Ethical Case Analysis

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Introduction

Elliott finds himself in an ethical dilemma that may require him to choose between keeping his job or acting ethically. The sources of his issues seem to come from his conflicting roles as both a counselor and consultant and who is supervising his work. Although he has attempted to clarify his role within the parameters of working with student-athletes, the competing interests of the third party and the clients (students) have created a rapidly spiraling quagmire in which the client, the third party, and he as the provider are at risk of harm.

Key Ethical Concerns

The key ethical concerns in Elliott's case are a.) professional relationships, b.) multiple relationships, c.) confidentiality, and d.) conflict of interest. Professional relationships can become easily entangled in a collegiate setting. It is unclear who the client is because practitioners often have more than one role within the institution (Loughran et al., 2014). In a 2017 review of current ethics paradigms in sport psychology Watson et al. found that 61 percent of the responding sport and performance psychology practitioners said they had been in multiple role situations. The Association for Applied Sport Psychology (AASP; 2024) ethics standard number 12 recognizes that third parties may request the services of a sport and performance psychology practitioner but warns of the risk of conflicting roles. Because Elliott's position is funded by both the athletic and student health departments, he has multiple third party and student-athlete stakeholders, which calls for clarity on who is really the client. Standard number 12 calls for setting boundaries and clarifying roles at the beginning of the role, including the direction of services and defining the client (AASP, 2024).

Elliott has attempted to separate his counselor and consultant roles, but the athletic department is pressuring him to break boundaries he put in place to refrain from entering into

multiple relationships. AASP (2024) ethics codes number nine and number 22, respectively, address multiple relationships and the situation where a conflict arises between the organization and the ethical standards. Standard number nine calls for practitioners to avoid entering into a professional relationship with a client if there is already a relationship, which corresponds to the athletic department demanding Elliott perform both counseling and consulting roles with athletes (AASP, 2024). Regarding conflicts between third parties and ethics codes, AASP (2024) standard 22 requires Elliott to make the conflict known as early as possible and to resolve the conflict with the strictest compliance possible to the ethical codes.

These competing interests are creating confidentiality issues for Elliott's clients as predicted in the AASP (2024) ethics stand nine (multiple relationships) and addressed by standard 19. For example, clients feel that their privacy was violated by the sharing of attendance and schedule information with coaches. Additionally, clients are uncomfortable with Elliott's counselor role allowing him to receive medical test results before they do. This leaves them questioning who has ownership over medical information (Loughran et al., 2014). Non-traditional practice settings, as described by Watson et al. (2017), are also causing confidentiality issues for Elliot's clients when the public nature of his consulting may falsely identify who is receiving counseling services. These confidentiality issues correspond to AASP (2024) standard 19, which upholds the responsibility to maintain client confidentiality across professional roles unless given specific consent; and informed consent is previously addressed in standard 17 to provide clients with information on the limits of confidentiality (AASP, 2024).

Conflict of interest arises from Elliott's dual roles in both the athletic and student health departments. Elliott's case can be summarized by the clients' apprehension regarding his loyalty when they become mandated to receive mental health care because they are afraid his

psychological assessments may affect their athletic and academic standings. This example is covered by standard 19 (confidentiality), nine (multiple relationships), 12 (third parties), 17 (informed consent), and 21 and 22 (conflicts and resolutions of organizational demands with ethics), all of which will be examined in depth later (AASP, 2024). As evidenced by the number of ethical issues presented in the case, multiple relationships have a high risk of harm, and as explained by Watson et al. (2017), must be examined based on how it affects the client. Conflicts of interest facilitated by these multiple relationships are impairing Elliott's objectivity and effectiveness in practicing both of his roles (AASP, 2024; Loughran et al., 2014). Although Elliott has been well-intentioned and conscientious so far in his practice, his organizational demands are competing with his ethical standards in an unsustainable way.

Ethical Decision-Making Model

Research has shown that using ethical decision-making models can enhance the quality of ethical decisions (Johnson et al., 2022). Novice practitioners can especially benefit from using models, as noted by Johnson et al. (2022), because they are still building skills and can use the models in conjunction with ethical codes to build their personal decision-making frameworks. The AASP Ethics Code (2024) and the American Counseling Association Ethics Code (ACA; 2014) hold the same key principles about competence, confidentiality, integrity, professional relationships and cultural competence, with the ACA code (2014) being more restrictive on issues of licensure and boundaries between the client and counselor. Because of both the similarities and differences in the two codes, the ACA ethical decision-making model formulated by Forester-Miller and Davis (2016) is the most salient model in Elliott's case because his role as a Licensed Professional Counselor has the most severe legal ramifications for infractions. Licensure for professional counseling is overseen by the state government and is therefore

pursuant to state laws (American Counseling Association, n.d.). Therefore, he should follow the most restrictive ethical code's corresponding decision-making model.

Guiding Principles

The ACA ethical decision-making model (2016) is grounded in the five principles: autonomy, justice, beneficence, nonmaleficence, and fidelity. Autonomy describes a practitioner's respect for a client's individuality and self-determination. Justice refers to equity. Beneficence requires contributing to clients' well-being; while nonmaleficence, prohibits inflicting harm. Clients need to have faith in the practitioner relationship, so fidelity means honoring commitments not harming the relationship (Forester-Miller & Davis, 2016). Another guiding principle is the documentation of every part of the process, beginning from the appearance of the dilemma. Additionally, each step in the process provides an opportunity for consultation with colleagues and supervisors (Forester-Miller & Davis, 2016).

ACA Decision-Making Model Steps

The ACA ethical decision-making model (2016) includes seven steps. One must first identify all the issues caused by the situation and check if they are addressed by the ACA Code of Ethics (2014). Secondly, using the principles of, "autonomy, justice, beneficence, nonmaleficence, and fidelity," the practitioner must examine the dimensions of the dilemma and determine the priority of principles as they pertain to this dilemma (Forester-Miller & Davis, 2016; p.3). A practitioner will then use current research, consultation, and professional organizations to examine the dilemma from all possible angles. Next, these dimensions will be used to create possible actions and then the potential consequences of each option for all stakeholders involved. Once an action has been selected, it should be reviewed using the evaluative concepts of *justice, publicity,* and *universality*. In Foerster-Miller and Davis' (2016)

work justice refers to fairness; publicity refers to feeling comfortable in the event of exposure; an action is universal if it could be recommended to a colleague in the same dilemma. Finally, the course of action can be executed. After the plan execution, Elliott should reflect on how the reality of the action affected him and the other stakeholders.

AASP Ethical Standard Guidance

The interplay among the AASP (2024) ethical standards provides guidance in the case of Elliott. Multiple standards synergize with each other to address broad dilemmas in applied sport and performance psychology practice. Elliott's dilemma originates in the multiple roles created by his third-party supervisors. Standards 12 and nine address the complexity of third-party relationships and the risks of multiple roles (AASP, 2024). Standard 12 of the AASP (2024) ethics code includes three parts to addressing third-party requests for service a.) nature and definition of the role, client identification, and confidentiality limitations; b.) ongoing informed consent about confidentiality limitations; and c.) ongoing awareness of the potential risks of conflicting roles. Elliott has partially satisfied part A of the standard by setting the boundary that he would not practice consulting with students who he saw for counseling. However, it does not appear that he has clarified that the students are the clients because his providing both services prioritizes the institutional needs more than the clients'.

While Elliott has clarified the boundaries of his dual roles, he has not followed the guidance of part B to preemptively discuss the disclosure of information between all parties because he does not have confidentiality framework in place for dealing with scheduling, medical results and public practice (AASP, 2024). Additionally, Part C of AASP (2024) standard 12 correlates with standard nine on multiple relationships where standard nine prohibits practitioners to enter into dual roles with one client. Although the semantics of standard nine do

not specifically prohibit dual *professional* roles, the spirit of the standard is that having more than one type of relationship with a client can obscure objectivity which risks causing harm (AASP, 2024).

Standard 19: Confidentiality and Standard 17: Informed Consent

The risks of harm are manifested in Elliott's case by breaches in confidentiality which should be addressed by informed consent. The principle of confidentiality is codified in AASP (2024) ethics standard 19 in which practitioners should take all reasonable precautions to guard client confidentiality and identifying information unless given explicit consent. This standard clearly works in conjunction with standard 17, part A which requires informed consent for services (AASP, 2024). Informed consent by the student-clients, in the context of Elliott's case, and according to the AASP (2024) ethics standard 17, would include information detailing the risks and benefits of counseling and consulting, the process and expectations, the schedule, and privacy. AASP (2024) standard 19 provides guidance on how to maintain confidentiality and, importantly, that it is an ongoing process. It specifically directs practitioners to discuss with clients and organizations both the current limitations of confidentiality and the foreseeable utilization of the content generated in sessions, meaning Elliott should examine how his dual roles could affect both the actual and perception of dissemination of information (AASP, 2024). His dual roles have interfered with scheduling privacy and medical test results confidentiality so far. Part C of AASP (2024) ethic standard 19 also indicates that Elliott should be mindful of how consulting in public spaces, such as on the field, could either explicitly identify consulting clients or inadvertently create the appearance of counseling relationships; whereas this standard calls for refraining from providing identifying information across professional roles.

Standard 21 and 22: Conflicts and Standard 11: Referrals

Conflicts between the AASP (2024) ethics code and organizational demands are directed by standards 21 and 22. A conflict is defined in standard 21 as discord between the demands and the ethical code and the necessity to address it; while standard 22 provides guidance on how to resolve these conflicts (AASP, 2024). In Elliott's case, AASP (2024) standard 11 on referrals connects to the governance of conflicts because Elliott should be and has been making referrals to external providers where it is in the best interests of the client (and in keeping with standard nine, multiple relationships). By adhering to standard nine, Elliott has invoked standard 11 suggesting referrals as means avoid multiple relationships (AASP, 2024). These referrals have then created conflict with the organization, which is demanding Elliott cease referring out and perform both counseling and consulting services for the same clients. Because his supervisors have created Elliott's dilemma, AASP (2024) standard 22 suggests that he reach out to a mentor or the AASP Ethics Committee for guidance, once he has clarified the violations taking place with the requirement to perform dual roles and notified the organization.

Suggested Resolutions

Welfel (2005) aptly noted that navigating ethical dilemmas and violations can be isolating. Elliott has put himself in a professional position where he has very few allies. According to the ACA (2016) ethical decision-making model, Elliott's next steps are to formulate possible courses of action, consider the consequences of those options, and then to evaluate the selected course of action through the lenses of justice, publicity, and universality. The process in Elliott's case will examine how the resolutions of confidentiality and conflicts of interest will have a waterfall effect on the resolution of the more generalized issue of the multiple relationships in Elliott's professional role.

Confidentiality

The literature examined and the AASP (2024) ethical code emphasize that confidentiality is paramount to ethical practice (Haberl & Peterson, 2006; Loughran, et al., 2014; Moore, 2003; Watson et al., 2017; Welfel, 2005). Therefore, it is the first aspect of Elliott's dilemma that must be resolved. The most straightforward confidentiality issue is Elliott receiving medical information and test results before athletes. Ownership of medical information should be made clear (Loughran et al., 2014). While Moore (2003) discusses that the only confidential information that is directly applicable to an organization's specific request should be shared; this can be inversely applied to the information Elliott receives. The resolution to this violation seems clear cut where Elliott should insist on the discontinuation of receipt of medical test results and information as medical treatment and physical diagnoses are not in the scope of either his counseling or consulting roles.

The second relatively straightforward issue is the privacy violation of Elliott's administrative assistant disclosing an athlete-client's session schedule and counseling participation to their coach. The suggestion to keep the outflow of confidential information as confined as possible is directly applicable to this issue as well (Moore, 2003). The resolution would be concurrently prohibiting the administrative assistant from disclosing any attendance or schedule information to anyone and having a conversation with the coaches to relay that policy and its justification. Coaches may find it difficult to have these boundaries set because, as discussed in Haberl and Peterson (2006), their careers can hinge on the performance of their athletes. But they go on to suggest explaining that confidentiality is a pillar of building a relationship with clients through trust (2006). The organization may reasonably request that Elliott confirm the initiation and termination of counseling, if it is considered part of the athletic

performance plan, but it should be limited to those parameters. In this case, Elliott would need to disclose this policy to his athlete-clients as part of ongoing informed consent. There could be some client attrition after this policy is set in place, but it is justified in the fact that the university is the employer, although as a third party.

Conflict of Interest

The confidentiality issues cascade into conflicts of interest where Elliott's dual roles obscure practice boundaries. Regarding the issue of mandated student-athletes, Elliott's loyalty is called into question, whether it is with his employer-client or his athlete-clients. This issue is more complicated to resolve because perception is as important as the action. As Elliott does not seem to have deciding power in the athletic department, the resolution may be more in the form of verbal assurances and amended informed consent forms. One of the main principles of the ACA decision-making model (2016) is nonmaleficence, which is the "do no harm" clause (p. 2). Elliott should confirm with the athletic department that he will not share session content with the department as it is confidential. As with the schedule confidentiality, he may have to confirm attendance and duration, but no more. Any additional disclosures to the department would harm the counseling relationship. Further, engaging in counseling of mandated student athletes threatens to cross the boundary between counseling and consulting. Elliott should not work with any student-athletes with which he has already engaged in consulting (AASP, 2024).

Multiple Relationships and Professional Role

The cost of Elliott's multiple role job description can be exemplified in the issue of his presence on the field signaling (accurately or falsely) his counseling relationship with student-athletes. According to Moore (2003) it can be appropriate and even necessary for a consultant to attend practices and games in-person to model alignment with team behavioral expectations.

Elliott is potentially harming clients by the (necessary) public nature of his consulting role. His multiple roles may also make it difficult for him to remain objective in either role (Moore, 2003). In the process of establishing the above boundaries between himself and the university to protect his student-athlete clients, it becomes apparent that his dual role of both counseling student-athletes exclusively and consulting with student-athletes is not sustainable, as evidenced by the pressure he is receiving from coaches to counsel his consulting clients.

As the university will likely not allow him to continue with only one of these roles, the suggested solution is to request from the university that he maintains his athletic consulting position but transitions to counseling only non-athletic department affiliated students. In this way, he can still use his licensed counseling skills to benefit the university, but he will eliminate or significantly decrease the instances of boundary crossing. The AASP (2024) ethics code standard 18 allows for termination of services when there is a conflict of interest. If the University approves Elliott's change in counseling mandate, he will need to facilitate the transition to a new counselor for his existing athlete counseling clients while navigating the potential feelings of abandonment (Moore, 2003). However, the greater harm is in the perpetual conflicts of interest rather than the temporary transitional state.

Summary

The ethical case of Elliott presents a plausible dilemma for licensed mental health practitioners who are also CMPCs practicing in the same institution. Elliott is a licensed counselor and CMPC who is employed in both of those roles at a university. Although Elliott set boundaries to avoid engaging in multiple relationships with individual clients, his multiple roles within the university have created ethical issues of confidentiality and conflict of interest. Because the harshest penalties will come from violating ACA (2014) policies, it is most logical

to follow the ACA (2016) ethical decision-making model. This model includes identifying the problem and applying the code of ethics to determine the extent of the dilemma. Then, it calls for examining the potential solutions and their consequences and choosing then implementing the solution that best satisfies the principles of justice, publicity, and universality.

The ethical code used in identifying ethical issues and creating resolutions is the AASP (2024) ethical codes. AASP (2024) standards nine and 12 cover third party requests for service and multiple roles. The violations of confidentiality and usefulness of informed consent in this case are guided by AASP (2024) standards 19 and 17. The AASP (2024) standards 21 and 22 are then applied to the conflicts of interest and necessity of referrals. Using these standards as a guideline, Elliott could propose more strict boundaries of confidentiality by restricting incoming and outgoing information about clients. The perception of conflicts of interest as both a counselor and advisor to the athletic department requires nuanced verbal assurances and additional boundary setting to resolve. With these stricter boundaries set in place, and, because Elliott's role as a consultant is necessarily public, he should request a move to working with non-athlete students in his counseling practice in order to continue using both of his skill sets to benefit the university.

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