

Ethical Decision-Making Models: A Review of the Literature

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A comprehensive review of the literature on ethical decision-making models in counseling is presented, beginning in the fall of 1984 through the summer of 1998. (Materials "in press" were considered.) A general overview of the literature is provided. Theoretically or philosophically based, practice-based, and specialty-relevant approaches are surveyed. The literature is rich with publications describing decision-making models, although few models have been assessed empirically, and few models seem well grounded philosophically or theoretically.

In 1984, Kitchener published a seminal work related to ethical decision making in counseling and counseling psychology. In her article, Kitchener argued that in the absence of clear ethical guidelines, relying on personal value judgments (as some other authors had proposed) was not adequate because "[i]ndependent of . . . external considerations, not all value judgments are equally valid" (p. 44). Kitchener argued that counseling professionals should "develop a deeper understanding of the basis for ethical decision making" (p. 44). She then presented a model integrating Hare's (1981) work on levels of moral thinking (intuitive and critical-evaluative) and Beauchamp and Childress's (1979) suggested ethical "principles" (autonomy, beneficence, nonmaleficence, and justice) and the ethical "rule" of fidelity. Since Kitchener's 1984 publication, there have been many publications on ethical issues in counseling. However, to this date, no formal review of the literature on ethical decision-making models has been published. There has been no accounting of philosophical, theoretical, practical, or empirical developments related to ethical decision-making models in counseling. This article offers such an accounting.

The literature on ethical decision-making models from the fall of 1984 (the date of Kitchener's publication) to the summer of 1998 was systematically reviewed. ("In press" materials available to the authors were included.) Computer searches of PsychLit and ERIC were accomplished using the key terms "ethical/decision making/model"; also complete hand searches of the following journals were made between those dates: the *Journal of Counseling & Development*, *The Counseling Psychologist*, *Professional Psychology: Research and Practice*, and the *American Psychologist*. Other sources known to us were also included. Although an overview of the literature on ethical issues is included in this

review, the intent and focus of the review is to address and to thoroughly review the literature specifically relating to ethical decision-making models. Therefore, literature addressing moral reasoning, clinical issues, and specific code-directed actions is not fully reviewed.

GENERAL OVERVIEW OF THE LITERATURE ON ETHICAL ISSUES

Since Kitchener's (1984) article was published, Beauchamp and Childress's (1979) *Principles of Biomedical Ethics* has been revised several times; it is a frequently cited work in its fourth edition (Beauchamp & Childress, 1994) that has laid the groundwork for other authors. Although the Beauchamp and Childress (1994) text is a foundation text providing guiding principles for ethical decision making, it fails to address decision-making models or processes in depth. Instead, the authors provided a thorough analysis of ethical theory, including criteria of theory construction and an overview of widely recognized ethical theories (e.g., utilitarianism, Kantianism, liberal individualism). In a work published in the same year, Beauchamp and Walters (1994) provided a "set of considerations" or "methods" for resolving moral disagreements as a way "of easing and perhaps settling controversies" (p. 4). The methods included (a) "obtaining objective information"; (b) "providing definitional clarity"; (c) "adopting a code"; (d) "using examples and counterexamples"; and (e) "analyzing arguments" (pp. 4-7). Beauchamp and Walters did not present a review of decision-making processes, but they took a position and presented a basic model for judging ethical decisions. As with the Beauchamp and Childress (1994) and the Beauchamp and Walters works, there was a lack of in-depth discussion of ethical decision-making processes in the literature. Rather,

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authors simply listed the act of making a decision as a step, or they did not list it as a step at all; however, in either case, an explanatory framework for the decision process itself was not addressed. There were some exceptions, especially involving theoretical and philosophical foundations.

THEORETICAL OR PHILOSOPHICALLY BASED MODELS OF ETHICAL DECISION MAKING

Several authors made an attempt to ground ethical decision making on some theory or philosophy. Notably, Hare's (1991) "The Philosophical Basis of Psychiatric Ethics," which in its original 1981 form was used by Kitchener as a guiding work, argued that *absolute thinking* (dealing with rights and duties) and *utilitarian thinking* (doing the greatest good for the greatest number; considering the interests of patients) were both involved in ethical decision making. Hare then invoked two levels of moral reasoning to address ethical dilemmas—the "intuitive" and "critical" levels. Hare (1991) said

[t]hat we have a duty to serve the interests of the patient, and that we have a duty to respect his rights, can both perhaps be ascertained by consulting our intuitions at the bottom level. But if we ask which duty or which intuition ought to carry the day, we need some means other than intuition, some higher kind of thinking (let us call it "critical moral thinking") to settle the question between them. (p. 35)

Although Hare (1991) believed that the "intuitive level, with its prima facie duties and principles, is the main locus of everyday moral decisions" (p. 35), he argued that it is "not sufficient" (p. 36) and must be superceded by critical (utilitarian) thinking when "no appeal to intuitions" can "settle the dispute" (p. 38). Although Hare's work was applied to psychiatry, it has direct relevance to counseling in that many have followed the lead of Kitchener and incorporated his ideas in their works.

Rest (1984) produced another work that is frequently cited in the literature. Rest has published extensively on the topic of developmental issues related to moral reasoning (e.g., Rest, Cooper, Coder, Maganz, & Anderson, 1974; Rest, Davison, & Robbins, 1978). Rest's (1984) work, written specifically for the applied ethics of psychology, drew heavily on theories of moral development (e.g., Kohlberg, 1969, 1980) and research findings (e.g., Schwartz, 1977) to present a four-component model of "processes involved in the production of moral behavior" (p. 19). The components are (a) "To interpret the situation in terms of how one's actions affect the welfare of others"; (b) "To formulate what a moral course of action would be; to identify the moral ideal in a specific situation"; (c) "To select among competing value outcomes of ideals, the one to act upon; deciding whether or not to try to fulfill one's moral ideal"; (d) "To execute and implement what one intends to do" (Rest, 1984, p. 20). The four components are not temporally linear, and they are not virtues or traits of individuals. Rather, "they are major units of analysis in tracing out how a particular course of action was produced in the context of a particu-

lar situation" (p. 20). Rest (1984) argued that "The four component model provides a framework for ordering existing research on moral development, identifying needed research and deriving implications for moral education. There are many directives for the moral education of counselors that come from this research" (p. 27). For instance, he believed an assessment instrument could be developed for each component in order to assess counseling students entering training or the outcomes of training programs themselves. In a later work, Rest (1994) reviewed the works of Kohlberg and gave an up-to-date summary of research findings related to Kohlberg's theory. He also offered a revised version of the four-component model. Rest (1994) defined the four components as "the major determinants of moral behavior" (p. 22), and he summarized the components as (a) "Moral Sensitivity"; (b) "Moral Judgment"; (c) "Moral Motivation"; and (d) "Moral Character" (pp. 23–24). Rest (1994) stated the following:

In summary, moral failure can occur because of deficiency in any component. All four components are determinants of moral action. In fact, there are complex interactions among the four components, and it is not supposed that the four represent a temporal order such that a person performs one, then two, then three, then four—rather the four components comprise a logical analysis of what it takes to behave morally. (p. 24)

Rest's (1994) model is clearly theoretically linked to cognitive theory through the works of Kohlberg, and he has one of the most empirically grounded approaches to analyzing moral behavior.

Gutheil, Bursztajn, Brodsky, and Alexander (1991), in a text on decision making in psychiatry and law, provided a chapter titled "Probability, Decision Analysis, and Conscious Gambling." The chapter reviewed the mechanistic and probabilistic paradigms in science and took a stand that decision making must account for some level of uncertainty (probability). Gutheil et al. argued in favor of "decision analysis" as a formal decision-making tool:

Decision analysis is a step-by-step procedure enabling us to break down a decision into its components, to lay them out in an orderly fashion, and to trace the sequence of events that might follow from choosing one course of action or another. This procedure offers several benefits. It can help us to make the best possible decision in a given situation. Moreover, it can help us to clarify our values, that is, the preferences among possible outcomes by which we judge what the best decision might be. Decision analysis can also be used to build logic and rationality into our intuitive decision making—to educate our intuition about probabilities and about the paths of contingency by which our actions, in combination with chance or "outside" events, lead to outcomes. (p. 41)

Decision analysis involves several "approaches," including (a) acknowledging the decision, (b) listing the pros and cons, (c) structuring the decision (including development of a decision "tree" to graph decisional paths and subsequent decisional branches, (d) estimating probabilities and values, and (e) calculating expected value. Estimating probabilities by means of a decision tree may involve calculating "the

relative frequency with which the event in question occurs over a large number of trials in similar circumstances" (Gutheil et al., 1991, p. 46). The authors contrast the procedure of decision analysis with the notion that the process of decision making is otherwise little more than gambling, with actions ruled by chance or outside events. Their model is clearly linked to nonmechanistic probability theory in science (e.g., the uncertainty principle).

Two articles integrated Berne's (1972) transactional analysis therapeutic approach with ethical decision-making processes. For example, Chang (1994) identified a five-step model of making an ethical decision and emphasized three core values implicit in transactional analysis that affect the decision-making process: (a) the principle that people are born acceptable or "OK," (b) clients are capable of understanding their problems and are actively involved in healing, and (c) people can take charge of their lives. She addressed the interplay of transactional analysis values and other ethical standards or directives. McGrath (1994) believed that Kitchener's (1988) discussion of roles was relevant to transactional analysis, because it was common to view transactional analysis supervisors also as therapists. Accordingly, role theory would have direct relevance to individual transactional analysis therapists making decisions.

Based on a theory of feminism, a model for ethical decision making was proposed by Hill, Glaser, and Harden (1995). They valued the emotional responses of the counselor and the social context in which the therapeutic relationship takes place. In accord with feminist beliefs regarding power, the client is engaged as fully as possible in the decision-making process. At each step, the feminist model included a rational-evaluative procedure with corresponding emotional and intuitive queries to assist the counselor. This model included a review process in which the counselor considers the impact of personal values, the universality of the proposed solution, and the intuitive feel of the proposed solution. Because personal characteristics affect ethical decisions, the authors believed that integration of this factor into their model improves the decision-making process.

Betan (1997) proposed a hermeneutic perspective to ethical decision making. Betan stated that "hermeneutics represents a shift in views of the nature of knowledge and the process of how we come to know" since "knowledge is situated in the context of human relationships in which the interpreter (as knowledge is interpretation) participates in narrating meaning" (p. 352). He advocated that hermeneutics adds to rather than replaces the principled approaches of Kitchener (1984) and Rest (1984): "The context of the therapeutic relationship and the clinician's psychological needs and dynamics are fundamental considerations in the interpretation and application of ethical principles" (p. 356). Furthermore, Betan stated

A linear, logical-reductionistic approach to ethics, such as that offered by Kitchener (1984) and Rest (1984), can lead to a false dichotomy between the rational and the intuitive, and the universal and the subjective. The key in this hermeneutic approach is to acknowledge the dialectic of the universal and the subjective of human relations, in which each informs the other. That is, our sense of

what is universal (in this regard, a standard or principle) is a product of shared subjective experiences, which in turn are embedded in a context of cultural interpretation. (p. 356)

The *prima facie* obligation of ethical principles asserted by Kitchener must instead, according to Betan, be applied in the context of personal and cultural values. That an ethical truth is constructed in the framework of one's conception of self, others, and the world holds implications for counselor training; counselors must work to gain awareness of ethical dilemmas, their own personal and moral values, and the interaction between ethical principles and context.

Cottone (in press) took an even more radical relational position than did Betan (1997). Cottone proposed an ethical decision-making approach based on social constructivism. He argued that decision making is not a psychological process. Rather, decision making is a social process always involving interaction with other individuals. Building on the works of Gergen (1985) in social psychology and the works of Maturana (Maturana, 1978, 1988; Maturana & Varela, 1980) in the biology of cognition, Cottone argued that ethical decisions "are not compelled internally; rather, they are socially compelled." Furthermore, he asserted that ethical decision making occurs in the interactive processes of negotiating, consensualizing, and arbitrating. An individual's psychological process is not involved. The social constructivism perspective of ethical decision making takes the decision out of the "head," so to speak, and places it in the interactive process between people.

EMPIRICAL FINDINGS RELATED TO A THEORETICAL OR PHILOSOPHICALLY BASED MODEL

Two empirical studies in the published literature had direct theoretical linkage. Cottone, Tarvydas, and House (1994) derived hypotheses about how counseling graduate students make decisions based on social systems theory. According to social systems theory, they posited that "all thinking and decision making would be highly socially and relationally influenced, and both number and types of relationships would potentially influence how individuals act and think" (p. 57). Cottone et al. concluded the following:

The results indicate that interpersonal relations influenced the ethical decision making of graduate counseling student participants when they were asked to reconsider a decision. In other words, relationships seem to influence ethical decision making linearly and cumulatively. Additionally, there seems to be an interaction between the number and type of consulted relationships in a way that eludes simple explanation. Although there was only a small interaction effect size, the results support a conclusion that ethical decision making in a reconsideration circumstance is a relatively complex issue, with at least the number and type of relationships interacting. (p. 63)

The results supported a conclusion of social influence over ethical choice. The second study was a test of Janis and Mann's (1977) theory of decision making under stress by Hinkeldey and Spokane (1985). Hinkeldey and Spokane concluded that "consistent with Janis and Mann's theory, results showed

that decision making was affected negatively by pressure but that participants relied little on legal guidelines in making responses to ethical conflict dilemmas" (p. 240).

Dinger (1997) presented dissertation findings on a study that compared the Ethical Justification model of Kitchener (1984) to the A-B-C-D-E worksheet model of Sileo and Kopala (1993) and concluded that the Kitchener model better served participants in identifying the ethical issues presented in different scenarios. (The Dinger work is discussed in more detail at the conclusion of this article.)

PRACTICE-BASED MODELS OF ETHICAL DECISION MAKING

Some authors have proposed models based on pragmatic procedures derived largely from experience or intended primarily as practical guides for counselors. These models tend to be less theory specific or philosophically pure than those discussed in the prior sections of this article. Table 1 provides a summary of steps or stages of decision-making models that are discussed in this section. Table 1 is organized to reflect similarities of the models; it does not present a one-to-one or step-by-step correspondence for every step listed in a row.

Keith-Spiegel and Koocher (1985) pointed out that ethical decision-making models do not make ethical decisions, but describe a process for examining a situation. Decisions made in crisis situations may involve alternate strategies and criteria. Their process (see Table 1) drew from the work of Tymchuk (1981). Values, personal characteristics, clinical orientation, ethical training received, and years of experience are understood to affect the choice of action made by a counselor. Careful implementation and monitoring of all actions taken to address the ethical dilemma is favored.

Stadler (1986) presented an ethical decision-making model (see Table 1) that embraced moral principles as the basis for action (Kitchener, 1984; Rest, 1984). She believed that the counselor's moral beliefs influence the actions taken in response to an ethical dilemma, and she viewed the counselor as a moral agent with special responsibilities to the client. Stressing the principles of autonomy and beneficence, Stadler stated that counselors should "conscientiously endeavor" to reduce the impact of their values on their clients by "clarifying" their own value expectations and "by allowing clients to consider their own values and freely chosen goals" (p. 3). She encouraged counselors to examine "competing nonmoral values" (p. 8), factors such as potential financial benefits or transference issues, that may potentially interfere with ethical responsibilities. Stadler proposed an ethical test, evaluating the universality, publicity, and justice of the proposed course of action. Stadler served as chair of the American Counseling Association (ACA) Ethics Committee.

Tymchuk (1986) stressed that the goal of ethical decision making should be one of justice. In addition to laws, regulations, ethical codes and practical experience, Tymchuk encouraged reliance on utilitarianism as a guide to decision making. He called for research-based ethical guidelines and challenged counselors to go beyond reacting to emerging ethical issues to anticipate future trends. The Canadian Psy-

chological Association code of ethics incorporates the steps presented in his model, which are listed in Table 1.

Sileo and Kopala (1993) developed a worksheet to simplify the counselor's consideration of ethical issues. With a primary goal of promoting beneficence, their "A-B-C-D-E" method is simple and easy to remember: assessment (A), benefit (B), consequences and consultation (C), duty (D), and education (E). The components incorporate the moral standards of autonomy, beneficence, nonmaleficence, fidelity, and justice. The worksheet allows a counselor to systematically join personal character, virtue, and sound thinking to ensure the best response to an ethical dilemma.

Forester-Miller and Davis (1996), also as members of the ACA Ethics Committee, offered a straightforward model. They referred to the moral principles of autonomy, justice, beneficence, nonmaleficence, and fidelity as the touchstones of the model and as helpful for clarifying the ethical dilemma at hand. In Forester-Miller and Davis's seven-step method (Table 1), the counselor uses Stadler's (1986) three-question test to determine the appropriateness of a course of action: (a) Is the action fair? (b) Would the counselor recommend it to a peer? and (c) Would the counselor want his or her behavior made public?

In developing her "Integrative Decision-Making Model of Ethical Behavior," Tarvydas (1998) drew on the work of Rest (1984), Kitchener (1984), and Tarvydas and Cottone (1991). The model was designed to illuminate the thinking, feeling, and contextual aspects of the psychological process of ethical decision making. Kitchener's (1984) intuitive and critical-evaluative levels of thinking provided the lynchpin for this model's selection of the best course of action. Tarvydas described stages (Table 1) with detailed components that guide the counselor through each stage. Notably, Tarvydas stressed the importance of the decision-maker's self-awareness, attention to context, and collaboration with all stakeholders.

Steinman, Richardson, and McEnroe (1998) wrote a manual for helping professionals that proposed and applied an ethical decision-making model to areas such as confidentiality, client welfare and client relationships, supervision, research, teaching, and consulting. They sensitized the reader to four ethical traps, or most common reasons for ethical violations, as part of learning to identify dilemmas. Furthermore, they established an ethical hierarchy by ranking the potential beneficiaries of ethical decisions when interests are in conflict. Nonmaleficence is considered by many ethicists (cf. Kitchener, 1984) to be the strongest ethical obligation. However, Steinman et al. believed that the interests of counselors, then society, then the client should be considered when making ethical choices. This model (Table 1) directed the counselor to prepare an ethical resolution that details the dilemma, the action suggested by relevant ethical codes and laws, the outcome of consultation about the dilemma, and the proposed action and perceived consequences of this action, then to review the resolution with peers and supervisor.

Welfel (1998) presented a model (Table 1) based on the two-level decision-making model proposed by Kitchener (1984). She emphasized that analysis of a dilemma must

TABLE 1

Summary of Steps or Stages of Practice-Based Ethical Decision-Making Models

Corey, Corey, & Callanan (1998)	Forester-Miller & Davis (1996)	Keith-Spiegel & Koocher (1985)	Rae, Fournier, & Roberts (In press)	Stadler (1986)	Steinman, Richardson, & McEnroe (1998)	Tarvydas (1998)	Tymchuk (1986)	Welfel (1998)
1. Identify the problem	1. Identify the problem	1. Describe the parameters		1. Identify competing principles	1. Identify the problem	1. Interpret situation	1. Determine stakeholders	1. Develop ethical sensitivity
2. Identify potential issues involved		2. Define the potential issues	1. Gather information	2. Secure additional information		2. Review problem or dilemma		2. Define the dilemma and options
3. Review relevant ethical guidelines	2. Apply the ACA Code of Ethics	3. Consult legal and ethical guidelines	2. Consult legal and ethical guidelines	3. Consult with colleagues	2. Identify the relevant ethical standard	3. Determine standards that apply to dilemma		3. Refer to professional standards
4. Obtain consultation	3. Determine nature of dilemma	4. Evaluate the rights, responsibilities, and welfare of all		4. Identify hoped-for outcomes	3. Determine possible ethical traps			4. Search out ethics scholarship
5. Consider possible and probable courses of action	4. Generate potential courses of action	5. Generate alternate decisions	3. Generate possible decisions	5. Brainstorm actions to achieve outcomes	4. Frame preliminary response	4. Generate possible and probable courses of action	2. Consider all possible alternatives	5. Apply ethical principles to situation
6. Enumerate consequences of various decisions	5. Consider potential consequences, determine course of action	6. Enumerate the consequences of each decision	4. Examine possible outcomes, given context	6. Evaluate effects of actions	5. Consider consequences of that response	5. Consider consequences for each course of action	3. Consider consequences for each alternative	
7. Decide on best course of action		7. Estimate probability for outcomes of each decision		7. Identify competing nonmoral values	6. Prepare an ethical resolution	6. Consult with supervisor and peers		6. Consult with supervisor and peers
		8. Make the decision		8. Choose a course of action		7. Select an action by weighing competing values, given context	4. Balance risks and benefits to make the decision	7. Deliberate and decide
	6. Evaluate selected course of action			9. Test the course of action	7. Get feedback from peers and supervisor		5. Decide on level of review	
	7. Implement course of action		5. Implement best choice and evaluate	10. Identify steps, take action, evaluate	8. Take action	8. Plan and execute the selected action	6. Implement the decision	8. Inform supervisor and take action
			6. Modify practices to avoid future problems			9. Evaluate course of action	7. Monitor the action and outcome	9. Reflect on the experience

Note. ACA = American Counseling Association.

be rooted in a commitment to the virtues of professional values. According to this system, the counselor gathers information and consults with others regarding the dilemma but must deliberate alone before making an informed decision. Welfel pointed out that counselor preparation through familiarity with ethical codes and practical experience can shorten the decision-making process.

Corey, Corey, and Callanan (1998) noted that because ethical codes cannot be applied in a rote manner, practitioners are more likely to respond to a dilemma based on their personal values and practical considerations. They review two decision-

making models in depth—the virtue ethics of Jordan and Meara (1990) and the critical-evaluation model of Kitchener (1984)—and stressed the four fundamental principles of autonomy, beneficence, nonmaleficence, and justice. Corey et al. presented a series of steps for ethical decision making (Table 1) that blends practices from different models.

MODELS DEVELOPED FOR SPECIALTY PRACTICE

The literature contains examples of ethical decision-making models applied to or developed for a specific area of counsel-

ing practice (e.g., marriage/family counseling, mental health counseling, counseling children, or counselor education) or for a specific problem (e.g., AIDS). Family counseling, for instance, stands on theoretical grounds and presents practical and ethical situations that differ from counseling an individual (Cottone & Tarvydas, 1998). Woody (1990) recognized the complexities of ethical dilemmas that emerge in a couple or family format. Believing that "clinical decision making consists of an unpredictable mix of intuition and rationality" (p. 144), Woody based her model on the work of Hare (1981) and Hundert (1987). She identified five sources of information, or "decision bases," for the counselor to draw on in choosing a course: ethical theories, professional codes of ethics, counseling theory, sociolegal context, and personal/professional identity. Examples taken from marriage and family counseling situations are used to illustrate how the counselor reflects on all decision bases and balances ethical principles to come to a decision.

Tarvydas (1987) reviewed decision-making models for application to rehabilitation counseling. On the basis of several models, she described decision making as "professional self exploration," "moral reasoning discourse," "a developmental process," or as a "multidimensional integrative process" (pp. 50–51). Tarvydas stated, "There is virtually no empirical or theoretical information available in the rehabilitation counseling literature to guide decision-making processes in ethics" (p. 50).

Zygmund and Boorhem (1989) encouraged family therapists to apply Kitchener's (1984) model. Concurring with Woody (1990), Zygmund and Boorhem held that relying solely on therapeutic tenets to guide one's choices might lead to unethical decisions. Systems theory approaches, for instance, may conflict with the ethical principle of justice when the family therapist is faced with unequal partnership in families. The contextual importance of the therapist's values and theoretical beliefs, the relationship between family and therapist, and the unique particulars of each family denies standard solutions to ethical dilemmas.

Rae, Fournier, and Roberts (in press) addressed assessment of children with special needs. In addition to describing practice issues and ethical guidelines for these particularly vulnerable children, they present a model for ethical decision making (Table 1). The importance of assessing potential actions from the perspective of the child is stressed. The authors noted that the context of the situation (e.g., school versus private practice) might alter the counselor's choice of action. Consultation with colleagues and professional organizations is encouraged at any point throughout the process. The counselor is encouraged to evaluate the actions taken and modify standard practices as necessary to avoid future problems.

Related to counselor education, Kitchener (1986) applied Rest's (1983) four psychological processes for deciding and carrying forth a moral action as an introduction to an argument to integrate moral thinking and ethical reasoning into the counselor education curriculum. Kitchener (1986) argued that such a curriculum could stimulate the ethical sensitivity, improve the ethical reasoning, and develop moral

responsibility of counselors. Kitchener (1991) made a similar argument specifically related to the subdiscipline of mental health counseling; applying Rest's (1983) ideas, she argued that mental health counselors, during graduate training and through their careers, have an obligation to attend to the processes that are involved in making ethical decisions (implying Rest's, 1983, model of moral action).

The ethical limits to confidentiality when working with clients with AIDS has drawn considerable attention in recent years. Several models (Cohen, 1990; Erickson, 1990; Harding, Gray, & Neal, 1993) for ethical decision making have been proposed that address the counselor's dilemma of preserving confidentiality and protecting the partners of sexually active, HIV-positive clients.

Decisions about dual relationships can be troublesome for counselors. Gottlieb (1993) developed a decision-making model for avoiding exploitive dual relationships. An extension of Kitchener's (1988) work, the model examines the established relationship along three dimensions: power, duration, and termination status. Gottlieb's protocol then makes recommendations based on the circumstances of the current and contemplated relationships. Examination of these three dimensions from the viewpoint of the consumer, not simply the counselor, is emphasized.

THE PROCESS OF DECISION MAKING

Other authors have addressed the process of ethical decision making without presenting a comprehensive model. Hillerbrand and Stone (1986) invited counselors to more fully engage clients in the ethical decision process to link the profession's concepts with the framework of the client.

Hundert (1987) addressed the actual making of an ethical decision. He pointed out the difficulty of articulating the process by which the worth of one value is balanced against another. Hundert offered two methods for recognizing the best ethical choice. The first is an intuitive, affective guide:

Perhaps the only scale we have to carry out such a balancing act is the anxiety that our conscience dutifully provides in the process. By striving to find the path that makes us less anxious, we presumably balance a host of incommensurable values according to the scale of our conscience. (p. 839)

Second, using a "reflective equilibrium" or decisional balance approach allows one to explore choices in an ethical dilemma. Writing, saving, and reviewing lists of conflicting values in each situation provides the opportunity to clarify one's position and to grow as a professional. No single value will always prevail in all dilemmas, according to Hundert; "exceptions to the rule" demonstrate how conflicting values can prevail in different contexts. Viewed at a broader level, different systems (for instance, the medical and legal professions) can hold different balance points for ethical decision making.

Eberlein (1987) presented a practice-based approach to training psychologists in ethical decision making. According

to Eberlein, the Canadian Psychological Association code of ethics prioritized ethical principles: (1) respect for the dignity of persons, (2) responsible caring, (3) integrity in relationships, and (4) responsibility to society. Except in cases of emerging violence, the practitioner is directed to give greater emphasis to the higher of conflicting principles. A problem-solving approach based on the work of Tymchuk (1986) was used to teach practitioners to ask questions about ethical dilemmas: Who needs to be considered in making the decision? What consideration is owed to whom, and why? What course of action would you take, and why? What alternatives did you consider, and why were they dismissed? What minimal circumstance would lead to a different solution? What thoughts do you have about this or similar situations? Noting that ethical codes are incomplete guidelines that reflect the values of the majority, Eberlein believed that personal values ultimately inform the counselor's ethical decisions.

Smith, McGuire, Abbott, and Blau (1991) surveyed practitioners about their reasoning during an ethical conflict. They found that professionals acknowledged laws and ethical codes when identifying what they should do but more often identified personal values and practical factors when determining what they would actually do when faced with a dilemma.

Garfat and Ricks (1995) viewed the counselor as the focus of ethical decision making. From this perspective, ethics is no longer about determining "right answers," but whether and how the counselor decides what action to take: "Ultimately ethical practice is moderated through and driven by the self as opposed to being driven by external variables" (p. 397). Internalized codes, standards, and organizational values are applied to the ethical dilemma, critical and reflective analysis is involved, the decision is implemented and evaluated, and feedback is used to modify the counselor's framework of beliefs as needed. Attributes necessary for this self-driven ethical practice include self-awareness, ability for critical thinking, willingness to take personal responsibility, openness to alternative choices, and ability to monitor and implement feedback subsequent to ethical actions.

CONCLUSION

Do ethical decision-making models really work? Dinger, in a study presented at the 1997 American Counseling Association World Conference, compared the A-B-C-D-E worksheet of Sileo and Kopala (1993) to the Ethical Justification model of Kitchener (1984) and found that "only the Ethical Justification model equipped participants with the requisite skills to tease out the ethical issues embedded in different counseling scenarios. Participants trained in the placebo condition performed as well as the participants in the Worksheet condition." Dinger suggested that "counselor educators exercise caution when recommending to their colleagues and to their trainees the utility of ethical decision-making models." Aside from the few empirical studies presented in this review article, surprisingly little research has been done on ethical decision making or models of de-

cision making in counseling. There is much work in the ethics area that must be accomplished.

Although there may be caveats to ethical decision-making training, certainly ethics training should not happen by "osmosis" (Handelsman, 1986). Ethics is a critical element of counseling practice, and competent training in ethical decision making should be a component of professional training programs.

Since 1984, the date of publication of Kitchener's work, many decision-making model publications have appeared. What is evident from this review is that several works have become established as seminal. In addition to Kitchener's work, the foundational works of Hare (1981, 1991), Beauchamp and Childress (1979, 1994), and Rest (1984) are widely cited. This reliance on what is predominantly a "principle" ethics perspective has led some to argue for a rapprochement with "virtue" ethics (in which an individual's character is involved, for instance; see Meara, Schmidt, & Day, 1996). "Principle" ethics is also in contrast to newer models emphasizing the social interactive nature of decision making, such as the work of Betan (1997) who takes a critical view of Kitchener's work or Cottone (in press) who takes a radical social constructivism approach. Given that foundational theory is identifiable in the literature, contrasting approaches may continue to emerge allowing for competitive empirical tests of the proposed theories. The fact that little empirical research has been published on the topic of ethical decision making implies that the study of decision-making models is immature. It may be some time before empirically based approaches to teaching ethical decision making can be developed.

In addition, it was surprising to find the number of practice-based models developed apparently without attention to underlying philosophical or theoretical tenets. Although there are common elements (steps or stages) in these models (as can be seen in Table 1), there seems to be little attention to foundational premises or to the roots of commonality. These models may be criticized as not theoretically grounded, not philosophically pure, or as hodgepodge approaches to specific problems. It is difficult to justify their use without questioning the coherence or utility of the model, especially in the absence of clear empirical support for such models.

As this review makes clear, there are many practice-relevant models (many building on foundational works) that can be chosen as guides for ethical decisions in particular practice settings, within specialties, with specific types of clients, or according to a published standard of practice. As to whether one model is better than another is yet to be determined. In fact, the criteria for what makes a "better" model are not clearly defined in the field, and empirical comparisons are lacking. Certainly, a dialogue on these matters would be worthwhile.

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