

An Updated Framework for Ethical Decision-making to Apply in Complicated Situations

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Learning Objectives

- Summarize NHPA's update to Behnke's 4-bin approach to ethical decision making.
- Apply the ethical decision-making approach to clinical case scenarios.
- Describe at least 3 ways that social and political polarization can contribute to ethical dilemmas in clinical practice.

Let's Recall....

- Recall an interaction that evoked an ethical concern or a moral dilemma...
- How did you react and/or what did you experience?
 - Somatically?
 - Emotionally?
 - Cognitively?

Ethical Dilemmas

Identifying the early warning signs of potential trouble

- Use both emotional (fast) and cognitive (slow) processing

Common emotional reactions

- Anxiety/fear
- Annoyance/anger

Common Cognitive Reactions

- "I must take immediate action so I can feel better, ASAP"

Hasty decisions often lead to regret.

5 Bin Approach to Ethical Dilemmas Based on the Work of Stephen Behnke


- **Legal**
 - Relevant federal & state laws and regulations
- **Clinical**
 - How a particular course of action impacts the treatment or assessment outcomes of the client
- **Ethical**
 - Relevant APA Ethical Principles and Code

5 Bin Approach to Ethical Dilemmas Based on the Work of Stephen Behnke

- **Risk Management**
 - How a particular course of action increases or decreases the psychologist's exposure to liability
- **DEI**
 - Cultural differences between therapist & client; addressing "isms" expressed by therapist or client; addressing traumatic experiences of discrimination

5 Bin Approach to Ethical Dilemmas

- 4 Wheels of a car
 - Legal, clinical, ethical, risk management
 - Proceeding successfully depends on the wheels being well-coordinated with each other
- Pedals – Accelerator/Brakes
 - DEI issues
 - Critical to ethical practice
 - Impacts all “wheels” and other aspects of practice
 - Requires constant monitoring, maintenance, & repair



5 Bin Approach to Ethical Dilemmas

Legal
Clinical
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Risk Management
DEI

Analyzing Ethical Dilemmas

Slow down, Think through your options.	Use the 5-bin approach to provide a framework for thinking.
Remember everyone makes mistakes. The key is how you respond.	“When in doubt, spread it out.” – Seek consultation(s)
Actively work on increasing your tolerance for ambiguity.	Shades of Grey – There can be more than one appropriate resolution.

Applying the Model

Sociocultural Polarizations

- Racism
- Sexism
- Ableism
- Elitism/Classism
- Wokeism
- Ageism
- LGBTQI+isms
- Anti-semitism
- Islamophobia
- Xenophobia
- Political Parties
- Body Sizeism
- Etc...

Sociocultural Polarization and Ethical Dilemmas

- Misalignments of client and therapist perspectives can be explicit or implicit
- Clients exhibit
- Therapists exhibit

Addressing Cultural Differences

- Cultural and racial awareness is a life-long process
- We are cultural and racial beings with various biases and assumptions that can impact treatment
- Recognize, study, and understand the systemic and institutionalized facets of oppression sustained by the power of white supremacy.
- Develop cultural humility
- Remember that you cannot become competent in someone else's culture
- Be humble & curious in not knowing

Addressing Cultural Differences

- If there is an observable difference between you and your client in race, gender, age, etc., **acknowledge it.**
 - "I wonder how you think our difference in [race] might impact our work together and our relationship"
 - If the client denies that the difference has any impact, periodically check back in with the client about the difference

Addressing Cultural Differences

- If a client reveals a bias or prejudice
 - Silence is condoning
 - Psychologists do not knowingly condone a client's prejudices (Principle E, APA Code of Ethics)
 - You can always return to the statement at a later time
 - "I was thinking about the time when you said..."

Addressing Cultural Differences

- Use clinical skills to **authentically and nonjudgmentally validate the client's experience**
 - "I can see why you might feel that way."
 - "That sounds exhausting to work so hard & to feel like you were passed over for promotion because of your race/gender/age."
 - "It makes sense to me that you believe that...."
 - "I'm curious about how that experience has affected you."
 - "You have some very intense feelings about that."

Addressing Cultural Differences

- If you as therapist reveal a bias or prejudice
 - The 5 A's of repair
 - Acknowledge** the mistake
 - Apologize**
 - Not so profusely that it becomes about you
 - Appreciate** the client's courage in mentioning it
 - Ask** "would it be ok to talk about how this is affecting you so we can improve our working relationship?"
 - Action** "I will think about this further to increase my self-awareness and knowledge on this issue"

Adapted from: Hays, P.A., (2024). Four steps toward intersectionality in psychotherapy using the ADDRESSING framework. Professional Psychology: Research and Practice.

Let's Try It...

A therapist has recently moved into new office space & no longer has to share a waiting room. She has always loved Christmas & over the weekend came in to decorate her waiting room. Nothing extravagant. Several clients have already told her how much they enjoy the festive spirit that her decorations created. The next client is a 10-year-old boy whose family attends religious services at a local Jehovah Witness Kingdom Hall. The father asks her if he can have a word privately with her before she brings his son into the office. He explains how uncomfortable he is with the decorations since it is against their religious beliefs. What does the therapist do/say?

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Ethics and Firearm Safety

Is it in our scope?

- **The American Psychological Association's answer is yes!**
"Psychologists can:
 - contribute to discussions about firearm safety by examining the psychological factors involved in firearm ownership, use, and regulation
 - provide guidance to clients on safe storage practices and the impact of firearms on mental health"
- "Educating clients on firearm safety can be considered within the scope of practice for psychologists, particularly when addressing issues related to mental health and well-being."

American Psychological Association. (2013, December 1). Gun violence: Prediction, prevention, and policy.
<https://www.apa.org/pubs/reports/gun-violence-prevention>

But How?

- **Focus on risk assessment and management** - NOT firearm legislation/politics
- **Get educated**
 - Research shows that prior education among Medical Residents is associated with increased likelihood of asking about firearm access (51.5% vs. 31.8%)
 - despite acknowledgement of not knowing how to handle (72.1%), discomfort in identifying at-risk patients (49.2%), and uncertainty about how to inquire about firearm access (48.6%)

Palin et al., 2022

But How?

- **Don't avoid the conversation**
 - Conversations can be crucial for harm reduction
 - The relationship between firearm access and suicide is important, especially with new firearm owners
 - Engage in direct conversations tailoring approaches based on patient circumstances and risk factors
 - Understanding patients' reasons for firearm ownership and approaching conversations with empathy can lead to more effective harm reduction strategies

Educate clients [DOJ-Safe-Firearm-Storage-Guide.pdf \(whitehouse.gov\)](https://www.dhs.gov/eo-sa-04-18-2022)

Abrams, J. (2022, April 1). Talking to patients about firearm safety. *Monitor on Psychology*, 51(4).
<https://www.apa.org/monitor/2022/04/01/ce-firearm-safety>

Use A Framework

- **CALM – Counseling on Access to Lethal Means**
 - An evidence-based strategy for suicide prevention, which is part of the Zero Suicide Framework
- **Focus is on talking with people and their families about:**
 - How reducing access to lethal means can prevent suicide,
 - Specific off-site & in-home storage options for firearms,
 - Strategies to limit access to dangerous medications,
 - Developing a plan to reduce access to lethal means, and
 - Following up on the plan over time.

Use A Framework

Training helps clinicians

- 1) identify who would benefit from counseling on access to lethal means,
- 2) learn strategies to raise the topic of lethal means, and
- 3) increase comfort and competence applying strategies.

Training is available through NAMI-NH or a free self-paced course online

[Counseling on Access to Lethal Means | Zero Suicide \(edc.org\)](#)

Let's Try It...

Dr. S is not personally comfortable with firearm ownership but understands that others are more comfortable, especially living in a state where firearm-ownership is legal and common. In their 6th session with Dr. S, Client B stated that they bought their first firearm legally and for home protection. The topic of firearms had never been brought up in therapy before. In a recent session, Client B shared a desire to "escape from people" due to increasing depression and social anxiety. Dr. S completed a suicide risk assessment and did not deem Client B to be in acute crisis but is now concerned about the recent firearm purchase. What does Dr. S do? What should Dr. S consider while making this decision?

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Key takeaways

- Having a framework like Behnke's "bins" helps us slow down and more thoroughly process ethical decisions
- DEI can not be overlooked as we consider ethical dilemmas
- It is our ethical responsibility to engage in "tough" conversations, such as addressing polarization and firearm safety
- You are not alone and can seek consultation

References

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