

Ethical Dilemmas: The Use of Applied Scenarios in the Helping Professions

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Abstract

Although ethics is a core topic within most helping profession curricula, the actual implementation of ethical decision-making in the context of professional practice can be challenging. Ethical decision-making is a craft that practitioners may not easily acquire because of the complexities involved in many situations. It is beneficial for curricula to present complex scenarios for a realistic practice foundation that includes ethical considerations. This project illustrates situational dilemmas that were drawn from six categories and presented to 166 human service college students. Analysis suggests that examples in the “Duty To Warn” and “Self-Awareness” categories show promise in enhancing students’ abilities to understand ethical situations. Examples in the “Boundaries/Dual Relationships” and “Client Rights/Confidentiality” categories were effective for slightly more than half of participants for identifying ethical dilemmas, with examples from “Safety” and “Gifts/Solicitation” categories closely following. This paper suggests that presenting applied ethical situations in a professional development arena may lead to

insights about ethical practice and may promote discussion of ethical considerations for current and future practitioners in the helping professions.

Keywords: ethical dilemmas; confidentiality; duty to warn; dual relationships; professionalism; self-awareness

1. Introduction

The incorporation of ethical decision-making to safeguard mental health professionalism, as well as the recognition and challenges of these ethical situations, continues to be important (Jain, Hoop, Dunn, & Roberts, 2010). Practitioners in helping professions encounter ambiguous situations that require close consideration (Wolfer, Freeman, & Rhodes, 2001); therefore, ethical decision-making remains a valuable function (Banks, 2004). Decision-making may seem only to require common sense reactions; however, conflicting values and principles may result in different responses from different people (Kirst-Ashman & Hull, 2009). It is not so much about making the right decision as it is about scrutinizing multiple options

(Woodside & McClam, 2009). By this process, each potential option is evaluated and investigated so that a dubious option can be eliminated (Pope & Vasquez, 2007; Manning, 2003). The quality of final decisions can be improved if the consequences and risks are considered. The study in this paper presents practice-based scenarios that can stimulate discussion, debate, and consideration, all toward the goal of informing professional ethical decision-making.

Self-awareness is an essential component in ethical decision-making, since ethics is more than the application of rules (Prilleltensky, Rossiter, & Walsh-Bowers, 1996). Coupled with this is the reality that practitioners can experience a welter of emotions when tackling ethical dilemmas (Nigro, 2004), because “feelings, perceptions, attitudes, relationships, oppression and injustices are inextricably intertwined with ethical decision-making” (Prilleltensky et al., 1996, p. 17). Several ethical territories that evoke emotions have been researched: bartering (Zur, 2007; Gandolfo, 2005); confidentiality (Letzring & Snow, 2011; Campbell, Vasquez, Behnke, & Kinscherff, 2010); consumer safety (Cummings, 1998); mandated reporting (Shapiro, 2011; Werth, Welfel, & Benjamin, 2009); boundaries and dual relationships (Sawyer & Prescott, 2011; Justice & Garland, 2010; Skeem, Loudon, Polaschek, & Camp, 2007, Apgar & Congress, 2005); and practitioner self-awareness (Aaron, 2012; Hanson, 2009).

Decisions that are made based on a practitioner’s own emotional need can be considered a form of abusive clinical power that is “exploitive in nature and therefore harmful to the client” (Sperry, 2007, p. 132). Practitioners must ask: “Is this action really for the best interest of the patient? Is there a benefit for me in this action? Do I have a conflict of interest in this action? Is this action characterized as helpful (acceptable) or does it border on over-involvement (potentially unacceptable)?” (Tamin, Heijaili, Jamal, Shamsi, & Sayyari, 2010, p. 30).

Ethical situations practitioners face may be as diverse as the clientele they serve (Chang,

Scott, & Decker, 2009). Some practitioners may perceive ethical decision-making in perplexing situations as a “complex process,” while others may seek a “black-and-white or right-or-wrong process” to problem solving (Neukrug, 2008, p. 52). When they find themselves particularly uncomfortable with a situation, the practitioners in the latter group may even go as far as to redefine the problem in order to make it coincide with their desired solution (Welfel, 2006). These types of workers are unaware of, or simply not using, the systematic approach of tackling ethical dilemmas, and they may benefit from specific professional development to enhance their ethical decision-making abilities (Lichtenstein, Lindstrom, & Kerewsky, 2005, p. 27). To expand these abilities, practitioners who encounter changeable scenarios can employ problem-based learning and formulation (McBeath, Webb, 2002; Wolfer et al., 2001), especially those that mirror workplace scenarios (Prilleltensky et al., 1996).

Within higher education, a curriculum that includes ethical practice examples can assist educators in their quest to mentor future practitioners. This curriculum could include discussion on developing tolerance for uncertainty in multiple practice situations; development of self-reflection on thoughts and feelings related to certain situations; and the evaluation of the latent and manifest content of a situation in order to apply ethical reasoning, rather than personal opinion (Manning, 2003). Also, a worker’s choice of method can sometimes be contradictory, erratic, and fallible; thus for students, it may be beneficial to distinguish whether their decisions are components of their own preferred method, or that of an established ethical procedure (Garthwait, 2008, p. 183). Practitioners and students need to recognize that even the most benign situations require thought and perceptive judgment. Without these, practitioners may not realize how their preferred behaviors can impact and influence consumers as well as agency policy (Corey, Corey, & Callanan, 2007; Dolgoff, Loewenberg, & Harrington, 2009). This form of subtle harm,

which may not be obvious and is often fraught with a therapeutic rationale, may create a situation in which morality goes unexplored (Spinelli, 1994).

Even with pedagogical exposure to ethics, students will not always find easy solutions to the ambiguous situations and dilemmas they may encounter in practice (Garthwait, 2008; Nystul, 2006; Royce, Dhooper, & Rompf, 2007; Sperry, 2007). For instance, students may intellectually understand ethical codes and standards, such as the 1996 popular Health Insurance Portability and Accountability Act (HIPAA) (U.S. Dept. of Health & Human Services, 2003); however, when presented with actual scenarios, they may find that formulating a professional response can be challenging. Ethical decision-making is often a rapid process, because a practitioner can be unexpectedly presented with a dilemma. Practice-based scenarios introduce students to the types of situations that they may encounter in a professional internship or in employment settings where snapshot decisions have to be made without opportunity for consultation or the desired time to craft a response. By using student responses, educators can highlight the myriad snares that may exist within a seemingly simple scenario. In light of this, the exploration of ethical dilemmas within the curriculum should include preparation for and knowledge of realistic situations experienced in an agency setting, as well as the anticipation of future difficult circumstances (Royce et al., 2007).

Many researchers have employed case vignettes (Mumford, Connelly, Murphy, Devenport, Antes, Brown, & Hill, 2009; Rae, Sullivan, Razo, & Garcia de Alba, 2009; Weinberg, 2005; Wolfer et al., 2001) or in-depth interviews (Prilleltensky et al., 1996) to evaluate methods of ethical decision-making (Barnett & Vaicys, 2000; Paolillo & Vitell, 2002). Providing students with scenarios that mimic real clinical experiences may be useful for educators, given that traditional academic assignments such as exams and term papers, as well as grading procedures, may not reflect a student's actual ethical knowledge and application skills (Claire, 2006).

Weinberg's (2005) study of ethics using case examples addresses the reality that ethical situations are multiply constructed and that practitioners can experience an ethical trespass that may include resistance to accepting the ethical choice. Scenarios can highlight a trespass as well as an alternative appropriate ethical response and ask why a certain response may be considered ethical behavior or not. Additionally, the discussion can be strengthened by role playing activities during which students learn how to put didactic education into practice with experiences that facilitate the discovery of patterned hypotheses for learning (Diambra, Cole-Zakrzewski, & Zakrzewski, 2004, p. 11). Through this type of exploration, students may embrace the responsibility and expectations of ethical practice.

2. Methodology

An informational flyer soliciting volunteer participants was distributed to freshmen and senior students majoring in human services at New York City College of Technology. The project was approved by the college's Institutional Review Board. A consent form was completed by 166 subjects who voluntarily agreed to participate. The information on the consent form was re-explained to each participant prior to distribution of the 25 scenarios and the collection of any demographic information. This included survey instructions, anonymity through coding, voluntary participation, and participant resignation, as well as project contact information.

3. Ethical Scenarios

The 25 ethical scenarios that were administered to subjects were real-life field examples taken from the researcher's practice. Each highlighted a situation that required students to indicate whether they agreed with the human service worker's decision. Situations that highlighted six ethical categories were included: Gifts/Solicitation; Boundaries/Dual Relationships; Safety; Client Rights/Confidentiality; Self-Awareness; and Duty To Warn.

4. Results

Of the 166 participants, 70% were enrolled in their first year of college. The remaining 30% were in their senior year of study and were beginning their fourth and final bachelor internship experiences. Only 15% of the group were currently employed as human service workers and 2% held an agency supervisory position. Overall, the majority of respondents were female (83%) and approximately 80% were African American. The remaining 20% self-identified as Caucasian or Asian. Average age was 26 years.

The ethical dilemmas included situations associated with confidentiality, dual relationships, boundaries, legalities, safety, solicitation, gifts, duty to warn, self-awareness, self-disclosure, treatment services, and client rights. These were categorized into the six domains previously mentioned. Of those, Duty To Warn and Self-Awareness had the highest percentage of similar responses (76%). Boundaries/Dual Relationships and Client Rights/Confidentiality resulted in participants responding one way or another (55% and 54%, respectively) to an ethical dilemma. The percentages of the Safety (44%) and Gifts/Solicitation (43%) responses were slightly more inconsistent. In general, subject demographics did not indicate significant differences in their responses.

4.1. Gifts/Solicitation

In three items (Appendix I) participants were asked to review situations in which the worker was offered a gift (item 14), solicited to purchase (item 1), or had the opportunity to sell something to a consumer (item 2). A small number (21%) identified it as inappropriate to purchase a candy bar from a consumer who is fund-raising for the homeless (item 1). Less than 40% believed that it was inappropriate for a worker to sell a raffle ticket to a consumer (item 2). Two-thirds of subjects questioned whether to accept a lottery ticket from a consumer (item 14).

4.2. Confidentially/Treatment Rights

Seven consumer treatment rights items, including confidentiality (Appendix I), tested participants' familiarity with regulations. Approximately 61% of subjects identified that a worker's personal knowledge of a consumer may compromise confidentiality (item 23). A little less than half (46%) were unsure whether it was unacceptable to greet a consumer outside the parameters of the agency (item 4).

Participants (80%) noted that a worker should not give another consumer's phone number without permission (item 9). However, when the scenario was a consumer's mother calling, without an available release of information, only 34% correctly identified the HIPAA breach of confidentiality (item 3).

Regarding the specific issue of treatment rights, 58% agreed that a consumer's case should not be closed without some form of outreach (item 5). Within the task of referral upon discharge, 37% of subjects thought this should be a part of their case management responsibilities (item 24). Finally, 45% did not have the belief that consumers should be discharged from an agency because they did not adhere to their treatment plans (item 6).

4.3. Safety

Four safety scenarios (Appendix I) reflected the need to recognize the health and well-being of a consumer as an ethical consideration. Subjects (71%) said that a worker should not distribute over-the-counter medications to the consumer with a headache (item 7). The item addressing the safety of an intoxicated consumer (which also dealt with the right to proper treatment) (item 8) resulted in only 19% disagreeing with the worker who gave an intoxicated consumer a subway pass.

Participant responses regarding employing the consumer for personal services or goods, in precarious or potentially dangerous situations, were analyzed. About half (54%) believed that it was inappropriate for the worker to solicit the

consumer's assistance while traveling to the store in the worker's car (item 10). But only 32% felt that the human service worker should not permit a consumer to repair the worker's disabled car (item 15).

4.4. Boundaries/Dual Relationships.

In the category of Boundaries/Dual Relationships, three scenarios (Appendix I) were presented. Respondents (37%) identified that revealing the worker's own challenges is not an option to engage consumers (item 17). The majority (72%) believed that it was unethical for a worker to meet a former consumer for coffee (item 12). About half (56%) felt that a worker should not give a personal loan to a consumer (item 16).

4.5. Self-Awareness

In the domain of Self-Awareness, subjects were asked to respond to four items (Appendix I). Only 20% did not agree with the worker's decision to discharge consumers who were physically attracted to them (item 11). A large portion reported acknowledging that they may have to work with consumers that they or society may stigmatize and reject. For example, the majority (70% and 80%, respectively) recognized that it is unethical for a worker to refuse to be a consumer's case manager because of sexual orientation (item 18) or poor hygiene (item 22). Subjects were also surveyed on the topic of consumer evaluations of case workers. Nearly two thirds (65%) believed that it was acceptable for a group leader to ask consumers for feedback (item 21).

4.6. Duty To Warn

Appropriate responses were high on the three-item domain of Duty To Warn (Appendix I), especially the reporting of child abuse to proper authorities (84%) (item 20). Additionally, the majority of respondents confirmed that it was correct for a worker to report a consumer's suicidal ideation (81%) or homicidal plans (71%) (items 13 and 19, respectively).

5. Discussion

The scenarios presented in each domain can produce a myriad of discussions and challenging questions amongst educators and students. For instance, the items in Gifts/Solicitation mimic events that many people encounter in their personal lives; thus, subjects might have difficulty identifying these behaviors as ones needing ethical consideration in their practice. Specifically, if a worker participates in a solicitation, s/he might feel pressured to engage in future consumer solicitations in order to maintain fairness. This type of participation alters the worker's role from practitioner to that of consumer. If a worker buys a lottery ticket from a client and subsequently wins the lottery, s/he may terminate employment, thus abandoning the consumer. Is the worker obligated to share or give all the lottery monies to the consumer?

Within confidentiality, conflict of interest can occur because a consumer may not be comfortable knowing that someone s/he knows has access to his/her personal information. This may impede willingness to disclose information and fully make use of treatment resources. Acknowledgement of conflict of interest situations can protect the consumer's comfort and confidentiality, as well as maintain the practitioner's expected work environment. When an inquiring party expresses nonstop urgency, it may be difficult to execute a restricted response of "Please understand that due to the privacy act I cannot reveal whether in fact I even know the person to whom you are referring." As far as encountering a consumer in public, discussion of why a consumer may want to maintain his/her privacy can be enlightening for the practitioner. While not acknowledging a consumer in a public arena may be considered rude and inconsiderate, the expectation of confidentiality supersedes social graces.

For Treatment Rights, learning techniques for uncomfortable and taboo topics, such as attraction between consumer/worker (and vice versa), can be managed through the use of

supervision. Surrounding referral, there may be the benefits to the consumer when a savvy case manager has knowledge of providers as well as an array of networks. Referral is a skill that might best be executed by practitioners who recognize that their role is to advocate throughout the course of treatment. Regarding a consumer who does not adhere to the treatment plan, pedagogy may tackle the prejudicial concept of “blaming the victim,” followed by curriculum that includes employing consumer strengths and desired goals. Finally, the consequences of not reaching out to a consumer before closing a case can be evaluated independently.

Consumer safety is paramount, so skills to understand and even tolerate resistance can be deliberated in the example of the consumer wanting to prematurely leave the group meeting. Even the simplest of medical interventions can be reserved for the appropriate licensed professional. Regarding using one’s vehicle accompanied by a consumer, there may be risks for both parties. For the intoxicated consumer there can be safety challenges on a train or on the subway platform. Intoxication does qualify as a crisis intervention circumstance and/or referral to a higher level of care as a course of action. For the disabled automobile tire, there may be recourse if one of the consumers is injured. A consumer’s provision of a free service to a worker might be grounds for termination.

In a crisis situation, duty to warn guidelines can surface. Sometimes the relationship is negatively impacted by the mandated worker’s sound ethical decision of reporting the consumer or those close to him/her to child protective services. Consumers who intimately reveal suicidal or homicidal ideation, because of the existence of a therapeutic alliance, may be surprised when the worker refers them to a higher level of care that may include transport by ambulance and police presence. At best, ethical treatment surpasses the need for consumer-practitioner rapport. How to sustain the latter is a suitable topic for this conundrum.

Within Boundaries/Dual Relationships, agencies often have specific guidelines, particularly when the worker’s interactions with consumers includes social and recreational therapies. Maintaining professional boundaries with consumers includes limiting the kinds of behaviors in which one may readily engage with family and friends. Once a consumer, always a consumer; never a friend. To comfortably reenter treatment, the doors to the agency must remain available for consumers in need, without conflict of interest. Disclosing personal, intimate information that relates to the consumer’s plight, rather than relying on learned therapeutic techniques, may not necessarily result in the consumer sharing his/her experiences. Regarding a loan, agencies may have their own guidelines and services for aiding those with fiscal needs. We wondered if the practitioner’s behaviors of self-disclosure, having a personal relationship with a former consumer, or providing a loan, might be executed for some sense of personal self-gratification. This parallels the Self-Awareness scenarios and can add to the discussion by identifying how consumers’ diverse beliefs, behaviors, and presenting problems can hone a worker’s skill set.

While this project does not address every ethical dilemma and cultural caveat, it underscores the importance of including ethical decision-making in professional development. From a pedagogical standpoint, this method may increase the engagement and enhance a discussion that highlights the reality of practice-based dilemmas. A lively debate and a deeper understanding of the issues may ensue, because it is not so much the type of ethical dilemma that is challenging but rather the subtleties of the dilemma that seem to cause uncertainty. Therefore, the more that students are able to practice and discuss ethical behaviors in the safe, nurturing environment of the classroom—before they enter a clinical site—the better their responses to ambiguous situations. In addition, these scenarios may encourage faculty to use ethical scenarios across the curriculum as

well as incorporate domain themes as part of an orientation to the major, internship, field manual, and self-study analysis.

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Appendix A: Do You Agree or Disagree With the Human Service Worker's Action?

Answer all questions. Decide whether you Agree or Disagree with the actions of the human service worker in the following situations which are in *italics & bold*. Choose only one answer & do not leave any blanks.

1. A client is selling candy for a fundraiser to help the homeless. **One of the human service workers at the agency buys a candy bar from the client to help the cause.** Do you agree or disagree with the human service worker's action?
2. At work a human service counselor, who is also a member of a fundraiser committee for his church, sells a raffle ticket to his coworker. A client overhears the transaction and offers to buy a raffle ticket for the fundraiser. **The human service worker refuses to sell a raffle ticket to the client.** Do you agree or disagree with the human service worker's action?
3. Sabrina, a client, is in a group session that is almost finished for the day. Her 83 year old mother frantically phones the agency indicating that there is a family emergency and Sabrina needs to come home immediately. Sabrina's human service worker, Pedro, checks her chart—but there isn't a written consent to release information to her mother. Pedro consults with his supervisor who makes an executive decision to give Pedro permission to speak to the mother. **Pedro tells the mother that he will give Sabrina the message.** Do you agree or disagree with the human service worker's action?
4. In a local supermarket, Janel, a human service worker, is walking down one of the aisles. She sees Margarita, a client in the agency, walking down the same aisle with other people. From one angle it seems that Margarita does not see Janel. **Janel continues to walk past Margarita without saying: "Hello."** Do you agree or disagree with the human service worker's action?
5. Katrina is a client with an open case who has been with the agency a number of times. Her typical behavior is to have poor attendance without calling her counselor for days. To date, neither her human service counselor nor Katrina has had contact for over four weeks. The agency requires that non-compliant cases are to be closed four weeks after the last date of contact. **The human service worker closes Katrina's case today.** Do you agree or disagree with the human service worker's action?
6. Jamel, a client who is taking medication for his depression, is always resisting change. Since he is isolating and withdraws from others, his human service counselor makes suggestions for him to socialize. Jamel continues to tell his counselor that he does not want to do anything. The agency has a waiting list. **His counselor informs him that if he does not comply and try to adhere to his treatment plan he will be discharged from the agency.** Do you agree or disagree with the human service worker's action?
7. A client who appears to dislike the group sessions says he needs to leave the session early because he has a headache. He wants to go home and take some aspirin. The human service group leader has some Tylenol in her desk. **She gives him two tablets in the hopes that he will remain for the session.** Do you agree or disagree with the human service worker's action?
8. During an individual session human service worker Ray notices that client Marcella is intoxicated. Ray knows she drove to the agency

- by car. Ray asks Marcella for her car keys, which she receptively gives to him. **Ray gives her a Metrocard from the agency to get home by mass transit.** Do you agree or disagree with the human service worker's action?
9. A group of clients are members of the agency picnic committee. Joe, a client, is the chairperson. Al, a client who volunteered to prepare the salads, is not present at the last meeting before the event. Carmella, a human service worker who is assigned to oversee the committee, believes that clients need to be self-sufficient. **She gives Joe Al's home phone and suggests that he call about the salads.** Do you agree or disagree with the human service worker's action?
 10. The agency picnic day has arrived. Someone forgot to purchase ten large bags of ice. The supervisor gives human service worker Matt the keys to her car to purchase the ice. Matt asks the only other male worker in the clinic to accompany him. He can't because one of his clients is in crisis but he suggests that Terrance, a muscular client, could help Matt carry the ice. **Matt solicits Terrance's help and they leave for the store.** Do you agree or disagree with the human service worker's action?
 11. Rita, client in a survivors group, finally talks about being sexually abused as a child by her father. She begins to uncontrollably sob. The human service counselor, Anne Marie, knows that Rita would need a good hug right now. **The human service worker decides not to hug Rita.** Do you agree or disagree with the human service worker's action?
 12. A client who is attracted to his human service worker reveals these feelings at each individual session. The worker is getting frustrated and has ignored his comments in the hopes that he will stop. **She finally tells him gently that if he talks about the subject again she may have to recommend that he be referred to another agency.** Do you agree or disagree with the human service worker's action?
 13. A human service student's internship is over and a former client, who would make a nice friend, finds the student's number in the phone book and calls her. They both are happy to chat. **The former human service student suggests they meet for coffee next week.** Do you agree or disagree with the human service worker's action?
 14. A client at a mental health outpatient program is suicidal. There is no consent signed by the client to release any information to anyone. The human service worker calls 911 for assistance. **When the police and EMS arrive the worker tells them about the suicidal tendencies that the client has expressed.** Do you agree or disagree with the human service worker's action?
 15. On his way to the counseling session, Mr. Jones purchased a Powerball lottery ticket for himself and his favorite human service counselor Jerry. He gives the ticket to Jerry and says: "Good luck, you deserve it for all you have done for me." **Jerry smiles and takes the 50 cent ticket stating: "Good luck to the both of us."** Do you agree or disagree with the human service worker's action?
 16. Ms. Camille, an elderly human service worker, walks out of the agency to find her car has a flat tire. A few young gentlemen that Ms. Camille recognizes as members of Mr. Rodriguez's Men's Group notice her problem and offer to change the tire. **Despite Ms. Camille not having any other solution, she refuses their offer of help.** Do you agree or disagree with the human service worker's action?
 17. Maria, a wonderful and friendly client, has just lost her wallet on her way to the agency. She does not have any money to get home. **Her human service worker gives Maria**

- enough money from her wallet to get home—only if she promises to pay her back at the next session.** Do you agree or disagree with the human service worker's action?
18. Mary, a former victim of domestic violence, now works as a human service worker in a domestic violence shelter. Her newest client is reluctant to talk. Mary hopes that the client will be comfortable enough to begin communicating. **She decides to tell the client about her own past domestic violence experience and how talking about it helped.** Do you agree or disagree with the human service worker's action?
 19. Kim, a human service worker, is assigned to a homosexual client who is very open about his sexuality. **Since this is the first gay client she has ever had, she asks her supervisor to reassign the case to a more experienced worker.** Do you agree or disagree with the human service worker's action?
 20. Ms. Kelly, a human service worker, has a client, George, who told her that he is so mad at his former boss for firing him he plans on killing him when he least expects it. Ms. Kelly is pleased at George's honesty, since he is often quiet and reserved. George says that he is only telling this to Ms. Kelly because he knows he can trust her to keep his secret. Ms. Kelly does not believe George is capable of murder. **She reassures George she will keep the conversation to herself and makes a note to monitor his anger at each session.** Do you agree or disagree with the human service worker's action?
 21. James, a human service worker, has a great relationship with his client Paul. Paul tells his worker how his kids often act up. He says he "lost it" the other day by pushing his eldest son into a door, causing him to require medical attention for a head injury. James tells Paul he is reporting this incident to the NY State Administrative Services for Children (ACS). Paul gets very upset and says it was an accident. He says that if James contacts the authorities he will quit treatment. **James reports it anyway.** Do you agree or disagree with (James) the human service worker's action?
 22. Gina, a human service worker, leads a women's group. **At about the 10th group session Gina asks the members for feedback about how she is doing.** Do you agree or disagree with the human service worker's action?
 23. There are two new clients that need to be assigned a human service case manager. One is a client who prefers to not use deodorant. **Marcus, who has been assigned the client who does not use deodorant, tells his supervisor that he cannot be the case manager since he cannot stand the client's body odor.** Do you agree or disagree with the human service worker's action?
 24. Tania, a human service worker, notices that the newest client at the intake session is her former brother-in-law, Billy, whom she has not seen in fifteen years. He does not recognize her and he needs help badly. Tania knows about the agency's policy on confidentiality. She tells her co-intake worker Frances that Billy is her former brother-in-law. **Frances decides to meet with the brother-in-law individually to tell him that he will have to be referred to another agency.** Do you agree or disagree with the human service worker's action?
 25. John has done well during his six months of mental health treatment. He would like to join a group therapy session but the clinic does not provide this service. His human service worker tells him that he has become very assertive in his treatment. **She advises him to find a group in the community that would be suitable for him.** Do you agree or disagree with the human service worker's action?