Ethics, Competence, Values, & Referrals

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Poll Question

• Who Are You?
Our Goal

• Our ethics address the issues of referrals, values, and competence in a clearer fashion.

• We will review those ethics and a illustrative case that will help you provide a quality standard of care for a diverse client population.

The Case of Emily

• Emily is a 24-year-old Caucasian lesbian seeking counseling at a community mental health agency to address her feelings of depression.

  • She recently “came out” to her family and friends and her family members have completely rejected her.

  • Her friends have stopped calling her and inviting her to social functions since she disclosed her sexual orientation.

  • Emily is in a relationship that is going relatively well, but she does not think that her girlfriend understands her situation because she has been “out” for many years and has supportive family and friends.
The Case of Emily

- Emily reports:
  - Decreased appetite
  - Sleeping much more than she is used to
  - Lack of energy
  - Decreased concentration
  - Overall feeling of depression.
  - Decreased feelings of self-worth
  - She has been feeling this way for about 2 months

- The counselor is morally against homosexuality and, to his knowledge, has not worked with any homosexual clients to this point. The counselor wonders whether he is competent to work with Emily.

What is Our Dilemma/Confusion?

- On the One Hand
  - If I treat Emily, could I be putting her at risk because my moral misgivings might suggest I am not competent to treat her?
    - My values may influence what I do and impact my client.

- On the Other Hand
  - If I refer Emily, I could be doing her a service by sending her to someone who can offer a more accepting environment.
    - But if I do, am I being discriminatory?
### Is This A Common Practice?

**Ford & Hendrick (2003)**

- When psychologists & LMFTs were presented with a values conflict with a client:
  - 40% referred the client to another professional
  - 25% discussed the issue with the client
  - 21% indicated “other” or “did not apply”
  - 18% consulted with a colleague
  - 4% engaged in self-examination, sought additional information, viewed the issue from the client perspective
  - 1% helped the client explore the issue

### Why is this Important?

- Court Cases Challenging Our Practice
  - Bruff v. North Mississippi Health Services (2001)
    - Dugger, S. M. & Francis, P. C. (2014)
  - Walden v. CDC, et. al., (2010)
  - Keaton v. Augusta State University (2011)
Micro-Aggressions
Sue, D.W., et al. (2007)

• What is a Micro-Aggression?
  ▫ ...brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people.

  • Note: Micro-Aggressions still considered theory

Values vs. Competence

• So is there confusion?
Competence vs. Values

- A conflict of values is not a competence issue...it is a diversity/multicultural issue
  - Difficulty or disagreement does not imply a lack of competence
  - No therapist is competent with all populations

Gaining Competence

- Competence is not an either/or concept (C.2.)
  - Continuum of competence
    - Competence is always growing and changing
  - Growing Competence Requirements (Fisher, 2003)
    - Staying current with literature & knowledge
    - Acquiring appropriate skills (CEUs, supervision, consultation, etc.)
      - Understanding when referral is necessary due to inability to gain competence required
Implications for Profession

• Highlights that the counseling profession need to clearly communicate its core professional values to practitioners, students, and the public.

• What are those values?

What Are Our Core Values?

• The 2014 COE have outlined the “Core Professional Values of the Counseling Profession:”

1. enhancing human development throughout the life span;

2. honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts;

3. promoting social justice;

4. safeguarding the integrity of the counselor-client relationship; and

5. practicing in a competent and ethical manner.
Values (A.4.)

• Personal Values
  ▫ Counselors are aware of—and avoid imposing—their own personally held values, attitudes, beliefs, and behaviors.
  ▫ Counselors respect the diversity of clients, trainees, and research participants and seek training in areas in which they are at risk of imposing their values onto clients, especially when the counselor’s values are inconsistent with the client’s goals or are discriminatory in nature.

Values and Referral (A.11.)

• Counselors refrain from referring prospective and current clients based solely on the counselor’s personally held values, attitudes, beliefs, and behaviors.
• Counselors respect the diversity of clients and seek training in areas in which they are at risk of imposing their values onto clients, especially when the counselor’s values are inconsistent with the client’s goals or are discriminatory in nature.
What About the Rights of the Clinician?

- Clinician Rights to One’s Belief or Values
  - *Clinician is not asked to change beliefs or values*
  - *Ethics & good practice require a bracketing off of personal values so to create a therapeutic environment for client*

  - Prohibition from imposing values on client

Referrals (A.11. & A.12.)

- Referrals as Last Resort
  - Ethics imply an order of action before referral is made to avoid the appearance or practice of unfair or unintended discrimination (C.2. & C.5.)
    - Obtain consultation
    - Obtain supervision
    - Obtain education

  - Document your actions that lead to your decision
When We Refer Based on Values...

- Discriminatory Referrals (Shiles, 2009)
  - Occurs when a mental health professional refers a client when s/he believes that s/he cannot work with the client’s presenting concern (in this case due to a values/religious/lifestyle conflict) before the professional has consulted with the client or sought consultation, supervision, further education, or other means to increase his or her capacity to provide services.
  - When the professional has not sought these services, s/he may be referring inappropriately and committing an act of discrimination.

Non-Discrimination

- ACA: C.5. - Counselors do not condone or engage in discrimination against prospective or current clients, students, employees, supervisees, or research participants based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital/partnership status, language preference, socioeconomic status, immigration status, or any basis proscribed by law.
Boundaries of Competence

- ACA: C.2.a. - Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. **Whereas multicultural counseling competency is required across all counseling specialties,** counselors gain knowledge, personal awareness, sensitivity, dispositions, and skills pertinent to being a culturally competent counselor in working with a diverse client population.

Your Personal Values Are Your Values!!

- The 2014 Code of Ethics is not asking you to change your values!
Questions to Ask Before Making a Referral (Shiles, 2009)

• Based on my training & experience, do I feel competent to work with this client?

• Can I be respectful of my client’s beliefs related to their presenting concern?

• How might my reaction to this client differ from my reaction to a client with a similar presenting concern, but with different demographic variables?

• Can I expand my competence regarding this issue through reading, supervision, or other professional activities?

• Am I willing to work at expanding my competence, and if not, why?

• Is this an area that the counseling profession regards as essential for competent practice?
Questions to Ask Before Making a Referral (Shiles, 2009)

- Would referring this client cause more harm than good for this client and for other clients with similar characteristics who are considering counseling?

- Have I exhausted all other options before considering this referral?
  - Emphasis added by presenter

One Last Thought

- This is not about religious views vs. counseling practice

- This is about the ability to manage one’s values (whatever they might be) when working with a client with a different set of values
Please join us for the remaining 2014 Code of Ethics Webinar Series at 1pm EDT:

- Wednesday May 21st - Gatekeeping & Relationship Boundaries for Counselor Educators
- Wednesday June 4th - Resolving Ethical Issues/Ethical Decision-Making
- Wednesday June 11th - Technology, Social Media, & Distance Counseling
- Wednesday June 18th - Professional Responsibilities of the Counselor
- Wednesday June 25th - Fees, Fee Splitting, Bartering, Gifts and other billing issues

Additional Questions? Please email RBurke@counseling.org