar as they affect actions moving forward.

Once an ethical dilemma is identified and evaluated, it becomes clear that the rest of the ETHICS model is necessary to determine which course of action is most ethical; this is because, regardless of what course of action is taken, an ethical code may be violated. It is also important that once an ethical dilemma is identified, counselors do not prematurely decide on a course of action (Corey et al., 2015). The ETHICS model is an ethical decision-making model designed to help a counselor determine the most ethical course of action rather than justify a course of action that has been prematurely selected.

T—Think Ahead

After identifying the ethical dilemma present in a situation, the next step is to *think ahead* to the various outcomes of each possible course of action. This involves evaluating each option independently to determine all foreseeable repercussions, both positive and negative. By doing so and analyzing all repercussions, counselors weigh the support or lack of support for each option. In essence, this process takes a utilitarian perspective to encourage seeking the greatest good for the most clients (Warburton, 2013). In addition, counselors have an ethical responsibility to avoid actions that cause harm (i.e., nonmaleficence; ACA, 2014a; Kitchener, 1984). Consequently, the think ahead step is in alignment with the beneficence and nonmaleficence principles of professional ethical behavior identified in the *ACA Code of Ethics* Preamble (ACA, 2014a; Kitchener, 1984).

This process of thinking ahead begins by first acknowledging all constituents or stakeholders whom the outcome(s) of the action selected are likely to affect. This is in alignment with the fidelity principle of professional ethical behavior identified in the *ACA Code of Ethics* Preamble (ACA, 2014a; Kitchener, 1984). While this always includes the client and counselor directly involved in the situation, other constituents may include, but are not limited to, other clients of the counselor, colleagues, and the profession as a whole. Considering all relevant constituents allows the counselor to consider the totality of the situation.

A danger of ethical decision making is that sometimes counselors only think ahead to the most proximal aspects of a situation. Drawing from developmental theory, the Bronfenbrenner (1979) ecological model provides a helpful way to think about this. When one considers that influences on an individual range from proximal to distal, it is clearly necessary to consider both microlevel influences (i.e., proximal) and macrolevel influences (i.e., distal). In this sense, good ethical decision making requires counselors to examine the forest in addition to the trees in the forest.

The outcomes of each possible action should then be systematically evaluated in relation to all potentially affected constituents. Counselors should think of this as determining the advantages and disadvantages of each option. The counselor must indicate how each action will affect all relevant parties and whether the affect will be positive or negative. In short, counselors are assessing whether each outcome lends support for a particular action, or against it.

H—Help

In addition to thinking ahead to outcomes, it is important to receive *help* from consultants (ACA, 2014a; Remley & Herlihy, 2016). This is supported by the moral relativism perspective, which encourages consultation regarding relevant industry standard practices (Warburton, 2013). By attempting to determine what most counselors would do, courses of action may be conceptualized within a societal and multicultural context (Frame & Williams, 2005).

In this step of the model, it is important that counselors distinguish between receiving help and receiving a decision from a consultant (Remley & Herlihy, 2016). The former is a component of good ethical decision making, whereas the latter moves the responsibility for the decision away from the counselor. Although it is important for counselors to consider information received from consultants, this help should be combined with analyses from the other steps of the ETHICS model. Consequently, effectively seeking help involves knowing what question to ask as well as whom to ask. For example, asking “what should I do?” would not be an effective use of help. However asking, “in this situation, does this aspect of the code apply?” would be an effective use of help. In the former situation, the counselor is asking to receive a decision from a consultant. In the latter, the counselor is asking for clarification that may affect the decision-making process.

Drawing from the framework posited by Behnke (2014), questions for consultation can fall into one of four categories: legal, ethical, clinical, or risk management. Legal questions involve how laws and regulations may apply to a situation. Ethical questions relate to the interpretation of the ethics code. Clinical questions comprise how actions may affect the best interests of the client. Risk management questions are concerned with exposure to liability. Behnke (2014) suggested that each question informs with whom counselors seek help. Legal questions may require an attorney, ethical questions may necessitate an ethics board, clinical questions may involve a supervisor, and risk-management questions suggest querying a liability insurance company. The help a counselor receives from a consultant is then examined in combination with information from other steps of the model to either lend support for or against an option.

Given that an ethical situation may require help related to multiple facets, counselors should repeat this process for each question where help is needed. Thus, this step guides counselors to be more intentional in receiving help rather than relying on a consultant to make a decision for them.

I—Information

The *information* step involves considering literature, regulations, and law that pertains to the dilemma and combining it with analysis from the other steps of the model. The counselor should think of this as seeking information from available written sources. Since laws, regulations, and best practices may change over time, it is important for counselors to have the most up-to-date information. This is in line with the perspective of moral relativism, which suggests that counselors educate themselves with current relevant literature, based on industry standard practices, within a societal and multicultural context (Frame & Williams, 2005; Warburton, 2013). Thus, in gathering relevant sources, counselors should ensure that they are examining current literature. Counselors should look at journal articles concerning related topics, previous ethics cases, and relevant laws/regulations in their jurisdiction.

Next, the counselor considers how information from each source either supports or discourages each of the possible actions. This process is done for each source separately. The counselor should remember to stay open to any and all information they find and how it applies to the decision at hand. By doing so, the counselor remains unbiased as they consider how information found applies to the options.

C—Calculate Risk

Since all counseling practice involves risk, it is important to *calculate* how each option might impact a counselor's exposure to liability and fulfillment of responsibility. This step is supported by the moral absolutism perspective, which encourages following rules and avoiding harm over the consequences of each option (Alexander & Moore, 2015). This is a direct contrast, and serves to balance the utilitarianism perspective used in the think ahead step.

During this step, counselors should revisit the various stakeholders identified in the think ahead step. It is likely that for each of these stakeholders, the counselor has some exposure to risk. Parsing out the risk allows for the consideration that any option may simultaneously increase and decrease the exposure to risk for different stakeholders. In other words, while an option may have the effect of reducing the counselor's exposure to liability for one client, it may simultaneously increase the counselor's exposure to liability for a different client. In considering the stakeholders separately, counselors can begin to calculate the overall risk any option might create.

S—Select an Action

The final step of the ETHICS model is to *select* an action. During this step, the counselor determines the most ethical/least unethical course of action. This decision should be in alignment with evidence gathered during all previous steps. If the counselor has properly implemented the ethical decision-making model, the decision should logically follow. It is imperative that the counselor does not make a decision until they reach this step of the model. Making a premature decision about the most ethical course

of action is likely to create bias and blind counselors against evidence that supports any alternative choices.

The ETHICS model both supports a selected course of action and also memorializes the thought process used to reach that decision. Further, the ETHICS model allows for effective communication of a decision-making process should a counselor's action ever be questioned. Since good ethical decision making requires assessing the full impact of any actions taken, the ETHICS model gives counselors the tools to make an ethically informed decision that is defensible and in alignment with best practices.

Application to a Case

The ETHICS ethical decision-making model is generally applicable to many cases. For example, consider the following situation: *In an intake counseling session, Kris is a new client who presents with sadness over the end of a brief sexual relationship with Sam. Unbeknownst to Kris, Sam is a close friend of the counselor. For the past few years, Sam and the counselor have met weekly for lunch and have taken annual vacations together. What is the best course of action in this situation?*

While this situation initially seems straightforward, the ETHICS model allows for a full examination of the underlying complexity of this situation. The challenge in this situation is that the counselor is faced with multiple relationships, and each of these relationships needs to be considered, as well as each of the courses of action. In the *evaluate the dilemma* step, the counselor is seeing Kris as a new client and can elect to provide counseling to Kris or provide a referral for Kris. The *ACA Code of Ethics* (ACA, 2014a) can be applied to both of these options. By providing counseling to Kris, the counselor upholds code A.1.a, which suggests that the counselor has a primary responsibility to Kris as a client. Sam is not considered a client and thus is not a primary responsibility of the counselor. However, seeing Kris for counseling could be a violation of code A.6.a, which might discourage the counselor from providing services to Kris, with whom the counselor has a distant relationship. On the other hand, by providing a referral to Kris, the counselor upholds code A.5.d, which prohibits providing counseling to friends with whom the counselor cannot remain objective. It is quite possible in this situation that the counselor is unable to remain objective with Kris given her close friendship with Sam. However, a referral may violate code A.11.b, which prohibits referral based solely on counselor attitudes or behaviors. In this situation, the counselor would be basing the referral primarily on their needs, and not the client's needs.

Next, the counselor would need to *think ahead* to the foreseeable outcomes for each option. While seeing Kris for counseling provides services as requested, the counselor sets up a potential multiple relationship, and it is likely that the counselor may not be able to remain objective and separate out feelings about Sam from the counseling work with Kris. Furthermore, the counselor may face confidentiality issues if Kris and Sam ever rekindle their relationship. However, by referring Kris, the counselor risks Kris not following through with the referral and not receiving treatment. In addition, Kris may inquire as to the reason for the referral and the counselor will need to consider the potential harm of either disclosing or not disclosing the reason for the referral.

In the *help* step, the counselor upholds code I.2.c, which suggests seeking consultation when the most ethical course of action is unclear. In this step, a potential

legal question the counselor would consider is: Are there any laws that would preclude a counselor from providing services to a second-degree friend? This question could be best answered by seeking help from a lawyer in the counselor's jurisdiction. A potential ethical question would be: Given that code A.5.d states that counselors cannot provide services to a friend, would a second-degree friend fall under the definition of "friend or family member"? The *ACA Code of Ethics* does not define "friend or family member," so this question would be best answered by seeking help from the ACA ethics consultants.

In the *information* step, the counselor might examine relevant literature. For example, Barnett, Lazarus, Vasquez, Moorehead-Slaughter, and Johnson (2007) suggested that the decision to cross a boundary in counseling is dependent on four factors. First, the counselor must consider the client's best interest, and, in this case, it may not be in Kris's best interest to have a counselor where a multiple relationship exists. Second, the treatment plan is considered and since counseling involves the ability of counselors to remain objective, the counselor must consider whether objective treatment can occur. Given that this is an intake session, a treatment plan may not be formed, and this facilitates a smooth transition to a new counselor. Third, the counselor should consider how the power differential may impact treatment. Finally, consultation should occur. Overall, the Barnett et al. (2007) literature suggests that the counselor should refer Kris and provide an explanation for the referral.

The counselor should also *calculate risk* and how the potential courses of action increase or decrease the amount of risk the counselor assumes. Should the counselor provide services to Kris, the counselor provides services as requested, but the risk of accidental disclosure of confidential information to Sam increases. On the other hand, if the counselor provides a referral to Kris, exposure to risk is minimized via the elimination of potential accidental disclosure of confidential information and the potential harm caused by a multiple relationship.

Finally, the counselor should *select* a course of action based on the ETHICS analysis. As indicated in the steps of the model, the counselor may not be able to remain objective and the risk of accidental disclosure is high. In addition, the multiple relationship is directly connected with Kris's presenting issue and this negatively impacts treatment. Finally, since this is an intake session, it is relatively easy for the counselor to provide a referral. For these reasons, the best course of action would be to provide Kris with a referral. While there is a risk Kris may not follow through with a referral, the counselor can take steps to ensure successful referral such as providing multiple referrals and checking to see if referrals were taken.

Summary

The strength of the ETHICS model lies in its applicability to a broad variety of situations and consideration of various theoretical perspectives in the decision-making process. In addition, the ETHICS model may be used with a variety of ethical codes and incorporates recent relevant literature (e.g., Behnke, 2014; Carson, 2013). Although other ethical decision-making models may have similar steps, these steps usually instruct practitioners to only consider components and do not provide clear instruction on how these steps can be integrated (e.g., Stone, 2009; Forester-Miller & Davis, 1996).

In contrast, the ETHICS model provides clear instruction via a linear and logical organization in the decision-making process. While some may see the ETHICS model as long and possibly time-consuming, many of the steps of the model can be done quickly with clear progression because of the linear and logical organization of the model. Consequently, the model is accessible for practitioners of all levels. For example, many existing ethical decision-making models assume that practitioners understand how to identify an ethical dilemma and do not provide a clear explanation. The ETHICS model provides a clear and comprehensive elucidation of an ethical dilemma such that practitioners with all levels of experience can confidently apply the model. Furthermore, while some have argued against linear models in favor of decision making that considers clients in context (Meara, Schmidt, & Day, 1996; Rave & Larsen, 1995), the ETHICS model balances these two perspectives by providing a linear model that also considers the context in which counselors are making the decision.

As the field of counseling has evolved, so have ethical and professional standards. While there have been calls for the use of decision-making models, few models have been updated or presented to address essential components of ethical decision making. Application of the ETHICS model can assist practitioners in reaching a justifiable and ethical course of action when faced with a dilemma.

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