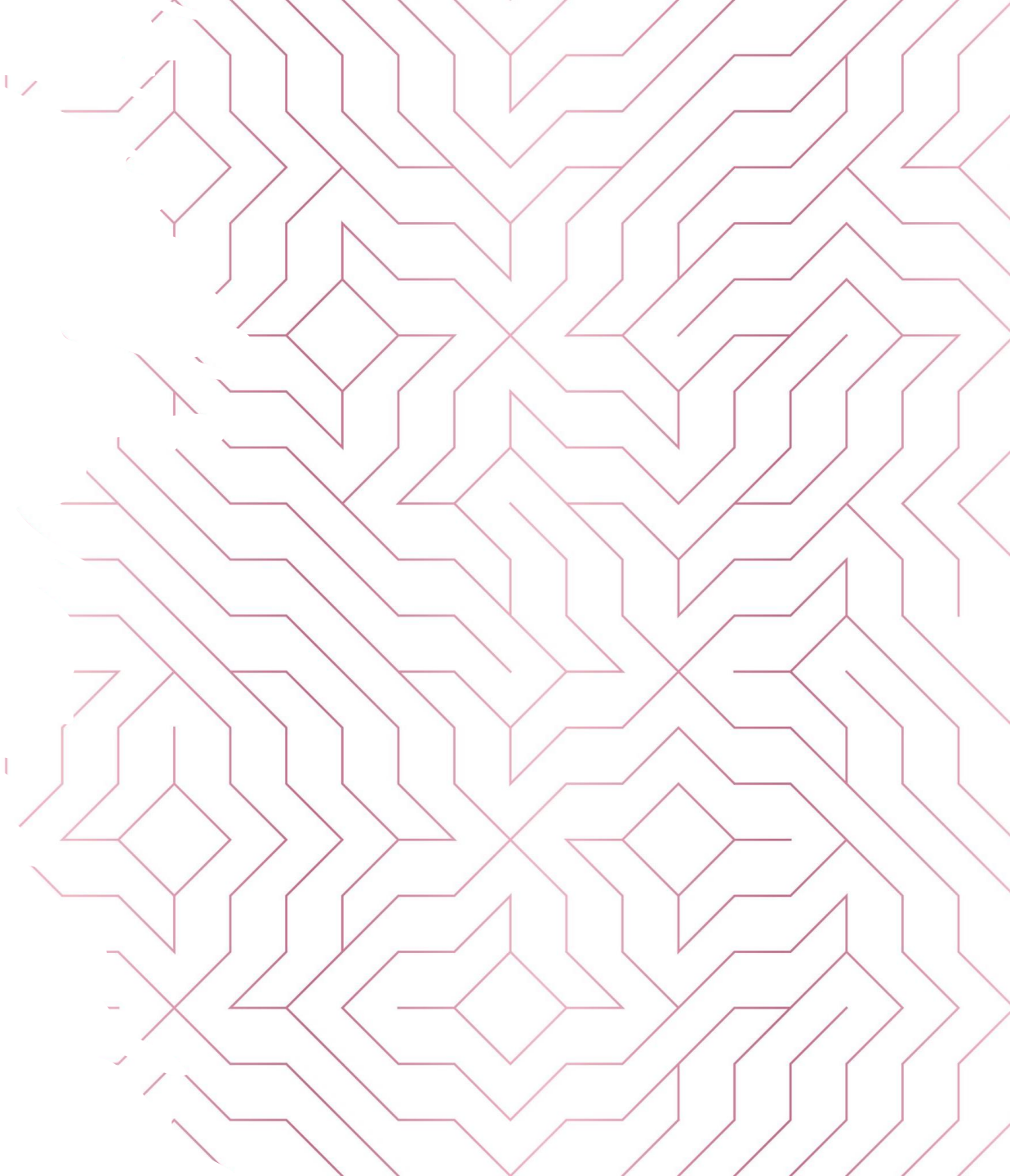
It’s a Compass, Not a Map

Ethical Decision-Making for Clinical Boundary Challenges

John P “Jack” Mack, Ph.D.
Associate Clinical Manager/Training Director
at SUNY Buffalo State University Counseling Center

For CCNY 2024 at SUNY Oswego



First, a mindful moment…

Who is this guy?

- Licensed psychologist, Training Director, and Associate Clinical Manager at SUNY Buffalo State University Counseling Center
- Doctorate from UB – Counseling Psychology
- Wrote qualifying paper on ethics:
  - *A comparison of ethics codes across disciplines*
  - 2009 Anne Anastasi Award for excellence in student research
- Continue to read/learn/teach, including practicum class (ACT and DBT) and History & Systems of Psychology

What degrees/background do we have here?

- Psychologists (PhD, PsyD, Clinical, Counseling)
- Clinical Social Workers
- Mental Health Counselors
- Others?

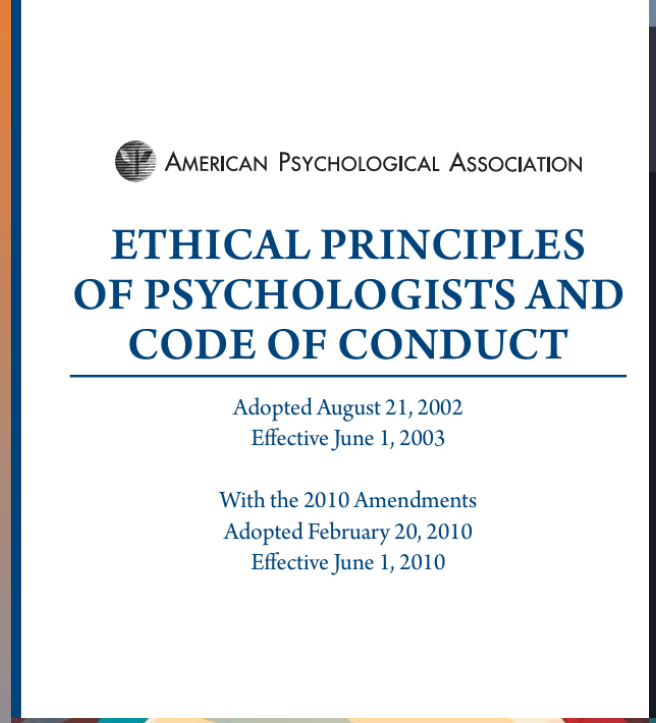
What was **your** ethics training?

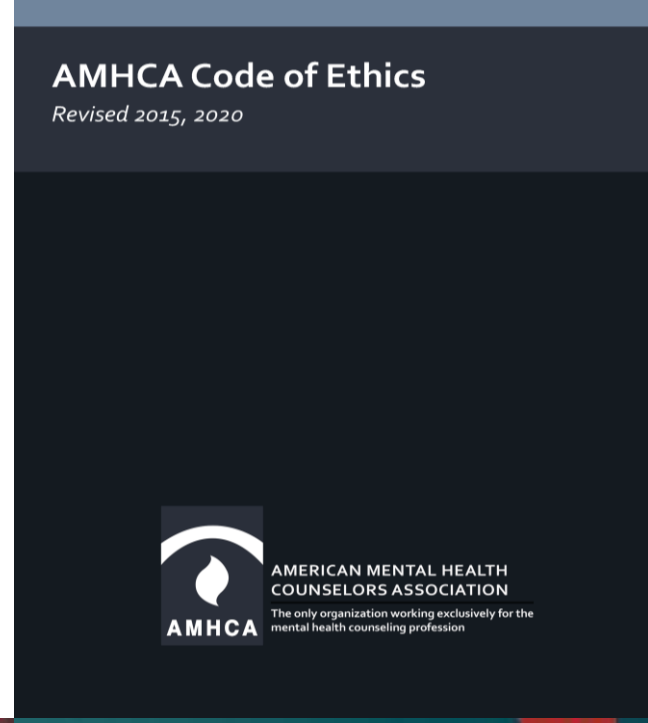
- Academic?
- Clinical/experiential?
- CEUs?

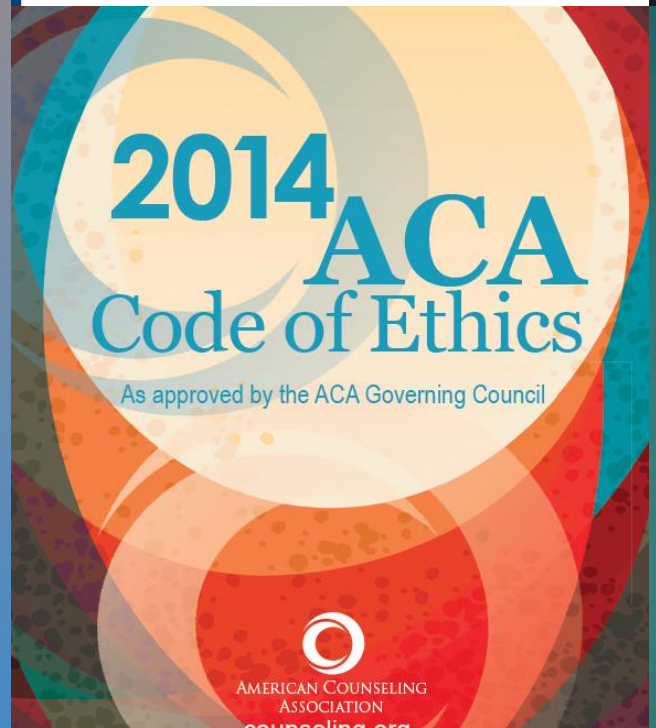
Foundational documents for ethics

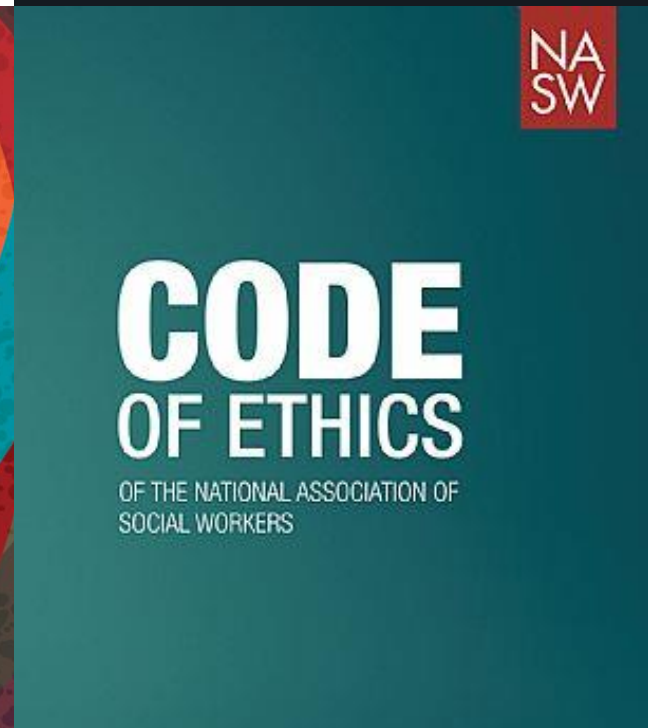
What’s the first thing you think of?

Foundational documents for ethics









Foundational documents for ethics

For example: APA Code of Ethics

- Focus is on *aspirational principles*
  - Beneficence and Nonmaleficence
  - Fidelity and Responsibility
  - Integrity
  - Justice
  - Respect for People's Rights and Dignity
- More of a compass than a map

Table 3: Ethical Principles in Ethics Codes, Explicit Hits vs. Other (Implicit and Absent)

	APA	ACA	NASW	AMA	DoD	Totals
Accountability						4.5 / .9
Advocacy, Social Justice				****		3.5 / .7
Autonomy, Self-Determination						4.5 / .9
Belief in client's ability to change						3.5 / .7
Beneficence						4 / .8
Compassion						4 / .8
Competence						5 / 1.0
Excellence						4 / .8
Fidelity, Honesty						5 / 1.0
Informed Consent						4 / .8
Integrity						5 / 1.0
Justice, Shared Responsibility						5 / 1.0
Multicultural/Diversity						4.5 / .9
Non-Maleficence						4.5 / .9
Privacy, Confidentiality						4.5 / .9
Productivity						4 / .8
Professional Development						3.5 / .7
Respect for Dignity, Intrinsic Worth						5 / 1.0
Totals	13.5 /.75	17.5 /.97	18 / 1.0	17 / .94	12 / .66	

Totals are calculated as Frequency/Percentage
For all frequency calculations: explicit = 1, implicit = 0.5, and absent = 0.

Limitations

- No matter how thorough a code of ethics gets, it has few specific directives. *WHY?*
  - It can't cover everything
  - New problems emerging all the time
  - Getting specific on one topic means you're inevitably doing less for another topic
  - There is diversity within organizations, may agree on broad principles but not every specific solution

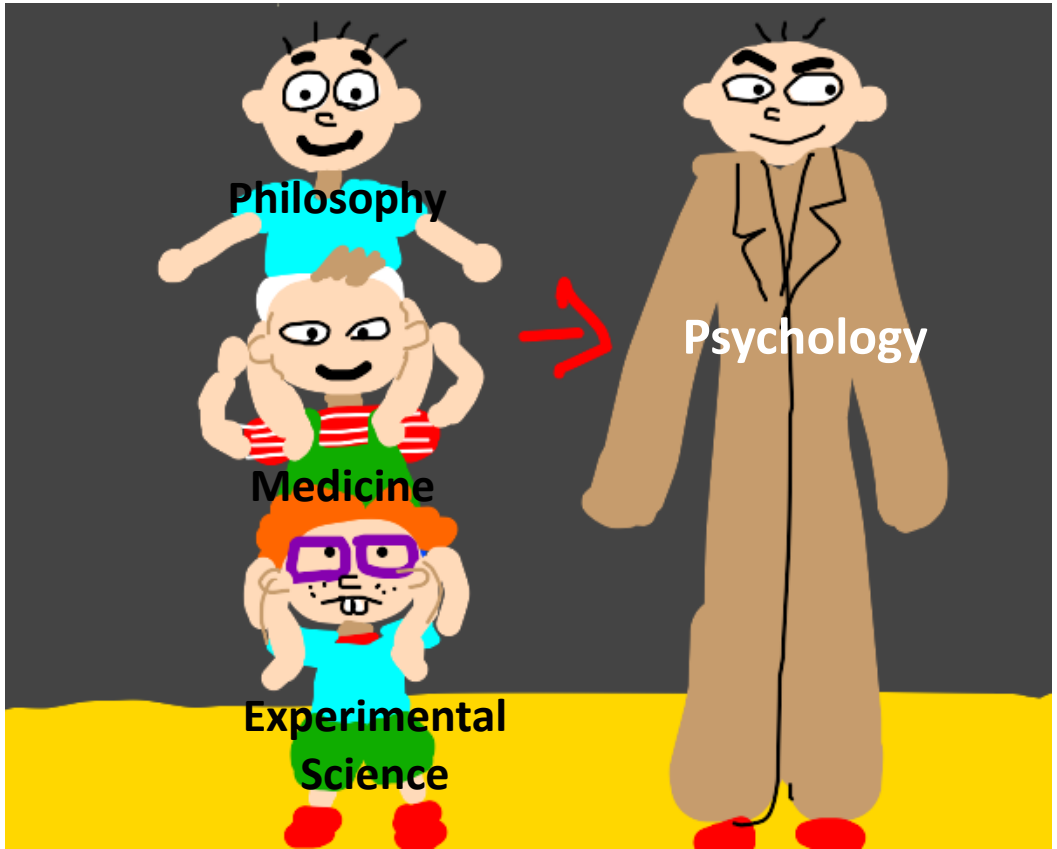
Example: APA code specific directives

- Ethics Code establishes a higher standard of conduct than the law
- "**Resolving Ethical Issues**" section = Don't violate human rights, try consulting/informal resolutions first, then report
- Don't use the Ethics Code as an excuse to do bad things
- Work within the boundaries of your competence, make ongoing efforts to maintain competence, be self-aware
- Don't discriminate, sexually harass, exploit, or do things that would reasonably be assumed to harm someone
- Get informed consent
- Don't break confidentiality except for the established legal limits

- This all applies to both clinical practice and research

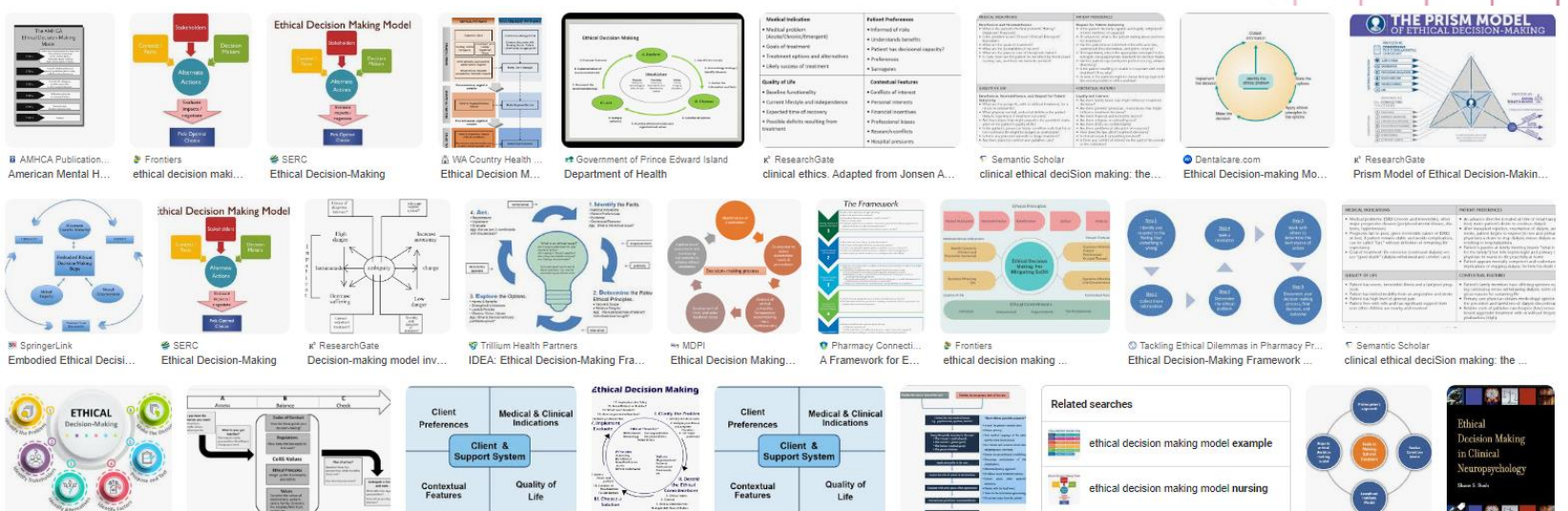
Foundational documents to help psychologists *make decisions*

- Who knows the APA ethical decision-making model?
  - There is **no** formal/generally-accepted model for psychology
  - Why?



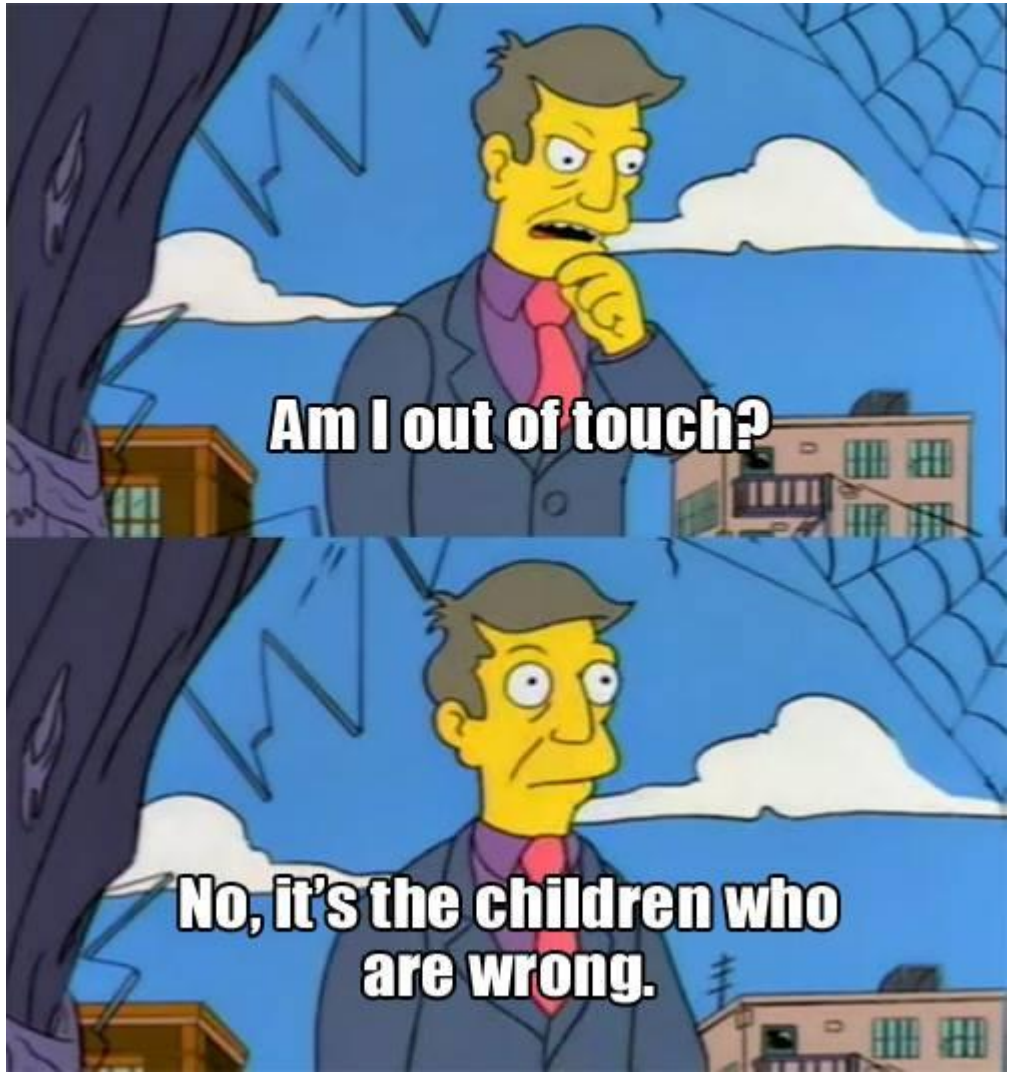
Examples of other clinical ethical decision-making models

- Risk Tolerance (component of all models)
- Cultural Humility e.g. Hook et al. (2013); Ratts et al. (2015)
- ACA has two
  - ETHICS Model Forester-Miller and Davis (1996), Haas, Malouf, & Mayerson (1986), and Kitchener (1984)
  - Practice based model - Corey, Corey, Corey, and Callanan (2015)
- AMHCA model
- *Countless others:*



Why not just “do the right thing”?

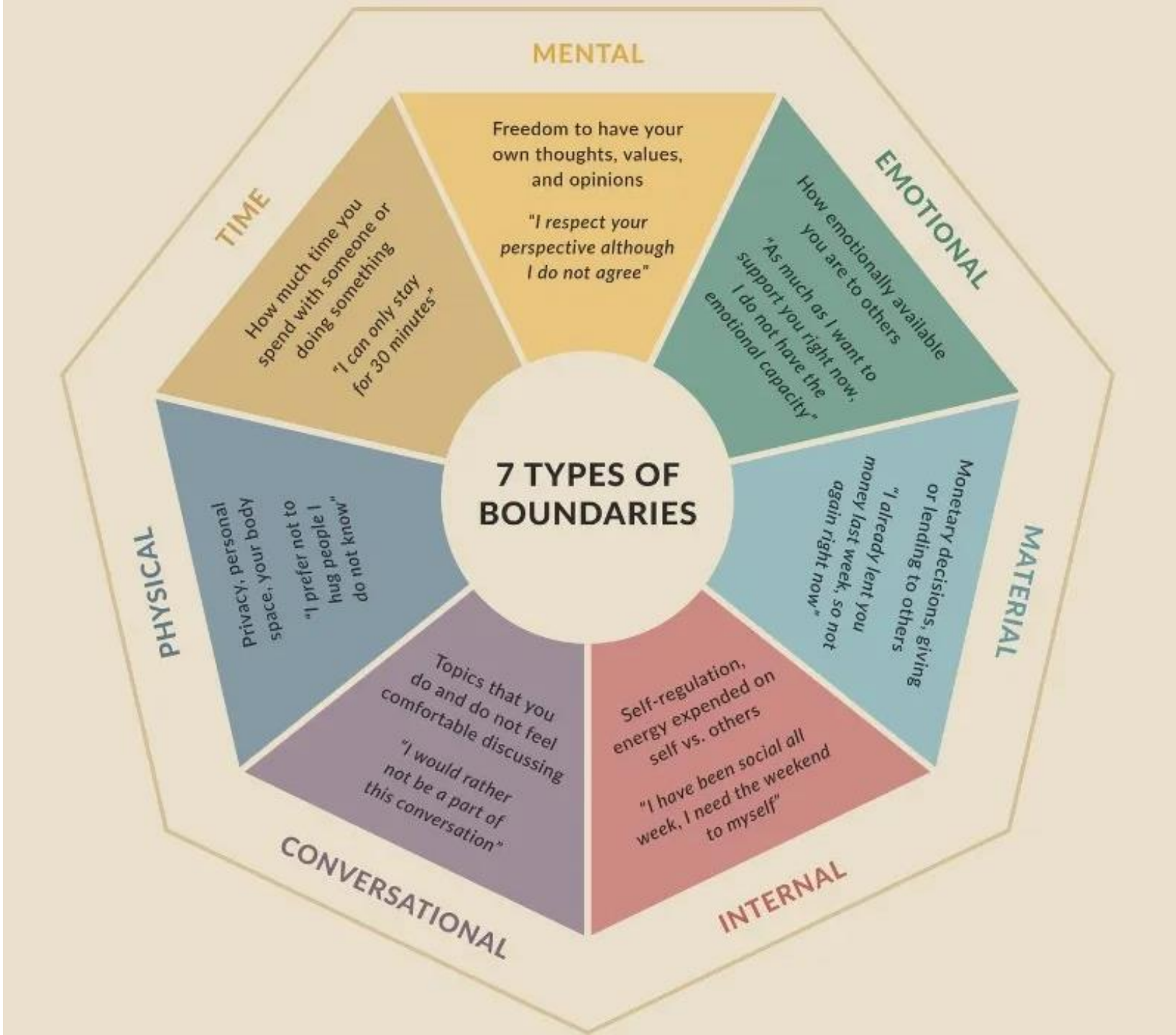
…because then you risk this:



What are some common ethical challenges to clinical boundaries?

What are some common ethical challenges to clinical boundaries?

- Confidentiality
- Dual relationships
- Self-disclosure
- Physical contact
- Gifts
- Financial boundaries
- Social media interactions
- Cultural differences
- Transference
- Countertransference
- Scope of practice
- Informed consent
- Addressing inappropriate bx
- Supervision/Consultation
- Technology (esp. teletherapy)
- Overlap with research
- Third-party involvement
- Termination
- Attraction
- Boundaries with colleagues


7 TYPES OF BOUNDARIES
MENTAL
Freedom to have your own thoughts, values, and opinions
"I respect your perspective although I do not agree"
EMOTIONAL
How emotionally available you are to others
"As much as I want to support you right now, I do not have the emotional capacity"
MATERIAL
Monetary decisions, giving or lending to others
"I already lent you money last week, so not again right now."
INTERNAL
Self-regulation, energy expended on self vs. others
"I have been social all week, I need the weekend to myself"
CONVERSATIONAL
Topics that you do and do not feel comfortable discussing
"I would rather not be a part of this conversation"
PHYSICAL
Privacy, personal space, your body
"I prefer not to hug people I do not know"
TIME
How much time you spend with someone or doing something
"I can only stay for 30 minutes"

A few specific decision-making models

Cultural Humility

- We have to go beyond “competence,” just having knowledge of the specific cultural and minority groups. We need awareness of our own cultural biases, power, privilege, and oppression.
  - History and systems are forces that none of us are above
- Four intersecting elements:
  - ongoing self-reflection
  - self-critique
  - lifelong learning
  - a commitment to advocacy and institutional change to guide work
- Overtly calls on practitioners to be agents for change and promoters of social justice

The ETHICS Model

E—Evaluate the dilemma (identify the problem and all stakeholders)

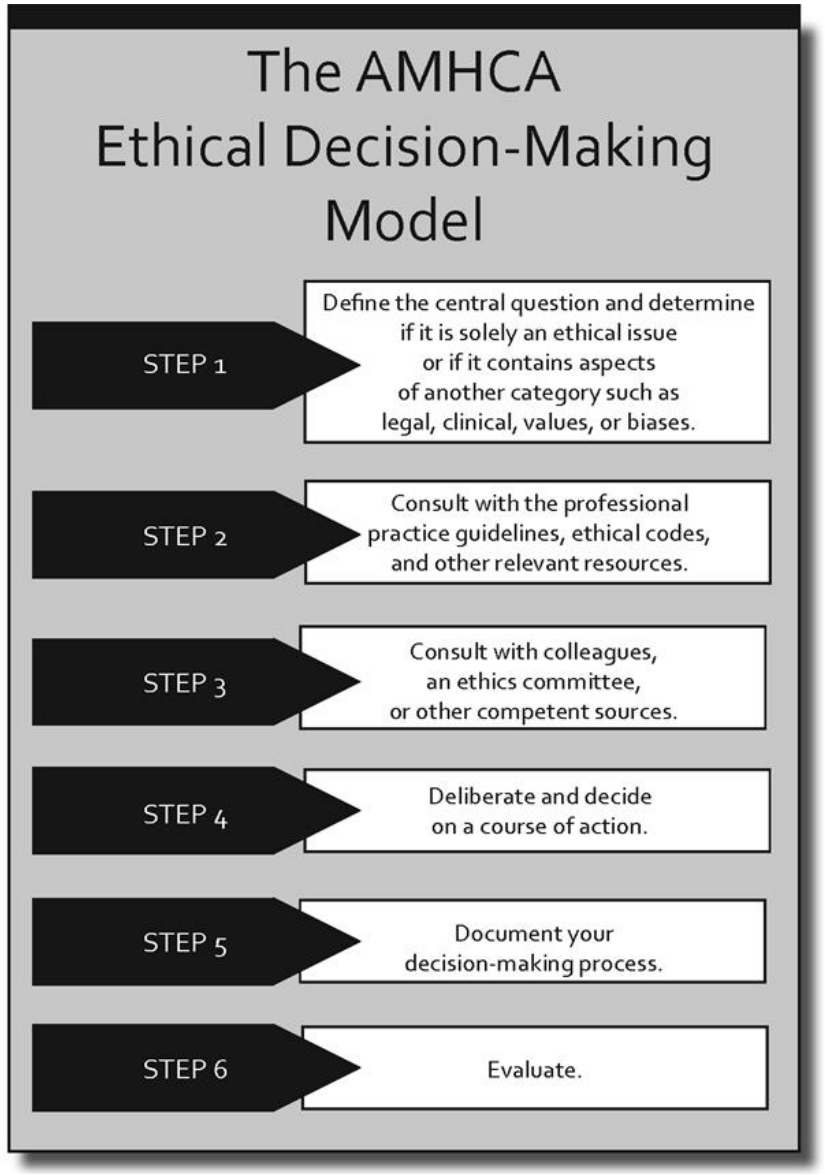
T—Think ahead to potential outcomes (proximal and distal)

H—Help, get it from consultants

I—Information (written sources like literature, laws, P&P, etc.)

C—Calculate Risk (liability and fulfillment of responsibility to each stakeholder separately – remember YOU are a stakeholder)

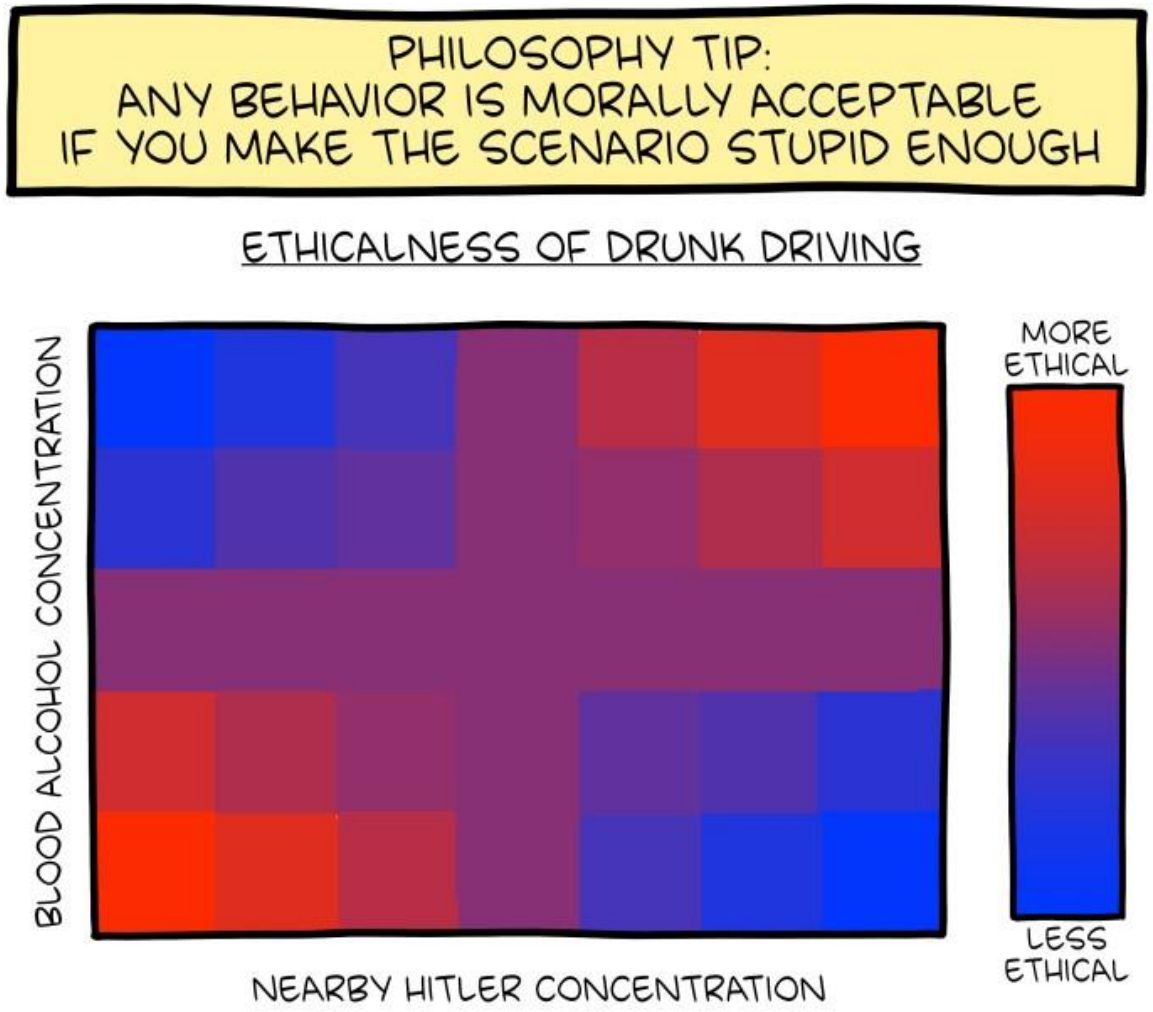
S—Select an Action



1. Define your question
   - and related questions/constructs (legal, clinical, biases, etc.)
2. Consult your guidelines
3. Consult with colleagues/supports
4. Produce several courses of action and decide on one
5. Document your decision-making process
6. Evaluate your effectiveness

Let’s practice using the model as a group

Scenario:



Credit:
smbc-comics.com

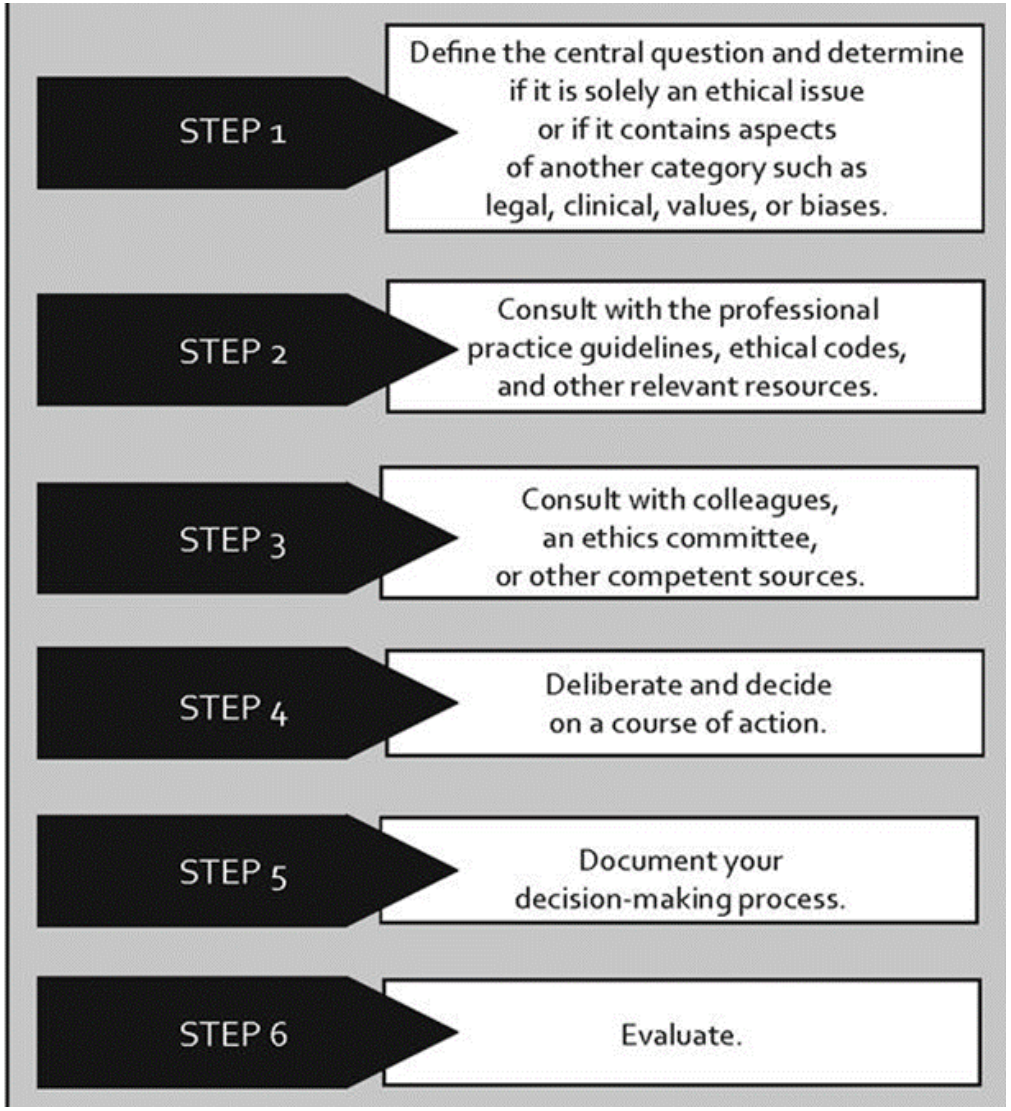
Let’s practice using the model as a group

Scenario:

You have been seeing Alex for depression, anxiety, and relationship concerns. In the fifth session, Alex discusses sadness over the end of a brief sexual relationship with Sam last year. Unbeknownst to Alex, Sam is a close friend of yours. For the past few years, you and Sam have met frequently for lunch and have even vacationed together.

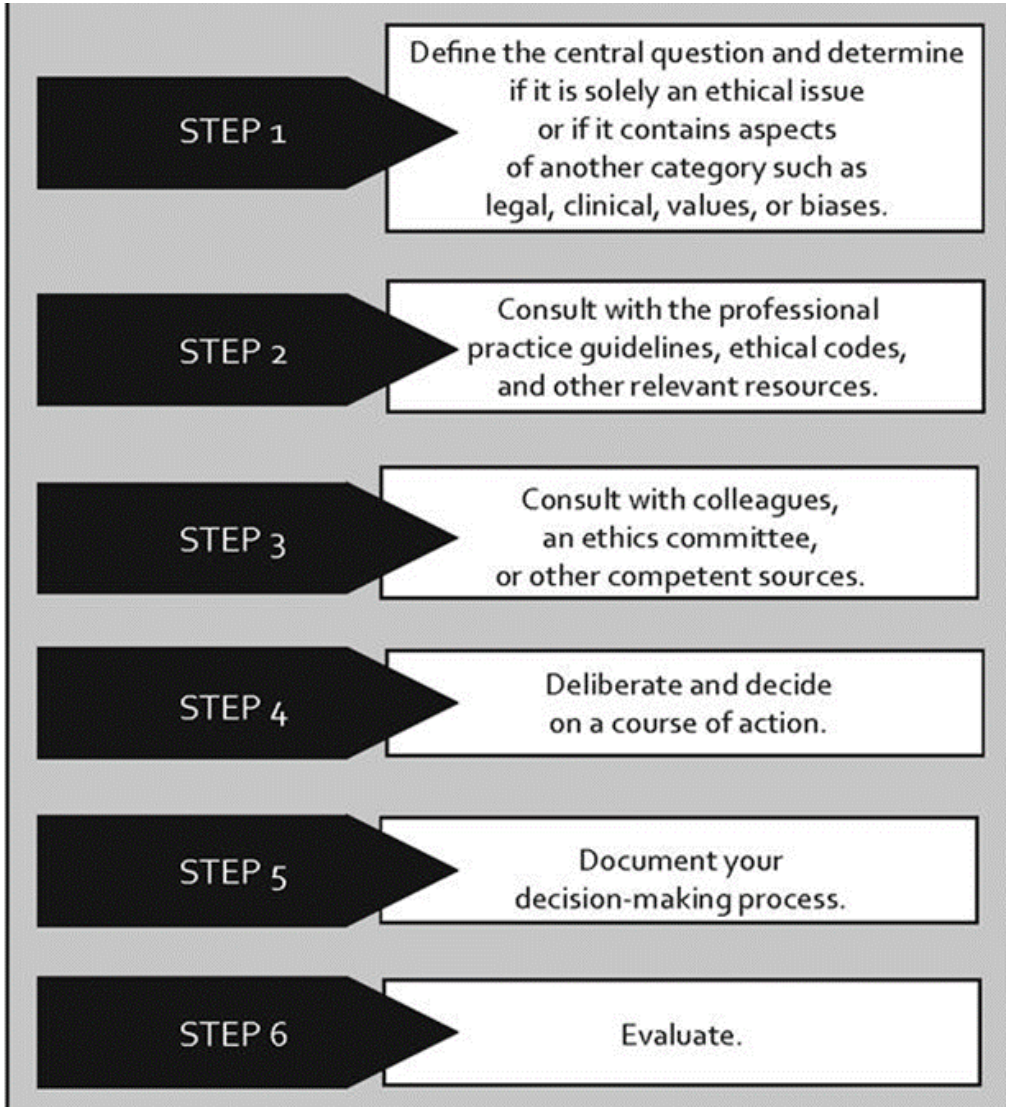
What is the best course of action in this situation?

1. Define your question(s) and constructs



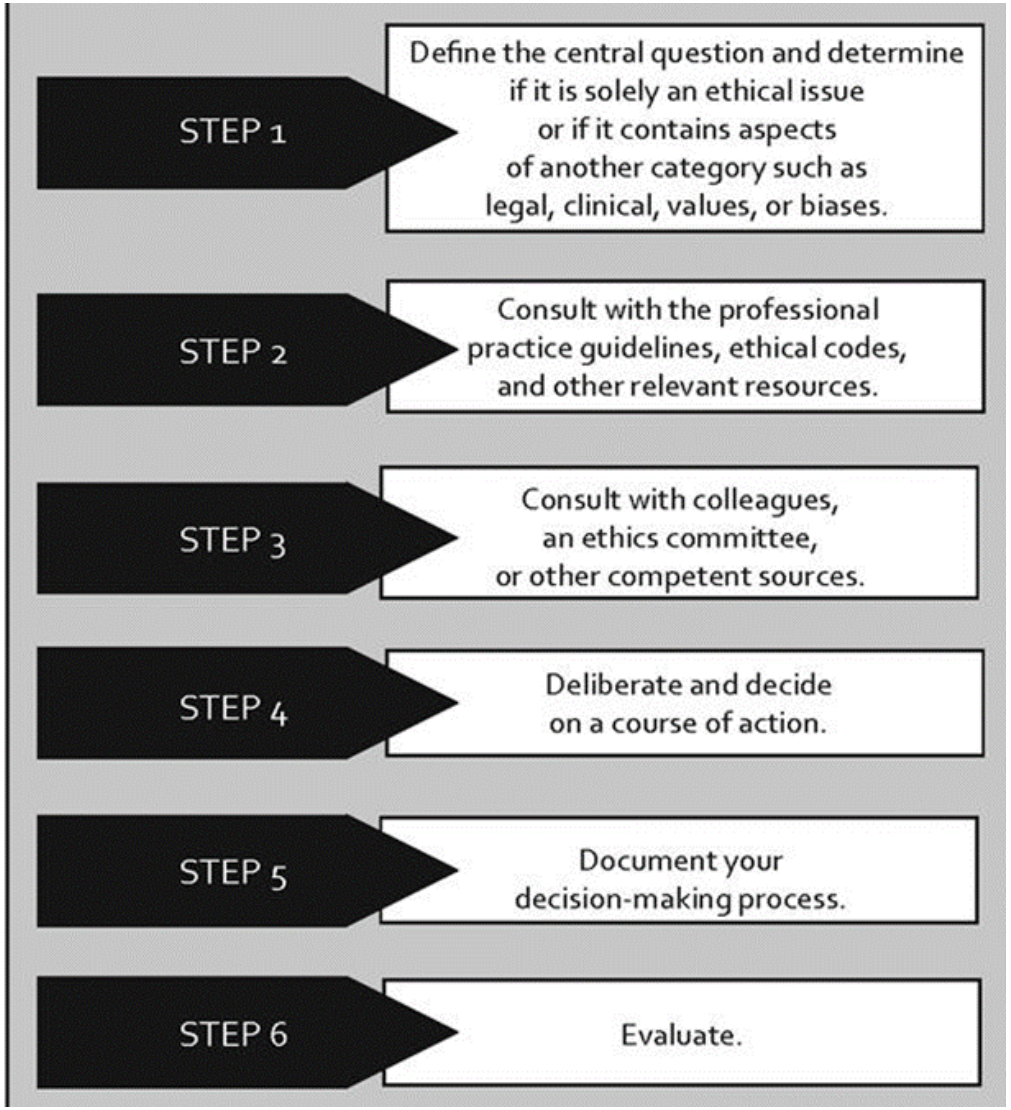
- What is the primary question?
- Who are the stakeholders and who are you responsible to?
- What could be the impacts of culture or trauma?
- What would be unfair or harmful?
- Legal concerns?
- Could you be biased *for or against* Alex?

2. Consult your guidelines/resources



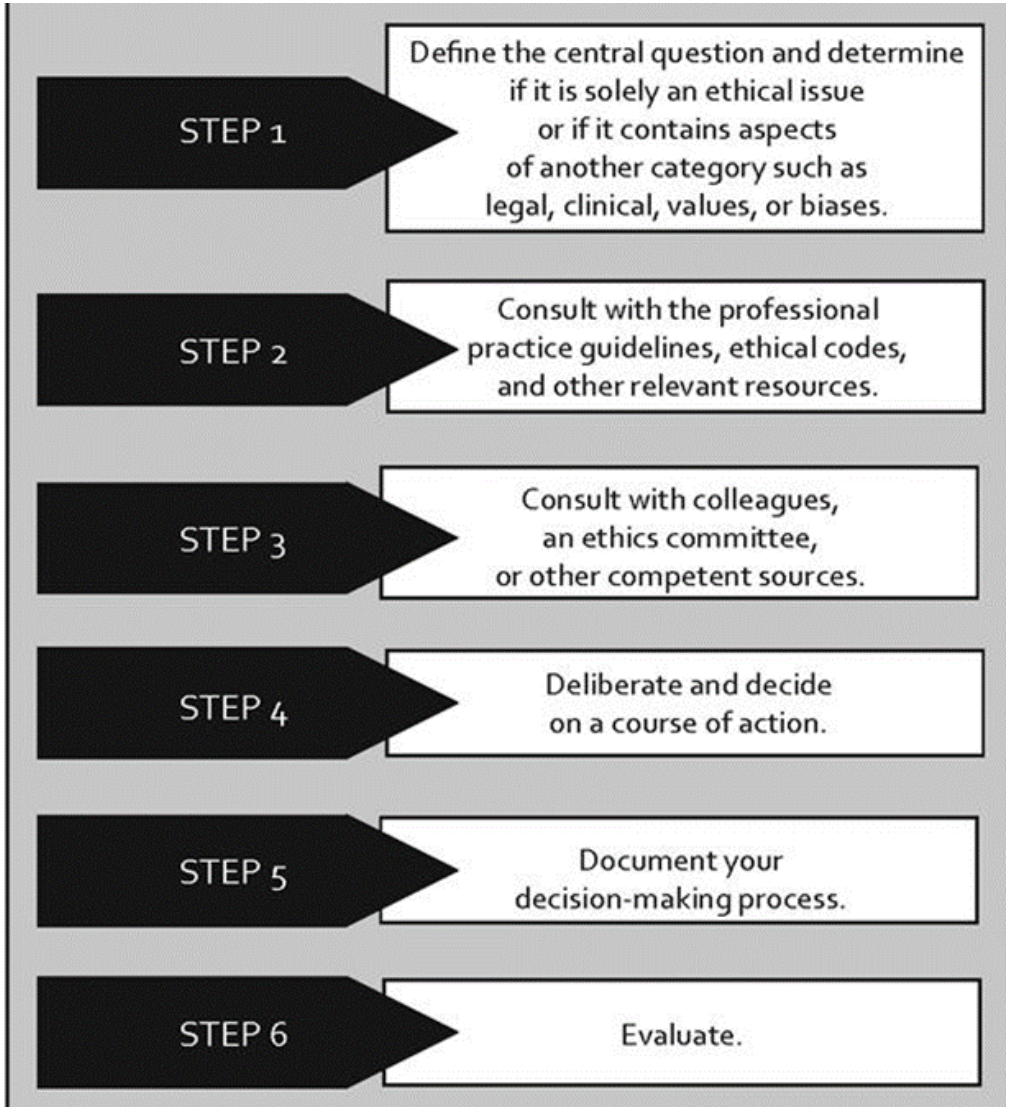
- What resources would you consult?
- What additional information could be helpful to know?

3. Consult with colleagues/supports



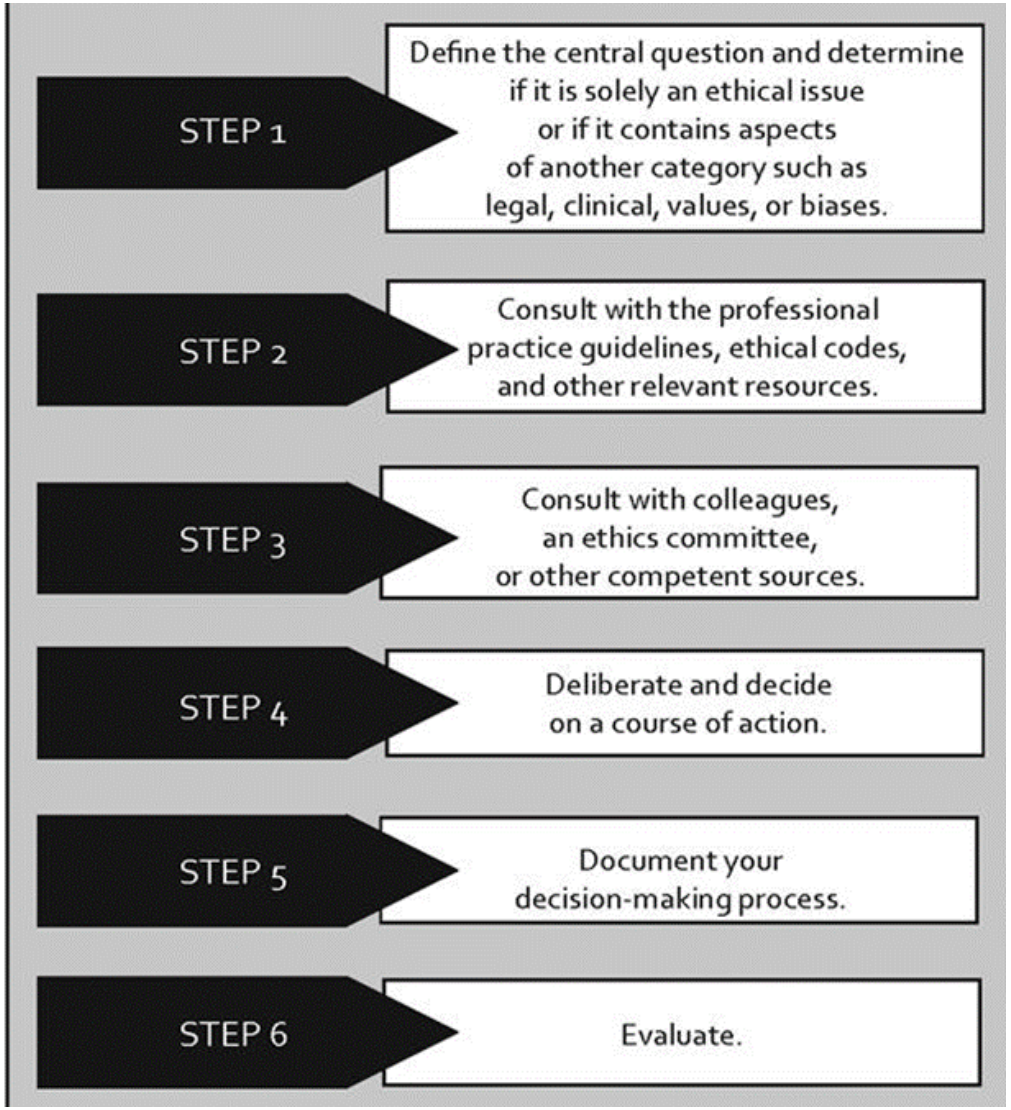
- With whom would you normally consult?
- What if they weren't available?
- Who could provide a perspective that you don't usually have access to?

4. Deliberate



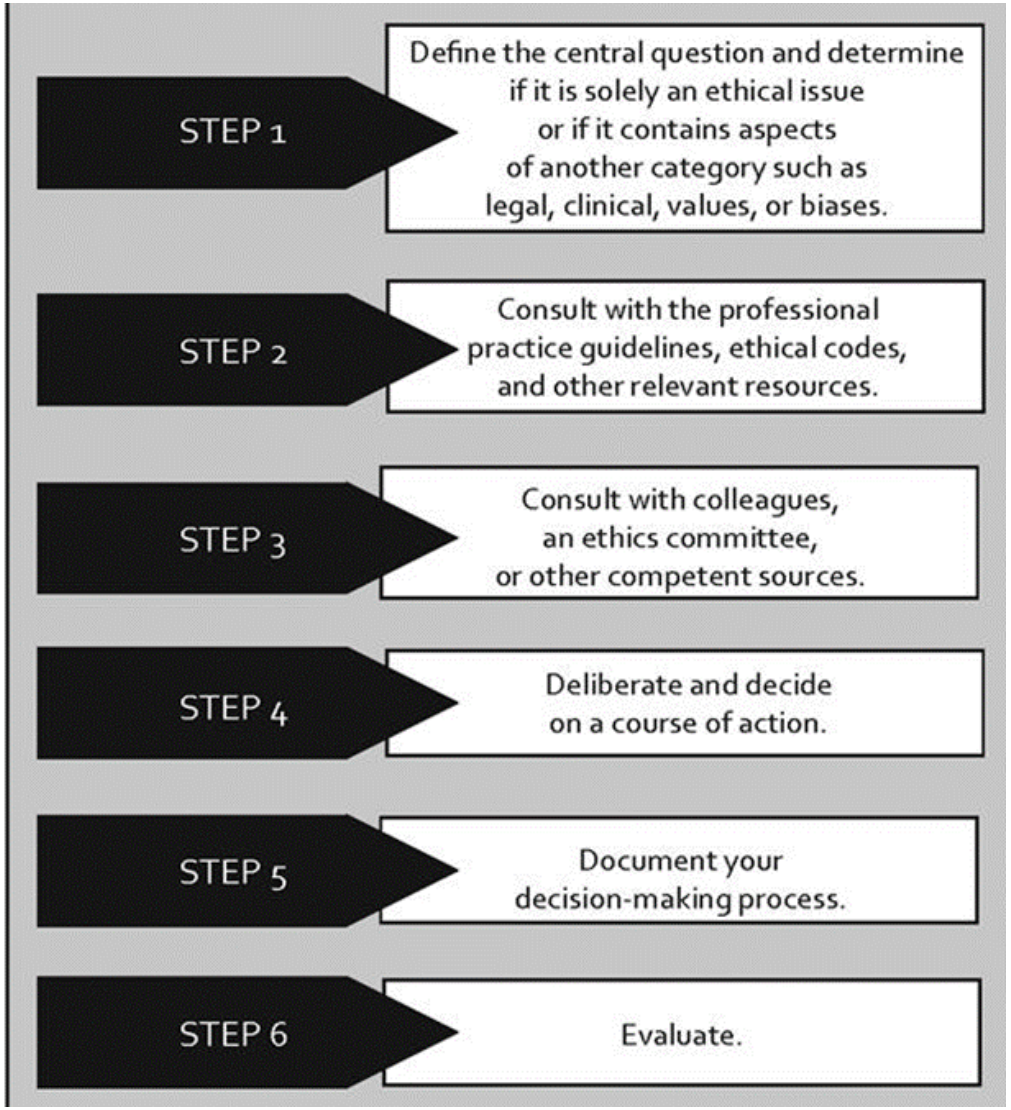
- Produce several potential courses of action
- Calculate risk to each stakeholder, including yourself (borrowed from ETHICS model)
- Then decide on a course of action

5. Document your process



- How/where would you document?
- What would you include?
- What would you exclude?

6. Evaluate



- How would you evaluate?
- What would be the evidence of an effective outcome?
- What would be the evidence of a negative outcome?
- What if Alex challenges your decision?
  - To you
  - To a supervisor/colleague
  - Publically

Let’s practice using the model in small groups

Scenario 2:

You have been working with Pat for several months to address their anxiety and depression symptoms. During therapy sessions, Pat has disclosed a history of emotional abuse by their parents and has expressed feelings of loneliness and isolation. As therapy progresses, Pat reports that they view you as a rare trusted confidante and source of support in their life.

One day, Pat sends you a message outside of scheduled therapy hours, expressing distress about a pressing problem. You recognized the urgency of the situation and were available to respond promptly, which was extremely helpful for Pat. Over time, Pat increasingly relies on you for emotional validation and guidance, reaching out to you frequently between sessions for reassurance and advice about navigating ongoing problems. They are making good progress in therapy, and they tie their progress directly to your support.

STEP 1	Define the central question and determine if it is solely an ethical issue or if it contains aspects of another category such as legal, clinical, values, or biases.
STEP 2	Consult with the professional practice guidelines, ethical codes, and other relevant resources.
STEP 3	Consult with colleagues, an ethics committee, or other competent sources.
STEP 4	Deliberate and decide on a course of action.
STEP 5	Document your decision-making process.
STEP 6	Evaluate.

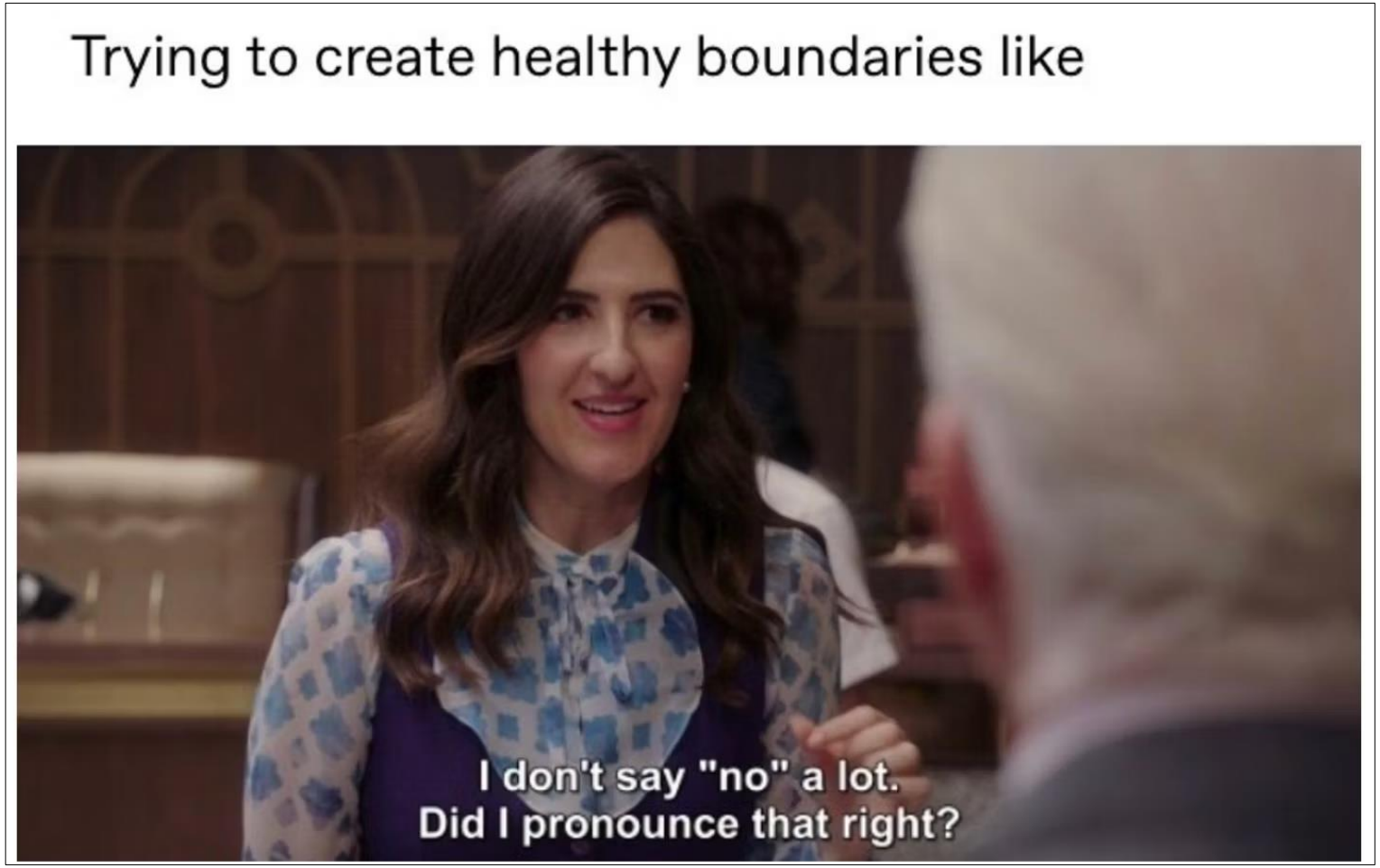
Return to the whole group

- What came up in your discussions?
- What ethical guidelines or principles are involved?
- What are the potential consequences (both risks and benefits) of your actions (or inactions) on Pat's long-term therapeutic progress and well-being?
- How might your feelings towards Pat impact your ability to maintain therapeutic boundaries? What could you do to address your feelings and maintain objectivity?
- What would you actually say to Pat, and how would you feel about saying it?
- How would you document and evaluate your decision-making?

The final point…

- You don’t have to use this decision-making model, but:
  - You have to have one,
  - *You probably already do*, so you need to be able to describe it,
  - Knowing about it is not enough, you have to actively do it.

Thank you!



Jack Mack mackjp@buffalostate.edu