

**MAINTAINING APPROPRIATE
BOUNDARIES AND ETHICAL
OBLIGATIONS AS MENTAL HEALTH
PRACTITIONERS**

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WELCOME TO ALL PROFESSIONALS ATTENDING

For this presentation, the ethical Codes referenced will be the ACA Code of Ethics (2014) and the AMHCA (2020) Code of Ethics and the NASW Code of Ethics (2021)

<https://www.counseling.org/resources/aca-code-of-ethics.pdf>

<https://www.amhca.org/viewdocument/2020-amhca-code-of-ethics?CommunityKey=88ff9fb7-8724-4717-8a7c-4cf1cd0305e9>

<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

INTRODUCTION

- A licensed psychologist, social worker or mental health practitioner required to complete continuing education must complete 3 hours of acceptable course work in appropriate professional boundaries, in each 3-year registration period starting April 1, 2023 (retrieved from <https://www.op.nysed.gov/releases/advisory-notice/continuing-education>)

YOUR PRESENTER

- Tom Murphy, LMHC-D
 - Owner of *Trauma Informed Mental Health Counseling Associates, PLLC*, Albany
 - PhD and Masters Degree from Georgia State University (CACREP Accredited)
 - Approved Clinical Supervisor (ACS)
 - President-Elect New York Mental Health Counselors Association



LEARNING OBJECTIVES

- As a result of attending this course, learners will be able to:
 1. Describe the ethical and legal responsibility of mental health professionals to maintain appropriate professional boundaries with their clients.
 2. Define dual relationships.
 3. Apply a framework to avoid dual relationships whenever possible.
 4. Apply a framework to minimize potential harm to clients and the professional whenever dual relationships are not avoidable.
 5. Describe how to demonstrate that a client has not been exploited or coerced, intentionally or unintentionally.



FOR SALE
BABY SHOES
NEVER WORN

E. HEMINGWAY





PENUMBRA

- A space of partial illumination between the perfect shadow on all sides and the full light.
- A gray area where things aren't all black and white.
- A good way to think about ethics.

BOUNDARY CONSIDERATIONS

- Mental health professional and client
- Mental health professional and other mental health professionals
- Mental health professional and social/legal systems
- Mental health professional and ethical codes
- Supervisor and supervisee
- Supervisor and supervision of supervision



CLIENT WELFARE ACA CODE

- A.1.a. The primary responsibility of counselors is to respect the dignity and promote the welfare of clients (ACA Code of Ethics, 2014)



CLIENT WELFARE – AMHCA CODE

- A.1.a. A primary ethical principle of all CMHCs is to ensure client autonomy and self-determination. Therefore, barring cases of imminent harm to self or others, any therapeutic approach that impedes an individual's right to make informed choices is not in accordance with the *AMHCA Code of Ethics* (2002).

CLIENT WELFARE – NASW CODE

- 1.01 Social workers' primary responsibility is to promote the well-being of clients. In general, clients' interests are primary. However social workers' responsibility to the larger society or specific legal obligations may, on limited occasions, supersede the loyalty owed to clients, and clients should be so advised.



THE ROLE OF BOUNDARIES

- Establishing Trust
- Maintaining Professionalism
- Client Safety
- Preventing Harmful Dual Relationships
- Fostering Independence
- Ethical Guidelines
- Transference & Countertransference
- Treatment Focus
- Legal Compliance
- Cultural Sensitivity

REASONS CLINICIANS RISK THEIR LICENSE IN NEW YORK

- Assisted Patient with their Emotional Support Animal Paperwork
- Sexual texting and boundary violations with clients
- Signed patient's name on authorization forms. Fraudulent/false record keeping and documentation.
- 2 years stayed suspension, 2 years probation, \$500 fine
- Application to surrender license granted.
- 1 month suspension, 23 months stayed suspension, 2 years probation.

MORE REASONS CLINICIANS RISK THEIR LICENSE

- Failure to document rationale for attending concerts and social events with a patient.
- Failing to update parents of a minor patient's treatment on one or more occasions.
- Accepted a large sum of money from a patient for non-professional purposes.
- Censure and reprimand, 1 year probation, \$500 fine.
- 2 years stayed suspension, 2 years probation, \$500 fine
- Application to surrender license granted.

EVEN MORE REASONS CLINICIANS PUT THEIR LICENSE AT RISK

- Practicing the profession with moral unfitness.
- Charged with signing a supervisor's certification to a mental health counseling application for a limited permit with a false response.
- Struck an 11 year old minor patient on the buttocks with a wooden ruler during a treatment session.
- 2 years stayed suspension, 2 years probation, \$500 fine
- Application to surrender license granted.
- Partial actual suspension certain area, 1 years probation.



**PROFESSIONAL
BOUNDARIES IN
MENTAL HEALTH**

CASE STUDY – REGINA SMITH

- Regina Smith has been working as a college counselor for the last three years. Recently Regina started seeing Doreen, a 20-year-old female Junior who is presenting with both anxiety and depression, suicidal ideation with no plan or means, and who has recently started skipping classes “because of stress.” Doreen is a strong academic and has told Regina that her family has “high expectations” of her. Doreen’s symptoms have been present for “about a month.” Doreen notes that she has been dating Justin for the last three months because her family has told her he is from “good stock” and is the “right kind of boy” for Doreen.

CASE STUDY – LONI JACKSON

- Loni Jackson is Regina's colleague and friend. Loni has been working at the counseling center for five years. Loni has been seeing a student named Justin (21 yo Senior) for the last year and feels she has a strong therapeutic alliance with him. Loni is aware that Justin's family is very wealthy and has recently contributed a large amount of money to the university to fund a new building and endowed chair professorships. Loni has been concerned about Justin's recent statements about the girl he has been dating that have been "aggressive" and "threatening." Loni has reminded Justin about the exceptions to confidentiality within the counseling relationship.

ETHICAL AND LEGAL ISSUES

- Both Regina and Loni are facing complications with their clients.
- Regina notes that Doreen has intimated that she may have experienced violence (possibly sexual) from the man she has been dating. Doreen has insisted that Regina “drop it” and will not participate in any evaluation or medical testing.
- Loni has tried to confront Justin about his behavior towards his girlfriend and Justin has threatened to go to his parents to get Loni “off his back.”
- Doreen’s parents have become concerned about Doreen’s academic performance and have asked for her counseling records “in order to understand what’s going on.” They have expressed concern for her safety.

MORE ETHICAL AND LEGAL ISSUES

- Justin's parents have contacted the president of the university with their concerns about how Justin is "being treated" at the counseling center and are asking for "accountability" from Loni.
- The president of the university understands the legal issues involved with client confidentiality but has contacted the director of the counseling center "to see if anything can be done" regarding some kind of disclosure.
- The Board of Trustees has become aware of potential problems with Justin and his family and have contacted the president to "make sure the situation is resolved."

QUESTIONS

- What are the moral, ethical and legal issues in this scenario?
- What issues should take precedence within the counseling center?
- What protections do Regina and Loni have in this situation?
- What protections do Doreen and Justin have in this situation?
- What don't we know that we need to know?



**BOUNDARIES,
ETHICS, MORALS,
AND THE LAW**

Why we want to remember
ethical decision-making
models.

BOUNDARY CROSSINGS VS. BOUNDARY VIOLATIONS

Boundary Crossing: A departure from a commonly accepted practice that occurs to benefit the client.

Boundary Violation: A departure from commonly accepted practice that is perceived as a serious breach and causes harm to the client.

Ethics

~process of making moral decisions about individuals and their interactions in society while still attempting to protect the rights and welfare of those same individuals

(Kurpius et al., 1991, p.48)

**“Ethics is the
science of morals.”**

◦ Derived from Latin word *morosus*

◦ Moral actions are determined

◦ How these moral principles are acted on differently by

◦ What you view as moral behavior is based on the values you espouse.

“Morals are informed by ethics.”

others) are interpreted and a culture.

- (Remley & Herlihy, 2016)

VALUES

- Like morals in that they serve as a guide to determining good or right behavior.
- Relates to both the personal and professional functioning of an individual and a profession.
- Our personal values guide our choices and behaviors and are culturally based (micro to macro system).
- **Personal values are not congruent across individuals or culture.**
- If you have a high self-awareness of your values, you can learn to *bracket* them – set them aside within the counseling relationship (Kocet & Herlihy, 2014).

PROFESSIONAL VALUES

- Members of the mental health professions share certain values.
 - Enhancing human development across the lifespan
 - Honoring diversity
 - Embracing a multicultural approach to therapy
 - Promoting social justice
 - Practicing competently and ethically
 - Safeguarding the integrity of the counselor-client relationship.
- Core values are articulated in the *ACA Code of Ethics* (ACA 2014), the *AMHCA Code of Ethics* (2020) and the *NASW Code of Ethics* (2021)

ETHICS AND MORALS - MANDATORY AND ASPIRATIONAL

- Moral Principles in
Counseling & Mental Health
(Kitchener, 1984)

Beneficence

Non-Maleficence

Autonomy

Fidelity

Justice

Veracity (Remley &
Hurlihy, 2001)



VIRTUE ETHICS

- **Integrity** – being motivated to do what is right and not being motivated to do right to avoid consequences.
- **Discernment** – to perceive ethically relevant aspects of a situation.
- **Acceptance of Emotion** – Emotion informs reason and is one guide towards ethical decision-making.
- **Compassion** – being sensitive to the suffering of others
- **Self-Awareness** – knowing one's own assumptions or beliefs and how they affect relationship with others.
- (ACA Code of Ethics, 2026)



CODES OF ETHICS

- Not Perfect. A work in progress.
- Informed by both morals and law.
- Informed by professional identity and scope of practice.

LAW VS. ETHICS



- Law always trumps ethics.
- How does this relate to professional practice?
- How does this relate to the “courage of your convictions?”

CAN I GET AWAY WITH IT?

- If you are asking this question, you are probably not acting within both the law and the code of ethics.
- Examples:
 - Working as a 1099 Independent Contractor while accumulating hours under supervision to attain full licensure.
 - Hiring a professional that has a greater scope of practice in New York
 - Owning a business with a member of another profession.
 - Operating a mental health practice under a Limited Liability Corporation (LLC). New York requires that psychotherapy practices operate under a Professional Limited Liability Corporation (PLLC) or Professional Corporation (PC).

BUT PEOPLE DO IT ALL THE TIME!

- Yes, they do.
- Do you want to work for an individual or practice that does not operate within the law or any of the ethical codes? If so, why?
- If you choose to operate outside of the law, be aware of what the consequences might be.
- Can you lose your license?
- Are you under liability that your insurance will not cover?
- Are you operating outside of your scope of practice?

NEW YORK LEGAL PERSPECTIVE ON MAINTAINING BOUNDARIES.

- accepting as a patient anyone with whom you have had a prior sexual relationship;
 - forming a sexual relationship with a current or former patient;
 - treating patients to whom you are related by blood or legal ties;
 - bartering with patients for the provision of services;
 - supervising applicants for licensure or other training when you are related by blood or legal ties, or when you are having or have previously had a sexual relationship with the trainee;
 - referring patients to services in which you have a financial relationship, without disclosing that you may stand to benefit financially from their use of the service; and
 - entering into financial relationships with patients other than their paying for your professional services.
- (op.nysed.gov, 2023, Guideline 5)

BOUNDARIES

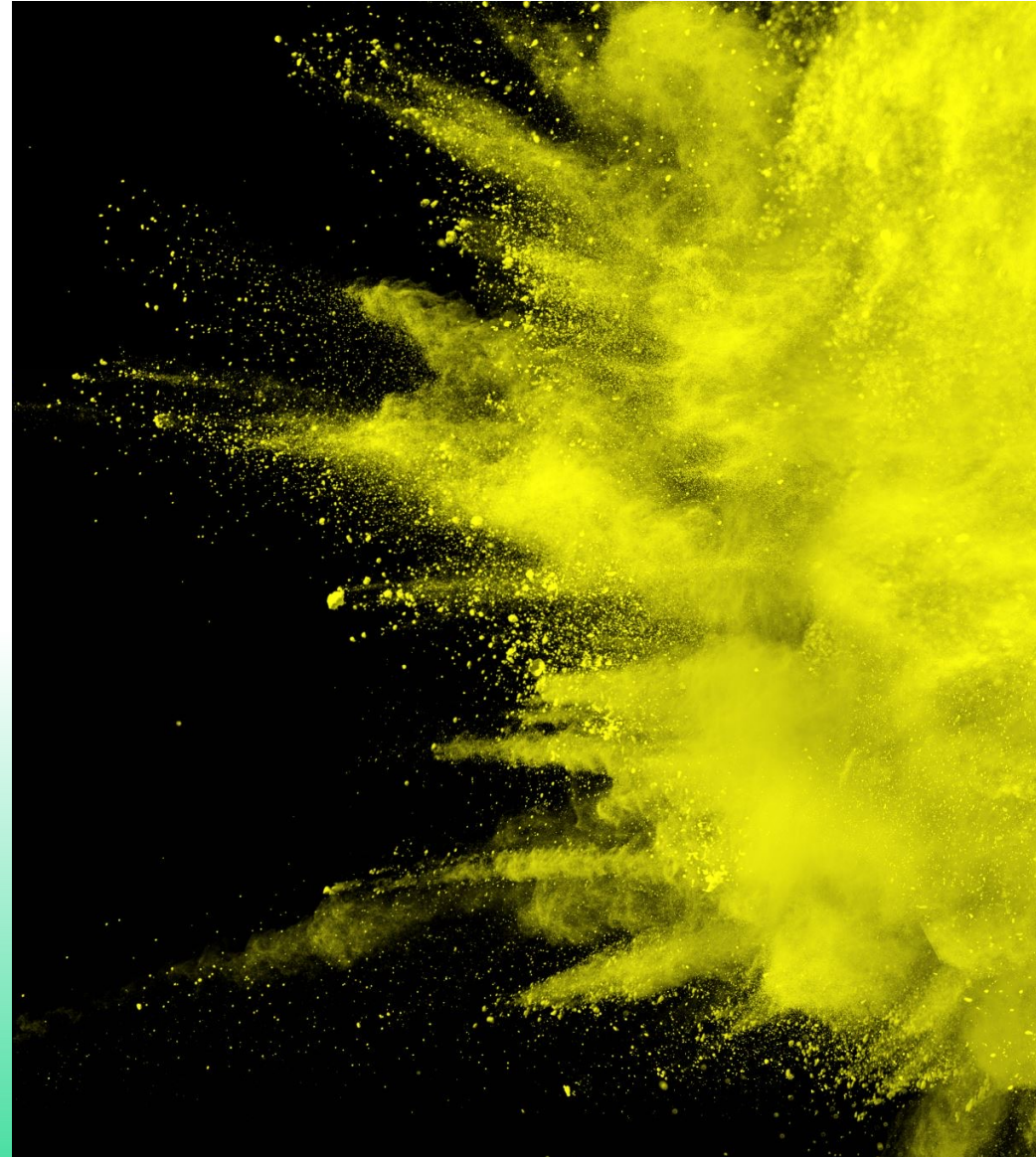
- the limit of what someone considers to be acceptable behavior

- <https://dictionary.cambridge.org/us/dictionary/english/boundary>



TYPES OF BOUNDARIES

- Physical
- Emotional
- Social



An abstract graphic on the left side of the slide. It features a textured background with a color gradient from light brown at the top to bright green at the bottom. Overlaid on this background are several thick, black, irregular shapes that resemble stylized letters or symbols, possibly 'S' or 'B'.

PHYSICAL BOUNDARIES

- Don't have sex with your client.
- Establish clear physical boundaries
- Do not establish touch
- You get to set your boundaries. Mental health providers can say no at any time if they are not comfortable with touch or do not wish to share personal information.

- ACA Code of Ethics says 5 years no contact (in person or electronically) post counseling termination
- ACA A.5.b: Document whether the relationship may be viewed as exploitive in some way and/or there is still potential to harm the former client. (ACA, 2014)
- AMHCA A.4.a.: Romantic or sexual relationships with clients and their immediate family members (i.e. parents, children, and partners) are strictly prohibited. CMHCs do not counsel persons with whom they have had a previous relationship. (ACA, 2014)



**SEXUAL
RELATIONSHIPS**

EMOTIONAL BOUNDARIES

- Transference and countertransference are real.
- How are you processing the emotional impact of your clients?
- The gift of attachment.

THE CONSEQUENCES OF BOUNDARY VIOLATIONS

A study in 2019 (Wilkinson, Smith, and Wimberly) found the following ethical complaints led to disciplinary actions by the state licensing boards in the following order:

Failure to acquire continuing education credits

Dual relationships (nonsexual)

Sexual relationships with clients.

Misrepresenting of training/credentials to public

Document fraud/improper notetaking

Billing fraud

Improper supervisory practices

Failure to report abuse/crisis

INFORMED CONSENT

- CMHCs communicate clearly with clients about the parameters of the counseling relationship. (AMHCA, 2020, A.1.b)
-
- Clients have the freedom to choose whether to enter into or remain in a counseling relationship and need adequate information about the counseling process and the counselor.
 - Counselors have an obligation to review in writing and verbally with clients the rights and responsibilities of both counselors and clients.
 - Informed consent is an ongoing part of the counseling process, and counselors appropriately document discussions of informed consent throughout the counseling relationship. (ACA, 2014, A.2.a)

ITEMS TO INCLUDE IN INFORMED CONSENT

- Informed Consent is a voluntary agreement. Clients have a right to refuse or terminate treatment at any time.
- Disclosure: Counselors must provide clients with **clear and understandable** information about the counseling process, including the **nature and purpose of counseling**, the counselor's qualifications, potential risks/benefits, and expected duration of treatment.
 - ACA Code C.4.d: Counselors clearly state their highest earned degree in counseling or a closely related field. Counselors do not imply doctoral-level competence when possessing a master's degree in counseling or a related field by referring to themselves as "Dr." in a counseling context when their doctorate is not in counseling or a related field.
 - PhD(c) and ABD are NOT viable credentials.

POTENTIAL ITEMS INCLUDED IN INFORMED CONSENT

- Highest level degree, fees for service, insurance panels.
- License numbers, certifications (and numbers if applicable), professional organizations.
- Professional experience.
- Statement on mental health care/psychotherapy benefits and limitations.
- Qualifications and specialties in practice.
- Theoretical Orientation and Interventions used in practice. (And no, “eclectic” is not a theoretical orientation.)
- Statement on consultation and safekeeping of medical records, including plan for medical records and continuity of care should the clinician die or become incapacitated.
- Clear statement on social interactions with clients including social media.
- Clear statement of when confidentiality may be breached.

DUAL (MULTIPLE) RELATIONSHIPS

- A frame around a therapeutic dyad that defines a set of roles for the participants in the therapeutic relations.

(Smith & Fitzpatrick, 1995)

- Physical Contact
- Time and Place for Counseling
- Non-counseling Relationships
- Amount and Type of Self-Disclosure
- Exchange of Gifts (cultural context is important and a conversation is needed when cultural differences between the counselor and client are encountered)



EXTENDING COUNSELING BOUNDARIES/DUAL RELATIONSHIPS



- Determine if the dual relationship is avoidable or unavoidable
- Have an open discussion with the client to explore risks vs. benefits
- The counselor determines whether the benefits outweigh the risks or whether the reverse is true.
- If risk of harm is greater than potential benefit, decline to enter the dual relationship
- Provide an explanation to the client so that the client understands the rationale for the decision
- Document the decision to enter (or not enter) into dual relationship.

(ACA, 2014; AMHCA, 2020)

DUAL RELATIONSHIP SCENARIOS

- Not all dual relationships are bad. But each needs consideration from an ethical and legal standpoint.
-

- How would you handle the following situation?
 - You are a new counselor setting up a practice in a small town. You have been in recovery from alcohol for over 12 years and continue to participate in AA. This town has one active AA meeting, and you will probably see clients at the meeting. Do you attend? Will online meetings be sufficient? Attending the meeting is not only a choice but represents self care.

COLLEGE CAMPUS DUAL RELATIONSHIP SCENARIOS FROM ATTENDEES

- In addition to seeing students through the college, you oversee a peer support program. At a small SUNY college we often work alongside our clients who are RAs or other roles on campus. Some of my clients have wanted to apply to work in the peer program.
- You work in a rural part of New York. You have a small, after-hours practice, you work alone, seeing people in person. There are limited providers in the surrounding area. A client expressed sexual fantasies towards you while also experiencing suicidal ideation. Thoughts?

MORE SCENARIOS FROM ATTENDEES

- What is the counselor role/scope when a client is involved in court cases?
- What happens when your work supervisor is also your clinical supervisor? A counseling director takes on the role of clinical supervisor for each counseling staff member.
- What to do when non-clinical higher ed administrators making operational decisions for clinical counseling staff

MORE DUAL RELATIONSHIP SCENARIOS

- You work with children with chronic illness and disabilities. A child you have been working with is celebrating a birthday and both he and your mother ask you to attend. You are aware that the child may not have long to live.
- A client who immigrated from Taiwan offers you a small gift towards the end of your work together.
- A member of your church approaches you to provide couple's counseling for that member and her husband. You know the couple socially but would not consider them friends.

SUPERVISION

- New York has specific requirements to be a supervisor:
- Your supervisor must be licensed and registered in New York State to practice Mental Health Counseling, medicine, as a physician assistant, psychology, licensed clinical social work, or as a registered professional nurse or nurse practitioner and competent in the practice of Mental Health Counseling or must have the equivalent qualifications as determined by the Department for experience completed in another jurisdiction. (2023, op.nysed.gov).
- There are no requirements for training as a supervisor and there is no time of licensed practice required. Some states require up to 5 years of independent practice and certification before a clinician is eligible to supervise (Henrikson, et al., 2019)

SUPERVISION AND ETHICS

- The ACA Code of Ethics (2014) gives ethical guidelines specific to supervision:
- F.1.b – Counseling supervisors work to ensure that supervisees communicate their qualifications to render services to their clients.
- F.2.a – Prior to offering supervision services, counselors are trained in supervision methods and techniques.
- F.4.a – Supervisors are responsible for incorporating into their supervision the principles of informed consent and participation. Supervisors inform supervisees of the policies and procedures to which supervisors are to adhere and the mechanisms for due process appeal of individual supervisor actions.

ETHICAL SUPERVISION

- Sometimes you don't have a choice to supervise. Your employer may require that you provide supervision without training. This is legal.
- How can you supervise ethically in this situation?
 - Seek out supervision of supervision from someone who has received advanced education in supervision.
 - Read the ACA Code of Ethics (2014) on Supervision and seek continuing education.



MORE ETHICAL SUPERVISION FACTORS

- Familiarize yourself with the standard supervision models and seek consultation on incorporating them into your supervision practice.
- Explain to your employer that while you can legally supervise, the ethical code has specific requirements. Is there a way to supervise both legally and ethically?

SUPERVISION INFORMED CONSENT

- Supervision Informed Consent should include:
 - Supervisor's professional identity, license status, education, and specific training in supervision, The supervision Code of Ethics that will be used.
 - The mental health areas for which the supervisor is competent to supervise.
 - Description of the methods of evaluation that will be used with the supervisee.
 - Emergency contact information for the supervisor.
 - The supervision model that will be used.
 - The supervisor's clinical theoretical orientation.
 - Expectations of the supervisee in supervision.
 - Specific recourse for the trainee should they need to post a complaint about the supervisor, including contact information for the State Board, the supervisor's manager or employer

○ (<https://cce-global.org/credentialing/acs/requirements>)

**PARALLEL PROCESS
(BERNARD & GOODYEAR,
2019)**

- Unique to supervision.
- Supervisee mirrors the behavior of the client, which is revealed in supervision.
- The process reverses when the supervisee adopts the attitudes and behaviors of the supervisor in relating to the client.



THE GIFT OF COUNTERTRANSFERENCE

- Practitioners' emotions are influenced by a client. Can be seen in both a positive and negative light. Peer supervision is an effective way to evaluate countertransference (Murphy, S., 2013).
- Emotional regulation and self-reflection skills are also at the core of the management of countertransference (CT) (Hayes, et al., 2023)
- Being aware of countertransference means you can differentiate between what you need to deal with in your own personal counseling versus what is coming up in the room that is a cue for what the client is feeling (Murphy, S., 2013)

CULTURAL CONSIDERATIONS

- How does an ethical code stay culturally relevant?
- Hurlihy and Corey (2015) discuss a proposition from Speight (2012) that *solidarity* is a culturally congruent way of understanding and managing boundaries.
- Various cultural groups approach the therapeutic relationship differently. The concept of *broaching* becomes important in distinguishing cultural expectation and boundaries in the therapeutic relationship. (Day-Vines, et al., 2013; King, 2021).
- Involvement of religious leaders in the therapeutic process may be appropriate in some cultures (Fadiman, 1997; Gladding & Crockett, 2019)



CONFIDENTIALITY

- New York has not adopted the Tarasoff (1974) ruling into law. Therefore, there is not a legal obligation to warn/protect. However, case law supports the practitioner's right to warn/protect and have held practitioners not liable for breach of confidentiality when there is justification or excuse for such action based on a showing of circumstances and compelling interest. See, *Clinger, supra, 84. A.D.2d at 487.*

MINOR CLIENTS

- If counseling services are provided to minors or adult clients who lack the capacity to give consent voluntarily, informed consent may need to be obtained from the minor's legal guardian or parent, depending on circumstances and the minor's age.
 - Even if consent is not required from the minor, it is best that the minor understand the limits of confidentiality within the counseling relationship.
 - Counselors protect the confidentiality of the information received – in any medium – in the counseling relationship as specified by state and federal laws, written policies, and ethical standards.
 - (ACA, 2014, B.5.a)

The state of New York extends broader rights of decision to minors than many other states and even exceed the limitations in the ACA Code.

DIAGNOSIS

- Some New York mental health professionals have diagnostic privilege (LCSW, LMHC-D, LMFT-D) and accessing the Code is important in facing the ethics of diagnosis.
 - E.5.a Counselors take special care to provide proper diagnosis of mental disorders. Assessment techniques are carefully selected and appropriately used.
 - E.5.b Counselors recognize that culture affects the manner in which clients' problems are defined and experienced. Clients' socioeconomic and cultural experiences are considered when diagnosing mental disorders.

DIAGNOSIS 2

- E.5.c Counselors recognize historical and social prejudices in the misdiagnosis and pathologizing of certain individuals and groups and strive to become aware of and address such biases in themselves or others.
- Counselors may refrain from making and/or reporting diagnosis if they believe that it would cause harm to the client or others. Counselors carefully consider both the positive and negative implications of a diagnosis.

ETHICAL DECISION-MAKING

- Common Ethical Decision-Making Models
 - ACA Model – Forrester-Miller & Davis (1996)
 - Value-Based Conflict Ethical Decision-Making Model (Kocet & Hurlihy, 2014)

ACA MODEL (FORESTER-MILLER & DAVIS, 1996)

1. Identify the problem.
2. Apply your code of ethics that apply to the case (e.g. ACA, AMHCA, NASW)
3. Determine the nature and dimensions of the dilemma (What NY law may be applicable to the case? A good source is: <https://codes.findlaw.com>)
4. Consult with colleagues and generate potential courses of action.
5. Consider the potential consequences of all options and determine a course of action.
6. Evaluate the selected course of action.
7. Implement the course of action.
8. Once the action is implemented and the consequences are known, review the course of action*

VALUE-BASED CONFLICT ETHICAL DECISION-MAKING MODEL (KOCET & HERLIHY, 2014)

- Step One: Determine the nature of the value-based conflict
 1. Personal
 2. Professional
- Step Two: Explore core issues and potential barriers for providing care.
 1. Personal
 - Recognize role of personal, moral, and/or religious biases and impact of personal life experiences
 - Recognize potential barriers and how personal values impede the counseling relationship
 2. Professional
 - Recognize countertransference or deficiencies in skills, training, or expertise

VALUE-BASED CONFLICT ETHICAL DECISION-MAKING MODEL (KOCET & HERLIHY, 2014) 1

- Step Three: Seek Assistance/Remediation for providing appropriate standard of care
 1. Personal
 - Consult code(s) of ethics
 - Consult colleagues, supervisors, and professional literature
 - Seek additional training or supervision
 - Utilize ethical bracketing theory (immersion, education, consultation, supervision, and personal counseling)
 - Identify ways to maintain personal/religious/moral beliefs while still providing effective counseling

VALUE-BASED CONFLICT ETHICAL DECISION- MAKING MODEL (KOCET & HERLIHY, 2014)2

1. Professional

- Consult code(s) of ethics
- Consult colleagues, supervisors, and professional literature
- Develop professional remediation plan to increase skills, competency, or expertise
- Seek additional training or supervision/consultation

VALUE-BASED CONFLICT ETHICAL DECISION-MAKING MODEL (KOCET & HERLIHY, 2014) 3

- Step Four: Determine and evaluate possible courses of action
 1. Personal
 - Examine rationale and basis for potential referral and whether referral to another provider is ethical or unethical and based on a personal bias
 - Assess effectiveness of remediation plan as it relates to working through any personal bias that prevents resolving the conflict

VALUE-BASED CONFLICT ETHICAL DECISION- MAKING MODEL (KOCET & HERLIHY, 2014)4

1. Professional

- Examine whether intended referral to another provider is ethical or unethical
- Explore rationale and basis for potential referral
- Assess effectiveness of remediation plan as it relates to an increase in competency/effectiveness
- Step Five: Ensure that proposed actions promote client welfare

ETHICAL DECISION-MAKING MODEL FOR GATEKEEPING (HOMRICH, 2019 – USED WITH PERMISSION OF AUTHOR)

1. Establish procedures for monitoring trainee progress and professional suitability.
2. Awareness that problem exists.
3. Define the problem or dilemma.
4. Identify the trainee's worldview.
5. Review the law, ethical guidelines, and institutional policy.
6. Clarify expectations to be communicated.

**ETHICAL DECISION-MAKING MODEL FOR GATEKEEPING
(HOMRICH, 2019 – USED WITH PERMISSION OF
AUTHOR) 2**

7. Provide trainee with opportunities to be heard.
8. Practice Discernment & reflection on factors that influence the process.
9. Obtain consultation.
10. Develop solutions, options, and/or potential course(s) of action.
11. Implement course(s) of action.
12. Evaluate the course of action.
13. Continue reflecting on overall gatekeeping process.

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