

Ethical Decision Making in Marriage and Family Therapy: A Model for Supervisees

Keith Klostermann^{1*}, Theresa Mignone², Emma Papagni¹

¹Medaille College, 18 Agassiz Circle, Buffalo, NY 14214.

²Enlightened Therapies of Western New York, Williamsville, NY 14221.

kck35@medaille.edu

**Corresponding Author: Keith Klostermann, Medaille College, 18 Agassiz Circle, Buffalo, NY 14214.*

Abstract

Family therapy can present unique challenges to therapists – clinically and ethically. Family members may have conflicting goals or secrets that have not been shared, but have serious implications for the family. Consequently, it is important for therapists to have a model for conceptualizing how to handle these complicated and often challenging situations. The purpose of this manuscript is to provide a simple ethical decision-making model which can be taught to students and easily applied in practice.

Given that the needs of a family and needs of the individual members are often in conflict (which can create ethical and clinical dilemmas), it is imperative that therapists and supervisees have a model for conceptualizing and handling these types of challenging situations in a thoughtful, ethical manner. Kitchener (1984) developed a simple, but helpful heuristic for evaluating clinical and ethical decision-making. Kitchener's model is based on the assumption that ethical decisions are dependent upon context. Simply stated, "A decision that is considered ethical in under one set of circumstances may not be considered ethical under a different set of circumstances (p. 2)." The model involves two-levels of ethical reasoning: 1) intuitive and 2) critical-evaluative. Using the machinery of Kitchener's model, the purpose of this commentary is to offer an ethical decision-making approach for use in managing ethical dilemmas in clinical practice and supervision.

INTUITIVE

This level consists of a firm set of ethical beliefs about what is right and wrong; it is sometimes referred to as ordinary moral sense (Zygmund & Boorheim, 1989). An example of ordinary moral sense might be a situation in which a therapist is confronted with a suicidal client. Based on prior clinical experiences and training, an experienced therapist can immediately handle the crisis. However, it is important to acknowledge that relying exclusively on the intuitive

level can be dangerous. As noted by Zygmund and Boorheim, "situations occur in which an individual's ordinary moral sense does not result in ethical decisions (p.3)."

CRITICAL-EVALUATIVE LEVEL

This level is characterized by a three-step approach to ethical reasoning including: 1) ethical rules, 2) ethical principles, and 3) ethical theory. Ethical rules identify standards of behavior upon which individuals and groups can base and judge their behavior relative to the rule (e.g., AAMFT code of ethics). Ethical principles are beliefs about specific behaviors that when acted upon, protect the interests of those involved. The five most recognized ethical principles are: 1) autonomy, 2) non-maleficence, 3) beneficence, 4) fidelity, and 5) justice. According to Zygmund and Boorheim, ethical principle is more highly valued than personal and group values, which have legal implications in terms of professional obligations. Ethical theory allows individuals to evaluate their theory from a more global perspective in which an individual can consider the possible outcomes of clinical decisions.

APPLICATION

Prior to starting the couples or family therapy, the therapist reviews her "no secrets" or limited confidentiality policy with a couple. More specifically, the couple is informed that if the therapist becomes aware of any information from either partner that she

Ethical Decision Making in Marriage and Family Therapy: A Model for Supervisees

feels is relevant to the couples work, she is going to ask that the partner disclosing the information share it in session. In the event the partner declines, the therapist will reserve the right to bring it up in session. After treating the couple for a month and each partner reporting how helpful the process has been for their relationship, the male partner calls to reschedule an appointment and when asked how things were going, reveals that he does not intend to stay in the relationship and is only biding time until he gets some of his debt paid off and saves some money.

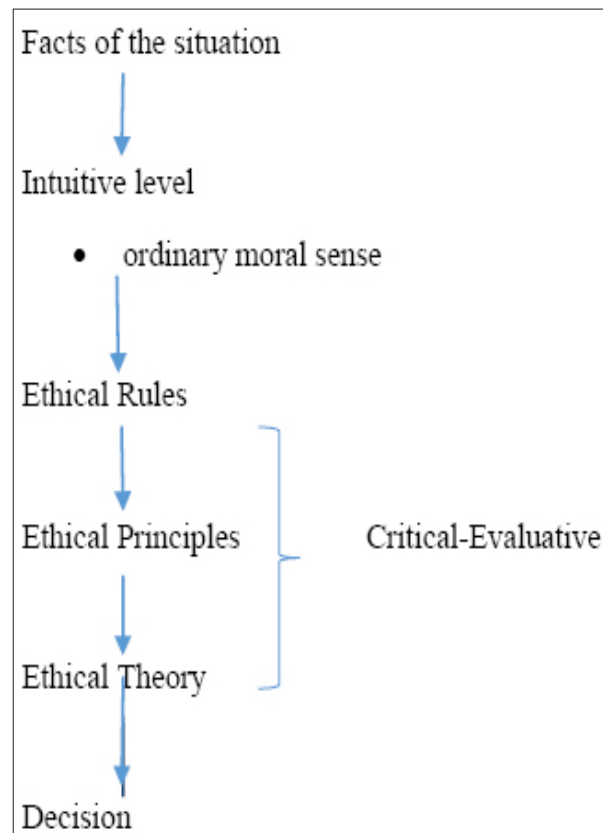
In this situation, intuitive moral sense provided little guidance in how to proceed since choosing to disclose or not disclose will have implications for each partner and the relationship. Furthermore, an interpretation of the AAMFT code of ethics does not provide a clear course of action. In order to resolve the issue, the following choices must be considered in terms of which best protects the interest and welfare of all individuals involved:

1. The therapist will not disclose the information to the female partner in hope that the male partners commitment to the relationship improves over time.

2. The therapist will require that the male partner disclose the secret to the female partner; if he refuses, she will inform the male partner of her intent to bring up the secret during the next session.

The first option upholds the principle of fidelity, however results in the therapist infringing on the female partner's right to autonomy. The second option maintains the female partner's autonomy; however, it may negatively impact the relationship between the therapist and male partner. Finally, the principle of justice must be considered, as the female partner is an unequal position without accurate knowledge of the male partner's intentions. In this case, the therapist might be best served by applying the balancing principle by asking the following questions: Which choice if acted upon would result in the least amount of avoidable harm to both partners? Answering this question involves weighing the potential benefits and costs of protecting the female partner's autonomy versus the possible benefits and costs of keeping the secret.

DECISION TREE BASED ON KITCHENER'S MODEL



CONCLUSION

Prior to starting clinical work with couples and families, students should be required to review the AAMFT code of ethics for familiarity with national guidelines and use as a reference to aid in ethical decision-making. Supervisees should be encouraged to develop an individualized procedure for handling ethical dilemmas and critically analyze its usefulness in clinical practice. In addition, another helpful resource is Caldwell's (2015) book entitled, User's Guide to the 2015 AAMFT Code of Ethics (<https://www.aamft.org/Documents/Legal%20Ethics/AAMFT-code-of-ethics.pdf>), which is a terrific resource for students and practitioners alike. Furthermore, possible ethical issues should be reviewed at each weekly supervision meeting and case scenarios used

to deepen understanding of couple and family therapy ethics with the goal of developing personalized ethical decision-making models.

REFERENCES

- [1] Caldwell, B. E. (2015). User's guide to the 2015 AAMFT code of ethics. CreateSpace Independent Publishing Platform.
- [2] Kitchener, K. S. (1984). Intuition, Critical Evaluation and Ethical Principles: The Foundation for Ethical Decisions in Counseling Psychology. *The Counseling Psychologist*, 12(3), 43-55.
- [3] Zygmund, M. J., & Boorheim, H. (1989). Ethical decision making in family therapy. *Family Process*, 28, 269-279.

Citation: Keith Klostermann, Theresa Mignone, Emma Papagni. *Ethical Decision Making in Marriage and Family Therapy: A Model for Supervisees*. *Archives of Psychiatry and Behavioral Sciences*. 2018; 1(2): 11-13.

Copyright: © 2018 Keith Klostermann, Theresa Mignone, Emma Papagni. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.