Second Order Ethical Decision-Making in Counselling Psychology: Theory, Practice and Process

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Counselling psychology as a distinct professional identity aligns with an integrative approach to understanding psychological functioning, with particular emphasis on and recognition of the interpersonal and socio-political context and how this impacts on and contributes to psychological functioning (Stanley & Manthei, 2004). Yet ethical decision-making models have traditionally failed to annunciate a clear theoretical stance, practice guidelines, and a moral developmental process that correspond with this more constructive and contextual view of mental health. This paper presents preliminary ideas for an ethical decision-making model that provides a vehicle for the emergence of an ethical selfhood in counselling psychology by integrating communicative ethical theory, value-based ethics and ethical actions guided by a social constructivist process model of ethical decision-making.

Keywords: Ethical decision-making models, second-order change, counselling psychology

In recent years there has been an acknowledgement that the discipline of counselling psychology places an emphasis on systemic frameworks that consider the individual within a context of developmental and ecological factors. Counselling Psychology considers diversity as central to its work, and acknowledges the importance of working at the interface of science and practice, maintaining a balance between scientist-practitioner and practitioner-scholar frameworks (Woolfe, 2006).

When confronted with ethical dilemmas, practitioners have traditionally been guided by that particular country's relevant professional associations or psychology registration board. Whilst they may have no separate Codes of Ethics specific to Counselling Psychology, these bodies may have guidelines for practice that assist in ethical decision-making.

Generally, Codes of Ethics set out the rules and principles related to professional practice. However these are often presented as linear, progressive models of decision-making, facilitating first order change, rather than recursive or systemic ones that bring about second order change. First order change processes traditionally focus on changing the problem as defined by the system, and second order change processes traditionally focus on changing the system as defined by the problem. An example of this would be conceptualising depression as an individual problem and treating it as such, without talking into account the relational aspects of the function of depression in the wider system, including the socio-political context of the client. Hoffman (1985) further contrasts second order change to first order change by suggesting that second order approaches are inclusive of the context of the therapeutic system (including the therapist), encouraging of a collaborative relationship between client system and therapist, view contextual changes as the preferred area for therapeutic goal setting and support a circular understanding of the presenting problem. It is therefore important that ethical decision-making models in Counselling Psychology reflect a second order, systems theory approach, in keeping with the principles that underlie Counselling Psychology, rather than reflect a first order, linear approach.

This article argues for the development of an ethical decision-making model for counselling psychology that is situated in a second order framework, providing a theoretical foundation and descriptive practice, as well as guidelines for the process.

History and Definitions of Counselling Psychology, and Ethical Decision-Making

In the past 30 years the discipline of counselling psychology has been established as separate from clinical psychology, counselling and psychotherapy. It gained divisional status as well as a professional identity within the British Psychological Society in 1995 (Pugh & Coyle, 2000; Woolfe, 2006), by differentiating itself from clinical psychology, and aligning more with counselling and psychotherapy. Pugh and Coyle (2000) suggest that in order for a profession to construct a unique identity, it must develop a separate line of inquiry into the social reality the discipline concerns itself with.

In 1947 the New Zealand branch of the British Psychological Society was established with the New Zealand Psychological Society becoming independent in 1967. The New Zealand Psychologists' Board defines scopes of practice for registration under the HPCA with the scopes of practice initially

being available limited to the general, clinical and educational scopes. In 1983 an interest group formed at the New Zealand Psychological Society annual conference, resulting in a symposium in 1984, and the setting up of a division of counselling psychology in 1985. In 2003 the Institute of Counselling Psychology was formed, and AUT University made a commitment to develop a postgraduate programme of study in counselling psychology. The first students enrolled in 2008, the Counselling Psychology scope of practice was approved by the Board in 2010, and the programme received its final accreditation in 2012.

According to Stanley and Manthei (2004), counselling psychologists adopt an integrative approach to understanding psychological functioning that includes consideration of internal processes, relationship functioning and the effect of social-cultural and political factors on psychological wellbeing. Counselling psychology's strength lies in the fact that it particularly recognises the contribution of the latter two aspects on a person's functioning, and therefore informs the choice of intervention modalities.

For counselling psychology this has meant moving away from a medical model of assessment, diagnosis and treatment, as well as moving away from predominantly intrapsychic conceptualisations of mental illness and unwellness. It has also implied a move towards more humanistic, phenomenological and systemic values informing theory, practice and research. One of the most important distinctions has been the inclusion and highlighting of reflective practice, or of the reflective practitioner, which includes personal development and supervision. Initially, these values were regarded as not having a base in scientifically-oriented practice. This inclusion of the practitioner/researcher in the therapeutic or research system coincided with the move in the family therapy movement from first to second order thinking (Lane & Corrie, 2006).

A series of articles in *the Counselling Psychologist* in 1980 focused on predicting future directions for Counselling Psychology, and described a growing focus on systemic conceptualisations (Whiteley, 1980). Yet unfortunately, these predictions have yet to translate into the details of ethical decision-making within a systemic framework.

Systemic conceptualisations support the recognition of and working with reciprocity and patterns of recursiveness in relationships, and are focused on an effort to describe a cycle of behaviour that is embedded within a context, rather than asking "why" questions, which would lead to a more linear and causal understanding of behaviour (Goldenberg & Goldenberg, 2008). Within a recursive framework, reality is seen as being constructed by individuals' own perceptions and the meaning they attribute to these perceptions. Systems thinking therefore has a bearing on therapy process, on research, as well as on ethical decision-making processes.

Hargrove (1986) re-iterated this notion that a systemic framework should be applied to all aspects of the work we do. If we think and do systemically in a therapeutic framework, then ethical decision-making should not be formulated as a linear process, only because we find it challenging to engage with second order paradigms, or the lack thereof, in ethical decision-making. Our decision-making model should reflect and be able to contain the complexity of the therapeutic systems we work with including consideration of the cultural and socio-political aspects of the system (Gallardo, Johnson, & Parham, 2009; Gauthier & Pettifor, 2010).

The New Zealand Code of Ethics

The New Zealand Psychologists' Code of Ethics offers a decision-making model that is based on a linear and rational model requiring explicit cognitive input. This Code was published in 2002 and attempts to provide practitioners with guidance on desired behaviour, and values and principles driving this behaviour. The Code includes a step-by-step cognitive process that should be followed in all circumstances. This is a six-step model that is an example of a cognitive and prescriptive model and clearly demonstrates the influence of classical decision-making theory (Williams, 2004). The model suggests that in all circumstances, the following steps should be followed:

> 1. Identify the issues and practices that are ethically relevant.
>
> 2. Develop alternative courses of action, preferably in consultation with a professional colleague or supervisor.
>
> 3. For each identified course of action analyse the likely short-term, ongoing, and long-term risks and benefits for the individual(s) and/or group(s) involved or likely to be affected.
>
> 4. Conscientiously apply the principles, values and practice implications to each course of action in the light of the identified risks and benefits and decide which offers the best balance between these.
>
> 5. Take the chosen course of action, accepting responsibility for the consequences of the chosen course of action.
>
> 6. Evaluate the consequences of the action, correcting negative outcomes if possible and, if the issue(s) originally identified are not resolved, re-engaging in the decision making process.

(*NZ Psychologists Board*, 2002, p.4)

Criticism of this model focuses on the fact that correct process does not necessarily result in correct decisions – as is summarised in Haidt's (2001) description of the "rational tail wagging the ethical dog".

Of interest is that these steps were developed directly from the Canadian Psychological Association's Code of Ethics (2000), but actively exclude references to subjectivity, context, and intuition. Rather than giving a general instruction, as in the Canadian case, "the following basic steps *typify* approaches to ethical decision-making", the NZ Code begins with a prescriptive, "In all circumstances". The Canadian process therefore acknowledges context and subjectivity and is future-oriented in that it considers the possibility of preventing a repeat of current difficulties. However, criticism of the Canadian approach includes the rank-ordering of ethical principles when faced with situations in which ethical principles conflict

and competing directives exist. Clark (2012) for example, has argued that such rank ordering is inappropriate and constitutes a decontextualized approach to decision-making, failing to account for differences across groups, cultures and political orientations.

Possible solutions that have been offered by Williams include that guidelines and models should "acknowledge the existence and value to practitioners of intuitive or non-deliberative cognitive processes in making ethical decisions" (2004, p.31), and should include recognition of personal and organisational resource constraints. These solutions, while an attempt to address the limitations of the linear rational model as outlined by the Code of Ethics, still require extension to include contextual, relational and intuitive dimensions. Counselling Psychology by its definition offers a second order perspective that could include contextual, relational and intuitive dimensions.

A brief review of ethical decision-making models

Although an in-depth discussion of existing ethical decision-making models is not the focus of this article, a brief review of ethical models follows, integrating Cottone and Claus's (2000) review of theory, practice and process with the three inquiry frameworks of meta-ethics, descriptive ethics and prescriptive ethics (as proposed by Miner & Petocz, 2003).

Theory based models of ethical decision-making

Several models have been developed that rest on a theoretical or philosophical basis. These models offer an important contribution as they defend against the accusation that ethical models often fail to take into account the complexity of meta-ethical perspectives, and as a result fail to respond to the complexity involved in ethical decisions. Clarity on the moral/philosophical foundation of a model also provides the possibility of clearly distinguishing among descriptive, prescriptive and decisional models of the ethical process (Miner & Petocz, 2003).

Hare's (1981) philosophical model included two levels of thinking – one

that was concerned with rights and duties, and a second level that was concerned with attending to the interests of patients and based on utilitarianism. Rest (1984) developed a model pertinent to applied ethics in psychology that was based on developmental and cognitive theory, with specific reference to Kohlberg's theory of cognitive development. Hill, Glasser and Harden (1995) proposed a model embedded in feminist theory considering both the emotional responses of the therapist as well as the context of the therapeutic relationship. The decision-making process was considered a collaborative one that included both intuitive and evaluative aspects of the situation at hand.

The model most relevant to a second order view of ethical decision-making is that of Cottone (2001). The theoretical basis of social constructivism considers ethical decisions to exist in the realm of social interactions and not as a product of individual psychological processes. It attends to the social and biological construction of reality, integrating the ideas of both Gergen (1985) and Maturana (1988).

Practice-based models of ethical decision-making

In addition to the theoretical/philosophically based models, some authors have proposed practice-based models for ethical decision-making. Practice-based models offer a distinct line of inquiry concerned with the process of coming to an ethical decision, in other words, attending to the "how" of the decision-making process (Miner & Petocz, 2003)

Practice-based models offer a sequence of practical steps that therapists can follow and imply that adhering to the practice will ensure an outcome that can be considered as ethical. These models include Kitchener (1984), Rest (1984), Keith-Spiegel and Koocher (1985), and Stadler (1986) and they all share a step-by-step process emphasising the four fundamental principles of autonomy, beneficence, nonmaleficence and justice.

Kitchener's (1984) ethical decision-making model for counselling psychology is considered a seminal work that integrated and incorporated

both Hare's (1981) philosophical ideas on different levels of moral thinking, as well as the work of Beauchamp and Childress (2008) on ethical principles and rules of autonomy, beneficence, nonmaleficence, justice and fidelity.

Although practice models give little consideration to an explanatory framework for the decision-making process itself, the strength of these models lie in their attempt to apply and translate theory into practical steps. Concerns with this approach include that practice-based ethical decision-making models often don't translate into ethical decisions, but rather function as a device to evaluate or examine a situation. Professional Ethical Codes can be considered as an example of practice-based models. Corey, Corey and Callanan (1998) raised similar concerns that these codes of practice cannot be applied in an automated or generalised manner, as practitioners often find themselves confronted with a complexity of personal values, social context, as well as a prescriptive professional code. Their model of decision-making fails to correspond with this reality or address the level of complexity they confronted.

Process-based models

Process-based models focus on the actual process of decision-making, and often don't offer a comprehensive theoretical or practice-based framework. Rest's (1994) later work attempted to present a model of processes involved in the production of behaviour, that considered how the context of a particular situation could produce a course of action in a complex interplay, rather than in a temporal order. Process-based models may however, also be considered prescriptive or normative, and are usually concerned with strategies that ought to be followed in decision-making (Miner & Petocz, 2003).

Other authors have integrated some of the principles of transactional analysis by addressing the interplay of values such as that people are inherently acceptable, that they are capable of understanding their problems, and that they are able to be active in making decisions. Hill, Glasser and Harden's (1995) feminist perspectives' model further offers some important ideas on the inclusion of the client in the

decision-making process, and how practitioners' personal values and characteristics should be taken into account in terms of the effect on ethical decision-making.

Cottone (2001) offered a more hermeneutic approach to decision-making. A hermeneutic approach includes consideration of first and second order aspects of communication. Cottone acknowledges how knowledge and decision-making occur within a context of relationships in which both party's dynamics are critical to consider in the way in which ethical principles are interpreted and applied. These models thus represent a shift away from linear models towards interactive models, involving the processes of negotiating, consensualising and arbitrating. Other authors have presented frameworks on the process of decision-making, with varying degrees of integration with theoretical models or philosophical frameworks. Hillerbrand and Stone (1986), as well as Hundert (1987), articulated process models that emphasised engagement of clients in the decision-making process and the inclusion of intuition and affect as guides to reaching the best ethical decision.

According to Miner and Petocz (2003) ethical decision-making models are vulnerable to criticism as its developers fail to acknowledge fully the meta-ethical foundations of their models, resulting in a misalignment of suggested practice and process within models. What seems to be lacking, therefore, is a coherent, integrated model of ethical decision-making in counselling psychology that has a theoretical base aligned with the professional values of counselling psychology, and that offers a practice and process framework that is embedded in this theoretical base.

Considering theory, practice and process in a counselling psychology framework

Counselling psychology as a discipline values systemic and recursive dialogue which is mindful of the ecological context that people live in, and how that might influence people's languaging practices and actions. This uniquely-defined professional identity

creates a tension with existing models of ethical decision-making that are based on individualised conceptualisations of morality or lack theoretical integration with practice and process. An integrated second order ethical decision- making framework that is horizontally aligned with theory, descriptive practice and prescriptive processes, and vertically aligned with a systemic theoretical framework is proposed. This framework is not meant to be an exhaustive account of the theoretical ideas used, but rather attempts to function as the start of a professional dialogue in counselling psychology that may lead to the emergence of an ethical selfhood in the profession.

Theory

Ethical theory has traditionally been associated with Kantian ideas of individual consciousness, and for many psychologists, ethics/ethical practice forms part of an implicit backdrop to therapy – usually overtly formulated and accessible when needed, in a Code of Ethics (Donovan, 2003). However, from a systemic and counselling psychology perspective, the hermeneutic turn towards second order therapies in the 1980's, which coincided with a rising awareness of the ethical-political realm - clearly seen in the feminist psychology literature of the time (Pipes & Holstein, 2005) represented a shift and a willingness towards positioning ethical practice within processes of communication.

Habermas' (1990) work on moral consciousness and communicative ethics is considered as an appropriate and relevant theoretical framework for counselling psychology, as it attends to this hermeneutic turn from first to second order thinking and doing in the therapeutic arena. He proposed that ethical conceptualisations should exist in contexts that are inclusive of the political, philosohopical and social reality of the day, as the concept of moral reality arises in the nexus of these domains, and not in isolation in the cognitive processes of the individual. Habermas (1990) re-formulates Kantian ethical theory in an attempt to align ethical theory with this paradigmatic shift from individual consciousness to language, objectivity to intersubjectivity, and individual to communicative ethical

theory. A communicative ethical theory stance also requires a constant search for a rational grounding of ethics to defend against relativity and a myopic focus on meaning. This provides a platform where distortions in communication, as opposed to distortions in cognitive thinking, can be evaluated.

Practice

Communicative ethical theory puts dialogue at the centre of decision-making processes and attempts to answer the question: how does this view influence our understanding of moral development as a manifestation of dialogue/communication? Practice-based descriptive models traditionally focus on the questions, "who shall I be? What shall I do?", rather than "what is ethics?" These models attempt to elucidate the development of moral reasoning, the relationship between individual and context, and the actions that are involved in coming to what is considered an ethical outcome (Donovan, 2003; Miner & Petocz, 2003).

The distinction in literature between practice and process, between the descriptive and the prescriptive is often blurred. Drawing on value-based ethics of Prilleltensky (1997), and the emergence of a dialogical moral self Tappan, 1997; Haste & Abrahams, 2008), a descriptive frame may be adopted to answer the question, "who shall we, as counselling psychologists, be?" in the light of the development a moral selfhood and the relationship between psychologist and context. In the discussion of ethical process, the focus shifts to an action domain – attending to the question "what shall we do when faced with an ethical dilemma?"

Prilleltensky's (1997) work on the importance of values in assessing the moral discourse in psychology is offered as a useful practice framework for an ethical decision-making model for counselling psychology. In clarifying a set of values that counselling psychology as a sub discipline identifies with, it can move towards internal and external congruence within an ethical model situated in a systemic theoretical framework. Prilleltensky (1997) describes five values that are considered as particularly relevant to

counselling psychology as it speaks to the core of its unique identity in the field of mental health service providers. These five values are: caring and compassion, self-determination, human diversity, collaboration and democratic participation, and distributive justice (p. 520). These fit well with the communicative ethical theory of Habermas (1990) as they draw attention to relationship as well as individual responsibility, the communication of interpersonal acceptance through professional language practices, and culminate in the holding of a balanced explanatory framework (distributive justice) between individial and socio-political contexts. Through attending to these values, counselling psychologists can ensure the development of a moral self that is created dialogically, more so than psychologically or socially (Tappan, 1997).

Process

Traditionally descriptions of prescriptive frameworks for ethical decision-making, where the goal is to specify the issues that psychologists should consider in arriving at an ethical decision, have been hampered by a lack of integration of ethical theory and the clarification of moral values and prinicples. Following on from a communicative ethical theory and values-based practice, this last section draws on Cottone's (2004) constructivist model of ethical practice to start answering the question, "what do we as counselling psychologists do when faced with an ethical dilemma?"

Social constructivist theory is based on the acknowledgement of the biosocial realm – a relational understanding, as opposed to an individual understanding of human functioning. Cottone (2004) has proposed an ethical decision-making model based on the following principles: Ethical decisions are placed in a social context, ethical actions are always biosocially compelled; ethical decisions should involve a process of acting according to consensual reality (termed as concensualising by Cottone, 2004) and lastly, that negotiation and arbitration can be added as interpersonal processes to resolve dissonance when consensualising fails. Both Prilleltensky (1997) and Cottone (2004) offer the Canadian Psychological Association

Code of Ethics (Canadian Psychological Association, 2000) as an example of a value-based, social constructivist model of ethical decision-making.

Since the New Zealand Code of Ethics is based on the Canadian Code of Ethics (Williams, 2004), the social constructivist model may be regarded as particulary relevant to the recent emergence of the profession of counselling psychology in New Zealand. The Canadian Code of Ethics (2000) attends to the context within which the ethical problem was constructed, the subjective biases of the psychologist involved in the decision-making process, and a responsibility to attend to a second order change in an attempt to prevent a re-occurance of simliar ethical challenges.

Whilst the argument put forward in this article is for the development of a theoretical model towards second order ethical decision-making, an example may help to clarify the contextual and relational aspects that need to be taken into account. In the example cited in the introduction of a depressed client, the linear, first order approach to decision-making would include an individual assessment of risk factors. A response guided by the Code of Ethics, given the risk of self harm, would be to commit the patient to inpatient care. A second order approach would include consideration of risk and resilience, impact on the family such as removing a family member, the effect on the system of healthcare provision in terms of cost and resourcing, as well as the referring psychologist's values and resources. Depression is conceptualised as a symptom of systemic dysfunction and decisions are made to reflect this.

Conclusion

Counselling psychology differentiates itself through its alignment with an integrative approach to understanding psychological functioning, recognising the interpersonal and political systemic context, and how this contributes to psychological functioning. Ethical decision-making models have typically neglected to clarify their theoretical stance, or to draw on moral principles and practice guidelines that are aligned with a more constructive and contextual

view of mental health. This article proposes an ethical decision-making framework that can serve as a vehicle for ethical selfhood in counselling psychology. It does this through integrating communicative ethical theory and value-based ethics and through considering the emergence of a dialogical moral self, and actions that are practically guided by a social constructivist process model of ethical decision-making. In so doing it offers a way forward for second order decision-making in Counselling Psychology in New Zealand.

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