The Ethics of Client Autonomy
Considerations for Christians in Counseling

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Introduction

- To give a functional definition, **client autonomy** refers to the level of independence in beliefs, values, and decision-making a client, or clients, experiences in the counseling setting in relationship to the counselor.
- The concept of “client autonomy” is one that has evolved and developed over the course of the history of modern psychotherapy.

History of Therapeutic Client Autonomy

- For most of its history, what we call “psychotherapy” was usually practiced more informally by physicians, religious leaders, and/or the elders in a given community.
- Though listening and non-directive processing was often a part this practice, typically more value was placed on the wisdom of the counselor rather than the independence of the patient.
History of Therapeutic Client Autonomy

• In the early 20th century, Sigmund Freud and his followers established psychoanalysis and its early offshoots as the dominate force in the emerging field of professional psychotherapy.

• Psychoanalysis placed an emphasis on the therapist being a “blank slate” while offering interpretations of unconscious forces instead of advice (Maddox, 2006).

History of Therapeutic Client Autonomy

• As psychotherapeutic practice became more diversified, there remained this idea that a psychotherapist could approach their work from a “value-free” perspective.

• But beginning with Melanie Klein, and coming to force in postmodern therapies, there has been a shift away from seeing this value-free approach as obtainable or even desirable (Holmes, 1996; Edwards & Bess, 1998)

Issues for Christian Counseling

• For the Christian Counselor, their practice can be tied into the present issues of therapeutic theory and state licensure, or in the past models of counsel based on moral formation.

• And for many of us, we are dealing with both of those issues as we might be offering our services based on psychotherapeutic practice but in settings where our clients expect our Christian values to come into play.
Values in Therapy

- If we operate under the assumption that values are always being communicated in therapy, then the responsibility of the therapist shifts to understanding how those values influence clients.
- In the therapy setting, “unacknowledged values lead to unacknowledged influence”, and this influence is important as the therapist has both explicitly and implicitly been given power in the counseling setting (Doherty & Thomas, 2011).

Values in Therapy

- In this context, we know that
  - the values of the therapist enter into the counseling process
  - and that all communicated values have influence
- Yet all of the major ethical codes of the psychotherapeutic professions place a high emphasis on the client maintaining the freedom to independently make decisions about the therapeutic process.

NBCC Code of Ethics

- **Section B:8**
  - When counseling is initiated, and throughout the counseling process as necessary, counselors **inform clients of the purposes, goals, techniques, procedures, limitations, potential risks and benefits of services to be performed**, and clearly indicate limitations that may affect the relationship as well as any other pertinent information. Counselors take reasonable steps to ensure that clients understand the implications of any diagnosis, the intended use of tests and reports, methods of treatment and safety precautions that must be taken in their use, fees, and billing arrangements.
ACA Code of Ethics

• **A.1.c. Counseling Plans**
  – Counselors and their clients work jointly in devising integrated counseling plans that offer reasonable promise of success and are consistent with abilities and circumstances of clients. Counselors and clients regularly review counseling plans to assess their continued viability and effectiveness, respecting the **freedom of choice of clients**.

ACA Code of Ethics

• **A.2.a. Informed Consent**
  – Clients have the **freedom to choose whether to enter into or remain in a counseling relationship** and need adequate information about the counseling process and the counselor. Counselors have an obligation to review in writing and verbally with clients the rights and responsibilities of both the counselor and the client. Informed consent is an ongoing part of the counseling process, and counselors appropriately document discussions of informed consent throughout the counseling relationship.

NASW Code of Ethics

• **1.02 Self-determination**
  – Social workers respect and promote the right of clients to **self-determination** and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients’ right to self-determination when, in the social workers’ professional judgment, clients’ actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.
APA Code of Ethics

• Principle E: Respect for People’s Rights and Dignity
  – Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language and socioeconomic status and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

AAMFT Code of Ethics

• 1.8
  – Marriage and family therapists respect the rights of clients to make decisions and help them to understand the consequences of these decisions. Therapists clearly advise the clients that they have the responsibility to make decisions regarding relationships such as cohabitation, marriage, divorce, separation, reconciliation, custody, and visitation.

Applying the Ethical Codes

• In recognizing the mandate we all have to respect and encourage client autonomy, it makes sense to consider some particulars in applying this principle to certain groups.
ACA Code on Nondiscrimination

• C.5. Nondiscrimination
• Counselors do not condone or engage in discrimination based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital status/partnership, language preference, socioeconomic status, or any basis proscribed by law.

Groups to Consider

• Though there are many groups and factors to consider, for the purposes of this workshop we will be looking at how issues regarding client autonomy play out in regards to:
  – Ethnicity
  – Gender
  – Age
  – Faith-background

Autonomy and Ethnicity

• Many of the assumptions we have as therapists regarding the value of individual autonomy come from a very Western-centered worldview.
• While a high value on individual autonomy is socially dominant in Western Europe and White America, the opposite is true in places like East Asia where high value is placed on order, discipline, and compliance.
• It has also been shown that communities that tend towards larger households de-emphasize individual autonomy (Schwartz et al, 2001).
Autonomy and Ethnicity

- Most therapists are trained to think of individuation as a necessary part of human development and emotional health.
  - Think of the developmental stages of Piaget and Erickson.
- Statistically, the value of individualism is highest amongst middle-class, white, European-Americans. While Asian-Americans, African-Americans, and Latino-Americans all place a higher value on decision-making and value-creation taking place in the context of the family (Sue & Sue, 2012).
- In the African-American context, the idea of “groupness” can be pivotal in an individual’s concept of self (Parham et al, 1999).

Autonomy and Gender

- In the same way critics have pointed out that many psychotherapeutic approaches come from a white, middle-class, western perspective. The preponderance of male-centered thinking has also been criticized.
- Feminist theorists have criticized the therapeutic concept of individual autonomy as promoting competitiveness and selfishness (Hare-Mustin & Marecek, 1986)
- This can be contrasted with a more feminine focus on the idea of identity in “relatedness” as female theorists such as Klein, Horney, and Satir more heavily emphasized in their work (Schultz & Schultz, 2008).

Autonomy and Age

- The issue of age can be a double edged sword in regards to client autonomy. For clients who are minors there are issues of balancing what their desires might be for the therapeutic process with the desires of their parents or guardians.
- For older clients, there might be issues of physical and/or mental impairment that can limit how autonomous they feel in both counseling and life in general.
• By “faith-background” we mean both the current set of spiritual beliefs or religious community a client identifies with and/or those beliefs and communities that are a part of the client’s past.

• Clinicians who work from a faith-based perspective have been shown to generally respect the autonomy of clients, as most clients who seek their services are exercising their autonomy in their selection process (Hodge, 2000).

• Affirmation of spiritual values has been shown to promote other areas of psychological health (Richards et al, 1999).

• Yet while 75% of Americans see their faith as an important component of their lives, only 32% of psychiatrists, 33% of psychologists, and 46% of clinical social workers believe faith is important in their own lives, which leads to questions as to what effects this value discrepancy has on therapy.

• Studies have show that many client groups are fearful that therapists will not take their religious beliefs into consideration when formulating treatment; noted demographic groups here included women, African-Americans, devout evangelicals, non-college grads, the elderly, and people aged 18yr to 28yr (Paul, 2005).

• The therapist engaged in overt “Christian Counseling” may have an easier time avoiding the pitfalls of invalidating the importance of faith, but we still run into issues of the gaps between our client’s expectations of what we do and what we actually do.

• Clients who are seeking Christian Counseling often make assumptions about a therapist’s denominational background, political beliefs, or evening counseling approaches that can get in the way of clients being able to grow through the counseling process.

• As Christian Counselors who value client autonomy, we sometimes have to fight our client when they seem to want us to decide things for them.
Avoiding Client Dependence

- A therapist can unknowingly increase client dependence, and therefore prolong therapy, for a number of reasons
  - The need for client hours (students, interns)
  - Financial need (professionals)
  - The need to feel important.

Encouraging Client Autonomy

- Principles for healthy client autonomy in clinical practice
  - Self-Knowledge
  - Informed Consent
  - Shared Values
  - The client gets to determine the psychosocial unit (i.e., an individual, the family, group, the collective society)

Self-Knowledge

- Who you are as a person and who you are as a therapist are inseparable on many levels. Ultimately, the experiences, values, and beliefs that you carry with you as a person will shape the direction of therapy (Edwards & Bess, 1998).
- The more you can understand yourself, the more purposely and ethically you can utilize that in counseling, and the less likely that will impinge on the client's freedoms (Corey et al, 2010).
Informed Consent

• The informed consent process involves both the written informed consent we employ at the beginning of therapy and an ongoing process of verbal informed consent that involves collaborative discussions with our clients about the plans, directions, and shared values of the therapeutic processes where the client gets to continually decide how they are going to engage in the therapeutic process.

• This increase in collaboration has been shown to help decrease in presenting symptoms and to better build therapeutic alliance (Barrett & Jeffrey, 2001).

Shared Values

• Though therapists and clients can disagree on particular issues, a working therapeutic alliance requires that there has to be shared values at the core of the relationship if the therapist is going to avoid impinging on the client’s autonomy. Examples would be things like:
  – The value of family peace, self-knowledge, lower anxiety, etc., even autonomy itself.

• If there cannot be any shared values, then the therapist will inevitably try to steer the client towards their own value system, even if unintentionally.

Defining the Psychosocial Unit

• Though this would rightfully be a part of the informed consent process, it is important to remember that client autonomy also means the freedom to determine the unit of autonomy.

• Allowing clients to determine the psychosocial unit they want to focus on (individual, couple, family, subculture, etc.) can allow for a practice which embraces a wider cultural definition in regards to client autonomy.
Upcoming Events

**Introduction to Narrative in Psychotherapy**

An integrative look at narrative-based therapies and ways to apply narrative in clinical practice.

Nashville, TN
Friday, October 18, 2013. **6 CE** credit hours

A few days left of early-bird offer of **$90** ($140 for double sign-up)

Presenters:
S. David Hall, PsyD, LMFT, LPC
http://narrativeinstitute.org/Narrative-Therapy-Introduction.html

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