

Decision-Making Model for Dr. Taylor and Louise (see Chapter 8)

We will now examine the ethical dilemma of Dr. Taylor, from Chapter 8, who decided to treat a colleague, Louise, and eventually discovered how multiple roles could complicate therapy as the treatment progressed. If she had followed this five-step protocol she may well have arrived at a different decision at the outset, instead of having to cope with a larger problem later on.

1) *Identify or scrutinize the problem where an ethical concept may be violated.* Dr. Taylor is considering offering psychotherapy to someone she had known for years and worked with as a colleague, thereby beginning a dual role relationship right from the start. She hears from Louise that she does not trust other therapists, and only has faith in Dr. Taylor's theoretical approach, but she is concerned about multiple roles. However, she also knows that to refuse to treat a woman with major depression and chemical dependency might ultimately result in harm to her and her unborn baby. The ethical dilemma is clear: should she offer treatment to a depressed, cocaine-dependent, pregnant woman and knowingly begin a dual role relationship, with attendant risks of impaired objectivity and competence, or refuse to treat, because the duality would inevitably detract from therapy and solid boundaries would be an important part of the treatment with a patient such as Louise?

Conflicts between two ethical rules can be easily seen when specific ethical standards conflict with each other because the language of the ethical standards is narrow and specific. However, the language of each general moral principle is broad and wide-ranging in nature and the conflicting requirements, when they occur, may be more subtle. In this vignette the general principle "Beneficence and Nonmaleficence" would support helping a woman such as Louise, who has a history of depression, has begun using cocaine, and now has become pregnant. It

would seem to be a prudent and in the woman's best interest to grant her request and initiate treatment as soon as possible, whereas refusing to treat might be harmful, if she would not agree to obtain therapy elsewhere. However, the general principle "Fidelity and Responsibility" would support observing professional standards of conduct, clarifying obligations, and avoiding dual roles that could ultimately result in harm to someone. This principle reminds us to consult with others, and refer, as needed, to safeguard the welfare of others.

After reviewing the General Principles we then examine the conflicting ethical standards, and can readily identify the dilemma between 1) avoiding harming others and 2) avoiding multiple relationships. Psychologists must take "reasonable steps to avoid harming their patients. . .and others with whom they work. . .and to minimize harm where it is foreseeable and unavoidable", while at the same time they must refrain from "entering into a multiple relationship if [it] could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness. . ." Dr. Taylor understood the urgency of Louise's plight (an argument for immediately accepting her into treatment, and avoiding the potential harm of rejecting her) and the problem of dual relationships (an argument against accepting into treatment, because she already knew her as a colleague).

2) *Develop alternatives or hypotheses consistent with general moral principles.* Dr. Taylor discusses this dilemma with a colleague and arrives at several alternatives: a) she could accept Louise as a patient and begin therapy at once, while continuing as her colleague and group co-therapist, b) she could accept Louise as a patient on the condition that she withdraw from her role as group co-therapist, thereby reducing one of the multiple roles, c) she could accept Louise as a patient, and begin ongoing monthly consultation with a peer to monitor the therapy and help with boundaries, objectivity, and competence, d) She could agree to meet one

time with Louise to learn of the scope of her problems and then make a referral to someone whom Louise does not know, but is likely to trust since Dr. Taylor carefully selected based on her knowledge of Louise, or e) she could refuse to discuss Louise's mental health concerns at all, because to do so would immediately compromise the working relationship in group, and Dr. Taylor would prefer to keep a professional distance with the co-therapists with whom she works.

3) *Evaluate or analyze the options, and choose one that strikes the optimal balance or ranking of moral principles.* Although option (a) appears to maximize helpfulness to Louise, by immediately gratifying her request and need for treatment, it would complicate the working relationship of the two as group co-therapists. Furthermore, Louise's knowledge of Dr. Taylor and her family might also pose a problem; over the past year she had been to Dr. Taylor's house on two occasions—once for dinner, and once for a birthday party for her teen-age daughter. Louise knew about her political affiliations, religious views, and recent separation from her husband. This was far more than any other prospective patient knew about Dr. Taylor at the outset of treatment, or even the conclusion. For Louise, such a blurring of roles or boundaries may not seem important, and her desire for therapy may trump her desire to follow ethical rules or professional guidelines. However, it is also possible that her judgment is somewhat impaired by her life circumstances and depressed mood, and that the burden of sound ethical decision-making falls on the shoulders of Dr. Taylor. A prospective patient's eagerness to "bend" the rules does not justify the therapist's actions, absent other compelling reasons (florid psychosis or imminent danger to life, for example). There is no compelling reason to select option (a) where other choices are available, as doing so would be ignoring the importance of clarifying and maintaining professional roles and having a clear separation between the three social roles of friend, colleague, and patient.

Option (b), accepting Louise into treatment on the condition that she remove herself from the role as group therapist would simplify the multiplicity of roles. However they would still have contact for other reasons, such as staff meetings and occasional collaboration on individual psychotherapy patients. And both would feel like they had to back away from the budding friendship that had developed over the past year—artificially limiting their relationship, or attempting to impose a professional boundary where both had already gone past it in familiarity. Although option (b) might be a good alternative in certain situations, it does not seem to adequately address the problem of multiple role relationships here.

Option (c), providing for an outside monitor to help with objectivity and boundaries in treatment, seems to offer some promise. It would help Dr. Taylor to assess her degree of objectivity and competence if she met periodically with an experienced clinician to review the treatment, or even had telephone consultations periodically, if she there were no consultants nearby. Adding such a variable in the treatment process is superior to relying upon one's own resources, where multiple roles can cloud objectivity, or prior social activities can influence the direction that treatment takes. However, there may be a better option that would obviate the necessity of having a second mental health professional become a part of Louise's treatment, and provide a simpler protocol from the beginning.

Option (d), allowing for one or two professional meetings for the purpose of exploring Louise's therapy needs, and how to best accommodate them, may provide the best compromise solution. In this choice, Dr. Taylor's compassion for a colleague who is psychologically impaired leads her to promptly structure some formal time to evaluate her. However her awareness of the future pitfalls of such a multiple role by providing the therapy herself leads her to uphold fidelity to her professional responsibilities, and hand-pick several therapists who might best meet her

needs, instead of providing the therapy herself. Such a decision is guided by ethical standards and professional guidelines, not just by clinical exigencies or the will of the prospective patient. Nevertheless, there may still be a risk that Louise would feel rejected or angry at Dr. Taylor's refusal to treat her and impulsively act her feelings out by attempting to harm herself in a suicide attempt, either deliberately or "accidentally". Dr. Taylor would minimize the risk of such an outcome by offering a prompt and comprehensive evaluation of Louise and following up with referrals to therapists with available time to accept a new patient.

Choosing option (e), refusing to offer any professional intervention or help to Louise, due to an overly narrow interpretation of the requirements of "Fidelity and Responsibility", might incur a greater risk of being harmful to Louise. Such a choice would impose an overly rigid boundary that would rule out any choice of personal intervention to provide assistance, and serve to exacerbate an already precarious situation consisting of severe depression, becoming pregnant, cocaine abuse, impaired judgment, and the resulting potential for harm to herself and her unborn baby.

4) *Act or Perform*. Dr. Taylor now can implement her choice, by setting aside time to meet with Louise and informally assess her needs. She can evaluate the seriousness of Louise's mood disorder and substance abuse while also firmly establishing the limits of her involvement in Louise's care. In addition, she can determine Louise's degree of impairment as a mental health provider, and suggest an appropriate course of action, such as taking a "leave of absence" from her role as co-therapist in the treatment group. Such an action would be consistent with the ethical standard requiring that psychologists must delegate professional responsibilities to others only if they are professionally competent to fulfill their duties.

5) *Look back and evaluate the choice based on the extent to which it fulfills, balances, or minimizes harm to offended moral principles.* In choosing to meet with Louise for a preliminary assessment of her situation but recusing herself from the list of possible therapists, Dr. Taylor commits herself to the general moral principle “Fidelity and Responsibility” and each of the individual ethical standards (rules) that support evidence-based practice and avoidance of dual role relationships that could result in harm or exploitation. This includes clarifying her professional role and managing conflicts of interest that could have occurred if she accepted Louise as a patient. In this decision making process, the values espoused by the general principle “Fidelity and Responsibility” can be said to infringing somewhat upon those of “Beneficence and Nonmaleficence”. It may appear that Dr. Taylor is doing harm to Louise by not immediately complying with her request for treatment. And Louise might view Dr. Taylor’s refusal to become her therapist as injurious or negligent. However, Dr. Taylor balances this choice with agreeing to preliminarily evaluate Louise (although, admittedly, not with the objectivity of a psychologist who did not have a prior social relationship) and then help her select a qualified therapist. By performing a prompt evaluation and making a referral to an available, qualified therapist she minimizes any “harm” that might be inflicted on Louise by refusing to immediately accept her into treatment herself. She prioritizes minimizing the infringement.

Dr. Taylor minimizes the infringement of “Fidelity and Responsibility” upon “Beneficence and Nonmaleficence” by following through with a rapid response. Although Dr. Taylor’s refusal to treat her might initially be disappointing to Louise, it ultimately would result in largely honoring the values of the first general principle by striving to benefit Louise, and avoid harming her as the treatment got under way with all the complications that dual roles can sometimes bring. Dr. Taylor is simply achieving this long-term goal of “Beneficence and

Nonmaleficence” in a different manner than Louise would have chosen, reflecting the good judgment of someone who is able to be dispassionate.