



Russian nesting dolls and ethical decision-making

If you ever travel through Europe, especially in or near any of the Slavic countries, you are bound to come across Russian nesting dolls in many of the tourist shops and markets. Traditionally known as *matryoshka nesting dolls*, these brightly painted wooden dolls are made in such a way that as you take one apart, you find another doll inside. When also taken apart, that doll contains another doll, and so on and so on until you expose the littlest doll, which is just as exquisite as the first.

The name *matryoshka* comes from the Latin root *mater*, which translates to *mother* and is associated with the image of a mother and her large brood nested within her. One of the first nesting dolls contained eight distinct pieces. The first piece was a girl with a black rooster. This piece contained a boy and then a girl and so on. The final doll nesting within the seventh piece was a figurine of a baby wrapped in a diaper. They were each different, each unique and yet all related.

This image makes for a good analogy of how the parts of the 2014 *ACA Code of Ethics* are structured and should be used when puzzling through the many conundrums we face as mental health providers and educators. Many of the standards and substandards in the *ACA Code of Ethics* are nested within each other in such a way that they build on one another. Given this structure, using just one substandard to justify a decision or action is like taking apart only the first nesting doll and failing to investigate what is housed within the next doll and the next doll and so on.

Complying with the law versus upholding our ethics

Take, for example, the simple but necessary practice of informing potential clients of their rights, responsibilities,

risks and benefits when entering into a professional relationship with a counselor. Each state has its own laws and rules concerning this practice; some states require that counselors share only the bare minimum of information with their clients. In my state of Michigan, I am required only to provide my name, business address, telephone number, a description of my practice, my education and experience, my fee schedule and the name and contact information of the state licensing board in case a client wishes to lodge a complaint. I can comply with the law by providing only this information, but is that enough? What else should I consider and how does this all relate, for example, to the client who has been mandated to obtain services by an authority such as the courts, a school or an employer?

Nested within Section A (The Counseling Relationship) of the *ACA Code of Ethics* is the informed consent standard (A.2.). And embedded within this standard are the ethical principles and values that provide the foundation for all of our ethics (autonomy, nonmaleficence, beneficence, etc.). Counselors can simply provide what the law requires or they can fulfill their ethical obligation and provide clients with information that is adequate to make informed decisions, with the understanding that as treatment changes, they will continue to keep clients informed as an ongoing part of that treatment (A.2.a.).

Additionally, counselors must provide clients with pertinent information necessary for making an informed decision. This includes checking for clients' understanding about the limits of confidentiality, the cost of services, billing and collection practices, and if and how a supervisor, treatment team or consultant might be used to enhance services (A.2.b.).

It would be simple enough to stop here and not open the next nesting doll, but in doing so, counselors would run the risk of missing what the next doll offers to them and their clients.

The next two nesting dolls include guidance on developmental and cultural sensitivity (A.2.c.) and what to do when clients lack the ability or capacity to give consent (A.2.d.). Both substandards carry the theme forward from previous substandards of ensuring that clients understand the information being shared with them and what counselors should do if this understanding is compromised by age, culture or incapacitation.

We now come to the final nesting doll under informed consent in the counseling relationship — what a counselor must do when providing services to clients who have been mandated to counseling by an outside authority (A.2.e.). This may seem an odd place to address mandated clients, but when taken in light of the previous substandards, it makes all the sense in the world. We again return to the fundamental values and principles found in the preamble of the code: honoring clients' autonomy while working to avoid harm (nonmaleficence) as we provide the best care (beneficence) in a nonjudgmental (justice) environment that honors and supports "the worth, dignity, potential and uniqueness of people within their social and cultural contexts." All of this while outlining the boundaries of the relationship with that mandated client. And all nested within one standard (A.2.).

Decisions, decisions

The 2014 *ACA Code of Ethics* does not recommend one specific decision-making model. That was an intentional decision on the part of the Ethics Code Revision Task Force, because each situation presents a different context for decision-making.

What may work in one situation may not be appropriate for the next.

Additionally, as illustrated above, ethical standards rarely stand alone, and ethical issues generally involve more than one standard. All ethical decision-making models ask you to consider all standards and principles that apply to your situation. What is required is a thoughtful process that explores all related ethical codes when working through a decision. To extend our analogy a bit further, there is more than one set of nesting dolls to admire.

Continuing with the mandated client example, we have already determined that counselors are required to discuss the limitations to confidentiality with these clients. Counselors may have to report to the mandating authority specific information (e.g., attendance) or informed opinions (e.g., propensity for violence) based on clinical interviews and appropriate assessments. These actions require the counselor to further explore where the ethical standards concerning these actions are found.

Nested within Section E (Evaluation, Assessment and Interpretation) are the standards for competence for use and interpretation of assessment instruments (E.2.). Each substandard opens to the next, guiding decision-making concerning one's limits with various testing and assessment services (E.2.a.). It is not uncommon for a counselor in a college setting to be asked to provide an opinion concerning a student's behavior (e.g., suicidal ideation, classroom outburst) and whether that student should be removed from campus, referred or mandated for counseling services or simply have a discussion with the dean of students about appropriate behavior in a classroom.

Ensuring that you have the education and experience to make just such an evaluation is only the beginning of the assessment process. Moving to the next doll, we open it to find information on choosing the appropriate instrument to use (E.2.b.), keeping in mind that any instrument used should be validated on a population that most closely resembles the client's culture and demographics (E.8.), lest the results be considered invalid.

We have now come to the final nesting doll in this standard, the decision (E.2.c.). Again, as with all nesting dolls, this one is related to the rest, noting that the counselor



making the decision, based on the results of the appropriate instruments that the counselor is competent to administer, has a sound understanding of psychometrics.

We are almost done. Only a few more nesting dolls remain to explore as we make a decision on how to work with a mandated client. As has been determined, these clients receive the same respect and care as all other clients. The informed consent procedure is modified to accommodate the necessary reporting required by the mandating authority. Prior to the assessment beginning, the client is made aware of the nature and purpose of the assessment and the specific use of the results (E.3.a.).

It is here I am reminded that clients, even if mandated to counseling, do not give up their autonomy and can choose to participate or not. Although the mandating authority may not give the client an option, as counselors, we cannot force someone to participate. Our duty is simply to inform the client of the possible consequences for refusing to participate. The *ACA Code of Ethics* goes one step further in guiding counselors, reminding us to consider the welfare of the client when considering who receives the results (E.3.b.).

Conclusion

Ethical decisions, as shown in the steps when counselors are considering working with a mandated client or just trying to determine which direction to go in an ethical conundrum, are not made by looking at only one standard or substandard. They are made by exploring how the parts of the code relate to each

other, both within the same standard and between standards. They are made, in some cases, in consultation with clients, colleagues and supervisors, while taking into account the context and culture in which they are made. Ultimately, they are made in the best interests of clients and as a reflection of the values of the counseling profession to enhance human development, honor diversity, promote social justice, safeguard the counselor-client relationship and practice in a competent and ethical manner.

Whatever decision-making model you choose, it becomes an adventure as you explore the relationship of one ethics code standard to the next, just as you would explore the exquisite, unique and related nature of each nesting doll. ♦

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