

Ethical Case Analysis - “Elliot”

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Part I.

Introduction:

For this Ethical Case Analysis, the Case Study provided via University of Western States (UWS) (2018) regarding Elliot, “a licensed professional counselor and a certified mental performance coach working at a student health and counseling center at an NCAA Division I university” (UWS, 2018) will be analyzed. In this III-Part Ethical Case Analysis, an Ethical Decision-Making Model will be utilized to establish a critical-evaluative ethical judgment to best resolve any ethical dilemmas that are present in this case study. In Part I, the ethical decision-making model that will be utilized to identify ethical issues and concerns as they relate to the American Counseling Association (ACA) and the Association for Applied Sport Psychology (AASP) will be defined. Part I continues with the identification, with clear references from the case study, of the ethical issues and questions of concern in accordance to the ACA and AASP codes and principles. In Part II the ethical dilemmas present in the case study will be identified and the appropriate code applications will be implemented. The resolution and conclusion will be discussed in Part III. The ethical decision-making model and critical terms as they relate to the ethical case analysis are defined in the following paragraphs.

The ethical decision-making model that will be utilized to evaluate and suggest resolutions for the ethical issues in the case study, is the Seven-Step: Ethical Decision-Making Model provided by the American Counseling Association and Forester-Miller & Davis, (2016). This model is ideal because it provides a clear reference for the principles that are considered as potential ethical dilemmas and a sound, seven-step protocol to come to critical-evaluative ethical

judgments regarding ethical issues. Prior to defining the Seven-Step: Ethical Decision-Making Model, key terms and information as it relates to the seven-step model and ethical case analysis will be defined in the following.

According to Welfel (2015), Critical-evaluative ethical judgments involve the process of deliberately analyzing the ethical areas in question by considering professional and ethical standards, consulting with colleagues while working through an intensive problem-solving process and appropriately referencing ethical principles. This process should be done with due diligence, as ethical issues are not always what they seem, so going through the seven-step process, considering all principles and consulting with other professionals in the field, will maximize the potential of an ethically sound decision regarding any ethical issues. (Welfel, 2015). A critical-evaluative ethical judgment ensures that the best practices are referenced accordingly, and the best course of action is ultimately taken.

When the best course of action is taken, the initial step in the ethical decision-making model, which will be defined further in the following paragraphs, plays an integral role. The initial step involves recognizing the ethical problems or dilemmas present in a particular ethical case. The importance of recognizing the ethical problems or dilemmas in the initial step in ethical decision-making is the provided direction the identification of the particular ethical issues gives the professional in finding solutions to solve the ethical problems or dilemmas. In other words, without identifying the ethical problems or dilemmas in the initial step there is not a clear direction to follow to remedy ethical questions and avoid ethical violations. Therefore, any problem or dilemma that exists that is not identified in the initial step will potentially go unresolved and ethical violations and damages can ensue. Further, the emphasis on accurately identifying problems and dilemmas in the initial step is to ensure that appropriate measures can

be taken accordingly to resolve any ethical problems prior to any ethical violations. There are other important considerations in resolving ethical issues and in ethical decision-making that are explored in the following paragraphs, including self-discovery, self-awareness, and cultural competence.

The concepts of self-discovery and self-awareness play a role in resolving ethical issues for several reasons. For one, people have the opportunity to evolve through self-discovery when they go through different experiences, such as when they navigate ethical issues. Resolving ethical issues, requires people to look at themselves and recognize their role in ethical questions. As mentioned in step 1, of the ACA Seven-Step: Ethical Decision-Making model (2020), the professional is to ask themselves questions such as, “Is the issue related to you? Is it something you are doing or not doing?” When a person asks themselves these questions, they are in a position to look at their direct influence and actions in various ethical issues with self-awareness. Self-awareness is defined by Oxford (2020) as, “conscious knowledge of one’s own character, motives, feelings and desires.” (Oxford, 2020). When a person looks at their direct influence or actions with self-awareness, they can recognize where their values, biases, or assumptions may be getting involved, which can put ethical codes into question. This self-awareness can support in an individual in their self-discovery, which ultimately supports them in more ethical decision-making.

Self-discovery allows the professional to be in the “right relationship” with the client, which is founded in ethical integrity and continuous conscientiousness, as mentioned in Taylor (2017), “entering into right relationship is not something one does once, expecting the relationship to hold still in “rightness,” right relationship is a moving target requiring awareness, flexibility and checking in on oneself as well as focusing on the client...it is about how we do the

work of inner ethics and our own self-discovery and course-correction so that we can inhabit that constantly moving zone of right relationship. Our awareness nourishes us and our clients.”

(Taylor, 2017, p. 36-37). Taylor (2017) in the “Ethics of Caring: Finding Right Relationships with Clients,” summarizes the concept of self-awareness and self-discovery eloquently in reference to the field of ethics and ethical decision-making. Self-discovery allows the individual to recognize where they stand in relation to the client in a given ethical context and staying present and self-aware allows the professional to make the best ethical decisions for the clients. The Seven-Step: Ethical Decision-Making model acknowledges the concept of self-awareness in the ethical decision-making process further in the following.

The self-reflective questions in Step 1, of the Seven-Step: Ethical Decision-Making Model gives the professional the opportunity to become even more self-aware and conscious to what they are actually doing or not doing in a particular ethical situation and interaction with a client. Further, when individuals self-reflect on themselves and their role that they have in ethical questions, it provides them the opportunity to expand their self-concept and gain knowledgeable experience through this self-discovery, which allows them to make wiser, more ethical choices going forward. In order to best support clients, this self-discovery and self-awareness allows a person to recognize where they stand in relation to other people, especially in positions with people of various backgrounds. Most specifically, with self-awareness a professional can recognize two elements in particular: For one, how their cultural background can inhibit or influence another person of a different cultural background, and two how their self-awareness can help them refrain from anything potentially harmful, both of which encompass what is referred to as a professionals’ multicultural competence.

Multicultural competence, as mentioned in Welfel (2015), is the competence to work with various populations. Self-awareness plays a key role in multicultural competence and ethical decision-making as defined in Welfel (2015), “the first dimension of multicultural competence is self-awareness, so that one’s values, biases, personal beliefs, and assumptions about human nature are known. (Welfel, 2015, p. 65). When a person has self-awareness they are more able to do several of the following: discern their own beliefs from another person’s beliefs; recognize when they may be experiencing biases; remain more objective in situations and interactions with other people, especially in the counselor and client dynamic; and separate their own values from ethical practices as well as the values of their clients, in order to best support the client. Self-awareness allows the counselor to be in a better position to have more multicultural competence in order to best navigate various client relations and ethical decision-making.

Multicultural competence plays a role in ethical decision-making because not everyone comes from the same background or experience, and what may be acceptable in one culture may not be acceptable in another. It is important to take the various cultural considerations in mind prior to deciding what is the best ethical decision in any particular instance. There are specific ACA and AASP ethical codes addressing these multicultural concepts and competence in how to best navigate ethical decisions.

For instance, the ACA (2014)- ethical code-A.2.c. Developmental and Cultural Sensitivity, states,

“Counselors communicate information in ways that are both developmentally and culturally appropriate. Counselors use clear and understandable language when discussing issues related to informed consent. When clients have difficulty understanding the language that counselors use, counselors provide necessary services (e.g., arranging for a qualified interpreter or translator) to ensure comprehension by clients. In collaboration with clients, counselors consider cultural implications of informed consent procedures and, where possible, counselors adjust their practices accordingly.” (ACA, 2014, p. 4).

The ACA ethical code defined above plays a key role in navigating ethical territory with professionals, especially in regard to multicultural competence. Professionals should be multiculturally competent in order to appropriately implement measures congruent with the ethics codes. For instance, professionals can exemplify their multicultural competence by understanding the different language considerations and providing translators and interpreters as needed. Additionally professionals can exude their multicultural competence with different cultural beliefs in regard to confidentiality, for example some cultures do not practice the same idea of autonomy, as is emphasized in the western culture, and operating with this cultural context in mind can honor a client’s culture and avoid violating their ethical right to have their family present, if their family wishes to be present, during a counseling session. For instance, ACA code (2014) B.1.a. Multicultural/Diversity Considerations, which states, “Counselors maintain awareness and sensitivity regarding cultural meanings of confidentiality and privacy. Counselors respect differing views toward disclosure of information. Counselors hold ongoing discussions with clients as to how, when, and with whom information is to be shared. (ACA,

2014, p. 6). Awareness of the ethic codes gives professionals the opportunity to recognize their multicultural competence and/or lack thereof in ethical decision-making, especially in regard to informed consent and confidentiality. In order to ensure multicultural competence among professionals, professionals are to regularly attend multicultural continuing education, as mentioned in Welfel (2015). It is up to the professional to recognize, with their self-awareness, where they stand in reference to their multicultural competence in order to make the best ethical decisions, especially in various cultural contexts.

Further, alongside continuing education and a professional's self-awareness, if a professional's multicultural competence is in question, there are several objective measures to help professionals assess their level of multicultural competency. One example is a test that is mentioned in Welfel (2015), "The test with the most evidence of reliability and validity is the *Multicultural Counseling Inventory* constructed by Sadowsky, Taffe, Gutlin, and Wise (1994). These instruments examine the skills, knowledge, and attitudes of counselors toward multicultural populations." (Welfel, 2015, p. 68). The results from these tests allow an individual to become more self-aware in relation to their own culture and other cultures, in order to make more conscientious, culturally competent, ethical decisions in various ethical circumstances. As mentioned, what may be acceptable in what cultural context may not be acceptable in another, and potential ethical violations may be in question, especially in regard to beneficence, nonmaleficence, autonomy, informed consent, as well as confidentiality; all of which will be defined in the following.

The primary principles from the ACA that will be considered in the ethical case analysis and the seven-step ethical decision-making model are the following, Autonomy: honoring the

individuality, dignity, and right to self-disclosure of each client; Justice: all clients and individuals are treated appropriately equal, for instance, a blind person would be offered brail, while a person who is deaf or speaks a different language would be provided an interpreter; Beneficence: the service provider, counselors are to do good for the client, such as acting in the best welfare of the clients; Nonmaleficence: is the principle to not cause harm to others; above all do no harm. If there is harm in question with an action, refrain if possible; Fidelity: creating loyalty and trust for the client. (Forester-Miller & Davis, 2016)

Further, the AASP (2020) principles in consideration are, A) Competence: professionals in the field provide only the services and techniques which they are qualified by education, training or experience. C) Professional and Scientific Responsibility: professionals in the field uphold the highest professional standards, conduct themselves with the utmost respect and responsibility, professionals hold themselves and others in the field accountable, and consult with colleagues to ensure the best practices. D) Respect for People's Rights and Dignity: respecting the rights of all individuals, their confidentiality, autonomy, self-determination, and professionals are aware and honor the role differences due to age, culture, sexual orientation, disability, language, and socioeconomic status, and attempt to minimize any biases. E) Concern of Others' Welfare: contributing to those with whom they interact professionally. They do not exploit or mislead other people during or after professional relationships. F) Social Responsibility, the awareness of their scientific and professional responsibility to the community and society in which they live. They make their scientific contributions known and accessible to society to add to human welfare. (AASP, 2020). These codes and principles will be thoroughly and appropriately referenced in the case study as they are laid out in the AASP codes of ethics.

In addition to thoroughly exploring the ethical concerns implicated in any case study, written documentation is essential. Write down every detail, every consideration, question, resolution, step, edit, amendment, etc. It is a best practice and will ensure that the decisions made resulted from a thorough and diligent thought process. A rule of thumb, if it is not written it did not happen. The Seven-Step: Ethical-Decision Making Model is defined below.

Model Description:

According to the ACA, Forester-Miller & Davis (2016), the **Seven-Step: Ethical Decision-Making Model** is as follows:

- 1) **Identify the Problem:** Gather as much information regarding the ethical dilemma.

Outline the facts. Write down all areas of ethical principles and issues in question. Be thorough. Attempt to be objective. If an ethical principle or issue is in question, clarify any discrepancies, assumptions, innuendos, or suspicions. Clarify if the problem is ethical, legal, professional or clinical. For instance, ask yourself if the issue is related to you, is it something you are doing or not doing? Is it related to the client, or those affiliated to the client? Is it related to technology? Is it related to the institution or policies? If it can be resolved by a policy, you can look at the guidelines regarding that issue. It is good to look at the problem from multiple perspectives and consulting with other colleagues while honoring the integrity and confidentiality of the clients. (Forester-Miller & Davis, 2016). The initial step of identifying the ethical dilemmas or problems in a situation is important because it sets the essential framework for finding the solutions, without any idea of what the parameters are in regard to what ethical code or concern is in question there is little direction on where to start.

2) **Apply the ACA Codes of Ethics, AASP Codes of Ethics, and the APA Codes of**

Ethics: After clarifying the problem, check the various codes of ethics to see if the issue or dilemma is addressed. Always honor the highest code of ethics. Be sure to consider multiple cultural perspectives of the particular case. Remember to acknowledge technological issues and considerations. If there is a clear standard that is associated, follow the protocol laid out in the codes of ethics. If it is following appropriately it should lead to a resolution. If the ethical dilemma is not resolved by the Codes of Ethics, then you need to proceed through the following steps. (Forester-Miller & Davis, 2016).

- 3) **Determine the Nature and Dimensions of the Dilemma:** Evaluate the implications for each of the principles mentioned above, Autonomy, Justice, Beneficence, Nonmaleficence, Fidelity, and A: Competence, B: Integrity, C: Professional and Scientific Responsibility, D: Respect for People's Rights and Dignity, E: Concerns of Other's Welfare, and F: Social Responsibility. As well as consider the ethical standards and codes in question from the AASP and ACA. Determine which principles and codes apply in the specific situation and decide which principles and codes takes priority in this case. Review the most recent research regarding these principles and issues. Consult with professionals in the field who also abide by the AASP, ACA and APA codes of ethics. Collaborating with others may allow you to see an issue you may have missed, can help you recognize if you may not be objectively approaching the issue, and/or they can confirm you are on the right track. Contacting the associations are also beneficial in resolving these issues. (Forester-Miller & Davis, 2016).

- 4) **Generate Potential Courses of Action:** After doing diligent research, talking with colleagues and referencing the ethical principles and standards, start to brainstorm as many courses of action as possible. Be creative and list all potential options. Be sure to continue to consult with colleagues. (Forester-Miller & Davis 2016).

- 5) **Consider the Potential Consequences of all Options and Determine a Course of Action:** Thoroughly evaluate each option. Consider all consequences for all personnel involved, client, those affiliated with client, you, the organization, and those affiliated with you. Consider the principles of Nonmaleficence and Beneficence. Eliminate all consequences that could be detrimental. Determine which option offers the best solution. (Forester-Miller, H., & Davis, 2016).

- 6) **Evaluate the Selected Course of Action:** Review the selected course of action and determine that all considerations, consequences and resolutions are addressed. Apply the three simple tests, to ensure the course of action is appropriate: Justice: when applying the test of justice, assess fairness and ensure that you would treat others the same. Publicity: when applying the test of publicity, assess whether or not you would want your behavior reported in the press. If you say, yes, then you are on the right track, if you say no, you may want to approach the issue and solution again. Universality: in the test of universality assess whether you would recommend this course of action to a colleague in the same circumstances. If the course of action causes another ethical issue or concern you will need to go back through the process. By going through the process, it will reveal more clarity and vital information in order to determine the best course of action. You

may need to do the process several times. It is better to go through it multiple times than to gamble and be wrong. If you can do the three-test process and there appears to be a clear ethical judgment than you have successfully gone through the seven-step process. (Forester-Miller & Davis, 2016).

- 7) **Implement the Course of Action:** Implement the best course of action. After you take action to resolve the issue then it is a best practice to follow up on the situation to assess whether your resolution was effective and appropriately determined the consequences. (Forester-Miller & Davis, 2016).

The Seven-Step: Ethical Decision-Making Model allows for deliberate thorough exploration of the potential ethical implications in question in most any ethical case analysis. This was the preferred decision-making model after exploring a couple alternatives. The two ethical decision-making models and sources considered are defined in the following.

The alternative Ethical Decision-Making Models and resources considered were: The Seven-Step Ethical Decision-Making Model provided on Ethics & Compliance Initiative (ECI, 2020). This seven-step model followed the same Seven-Step Process provided in the ACA. The ECI researches different areas of Ethical questions and best ethical practices in various workplace dynamics. As quoted, “The Ethics & Compliance Initiative (ECI) is a best practice community of organizations that are committed to creating and sustaining high quality ethics & compliance programs.” (ECI, 2020). This supported the implicated strength of the critical evaluative process that the seven-step ethical decision-making model provides to ensure that the best courses of action are taken in resolving most any ethical dilemmas.

In addition, the Ten-Step Ethical Decision-Making Model laid out in Welfel (2015), *Ethics in Counseling and Psychotherapy*, follows a similar protocol to the Seven-Step Model, however it is far more extensive, and the question of urgency is considered when deciding whether or not to utilize this method. The Ten-Step Ethical Decision-Making Model is defined in Welfel (2020) as follows: Step 1) Develop the Ethical Sensitivity, integrating personal and professional values, Step 2) Clarify Facts, stakeholders, and the sociocultural context of the case, Step 3) Define the central issues and available options, Step 4) Refer to Professional Standards, guidelines, and relevant laws/regulations, Step 5) Search Out ethics Scholarships, Step 6) Apply Ethical Principles to the Situation, Step 7) Consult with Supervisor and Respected Colleagues, Step 8) Deliberate and Decide, Step 9) Inform Supervisor, implement and document decision-making process and actions, Step 10) Reflect on the experience. (Welfel, 2015). While the Ten-Step model appears valuable in terms of thoroughness, the Seven-step model requires the same level of due diligence and results in similar resolutions if the process is followed appropriately.

The different AASP ethical concerns identified in the case study UWS (2018) are regarding the following ethical codes and standards: 3: Human Differences, 6: Avoiding Harm, 11: Consultations and Referrals, 13: Delegation to and Supervision of Subordinates, 16: Definition of Public Statements, 17: Informed Consent to Practice, 18: Maintaining Confidentiality, and 26: The Integration of Technology in Professional and Scientific Work within Sport, Exercise and Health Psychology. The AASP ethical principles in concern are: Principle A: Competence, Principle D: Respect for People's Rights and Dignity, Principle E: Concern for Other's Welfare, and Principle F: Social Responsibility, as well as the ACA principles defined earlier, Autonomy, Beneficence, Nonmaleficence, and Fidelity. In addition to

the AASP principles and codes as well as the ACA principles mentioned above, there are several ACA ethical concerns identified in the case study UWS (2018).

The ACA ethical concerns identified in UWS (2018) include, A.2.a. Informed Consent; A.2.b. Types of Information Needed; A.4.a. Avoiding Harm; A.6.d. Role Changes in the Professional Relationship; A.9.b. Protecting Clients; A.10.a. Self-Referral; B.1.d. Explanation of Limitations; B.2.e. Minimal Disclosure; B.3.a. Subordinates; B.3.b. Interdisciplinary Teams; B.3.c. Confidential Settings; C.1. Knowledge of and Compliance With Standards; C.3.d. Recruiting Through Employment; D.1.f. Personnel Selection and Assignment; F.1.a. Client Welfare; F.1.b. Counselor Credentials; F.1.c. Informed Consent and Client Rights; F.2.a. Supervisor Preparation; F.4.c. Standards for Supervisees; F.5.a. Ethical Responsibilities; F.5.c. Professional Disclosure; F.6.a. Evaluation; F.8.d. Addressing Personal Concerns; H.1.a. Knowledge and Competency; H.1.b. Laws and Statutes; H.2.a. Informed Consent and Disclosure; H.2.c. Acknowledgment of Limitations; H.3. Client Verification; H.4.a. Benefits and Limitations; H.4.b. Professional Boundaries in Distance Counseling. The AASP and ACA codes and principles will be defined in the following paragraphs in Part II: Code Applications. Further, clear quotations and references will be provided from the case study UWS (2018) as they implicate concerns regarding the AASP and ACA ethical codes, standards and principles.

Part II:

Code Application:

The first ethical concern in question is AASP-Ethical Code 13: Delegation to and Supervision of Subordinates. This is highlighted in the case study, UWS (2018), when Elliot is allowed to direct two student workers, who are studying athletic training. Ethical code 13 states,

as quoted from AASP (2020), “a) AASP Members delegate to their employees, supervisees and research assistants only those responsibilities that such persons can reasonably be expected to perform competently, b) AASP members provide proper training and supervision to their employees or supervisees and take reasonable steps to see that such persons perform services responsibly, competently, and ethically.” (AASP, 2020). This ethical code is in question due to the nature that it is presented in the case study. It is unclear what Elliot is directing his two student workers to do and how much he is supervising them or not. It is not mentioned whether or not Elliot provides the two students the proper training to perform any of the tasks that he may ask them to do. They may be asked to do something they are not competently able to perform, considering they are only studying athletic training at this point.

This AASP ethical concern in question relates to the ACA codes regarding supervision of students. The first ACA ethical code in question is ACA Code-F.2.a. Supervisor Preparation (2014), states that prior to offering supervision services, counselors should be trained in supervision methods and techniques, and should regularly attend continuing education activities. (ACA, 2014, p.13). It is unclear as to whether Elliot has gone through such training, or continuing education, prior to taking under the two students, therefore this ACA ethical code is in question.

The second ACA ethical code in question in the ethical case study UWS (2018), is ACA code- F.4.c. Standards for Supervisees, in regard to Elliot’s supervision over his two students, as mentioned in UWS (2018). The ACA code- Standards for Supervisees (2014), states that supervisors make their supervisees aware of professional and ethical standards (ACA, 2014, p. 13). In the ethical case study UWS (2018), when Elliot is supplied an assistant and the two

students, due to his client and travel load, it does not state whether or not Elliot makes clear the ethical standards to the assistant and/or two students prior to beginning work with the student-athletes, therefore this ACA ethical code is in question.

The third ACA ethical code in question in the ethical case study UWS (2018), is ACA code-F.5.a. Ethical Responsibilities (2014), which states that students and supervisees have a responsibility to understand and follow the ACA Code of Ethics, and they have the same obligations to clients as do their supervising professionals. (ACA, 2014, p. 13). In the UWS (2018) ethical case study, when Elliot is provided his assistant and the two students, it is unclear as to whether or not Elliot has ensured that the two students or his assistant have been properly informed of all of the ACA ethical codes prior to beginning work with the student-athletes. Further it is unclear if the two students and the assistant were informed that they have same ethical obligations to the clients as Elliot, therefore this ethical code is in question.

The fourth ACA ethical code in question in the ethical case study UWS (2018), is ACA code- F.5.c. Professional Disclosure (2014), which states that prior to providing counseling services, students and supervisees disclose their status as supervisees and explain how this status affects the limits of confidentiality. It is up to the supervisor to make sure clients are aware of these implications and that informed consent is established prior to beginning services. (ACA, 2014, p.13). In the ethical case study UWS (2018), when Elliot is provided his assistant and the two students, it is unclear whether or not Elliot honored this ACA ethical code and properly informed the clients of the limits to confidentiality and the possible implications associated with the assistant and two students being present during sessions prior to beginning services.

The fifth ACA ethical code in question in the ethical case study UWS (2018), is ACA code- F.6.a. Evaluation (2014), which states, “Supervisors document and provide supervisees with ongoing feedback regarding their performance and schedule periodic formal evaluative sessions throughout the supervisory relationship.” (ACA, 2014, p. 13). In the ethical case study UWS (2018), when Elliot is conducting his client work with his assistant and two students, it is unclear whether or not he has ongoing evaluations to track their work with him. Regardless of the assistant and two students’ positions being formal or informal, in a supervisor/supervisee dynamic with Elliot, this ethical code is in question due to the nature of the field and the assistant and two students potential influence with the student-athletes. There is a need to be held accountable, as they are present with the clients, and a lack of evaluations for the assistant and two students could result in ethically negligent violations.

The sixth ACA ethical code in question in the ethical case study UWS (2018), is ACA code- F.8.d. Addressing Personal Concerns (2014), which states that students may be required to address any personal concerns that could affect competency. (ACA, 2014, p. 14). This ACA ethical code is in question in the ethical case UWS (2018), because it is unclear as to whether or not Elliot addresses potential personal concerns with the two students prior to beginning work with the clients. The preceding ethical questions in the case study UWS (2018), regarding Elliot and his provided assistant and the two students also relates to the AASP-ethical Principle A: Competence.

One section of Principle A in ethical question is as quoted from the AASP (2014), “AASP members exercise careful judgment and take appropriate precautions to protect the welfare of those with whom they work.” (AASP, 2020). Further, AASP ethical code 13:

Delegation to and Supervision of Subordinates is also question. While the students may not be AASP members, they are affiliated with Elliot, who is directing them. The AASP ethical code 13: Delegation to and Supervision of Subordinates (2020) does not state that supervisees are held to the same ethical standards as their supervisors, however Elliot is responsible for conducting himself incongruence with the ethical principles and codes due to his position and is therefore responsible for ensuring that those with whom he is associated with are performing services responsibly, competently and ethically. (AASP, 2020). It is not mentioned as to what the two students may be asked to do, and it is unclear what the two students studying athletic training are capable to do for Elliot, therefore AASP principle A: competence is in question.

The uncertainty in the capabilities of the two students in terms of what they may be asked to do also puts in question ACA code-F.5.a. Ethical Responsibilities (2014), Supervisees have the same ethical obligations to clients as do their supervising professionals. (ACA, 2014, p. 13). Due to the nature of involvement that these two students have with the student-athletes, they should be made aware of their same ethical obligations as Elliot has to the student-athletes. Further, AASP ethical code 13: Delegation to and Supervision of Subordinates is also in question, in regard to supervisors only asking subordinates to be responsible for tasks they are capable of competently performing. (AASP, 2020). In the ethical case study UWS (2018), it is uncertain the type of judgment Elliot is exercising in determining what tasks the students are capable of performing.

Furthermore, as mentioned, the AASP ethical code 13 does not hold supervisees and subordinates to the same ethical standards as their supervisors, which puts AASP ethical code 13 in direct contrast with the ACA ethical code F.5.a. Ethical Responsibilities (2014), which does

hold supervisees to the same ethical standards as their supervisors. The contrast of the two ethical codes highlights a potential example of the protocol in Step 2 of the Seven-Step: Ethical Decision-Making model, which states “Always honor the highest code of ethics.” (Forester-Miller & Davis, 2016). In order to honor the highest code of ethics, it generally refers to addressing the ethical concerns of the utmost important, such as ethic codes associated with avoiding harm, confidentiality, competence, and informed consent, as well as principles beneficence, nonmaleficence, and autonomy. However, in a compare and contrast, the step 2 protocol, “always honor the highest code of ethics, can apply to the AASP and ACA ethic codes associated with supervisors and supervisees in question. While subordinates may not be held to the same ethical obligations as their supervisors according to the AASP ethic codes, they are equivalently held accountable to the ethic codes alongside their supervisors in reference to the ACA ethics codes. In order to honor the highest code of ethics ACA ethical code F.5.a. Ethical Responsibilities will be utilized in resolving any ethical questions regarding the two students and their work with the student-athletes.

The second AASP ethical concern in question is AASP-Ethical Code 26: The Integration of Technology in Professional and Scientific Work within Sport, Exercise and Health Psychology. This code is in question in reference to Elliot’s use of technology for distance counseling with his athletes via FaceTime and Skype, when he is not at the university. This ethic code is in question in the ethical case study UWS (2018), because the nature of the protocol Elliot developed for distance counseling is unclear. There are various ethical considerations in regard to the different guidelines and laws in different regions, states and countries, and there are

concerns of confidentiality due to the potential frailties of technological applications such as Skype and FaceTime, and it does not state how Elliot addresses these ethical concerns.

The primary areas of concern in accordance to AASP-Ethical Code 26: are defined as quoted from AASP (2020), “(a) AASP members should only incorporate the various forms of technology in their professional and scientific work in which they have appropriate technical and practical competencies, and when such technology does not subject another party to harm or discomfort.” (AASP, 2020). This also implicates Principle A, competence. It is unclear what Elliot’s competence is in regard to technology. Further, in the preceding definition, the concept of harm and discomfort in technological considerations is of the utmost importance. The use of technology should not subject any individual to harm or discomfort; Different athletes may be willing to work with technology while other athletes may be uncomfortable, and it is important that their individual differences and preferences be honored, which also poses an issue for athletes missing out on critical training or counseling due to potential unwillingness or concerns with utilizing technology while Elliot is gone.

In continuation, as illustrated above, the use of technology also implicates concerns of AASP-Ethical Code 6: Avoiding Harm, as well as the ACA (2014) principle Nonmaleficence. As quoted from AASP (2020), “(b) AASP members should be sensitive to the needs and interests of their client(s) and should only make the decision to incorporate specific forms of technology in their professional practice with the consent of their client(s), and only once the client fully understands the strengths and weaknesses pertaining to the specific medium of telecommunication. Precisely, AASP members shall inform the client(s) as early as possible, to the privacy risks and limits to confidentiality with this type of telecommunication.” (AASP, 2020). Each client and athlete should be provided the choice to participate or not participate

based on their needs. It is unclear as to whether or not Elliot provides this option, and/or how he remedies this issue if some athletes are unwilling to utilize the counseling via FaceTime and Skype when he is traveling. As a result, athletes may miss out on essential training and counseling, which could be detrimental to their psychological health and performance.

Further, as quoted from the AASP (2020),

“(c) When the decision is made to incorporate specific forms of technology in a professional practice relationship, the AASP member should clearly delineate to the client the types of technology that will be utilized and the parameters for using such technology in each relationship.” (AASP, 2020). In the case study UWS (2018), it mentions Elliot is using FaceTime and Skype, but it does not mention the parameters. Additionally, as quoted from AASP (2020), “(e) AASP members will take reasonable precautions to verify the privacy and confidentiality of electronic communications in their professional and scientific work.” (AASP, 2020).

This is an ethical area in question considering the parameters were not laid out. The ethical codes and principles regarding confidentiality are in question numerous times throughout this case study, as mentioned via the use of technology as well as in the following paragraphs.

In continuation, according to the AASP Ethical Code 26: as briefly mentioned previously, there are also concerns of state laws, guidelines, and regions which may be in conflict when hosting counseling sessions via Skype and FaceTime while traveling in different regions, states, and countries. These considerations are not addressed in the case study. As quoted from AASP, “(h) It is recommended that AASP members be responsible for understanding and abiding by the

laws and ethical guidelines related to service delivery within the states, regions, provinces and countries in which they and their clients are located at the time of service delivery.” (AASP, 2020). Confidentiality and the concerns of the differing laws and guidelines in different states, regions and countries are the most prevalent concerns in regard to the AASP ethical code 26. Violating either could result in undue harm, concerning AASP Ethical Code 6: Avoiding Harm, concurrently.

As quoted from AASP, “Ethical code 6. Avoiding Harm, AASP members take reasonable steps to avoid harming their patients or clients, research participants, students, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.” (AASP, 2020). According to the case study, it is not defined as to whether or not Elliot operates with the use of technology with disclosing confidentiality limitations and/or in accordance with the differing guidelines and laws in different regions, states and countries with the use of technology. Indicating potential questions of disregard of AASP ethical code 6. These two ethic codes, Confidentiality and AASP ethical code 6: avoiding harm would need to be addressed first and foremost in order to honor the step-2 protocol in the seven-step ethical decision-making model, “always honor the highest code of ethics.”

The AASP ethical concerns present in the ethical case study UWS (2018), regarding Elliot’s use of technology via FaceTime and Skype to consult with clients when he is away, are congruent with the ACA ethical concerns in reference to the ACA ethics codes associated with the use of technology. The seventh ACA ethical code in question is ACA code-H.1.a. Knowledge and Competency (2014), which states that counselors who engage in the use of distance counseling, technology, and/ or social media develop knowledge and skills regarding

related technical, ethical, and legal considerations (e.g., special certifications, additional course work). (ACA, 2014, p. 17). It is unclear as to whether or not Elliot has received special certifications and/or completed associated course work in regard to counseling via FaceTime and Skype.

The eighth ACA ethical code in question in the ethical case study UWS (2018), is ACA code-H.1.b. Laws and Statutes (2014), which states, “Counselors who engage in the use of distance counseling, technology, and social media within their counseling practice understand that they may be subject to laws and regulations of both the counselor’s practicing location and the client’s place of residence. Counselors ensure that their clients are aware of pertinent legal rights and limitations governing the practice of counseling across state lines or international boundaries.” (ACA, 2014, p. 17). This ACA ethical code is in question in regard to Elliot using FaceTime and Skype to consult with his clients while he is traveling. He may be in different locations that have different regulations and it is unclear how he is honoring the different state laws and regulations.

The ninth ACA ethical code in question in the ethical case study UWS (2018), is ACA code- H.2.a. Informed Consent and Disclosure (2014), which states, “clients have the freedom to choose whether to use distance counseling, social media, and/or technology within the counseling process. In addition to the usual and customary protocol of informed consent between counselor and client for face-to-face counseling, the following issues, unique to the use of distance counseling, technology, and/ or social media, are addressed in the informed consent process...” (ACA, 2014, p. 17). This ACA ethical code is in question, in the ethical case study UWS (2018), in regard to whether the clients are provided the option to participate or not

participate in the counseling sessions via FaceTime or Skype while Elliot is gone. Further the unique nature of distance counseling requires a customary protocol and it is unclear as to what Elliot's protocol is regarding FaceTime and Skype.

The tenth ACA ethical code in question in the ethical case study UWS (2018) is ACA Code- H.2.c. Acknowledgment of Limitations (2014), which states, counselors inform clients about the inherent limits of confidentiality when using technology. Counselors urge clients to be aware of authorized and/ or unauthorized access to information disclosed using this medium in the counseling process. (ACA, 2014, p. 18). In the ethical case study UWS (2018), it is unclear whether or not Elliot addressed this ACA ethical code and properly informed the clients of the inherent limits of confidentiality when using technology. If the limits to confidentiality were not disclosed to the clients prior to counseling via FaceTime and Skype, then this ACA ethical code is in violation.

The eleventh ACA ethical code in question in the ethical case study UWS (2018) is ACA Code- H.3. Client Verification (2014), which states, "Counselors who engage in the use of distance counseling, technology, and/ or social media to interact with clients take steps to verify the client's identity at the beginning and throughout the therapeutic process. Verification can include, but is not limited to, using code words, numbers, graphics, or other nondescript identifiers. (ACA, 2014, p. 18). The ACA code regarding client verification is in question due to the lack of clarity of such protocol with the use of distance counseling with Elliot's clients in the ethical case study UWS (2018).

The twelfth ACA ethical code in question in the ethical case study UWS (2018), is ACA code- H.4.a. Benefits and Limitations (2014), which states, “Counselors inform clients of the benefits and limitations of using technology applications in the provision of counseling services. Such technologies include, but are not limited to, computer hardware and/or software, telephones and applications, social media and Internet-based applications and other audio and/or video communication, or data storage devices or media.” (ACA, 2014, p. 18). The unclear nature of the protocol, in regard to Elliot’s distance counseling via FaceTime and Skype, poses this ethical concern because it is not clear whether or not Elliot discusses the benefits and limitations prior to beginning distance counseling, which would allow clients to have informed consent regarding the use of distance counseling.

Further, there are several ACA and AASP principles in question in the ethical case study UWS (2018). The ACA principles, beneficence, nonmaleficence, and the AASP Principle E: Concern for Other’s Welfare. As quoted from AASP (2020),

“Principle E: Concern for Others' Welfare, AASP members seek to contribute to the welfare of those with whom they interact professionally. When conflicts occur among AASP members’ obligations or concerns, they attempt to resolve those conflicts and to perform those roles in a responsible fashion that avoids or minimizes harm. AASP members are sensitive to real and ascribed differences in power between themselves and others. They do not exploit or mislead other people during or after professional relationships.” (AASP, 2020).

These ethical principle concerns arise in the case study UWS (2018) in mention to practice occurring year-around, which can result in problematic scheduling. This seems to violate the

AASP principle E, in regard to being aware of the problematic scheduling with the current format, and the lack of concern for the welfare of the student athletes and the impacts this scheduling can have on them. Further, this poses concerns of violation to the ACA principle beneficence- in the efforts to do good for the client; Scheduling year-round and it being considered problematic, due to the lack of concern of the impacts that this can have on student-athletes consistent training and counseling. In addition to ACA principle beneficence, ACA principle nonmaleficence refers to doing no harm, and the scheduling being indicated as problematic in the case study does not indicate that there are clear measures to avoid potentially harmful scheduling and the consequences for students or clients, due to missed sessions and inconsistent counseling and/or training.

The fourth AASP ethical area in concern in this ethical case study UWS (2018), is in regard to AASP Ethical code 6: Avoiding harm. As mentioned above from AASP (2020), “Ethical code 6. Avoiding Harm, AASP members take reasonable steps to avoid harming their patients or clients, research participants, students, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.” (AASP, 2020). This concern arises in reference to Elliot’s mental health counseling groups design. The design incorporates all athletes from different sports teams all year around, but sometimes participation is for off-season athletes only. According to the case study, the scheduling and training can result in conflicts. This can result in undue harm due to inconsistent training and sessions. This implicates that Elliot is not taking measures to avoid these potential conflicts and therefore is not taking steps to minimize potential, avoidable harm due to scheduling.

The AASP ethical code 6: Avoiding harm in question in the ethical case study UWS (2018), also presents an ethical concern associated with ACA ethical code A.4.a. Avoiding Harm

(2014), which states, “counselors act to avoid harming their clients, trainees, and research participants and to minimize or to remedy unavoidable or unanticipated harm.” (ACA, 2014, p. 5). As mentioned in the ethical case study UWS (2018), Elliot’s scheduling is knowingly problematic, which indicates that the ACA ethical code, avoiding harm, is in violation. The ACA ethical code states to avoid harm to clients and Elliot is operating with problematic scheduling, which could result in missed sessions and ultimately negatively impact the student-athletes.

The fifth AASP ethical concern in the case study UWS (2018) is also in regard to Ethical Code 6: Avoiding Harm. This ethical code is additionally in question when Elliot collaborates with the medical staff with knowledge that it causes the student-athletes concern. This implicates harm to the student-athletes because it clearly causes them concern and Elliot actively pursues the collaboration without the student-athletes prior consent. This AASP ethical concern also puts into question additional ACA ethical concerns defined in the following.

The fourteenth ACA ethical concern in the ethical case study UWS (2018) is in regard to ACA ethical code -A.4.a. Avoiding Harm (2014), which states, “that counselors act to avoid harming their clients, trainees, and research participants and to minimize or to remedy unavoidable or unanticipated harm.” (ACA, 2014, p.5). As mentioned in the ethical case study UWS (2018), Elliot is well aware of the distress his collaboration with the medical staff causes the student-athletes and he does not appear to remedy the situation, which indicates direct violation of this ACA ethical code A.4.a. Avoiding Harm.

This collaboration between the medical staff and Elliot also puts into ethical question the fifteenth ACA ethical code, B.1.b. Respect for Privacy (2014), which states, “counselors respect

the privacy of prospective and current clients. Counselors request private information from clients only when it is beneficial to the counseling process.” (ACA, 2014, p.6). Elliot’s lack of concern for respect for privacy puts this ACA ethical code in question. The perceived benefit of the client and the holistic approach mentioned in the ethical case study UWS (2018) is negated with Elliot’s lack of respect for privacy and the distress he is causing the student-athletes, implicating a violation of the ACA ethical code B.1.b. Respect for Privacy.

In continuation, confidentiality is also in question, as well as the ACA principle Autonomy. Autonomy is in question, because the students are not provided the right to disclose their own information, prior to Elliot acquiring it. As implicated in the ethical case study (2018), Elliot may receive private information about the athletes and/or may share private information that the athletes are uncomfortable with disclosing to other people. This instance also puts in question the sixth AASP ethical concern, AASP Ethical code 11: Consultations and Referrals, in reference to appropriate referrals. As mentioned in the case study UWS (2018), Elliot often gets referrals via the medical staff after collaboration.

Further, the following ethical principles and codes are also in question in the ethical case study UWS (2018): The ACA principle nonmaleficence, AASP Principle D: Respect for People’s Rights and Dignity, and AASP Ethical code 18: Maintaining Confidentiality as well as AASP Ethical code 6: Avoiding harm. In the ethical case study UWS (2018), briefly explored above, “Elliot recognizes that it can create distress for clients when he learns about private medical issues prior to the student-athlete being informed, such as when students have tested positive for drug use or sexually-transmitted infections and medical providers ask him to either

break the news or be present when they do.” (UWS, 2018, p. 5). The ACA principle nonmaleficence is being violated due the nature it is presented in the ethical case study, Elliot recognizes he is causing student-athletes distress when he finds out private medical issues prior to the athletes’ knowledge. Nonmaleficence specifically states to do no harm to clients and individuals. This also violates, as mentioned AASP ethical code 6: Avoiding Harm and ACA ethical code A.4.a. Avoiding harm, due to Elliot’s acknowledgement of the fact that he recognizes that his actions are causing harm to others and he proceeds with his actions.

Elliot’s actions mentioned above, also violate AASP principle D: Respect for People’s Rights and Dignity. This principle is in violation due to Elliot disregarding the rights and dignity of the student-athletes’ and their rights to their private information. According to AASP (2020), Principle D: Respect for People’s Rights and Dignity, is as quoted,

“AASP members accord appropriate respect to the fundamental rights, dignity, and worth of all people. They respect the rights of individuals to privacy, confidentiality, self-determination, and autonomy, mindful that legal and other obligations may lead to inconsistency and conflict with the exercise of these rights. AASP members are aware of cultural, individual, and role differences, including those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and socioeconomic status. AASP members try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone unfair discriminatory practices.” (AASP, 2020).

The student-athletes are not provided the rights, autonomy and/or dignity to decide whether their private, confidential information is disclosed from either Elliot and/or the medical staff and to

whom. The case study UWS (2018) implicates that the student-athletes have become aware that these transactions of shared private information are occurring, and that Elliot and the medical staff are not honoring the codes and principles regarding confidentiality.

In continuation, AASP Ethical code 18: Maintaining Confidentiality, is violated due to the fact that the student-athletes' private medical information is being shared prior to their consent, without legal or life-threatening causes for confidentiality to be breached. As quoted from AASP (2020), Ethical code 18 refers to,

“(a) AASP members have a primary obligation to uphold and take reasonable precautions to respect the confidentiality rights of those with whom they work or consult, recognizing that confidentiality may be established by law, institutional rules, and/or professional or scientific relationships. (b) AASP members discuss with persons and organizations with whom they work (1) the relevant limitations on confidentiality, including limitations where applicable in group, marital, and family counseling or in organizational consulting, and (2) the foreseeable uses of the information generated through their services. (c) AASP members do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their patients, individual or organizational clients, students, research participants, or other recipients of their services that they obtained during the course of their work, unless the person or organization has consented in writing or unless there is other ethical or legal authorization for doing so.” (AASP, 2020).

Whether or not the medical staff are AASP members, Elliot is implicated as an affiliate of the AASP, as a practitioner in the field, therefore he should have the knowledge of the importance of

maintaining and upholding confidentiality. Elliot's active participation in sharing and receiving private information, poses question that confidentiality is being breached. Further, if this is an organizational practice of the university and this type of private information sharing occurs regularly among the staff, then Elliot has failed to honor the confidentiality codes and the AASP Principle D. Respect for Rights and Dignity, by improperly informing the students the types of information that can be shared amongst the different staff, ultimately failing to honor the student-athletes autonomy to decide what information is shared.

The ethical concerns explored above, AASP Ethical code 18: Maintaining Confidentiality and AASP principle D: Respect for People's Rights and Dignity, are congruent with the ethical concerns associated with the seventeenth ACA ethical code in question, ACA Code- B.1.d. Explanation of Limitations (2014), which states, "At initiation and throughout the counseling process, counselors inform clients of the limitations of confidentiality and seek to identify situations in which confidentiality must be breached." (ACA, 2014, p. 7). Due to the distress experienced by the student-athletes who had private information shared about them prior to their consent, as defined in the ethical case study UWS (2018), this ACA ethical code is in question. If Elliot had honored the ACA code B.1.d. Explanations of Limitations, as defined above, he would have provided the student-athletes clear limitations to confidentiality, giving them the opportunity to disclose information differently, at their own discretion, as well as more agency in the process and they would have likely felt less distressed. The distress described by the student-athletes, in the ethical case study UWS (2018), indicates that this ACA ethical code is in violation.

The seventh AASP ethical concern in this case study UWS (2018) is in reference to AASP Principle F: Social Responsibility, according to AASP (2020), “AASP members are aware of their professional and scientific responsibilities to the community and the society in which they work and live. They apply and make public their knowledge in order to contribute to human welfare. When undertaking research, AASP members strive to advance human welfare and their profession while always protecting the rights of the participants. AASP members try to avoid misuse of their work, and they comply with the law.” (AASP, 2020). As mentioned in the case study, when Elliot initially negotiated his position, he said he would only consult with athletes who were not utilizing counseling services. He was not providing his services to all student-athletes and therefore violating AASP Principle F. and the social responsibility to provide the services to all individuals to contribute to human welfare. It is implicated that Elliot was intentionally withholding his services and knowledge from a number of student-athletes.

The eighth AASP ethical concern in this case study UWS (2018), is in reference to AASP ethical code 18: Maintaining confidentiality, Ethical code 17: Informed Consent to Practice, and Ethical code 16: Definition of Public Statements, as well as AASP Principle D. Respect for Rights and Dignity. The preceding ethical codes and principle are in question in the following instances. As mentioned in UWS (2018), when Elliot hears rumors of concern and angst amongst the student-athletes about confidentiality violations, and the potential for private information to get out in the public settings, AASP Ethical Code 16: Definition of Public Statements is in question.

According to AASP Ethical Code 16, as defined in the AASP (2020), “AASP members are responsible for the clarity and honesty of public statements about their work made to

students, clients, colleagues, or the public, by themselves or others representing them. If AASP members learn of deceptive statements about their work made by others, AASP members make reasonable efforts to correct such statements.” (AASP, 2020). Based on this definition and the fact that it is not mentioned whether or not Elliot confirms or denies the rumors spread by the students gives question as to whether Elliot honors this ethical code.

In continuation, there are pressing questions from students about how the counseling will work without breaching confidentiality in the group format that the student-athletes presume to be occurring in the coming sessions, indicating that the ACA ethical code A.6.d. Role Changes in the Professional Relationship is in question and potential violation. ACA ethical code A.6.d. (2014) states, “When counselors change a role from the original or most recent contracted relationship, they obtain informed consent from the client and explain the client’s right to refuse services related to the change...Clients must be fully informed of any anticipated consequences (e.g., financial, legal, personal, therapeutic) of counselor role changes. (ACA, 2014, p. 5). Due to the concern amongst the student-athletes, mentioned in the ethical case study UWS (2018), indicates that Elliot has failed to honor the ACA ethical code regarding the change to his role in the professional relationships.

Additionally, the ACA ethical code, A.9.b. Protecting Clients, is in question due to the fact that Elliot has not informed the student-athletes how he plans to navigate the more open group setting. ACA ethical code- A.9.b. Protecting Clients (2014), states, “In a group setting, counselors take reasonable precautions to protect clients from physical, emotional, or psychological trauma.” (ACA, 2014, p. 6). The student-athletes are already experiencing emotional and psychological distress with the rumors of a change in the counseling setting,

indicating that Elliot has not effectively navigated this ethical concern and it appears to be in violation. In addition to this ethical concern, there is profound concern about the nature of the projected plan, as mentioned in the ethical case study UWS (2018), regarding the potentiality of confidentiality violations. Some students express distress that they feel that their rights to privacy were already violated. Clearly implicating the violation of AASP Ethical Code 18: Maintaining Confidentiality.

As mentioned in the case study UWS (2018), one student-athlete in particular witnessed Elliot's secretary discussing their progress with the coach. The student witnessing the secretary discussing her information with the coach indicates that Elliot was sharing information with the secretary and then that information was being shared with the coach without the student's awareness or prior consent. This implicates a violation to AASP Principle D, Respect for People's Rights and Dignity, due to the student-athlete not receiving the rights and autonomy to decide how and when their information is disclosed to others. This ethical concern is also associated with the ACA ethical concern regarding, ACA ethical code-B.3.a. Subordinates (2014), which states, "counselors make every effort to ensure that privacy and confidentiality of clients are maintained by subordinates, including employees, supervisees, students, clerical assistants, and volunteers." (ACA, 2014, p. 7) The student-athlete witnessing the secretary discussing her information with the coach indicates that the secretary is not maintaining the confidentiality of the clients and the ACA ethical code- B.3.a. is in direct violation.

In continuation, this ethical concern in the ethical case study UWS (2018) more specifically puts into question ACA ethical code, B.3.b. Interdisciplinary Teams (2014), which states, "When services provided to the client involve participation by an interdisciplinary or

treatment team, the client will be informed of the team's existence and composition, information being shared, and the purposes of sharing such information. (ACA, 2014, p. 7). This ACA ethical code is in question and potential violation due to the fact that the student-athlete witnessed information being shared among different professionals (the interdisciplinary team: coaches, Elliot, assistance, and medical staff), as mentioned in the ethical case study UWS (2018), however, the student-athlete was not informed of the nature of the team's existence as well as what information would be shared and/or for what purposes.

In addition, the student-athlete's opportunity to witness the secretary sharing private information with the coach also warrants an ethical concern regarding the potential violation of ACA ethical code, B.3.c. Confidential Settings, which states, "Counselors discuss confidential information only in settings in which they can reasonably ensure client privacy." (ACA, 2014, p. 7). Due to the setting that the student-athlete witnessed the secretary sharing their private information indicates that the student-athlete's privacy was not honored in an appropriate environment and there was ultimately a potential violation of ACA ethical code B.3.c. confidential settings.

In addition, this ethical concern also puts into question, the ACA ethical code, B.2.e. Minimal Disclosure (2014), which states, "To the extent possible, clients are informed before confidential information is disclosed and are involved in the disclosure decision-making process. When circumstances require the disclosure of confidential information, only essential information is revealed." (ACA, 2014, p. 7). In the ethical case study UWS (2018), it is unclear the type of information that was disclosed from the secretary to the coach regarding the student-athlete, however the process and content made the student-athlete uncomfortable, indicating this

ACA ethical code is in potential violation. The student-athlete was neither involved in the decision-making process nor informed prior to the disclosure of the information.

The issues mentioned in the previous two paragraphs also appear to violate AASP Ethical Code 17: Informed Consent to Practice. According to AASP (2020), as quoted,

“Ethical Code 17: Informed Consent to Practice, (a) AASP members obtain appropriate informed consent to educational and counseling procedures, using language that is reasonably understandable to participants. The content of informed consent will vary depending on circumstances. However, informed consent generally implies that the person (1) has the capacity to consent, (2) has been informed of significant information concerning the procedure, (3) has freely and without undue influence expressed consent, and (4) consent has been appropriately documented.” (AASP, 2020).

This ethical concern is in question, due to the indication in the case study UWS (2018) that the student-athletes did not receive all of the information about the practices, counseling processes and potential confidentiality limitations, prior to giving consent and being comfortable with the procedures following that consent.

The AASP ethical concern mentioned above, in the ethical case study UWS (2018), is congruent with ACA ethical concern associated with ACA ethical code A.2.a. Informed Consent (2014), which states, “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 counselors and clients. Informed consent is an ongoing part of the

counseling process, and counselors appropriately document discussions of informed consent throughout the counseling relationship.” (ACA, 2014, p. 4). This ACA ethical code is in question due to the concern a student-athlete expresses regarding participating in the counseling with Elliot in the different settings. The student-athlete explicitly states their discomfort in participating in the counseling, especially in the group setting on the field, as mentioned in the ethical case study UWS (2018), and there is an ethical question of concern as to whether this student-athlete is provided the opportunity to refuse to remain in the counseling relationship. If the student-athlete is denied the opportunity to decide to participate or not, congruent with the ACA ethical code, then there is a direct violation to ACA ethical code, A.2.a. Informed consent.

Additionally, the ACA ethical code, A.2.e Mandated Clients, is in question in the ethical case study UWS (2018), when Elliot is mandated clients as well as athletes who have been disciplined for academic, behavioral concerns, as well as those with substance use disorders. The ACA ethical code-A.2.e. Mandated Clients (2014), states “Counselors discuss the required limitations to confidentiality when working with clients who have been mandated for counseling services. Counselors also explain what type of information and with whom that information is shared prior to the beginning of counseling. The client may choose to refuse services. In this case, counselors will, to the best of their ability, discuss with the client the potential consequences of refusing counseling services.” (ACA, 2014, p. 4). This ACA ethical code is in question due to the nature it is presented in the ethical case study UWS (2018), it is unclear how Elliot appropriately navigates the territory with mandated clients and whether or not he properly informs the mandated clients the nature of the counseling and the limits of confidentiality.

The AASP and ACA ethical codes identified in Part I were further explored in the Part II: Code Application. Further ACA ethical code questions and violations were identified in Part II, and notable ACA and AASP ethical code similarities and differences were noted. Relevant examples from the ethical case study and references from the AASP and ACA ethics codes were cited in Part I and Part II. Lastly, self-discovery, self-awareness, and multicultural competence were explored in more depth to explain their significant role in the ethical decision-making process. For instance, as mentioned, in Step 2 of the Seven-Step: Ethical Decision-Making model, “be sure to consider multiple cultural perspectives of the particular case.” The further exploration and definitions of ethical concepts and codes laid out in Part I and Part II provided a framework for the ethical issues to be navigated most effectively to provide the potential resolutions defined in part III.

Part III.

Suggested Resolutions:

The ethical code questions and violations present in the case study, UWS (2018), were defined and referenced, as they relate to the ACA and AASP ethics codes, in Part I and II. The application of Forester-Miller & Davis’ (2016), Seven-Step: Ethical Decision-Making Model provided the suggested resolutions to the ethical questions and violations identified in Part I and II. The suggested resolutions are defined in the following.

The first ethical concern that was addressed, using the ACA Forester-Miller & Davis (2016) Seven-Step: Ethical Decision-Making Model, was in reference to AASP-Ethical Code 13: Delegation to and Supervision of Subordinates and ACA Code-F.2.a. Supervisor Preparation (2014). These ethical codes were identified to be in question utilizing **Step 1** of

the Seven-Step: Ethical Decision-Making Model. Following **Step 1- the problem was identified**; the information was gathered regarding the ethical dilemma; the facts were outlined; the ethical principles and issues in question were defined; the problem was considered ethical; and the questions were addressed with regard to who it involved and who it was related to, which are defined in the following.

The first ethical concern, in the ethical case study UWS (2018), was in reference to when Elliot was allowed to direct two student workers, who were studying athletic training. It was unclear what Elliot was directing his two student workers to do and how much he was supervising them or not. It was not mentioned whether or not Elliot provides the two students the proper training to perform any of the tasks that he may ask them to do. They may be asked to do something that they are not competently able to perform, considering that they are only studying athletic training at this point. After identifying the first ethical problem defined in **Step 1, the ACA and AASP Codes of Ethics were applied in Step 2**: The highest code of ethics was honored; the multiple cultural perspectives of the particular case were considered; and the application of the AASP and the ACA codes of ethics provided a resolution to remedy this ethical question.

The application of the following AASP and the ACA codes of ethics provided a suggested resolution to remedy this ethical concern AASP (2020) ethical code 13 states, “(a) AASP members delegate to their employees, supervisees, and research assistants only those responsibilities that such persons can reasonably be expected to perform competently. (b) AASP members provide proper training and supervision to their employees or supervisees and take reasonable steps to see that such persons perform services responsibly, competently, and

ethically.” (AASP, 2020). In order to remedy this ethical concern, the suggested resolution is to have Elliot provide proper training to the two students, inform the two students of the ethics codes, with emphasis on the importance of confidentiality, competence, and informed consent, as well as clarify to the students their ethical responsibility, and only provide them with tasks that are within their scope of competence. The suggested resolution would minimize any questions of competence.

Further, The ACA Code-F.2.a. Supervisor Preparation (2014), states that “prior to offering supervision services, counselors should be trained in supervision methods and techniques, and should regularly attend continuing education activities.” (ACA, 2014, p.13). The suggested resolution, in order to remedy this ethical concern, is that Elliot should receive proper training of supervision methods and techniques, before continuing supervision of the two students. If Elliot has received proper training, then he needs be involved in continuing education to avoid violating the ethics codes.

The AASP and ACA ethics codes provided a suggested resolution in **step 2**, therefore **Step 3 and 4** were not necessary, as mentioned in Forester-Miller & Davis’s the Seven-Step: Ethical Decision-Making Model (2016). In order to follow the Seven-Step: Ethical Decision-Making Model protocol, **Step 5** was incorporated to consider the potential consequences and determine if the suggested resolutions identified were appropriate. The principles of Nonmaleficence and Beneficence were considered and the consequences that could be deemed detrimental were eliminated.

Elliot is to receive proper training and continuing education for supervision of the supervisees, in accordance with the ACA ethics codes. As mentioned, Elliot is to: provide proper training to the two students, inform the two students of the ethics codes, with emphasis on the importance of confidentiality, competence, and informed consent; clarify to the students their ethical responsibility; and only provide them with tasks that are within their scope of competence. By implementing these suggested resolutions, Elliot should be incongruent with the ethics codes, as well as nonmaleficence and beneficence, and these ethical codes should no longer be in question.

After following the process defined in **Step 5- Consider the Potential Consequences of all Options and Determine a Course of Action**, of the Forester-Miller & Davis, Seven-Step: Ethical Decision-Making Model (2016), the suggested resolutions would put Elliot incongruent with the ethics codes and principles, including nonmaleficence and beneficence and the ethical concerns with regard to AASP-Ethical Code 13: Delegation to and Supervision of Subordinates and ACA Code-F.2.a. Supervisor Preparation (2014) should no longer be in question. In order to ensure that the suggested resolution was ethically sound to be implemented, the ethical decision proceeded through **Step 6 and Step 7**, of Forester-Miller & Davis', Seven-Step: Ethical Decision-Making Model (2016).

The suggested resolution was run through the three simple tests, defined in **Step 6**, of Forester-Miller & Davis' Seven-Step: Ethical Decision-Making Model (2016), "to ensure that the course of action was appropriate: Justice: when applying the test of justice, assess fairness and ensure that you would treat others the same. Publicity: when applying the test of publicity, assess whether or not you would want your behavior reported in the press. If you say, yes, then

you are on the right track, if you say no, you may want to approach the issue and solution again.

Universality: in the test of universality assess whether you would recommend this course of action to a colleague in the same circumstances.” (Forester-Miller & Davis, 2016). The answer was yes, to each question, indicating that the suggested resolutions appear ethically sound. The suggested resolutions were deemed appropriate to be implemented and will be evaluated after implementation, as defined in **Step 7**, of Forester-Miller & Davis’ Seven-Step: Ethical Decision-Making Model (2016).

The second ethical concern that was addressed, using the ACA Forester-Miller & Davis (2016) Seven-Step: Ethical Decision-Making Model, was in reference to ACA code-F.5.a. Ethical Responsibilities (2014). This ethical code was identified to be in question utilizing **step 1**, in the Seven-Step: Ethical Decision-Making Model. Following **Step 1-the problem was identified**; the information was gathered regarding the ethical dilemma; the facts were outlined; the ethical principles and issues in question were defined; the problem was considered ethical; and the questions were addressed with regard to who it involved and who it was related to, which are defined in the following.

The second ethical concern was in reference to when Elliot was provided his assistant and the two students; the protocol that Elliot followed to inform them of the work that they would be doing is unclear. It was unclear whether or not Elliot ensured that the two students or his assistant had been properly informed of the ACA ethical codes prior to beginning work with the two students. Further it was unclear if the two students and the assistant were informed that they have same ethical obligations to the clients as Elliot.

After identifying the second ethical problem in **Step 1, the ACA and AASP Codes of Ethics were applied in Step 2:** The highest code of ethics was honored; the multiple cultural perspectives of the particular case were considered; and the application of the AASP and the ACA codes of ethics provided a resolution to remedy this ethical concern. The ACA code-F.5.a. Ethical Responsibilities (2014), states that “students and supervisees have a responsibility to understand and follow the ACA Code of Ethics, and they have the same obligations to clients as do their supervising professionals.” (ACA, 2014, p. 13). As mentioned in the UWS (2018) ethical case study, Elliot is provided his assistant and the two students, to assist him in his work with the student athletes. In order to remedy this ethical concern and honor ACA code-F.5.a. Ethical Responsibilities, the suggested resolution is to have Elliot properly inform his assistant and the two students of all of the AASP and ACA ethical codes prior to beginning work with the student-athletes. Further, Elliot should inform them that they have the same ethical obligations, as he does to the clients. These suggested resolutions would put Elliot incongruence with the ethics codes and these ethical codes should no longer be in question.

The AASP and ACA ethics codes provided a suggested resolution in **step 2**, therefore **Step 3 and 4** were not necessary, as mentioned in Forester-Miller & Davis’s the Seven-Step: Ethical Decision-Making Model (2016). In order to follow the Seven-Step: Ethical Decision-Making Model protocol, **Step 5** was incorporated to consider the potential consequences and determine if the suggested resolutions identified were appropriate. The principles of Nonmaleficence and Beneficence were considered and the consequences that could be deemed detrimental were eliminated.

As mentioned, Elliot is to properly inform his assistant and the two students of all of the AASP and ACA ethical codes prior to having them continue any more work with the student-

athletes. Further, Elliot is to inform them that they have same ethical obligations, as he does, to the clients. By implementing these suggested resolutions, the assistant and two students will understand their ethical obligations and the significant repercussions for failing to honor these obligations, therefore minimizing the chances of ethical violations with regard to these ethical concerns, which protects the clients from detrimental actions due to the lack of ethical awareness or proper knowledge.

After following the process defined in **Step 5- Consider the Potential Consequences of all Options and Determine a Course of Action**, of the Forester-Miller & Davis, Seven-Step: Ethical Decision-Making Model (2016), the suggested resolutions would put Elliot incongruence with the ethics codes and principles, including nonmaleficence and beneficence and the ethical concerns with regard to ACA code-F.5.a. Ethical Responsibilities (2014) should no longer be in question. In order to ensure that the suggested resolution was ethically sound to be implemented, the ethical decision proceeded through **Step 6 and Step 7**, of Forester-Miller & Davis', Seven-Step: Ethical Decision-Making Model (2016).

The suggested resolution was run through the three simple tests, defined in **Step 6**, of Forester-Miller & Davis' Seven-Step: Ethical Decision-Making Model (2016), to ensure that the course of action was appropriate: Justice: when applying the test of justice, assess fairness and ensure that you would treat others the same. Publicity: when applying the test of publicity, assess whether or not you would want your behavior reported in the press. If you say, yes, then you are on the right track, if you say no, you may want to approach the issue and solution again. Universality: in the test of universality assess whether you would recommend this course of action to a colleague in the same circumstances. (Forester-Miller & Davis, 2016). The answer

was yes, to each question, indicating that the suggested resolutions appear ethically sound. The suggested resolution was deemed appropriate to be implemented and will be evaluated after implementation, as defined in **Step 7**, of the Forester-Miller & Davis' Seven-Step: Ethical Decision-Making Model (2016).

The third ethical concern that was addressed, using the ACA Forester-Miller & Davis (2016) Seven-Step: Ethical Decision-Making Model, was in reference to ACA code- F.5.c. Professional Disclosure (2014). This ethical code was identified to be in question utilizing **step 1**, in the Seven-Step: Ethical Decision-Making Model. Following **Step 1, the problem was identified**; the information was gathered regarding the ethical dilemma. the facts were outlined; the ethical principles and issues in question were defined; the problem was considered ethical; the questions were addressed with regard to who it involved and who it was related to, which are defined in the following.

The third ethical concern was regarding when Elliot is provided his assistant and the two students; it was unclear whether or not Elliot honored ACA code- F.5.c. Professional Disclosure (2014) and properly informed the clients of the limits to confidentiality and the possible implications associated with the assistant and two students being present during sessions prior to beginning services. After identifying the third ethical problem defined in **Step 1, the ACA and AASP Codes of Ethics were applied in Step 2. In Step 2**, the highest code of ethics was honored; the multiple cultural perspectives of the particular case were considered; and the application of the AASP and the ACA codes of ethics provided a resolution to remedy this ethical question.

The application of the following ethic codes and principles provided the suggested resolutions: ACA code- F.5.c. Professional Disclosure (2014) states, “that prior to providing counseling services, students and supervisees disclose their status as supervisees and explain how this status affects the limits of confidentiality. It is up to the supervisor to make sure clients are aware of these implications and that informed consent is established prior to beginning services.” (ACA, 2014, p.13). As mentioned, in the ethical case study UWS (2018), when Elliot is provided his assistant and the two students, it is unclear whether or not Elliot honored this ACA ethical code and properly informed the clients of the limits to confidentiality and the possible implications associated with the assistant and two students being present during sessions prior to beginning services.

In order to remedy this ethical concern and honor ACA code- F.5.c. Professional Disclosure, the suggested resolution is to have the students and supervisees disclose their status as supervisees and explain how this status affects the limits of confidentiality. Elliot should inform the student-athletes of these implications and attempt to establish informed consent with these new understandings that the student-athletes may have not been aware of prior to originally beginning services. This would put Elliot incongruence with ACA ethical code A.2.a. Informed Consent (2014), which states, “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 counselors and clients. Informed consent is an ongoing part of the counseling process, and counselors appropriately document discussions of informed consent throughout the counseling relationship.” (ACA, 2014, p. 4).

The student athletes should be given the autonomy to change their dynamic with Elliot, in order to honor the following ACA (2014) ethical codes and principles of: autonomy, which honors the individuality, dignity, and right to self-disclosure of each client; Beneficence, which states that the service provider and/or counselors are to do good for the client, such as acting in the best welfare of the clients; and Nonmaleficence, which states to not cause harm to others; above all do no harm. If there is harm in question with an action, refrain if possible. By honoring these ethic codes and principles and applying the suggested resolutions, Elliot would be incongruence with the ethic codes and principles and address the third ethical concern.

The AASP and ACA ethics codes provided a suggested resolution in **step 2**, therefore **Step 3 and 4** were not necessary, as mentioned in Forester-Miller & Davis's the Seven-Step: Ethical Decision-Making Model (2016). In order to follow the Seven-Step: Ethical Decision-Making Model protocol, **Step 5** was incorporated to consider the potential consequences and determine if the suggested resolutions identified were appropriate. The principles of Nonmaleficence and Beneficence were considered and the consequences that could be deemed detrimental were eliminated.

The principles and ethics codes defined in the preceding should be honored in order to address the ethical concern associated with ACA code- F.5.c. Professional Disclosure, especially since it was unclear whether or not the student athletes began counseling with Elliot with the presence of the assistant and two students, with or without awareness of the status implications of the assistant and two students and the limits of confidentiality with their presence during sessions. By implementing the suggested resolutions and applying the above defined principles and ethics codes for the ethical concern, the student-athletes will be able to make autonomous,

informed decisions about their counseling with Elliot, with the awareness of the implications of the status of the assistant and two students.

Further, the suggested resolutions would give the student-athletes valuable information about the limits to confidentiality, with the presence of the “supervisees” that could protect their privacy by allowing them to choose what to disclose while the “supervisees” are present. The suggested resolutions would also give the student-athletes the opportunity to make arrangements to meet in private with Elliot, when confidential information does need to be shared, which would minimize a potential breach in confidentiality (i.e. from the assistant or two students sharing information that they heard, while the student-athlete talked with Elliot in their presence).

After following the process defined in **Step 5- Consider the Potential Consequences of all Options and Determine a Course of Action**, of the Forester-Miller & Davis, Seven-Step: Ethical Decision-Making Model (2016), the suggested resolutions would put Elliot incongruence with the ethics codes and principles, including nonmaleficence and beneficence and the ethical concern with regard to ACA code- F.5.c. Professional Disclosure should no longer be in question. In order to ensure that the suggested resolution is ethically sound to be implemented, the ethical decision proceeded through **Step 6 and Step 7**, of Forester-Miller & Davis’, Seven-Step: Ethical Decision-Making Model (2016).

The suggested resolution was run through the three simple tests, defined in **Step 6**, of Forester-Miller & Davis’ Seven-Step: Ethical Decision-Making Model (2016), to ensure the course of action was appropriate: Justice: when applying the test of justice, assess fairness and

ensure that you would treat others the same. Publicity: when applying the test of publicity, assess whether or not you would want your behavior reported in the press. If you say, yes, then you are on the right track, if you say no, you may want to approach the issue and solution again.

Universality: in the test of universality assess whether you would recommend this course of action to a colleague in the same circumstances. (Forester-Miller & Davis, 2016). The answer was yes, to each question, indicating that the suggested resolutions appear ethically sound. The suggested resolution is deemed appropriate to be implemented and will be evaluated after implementation, as defined in **Step 7**, of the Forester-Miller & Davis' Seven-Step: Ethical Decision-Making Model (2016).

The fourth ethical concern in the ethical case study UWS (2018), that was addressed, using the ACA, Forester-Miller & Davis (2016) the Seven-Step: Ethical Decision-Making Model, was in reference to is ACA code- F.6.a. Evaluation (2014). This ethical code was identified to be in question utilizing **Step 1** in the Seven-Step: Ethical Decision-Making model. Following **Step 1 Protocol, the problem was identified**; the information was gathered regarding the ethical dilemma; the facts were outlined; the ethical principles and issues in question were defined; the problem was considered ethical; the questions were addressed with regard to who it involved and who it was related to, which are defined in the following.

The fourth ethical concern was regarding how Elliot conducted his work with his assistant and two students; it was unclear whether or not he has ongoing evaluations to track their work with him. Regardless of the assistant and two students' positions being formal or informal, in a supervisor/supervisee dynamic with Elliot, the preceding ethical codes are in question due to the nature of the field and the assistant and two students potential influence with the student-

athletes. There is a need to be held accountable, as they are present with the clients, and a lack of evaluations for the assistant and two students could result in ethically negligent violations. After identifying the fourth ethical problem defined in **Step 1, the ACA and AASP Codes of Ethics were applied in Step 2:** The highest code of ethics was honored; the multiple cultural perspectives of the particular case were considered; and the application of the following AASP and the ACA codes of ethics provided a resolution to remedy this ethical question.

The application of the following ethic codes and principles, provided the suggested resolutions: ACA code- F.6.a. Evaluation (2014) which states, “Supervisors document and provide supervisees with ongoing feedback regarding their performance and schedule periodic formal evaluative sessions throughout the supervisory relationship.” (ACA, 2014, p. 13). As mentioned, when Elliot is conducting his client work with his assistant and two students, it is unclear whether or not he has ongoing evaluations to track their work with him. There is a need to be held accountable, as they are present with the clients, and a lack of evaluations for the assistant and two students could result in ethically negligent violations. The ACA code- F.6.a. Evaluation and the principles of Beneficence (the service provider, counselors are to do good for the client, such as acting in the best welfare of the clients) and Nonmaleficence (to not cause harm to others; above all do no harm. If there is harm in question with an action, refrain if possible), and AASP-ethical Principle A: Competence (2020) “AASP members exercise careful judgment and take appropriate precautions to protect the welfare of those with whom they work,” (AASP, 2020).

The suggested resolution is to have Elliot provide clear expectations and required work for the assistant and two students, so they know what is expected of them, followed by

documented and provided ongoing feedback, regarding their performance, with scheduled periodic formal evaluative sessions throughout the supervisory relationship. By implementing the suggested resolutions, the assistant and two students will understand what is expected of them, within appropriate bounds of competence, while they work with the student-athletes, which will help them to stay accountable and minimize any ethical violations due to negligent actions due to a lack of expectations or accountability. The suggested resolutions would put Elliot incongruence with the ethic codes and principles as well as address the fourth ethical concern.

The AASP and ACA ethics codes provided a suggested resolution in **step 2**, therefore **Step 3 and 4** were not necessary, as mentioned in Forester-Miller & Davis's the Seven-Step: Ethical Decision-Making Model (2016). In order to follow the Seven-Step: Ethical Decision-Making Model protocol, **Step 5** was incorporated to consider the potential consequences and determine if the suggested resolutions identified were appropriate. The principles of Nonmaleficence and Beneficence were considered and the consequences that could be deemed detrimental were eliminated. The suggested resolution, to have defined expectations and regular evaluations and scheduled feedback, for the assistant and two students, will help them to stay accountable, and minimize any ethical violations due to negligent actions due to a lack of expectations or accountability.

In continuation, the suggested resolution addressed this ethical concern, the assistant and two students would receive regular feedback on how to act within the bounds of their expectations, in order to honor the ethical principles of beneficence and nonmaleficence and always act in the best interest of the clients with their clear expectations and proper knowledge of

care. Further, the assistant and two students would have the opportunity to be properly addressed, with their regular feedback and evaluations, if they were ever failing to meet expectations or potentially crossing ethical bounds, which would minimize ethical violations due to lack of knowledge of expectations and/or lack of acceptable ethical behaviors.

After following the process defined in **Step 5- Consider the Potential Consequences of all Options and Determine a Course of Action**, of the Forester-Miller & Davis, Seven-Step: Ethical Decision-Making Model (2016), the suggested resolutions would put Elliot incongruence with the ethics codes and the ethical concern with regard to ACA code- F.6.a. Evaluation, and the principles of beneficence and nonmaleficence. In order to ensure that the suggested resolution is ethically sound to be implemented, the ethical decision proceeded through **Step 6 and Step 7**, of Forester-Miller & Davis', Seven-Step: Ethical Decision-Making Model (2016).

The suggested resolution was run through the three simple tests, defined in **Step 6**, of Forester-Miller & Davis' Seven-Step: Ethical Decision-Making Model (2016), to ensure the course of action was appropriate: Justice: when applying the test of justice, assess fairness and ensure that you would treat others the same. Publicity: when applying the test of publicity, assess whether or not you would want your behavior reported in the press. If you say, yes, then you are on the right track, if you say no, you may want to approach the issue and solution again. Universality: in the test of universality assess whether you would recommend this course of action to a colleague in the same circumstances. (Forester-Miller & Davis, 2016). The answer was yes, to each question, indicating that the suggested resolutions appear ethically sound. The suggested resolution is deemed appropriate to be implemented and will be evaluated after

implementation, as defined in **Step 7**, of the Forester-Miller & Davis' Seven-Step: Ethical Decision-Making Model (2016).

The fifth ethical concern, in the ethical case study UWS (2018), that was addressed, using the ACA Forester-Miller & Davis (2016) Seven-Step: Ethical Decision-Making Model, was in reference to ACA code- F.8.d. Addressing Personal Concerns (2014). This ethical code was identified to be in question utilizing **step 1** in the Seven-Step: Ethical Decision-Making Model. Following **Step 1 Protocol- the problem was identified**: The information was gathered regarding the ethical dilemma; the facts were outlined; the ethical principles and issues in question were defined; the problem was considered ethical; the questions were addressed with regard to who it involved and who it was related to, which are defined in the following.

As mentioned, the preceding ACA ethical code was in question, because it was unclear as to whether or not Elliot addressed potential personal concerns with the two students prior to beginning work with the clients. This is an ethical concern because the students may have personal challenges that could interfere with their work with the clients, which could potentially cause the student-athletes harm. After identifying the fifth ethical problem defined in **Step 1, the ACA and AASP Codes of Ethics were applied in Step 2**: The highest code of ethics was honored; the multiple cultural perspectives of the particular case were considered; and the application of the AASP and the ACA codes of ethics provided a resolution to remedy this ethical question.

The application of the following ethic codes and principles provided the suggested resolutions: The first ethical code applied to address this fifth ethical concern, was ACA code-

F.8.d. Addressing Personal Concerns (2014), which states “that students may be required to address any personal concerns that could affect competency.” (ACA, 2014, p. 14). Elliot should address potential personal concerns that may arise with the two students, prior to continuing any more work with the student-athletes, in order to address any potential issues that may interfere with their work with the student-athletes to minimize any harm. The principles of Beneficence and Nonmaleficence were applied to ensure that the best course of action is taken to ensure the best care for the clients; Elliot would minimize the chances that a potential interference from a personal problem could cause undue harm, by addressing personal concerns that may arise with the two students.

In continuation, AASP (2020), Principle A was applied to come up with a resolution to this ethical concern, by acknowledging and implementing Principle A: Competence, which states, “AASP members exercise careful judgment and take appropriate precautions to protect the welfare of those with whom they work.” (AASP, 2020). By acknowledging the personal concerns that may arise with any associated competence, Elliot is addressing personal challenges that may interfere with the students’ competence to properly assist Elliot. Further, by addressing the competence of the two students, it will minimize the chances of the two students being put in a position that could cause harm to the student-athletes by performing tasks beyond their competence.

Further, AASP ethical code 13: Delegation to and Supervision of Subordinates was applied to address Elliot being responsible for the two students, who may not be AASP members, but they are affiliated with Elliot (who is directing them), who is likely an AASP member. The AASP ethical code 13: Delegation to and Supervision of Subordinates (2020) does

not state that supervisees are held to the same ethical standards as their supervisors, however Elliot is responsible for conducting himself incongruence with the ethical principles and codes due to his position and is therefore responsible for ensuring that those with whom he is associated with are performing services responsibly, competently, and ethically. Elliot should properly inform the two students and the assistant of his role to them as their “supervisor” and their roles as “supervisees” in order to ensure that no ethical violations occur due to a lack of understanding of role expectations.

In continuation, ACA code-F.5.a. Ethical Responsibilities (2014) was also applied in **step 2**, which states, “Supervisees have the same ethical obligations to clients as do their supervising professionals. (ACA, 2014, p. 13) Due to the nature of involvement that the assistant and two students have with the student-athletes, the two-students and assistant should be made aware of their same ethical obligations as Elliot has to the student-athletes. Furthermore, as mentioned, the AASP ethical code 13 does not hold supervisees and subordinates to the same ethical standards as their supervisors, which puts AASP ethical code 13 in direct contrast with the ACA ethical code F.5.a. Ethical Responsibilities (2014), which does hold supervisees to the same ethical standards as their supervisors. The contrast of the two ethical codes highlights a potential example of the protocol in Step 2 of the Seven-Step: Ethical Decision-Making model, which states “Always honor the highest code of ethics.” (Forester-Miller & Davis, 2016). In order to honor the highest code of ethics, it generally refers to addressing the ethical concerns of the utmost important, such as ethic codes associated with avoiding harm, confidentiality, competence, and informed consent, as well as principles beneficence, nonmaleficence, and autonomy. However, in a compare and contrast, the step 2 protocol, “always honor the highest

code of ethics, can apply to the AASP and ACA ethic codes associated with supervisors and supervisees in question.

In continuation, while subordinates may not be held to the same ethical obligations as their supervisors according to the AASP ethic codes, they are equivalently held accountable to the ethic codes alongside their supervisors in reference to the ACA ethics codes. In order to honor the highest code of ethics and due to the nature of involvement that these two students have with the student-athletes, Elliot should make the students aware that they have the same ethical obligations to the student-athletes as Elliot has to the student-athletes. The application of these ethic codes would help the students realize the gravity of their role that they play with the student-athletes, and would also help them to understand the significance of only taking on roles that they know they are capable of performing, which will minimize ethical violations, due to lack of competence and prevent the student athletes from being subjected to ethical repercussions that were avoidable.

In order to be incongruence with ACA code- F.8.d. Addressing Personal Concerns (2014), Elliot should address potential personal concerns that may arise with the student athletes, prior to continuing any more work with the student-athletes, in order to address any potential issues that may interfere with their work with the student athletes to minimize any harm. Elliot would minimize the chances that a personal problem could cause harm to the student athletes, by addressing personal concerns that may arise with the two students before they occur, which also honors principles of Beneficence and Nonmaleficence.

Further, AASP (2020), Principle A was applied to come up with a resolution to this ethical concern. By acknowledging and implementing Principle A: Competence, which states, “AASP members exercise careful judgment and take appropriate precautions to protect the welfare of those with whom they work.” (AASP, 2020). Elliot should address personal challenges that may interfere with the students’ competence to properly assist Elliot. Further, by addressing the competence of the two students, it would minimize the chances of the two students being put in a position that could cause harm to the student athletes by performing tasks beyond their competence. Additionally, AASP ethical code 13: Delegation to and Supervision of Subordinates, states supervisors are to only ask subordinates to be responsible for tasks they are capable of competently performing. (AASP, 2020). Elliot should develop appropriate protocol to determine competencies, for his assistant and two students, in order to assign the two students and assistant to tasks that they are competent to perform. Elliot should address the two students’ competence prior to delegating specific jobs, to determine what they are ethically capable of performing, in order to minimize undue harm to the student-athletes due to a lack of competence.

The AASP and ACA ethics codes defined in the preceding provided a suggested resolution in **step 2**, therefore **Step 3 and 4** were not necessary, as mentioned in Forester-Miller & Davis’s the Seven-Step: Ethical Decision-Making Model (2016). In order to follow the Seven-Step: Ethical Decision-Making Model protocol, **Step 5** was incorporated to consider the potential consequences and determine if the suggested resolutions identified were appropriate. The principles of Nonmaleficence, Competence, and Beneficence were considered and the consequences that could be deemed detrimental were eliminated.

The suggested resolutions addressing potential personal concerns that may arise with the two students, prior to continuing any more work with the student athletes, would remedy any potential issues that may interfere with their work with the student athletes, which would minimize harm. Further, by addressing the two students' competence prior to delegating specific jobs, it would minimize the chances of the two students being put in a position that could cause harm to the student-athletes by performing tasks beyond their competence. Lastly, by helping the students realize the gravity of their role that they play with the student-athletes, and that they are ethically bound to the same obligations as Elliot, would help them to understand the significance of only taking on roles that they know they are capable of performing. These suggested resolutions would minimize ethical violations, due to a lack of competence and prevent the student athletes from being subjected to ethical repercussions that were avoidable.

After following the process defined in **Step 5- Consider the Potential Consequences of all Options and Determine a Course of Action**, of the Forester-Miller & Davis, Seven-Step: Ethical Decision-Making Model (2016), the suggested resolutions would put Elliot incongruence with the ethics codes and the ethical concern with regard AASP ethical code 13: Delegation to and Supervision of Subordinates, Principle A: Competence, the principles of beneficence and nonmaleficence, and ACA ethical code F.5.a. Ethical Responsibilities (2014). In order to ensure that the suggested resolution is ethically sound to be implemented, the ethical decision proceeded through **Step 6 and Step 7**, of Forester-Miller & Davis', Seven-Step: Ethical Decision-Making Model (2016).

The suggested resolution was run through the three simple tests, defined in **Step 6**, of Forester-Miller & Davis' Seven-Step: Ethical Decision-Making Model (2016), to ensure that the

course of action was appropriate: Justice: when applying the test of justice, assess fairness and ensure that you would treat others the same. Publicity: when applying the test of publicity, assess whether or not you would want your behavior reported in the press. If you say, yes, then you are on the right track, if you say no, you may want to approach the issue and solution again.

Universality: in the test of universality assess whether you would recommend this course of action to a colleague in the same circumstances. (Forester-Miller & Davis, 2016). The answer was yes, to each question, indicating that the suggested resolutions appear ethically sound. The suggested resolution was deemed appropriate to be implemented and will be evaluated after implementation, as defined in **Step 7**, of the Forester-Miller & Davis' Seven-Step: Ethical Decision-Making Model (2016).

The sixth ethical concern, in the ethical case study UWS (2018), that was addressed, using the ACA Forester-Miller & Davis (2016) Seven-Step: Ethical Decision-Making Model, was in reference to the following AASP and ACA ethics codes: AASP-Ethical Code 26: The Integration of Technology in Professional and Scientific Work within Sport, Exercise and Health Psychology; AASP-Ethical Code 6: Avoiding Harm; ACA (2014) principle Nonmaleficence; ACA code-H.1.a. Knowledge and Competency (2014); ACA code-H.1.b. Laws and Statutes (2014); ACA code- H.2.a. Informed Consent and Disclosure (2014); ACA Code- H.2.c. Acknowledgment of Limitations (2014); ACA Code- H.3. Client Verification (2014); and ACA code- H.4.a. Benefits and Limitations (2014). These ethical codes were identified to be in question using **Step 1**, in the Seven-Step: Ethical Decision-Making Model.

The following information was gathered regarding the ethical dilemma, utilizing **Step 1 Protocol: the problem was identified**; the facts were outlined; the ethical principles and issues

in question were defined; the problem was considered ethical; the questions were addressed with regard to who it involved and who it was related to, and the sixth ethical concern identified was regarding Elliot's use of technology for distance counseling with his athletes via FaceTime and Skype, when he is not at the university. After identifying the sixth ethical problem defined in **Step 1, the ACA and AASP Codes of Ethics were applied in Step 2:** The highest code of ethics was honored; the multiple cultural perspectives of the particular case were considered; and the application of the AASP and the ACA codes of ethics provided a resolution to remedy this ethical question.

The application of the following ethic codes and principles provided the suggested resolutions: AASP-Ethical Code 26: The Integration of Technology in Professional and Scientific Work within Sport, Exercise and Health Psychology (2020), which states "(a) AASP members should only incorporate the various forms of technology in their professional and scientific work in which they have appropriate technical and practical competencies, and when such technology does not subject another party to harm or discomfort." (AASP, 2020) and ACA code-H.1.a. Knowledge and Competency (2014), which states that counselors who engage in the use of distance counseling, technology, and/ or social media develop knowledge and skills regarding related technical, ethical, and legal considerations (e.g., special certifications, additional course work). (ACA, 2014, p. 17). In order to act incongruence with these ethic codes, Elliot should go through proper training for operating the different associated technology in order to minimize ethical violations due to a potential lack of training and competence.

Further, Nonmaleficence and AASP-Ethical Code 6: Avoiding Harm, which states "(b) AASP members should be sensitive to the needs and interests of their client(s) and should only

make the decision to incorporate specific forms of technology in their professional practice with the consent of their client(s), and only once the client fully understands the strengths and weaknesses pertaining to the specific medium of telecommunication. Precisely, AASP members shall inform the client(s) as early as possible, to the privacy risks and limits to confidentiality with this type of telecommunication.” (AASP, 2020). ACA code- H.2.a. Informed Consent and Disclosure (2014), which states, “clients have the freedom to choose whether to use distance counseling, social media, and/or technology within the counseling process. In addition to the usual and customary protocol of informed consent between counselor and client for face-to-face counseling, the following issues, unique to the use of distance counseling, technology, and/ or social media, are addressed in the informed consent process...” (ACA, 2014, p. 17).

In continuation, ACA Code- H.2.c. Acknowledgment of Limitations (2014), which states, counselors inform clients about the inherent limits of confidentiality when using technology. Counselors urge clients to be aware of authorized and/ or unauthorized access to information disclosed using this medium in the counseling process. (ACA, 2014, p. 18). ACA Code- H.3. Client Verification (2014), which states, “Counselors who engage in the use of distance counseling, technology, and/ or social media to interact with clients take steps to verify the client’s identity at the beginning and throughout the therapeutic process. Verification can include, but is not limited to, using code words, numbers, graphics, or other nondescript identifiers. (ACA, 2014, p. 18).

Further, ACA code- H.4.a. Benefits and Limitations (2014), which states, “Counselors inform clients of the benefits and limitations of using technology applications in the provision of counseling services. Such technologies include, but are not limited to, computer hardware and/or

software, telephones and applications, social media and Internet-based applications and other audio and/or video communication, or data storage devices or media.” (ACA, 2014, p. 18). The suggested resolution is provided in the following.

The suggested resolution is to have Elliot implement the considerations revealed through the application of the preceding ethical codes and principles. Elliot should provide clients the opportunity to participate in distance counseling only after they have been properly informed of the following: the process; limits to confidentiality; limitations and benefits, and he has developed appropriate protocol for client verification and the student-athletes feel comfortable to participate. Furthermore, in the instances, where athletes may miss out on essential training and counseling, due to being uncomfortable with distance counseling, Elliot should provide these clients with supplemental counseling, prior to and after travel, to attempt to compensate for lack of counseling during travel, which could be detrimental to their psychological health and performance.

Further, after applying AASP Ethical Code 26 (2020), which states, “(h) It is recommended that AASP members be responsible for understanding and abiding by the laws and ethical guidelines related to service delivery within the states, regions, provinces and countries in which they and their clients are located at the time of service delivery.” (AASP, 2020). Elliot should familiarize himself with the state laws, guidelines, and regions which may be in conflict when hosting counseling sessions via Skype and FaceTime, while he is traveling in different regions, states, and countries, prior to conducting distance counseling.

The applied AASP and ACA ethics codes provided suggested resolutions in **step 2**, therefore **Step 3 and 4** were not necessary, as mentioned in Forester-Miller & Davis's the Seven-Step: Ethical Decision-Making Model (2016). In order to follow the Seven-Step: Ethical Decision-Making Model protocol, **Step 5** was incorporated to consider the potential consequences and determine if the suggested resolutions identified were appropriate. The principles of Nonmaleficence, Competence, and Beneficence were considered, as well as the preceding defined ethics codes, and the consequences that could be deemed detrimental were eliminated. After careful review of the defined resolutions outlined in **Step 2, with the applications of ACA and AASP ethic codes**, the suggested resolutions would make Elliot incongruence with the ethic codes and address the sixth ethical concern.

After identifying in, **Step 5- Consider the Potential Consequences of all Options and Determine a Course of Action**: of the Forester-Miller & Davis, Seven-Step: Ethical Decision-Making Model (2016), that the suggested resolutions would put Elliot incongruence with the following Ethical principles and codes: AASP-Ethical Code 26: The Integration of Technology in Professional and Scientific Work within Sport, Exercise and Health Psychology; AASP-Ethical Code 6: Avoiding Harm; ACA (2014) principle Nonmaleficence; ACA code-H.1.a. Knowledge and Competency (2014); ACA code-H.1.b. Laws and Statutes (2014); ACA code-H.2.a. Informed Consent and Disclosure (2014); ACA Code- H.2.c. Acknowledgment of Limitations (2014); ACA Code- H.3. Client Verification (2014); and ACA code- H.4.a. Benefits and Limitations (2014), in order to ensure that the suggested resolution is ethically sound to be implemented, the ethical decision proceeded through **Step 6 and Step 7**, of Forester-Miller & Davis', Seven-Step: Ethical Decision-Making Model (2016).

The suggested resolution was run through the three simple tests, defined in **Step 6**, of Forester-Miller & Davis' Seven-Step: Ethical Decision-Making Model (2016), to ensure that the course of action was appropriate: Justice: when applying the test of justice, assess fairness and ensure that you would treat others the same. Publicity: when applying the test of publicity, assess whether or not you would want your behavior reported in the press. If you say, yes, then you are on the right track, if you say no, you may want to approach the issue and solution again. Universality: in the test of universality assess whether you would recommend this course of action to a colleague in the same circumstances. (Forester-Miller & Davis, 2016). The answer was yes, to each question, indicating that the suggested resolutions appear ethically sound. The suggested resolution is deemed appropriate to be implemented and will be evaluated after implementation, as defined in **Step 7**, of the Forester-Miller & Davis' Seven-Step: Ethical Decision-Making Model (2016).

The seventh ethical concern, in the ethical case study UWS (2018), that was addressed, using the ACA Forester-Miller & Davis (2016) Seven-Step: Ethical Decision-Making Model, was in reference to ACA principles, beneficence, nonmaleficence, AASP Ethical code 6: Avoiding harm and the AASP Principle E: Concern for Other's Welfare. These ethical codes were identified to be in question utilizing the **Step 1**, in the Seven-Step: Ethical Decision-Making Model. Following **Step 1 Protocol: the problem was identified**: The facts were outlined; the ethical principles and issues in question were defined; the problem was considered ethical; the questions were addressed with regard to who it involved and who it was related to, were defined in the following.

The seventh ethical concern identified, with respect to the preceding ethics codes, was regarding Elliot's scheduling design, which incorporates all athletes from different sports teams all year around, with participation sometimes being for off-season athletes only. According to the case study, the scheduling and training can result in conflicts. This can result in undue harm due to inconsistent training and sessions. This implicates that Elliot is not taking measures to avoid these potential conflicts and therefore is not taking steps to minimize avoidable harm due to scheduling. After identifying the seventh ethical problem defined in **Step 1, the ACA and AASP Codes of Ethics were applied in Step 2. In Step 2:** The highest code of ethics was honored; the multiple cultural perspectives of the particular case were considered; and the application of the AASP and the ACA codes of ethics provided a resolution to remedy this ethical question.

The application of the following ethic codes and principles provided the suggested resolutions: AASP (2020), Principle E: Concern for Others' Welfare states, "AASP members seek to contribute to the welfare of those with whom they interact professionally. When conflicts occur among AASP members' obligations or concerns, they attempt to resolve those conflicts and to perform those roles in a responsible fashion that avoids or minimizes harm. AASP members are sensitive to real and ascribed differences in power between themselves and others. They do not exploit or mislead other people during or after professional relationships." (AASP, 2020).

In continuation, the suggested resolution is to have Elliot implement the considerations of Principle E defined in the preceding. Elliot should adjust the scheduling to best serve the student athletes and minimize missed practices and scheduling conflicts by coordinating his scheduling more effectively. Further, by adjusting his scheduling protocol to best serve the student-athletes, he would be incongruence with ACA principle of beneficence. Elliot should change his

scheduling protocol to avoid potentially harmful scheduling and the consequences for students or clients, due to missed sessions and inconsistent counseling and/or training, which would put him incongruence with ACA principle nonmaleficence.

Further, Elliot should implement the considerations revealed from applying, AASP (2020), Ethical code 6. Avoiding Harm, which states, “AASP members take reasonable steps to avoid harming their patients or clients, research participants, students, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.” (AASP, 2020). Elliot should avoid undue harm with his current scheduling and grouping, which was considered problematic, by planning and adjusting his groupings so that all athletes receive the appropriate counseling, in the season or off season, as needed. This suggested resolution would help to minimize undue harm due to inconsistent training and sessions.

The applied AASP and ACA ethics codes provided suggested resolutions in **step 2**, therefore **Step 3 and 4** were not necessary, as mentioned in Forester-Miller & Davis’s the Seven-Step: Ethical Decision-Making Model (2016). In order to follow the Seven-Step: Ethical Decision-Making Protocol, **Step 5** was incorporated to consider the potential consequences and determine if the suggested resolutions identified were appropriate. AASP Principle E: Concern for Others' Welfare and the ACA principles of Nonmaleficence and Beneficence were considered and the consequences that could be deemed detrimental were eliminated. After careful review of the defined resolutions outlined in **Step 2, with the applications of ACA and AASP ethic codes**, the suggested resolutions would make Elliot incongruence with the ethic codes and addressed the seventh the ethical concern.

After identifying in, **Step 5- Consider the Potential Consequences of all Options and Determine a Course of Action**: of the Forester-Miller & Davis, Seven-Step: Ethical Decision-Making Model (2016), that the suggested resolutions would put Elliot incongruence with the following: AASP Ethical code 6: Avoiding Harm, AASP ethical principles E: Concern for Other's Welfare, and Beneficence and Nonmaleficence, in order to ensure that the suggested resolution was ethically sound to be implemented, the ethical decision proceeded through **Step 6 and Step 7**, of Forester-Miller & Davis', Seven-Step: Ethical Decision-Making Model (2016).

The suggested resolution was run through the three simple tests, defined in **Step 6**, of Forester-Miller & Davis' Seven-Step: Ethical Decision-Making Model (2016), to ensure that the course of action was appropriate: Justice: when applying the test of justice, assess fairness and ensure that you would treat others the same. Publicity: when applying the test of publicity, assess whether or not you would want your behavior reported in the press. If you say, yes, then you are on the right track, if you say no, you may want to approach the issue and solution again. Universality: in the test of universality assess whether you would recommend this course of action to a colleague in the same circumstances. (Forester-Miller & Davis, 2016). The answer was yes, to each question, indicating that the suggested resolutions appear ethically sound. The suggested resolution is deemed appropriate to be implemented and will be evaluated after implementation, as defined in **Step 7**, of the Forester-Miller & Davis' Seven-Step: Ethical Decision-Making Model (2016).

The eighth ethical concern, in the ethical case study UWS (2018), that was addressed, using the ACA, Forester-Miller & Davis (2016) the Seven-Step: Ethical Decision-Making Model, was in reference to the following ethics codes and principles: AASP Ethical code 6:

Avoiding harm; ACA ethical code A.4.a. Avoiding Harm (2014); ACA ethical code, B.1.b. Respect for Privacy (2014); ACA principle Autonomy; ACA principle nonmaleficence; AASP Principle D: Respect for People's Rights and Dignity. These ethical codes were identified to be in question utilizing the **Step 1**. Following **Step 1 Protocol: the problem was identified**: The facts were outlined; the ethical principles and issues in question were defined; the problem was considered ethical; and the questions were addressed with regard to who it involved and who it was related to, which are defined in the following.

The eighth ethical concern identified **in step 1**, with respect to the preceding ethics codes, was regarding Elliot collaborating with the medical staff with knowledge that it causes the student-athletes concern. After identifying the eighth ethical problem defined in **Step 1, the ACA and AASP Codes of Ethics were applied in Step 2. In Step 2**: The highest code of ethics was honored; the multiple cultural perspectives of the particular case were considered; and the application of the AASP and the ACA codes of ethics provided a resolution to remedy this ethical question. The application of the following ethic codes and principles provided the suggested resolutions.

The following AASP and ACA codes and principles were applied to provide the suggested resolutions: the suggested resolution is to have Elliot implement the considerations AASP Code 6: Avoiding Harm, which states, "AASP members take reasonable steps to avoid harming their patients or clients, research participants, students, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable." (AASP, 2020); ACA ethical code -A.4.a. Avoiding Harm (2014), which states, "that counselors act to avoid harming their clients, trainees, and research participants and to minimize or to remedy unavoidable or

unanticipated harm.” (ACA, 2014, p.5); ACA ethical code, B.1.b. Respect for Privacy (2014), which states, “counselors respect the privacy of prospective and current clients. Counselors request private information from clients only when it is beneficial to the counseling process.” (ACA, 2014, p.6); ACA (2014) principle Autonomy, one element of Autonomy refers to the clients right to disclose their own information; AASP (2020), Principle D: Respect for People’s Rights and Dignity, which states “AASP members accord appropriate respect to the fundamental rights, dignity, and worth of all people. They respect the rights of individuals to privacy, confidentiality, self-determination, and autonomy, mindful that legal and other obligations may lead to inconsistency and conflict with the exercise of these rights.

The suggested resolution is to have Elliot implement the considerations revealed through the application of the preceding ethical codes and principles. Elliot should avoid harm to the student-athletes by acknowledging that his actions are harmful and choosing not to continue conducting himself in this manner with the medical staff without involving the student-athletes. Elliot should respect the student-athletes privacy and request private information, only when it is beneficial to the counseling process. Elliot should honor the rights and dignity, of the student-athletes by honoring their privacy, confidentiality, self-determination, and autonomy, by informing student-athletes of the dynamic that he and the medical staff have with regard to student information. Further, he should provide the student-athletes with the opportunity to disclose information, prior to collaborating with the medical staff about that information. By implementing the suggested resolutions, Elliot would be honoring the ACA principle, nonmaleficence, by minimizing and avoiding harm to the client, and would be incongruent with the ethical codes and the ethical concern would be resolved.

The applied AASP and ACA ethics codes provided suggested resolutions in **step 2**, therefore **Step 3 and 4** were not necessary, as mentioned in Forester-Miller & Davis's the Seven-Step: Ethical Decision-Making Model (2016). In order to follow the Seven-Step: Ethical Decision-Making Model protocol, **Step 5** was incorporated to consider the potential consequences and determine if the suggested resolutions identified were appropriate. AASP Ethical code 6: Avoiding harm; ACA ethical code A.4.a. Avoiding Harm (2014); ACA ethical code, B.1.b. Respect for Privacy (2014); ACA principle Autonomy; ACA principle nonmaleficence; AASP Principle D: Respect for People's Rights and Dignity were considered and the consequences that could be deemed detrimental were eliminated. After careful review of the defined resolutions outlined in **Step 2, with the applications of ACA and AASP ethic codes**, the suggested resolutions would make Elliot incongruence with the ethic codes and address the eighth the ethical concern.

After identifying in, **Step 5- Consider the Potential Consequences of all Options and Determine a Course of Action**: of the Forester-Miller & Davis, Seven-Step: Ethical Decision-Making Model (2016), that the suggested resolutions would put Elliot incongruence with the following: AASP Ethical code 6: Avoiding harm; ACA ethical code A.4.a. Avoiding Harm (2014); ACA ethical code, B.1.b. Respect for Privacy (2014); ACA principle Autonomy; ACA principle nonmaleficence; AASP Principle D: Respect for People's Rights and Dignity in order to ensure that the suggested resolution was ethically sound to be implemented, the ethical decision proceeded through **Step 6 and Step 7**, of Forester-Miller & Davis', Seven-Step: Ethical Decision-Making Model (2016).

The suggested resolution was run through the three simple tests, defined in **Step 6**, of Forester-Miller & Davis' Seven-Step: Ethical Decision-Making Model (2016), to ensure that the course of action was appropriate: Justice: when applying the test of justice, assess fairness and ensure that you would treat others the same. Publicity: when applying the test of publicity, assess whether or not you would want your behavior reported in the press. If you say, yes, then you are on the right track, if you say no, you may want to approach the issue and solution again. Universality: in the test of universality assess whether you would recommend this course of action to a colleague in the same circumstances. (Forester-Miller & Davis, 2016). The answer was yes, to each question, indicating that the suggested resolutions appear ethically sound. The suggested resolution was deemed appropriate to be implemented and will be evaluated after implementation, as defined in **Step 7**, of the Forester-Miller & Davis' Seven-Step: Ethical Decision-Making Model (2016).

The ninth ethical concern, in the ethical case study UWS (2018), that was addressed, using the ACA Forester-Miller & Davis (2016) Seven-Step: Ethical Decision-Making Model, was in reference to the following ethics codes and principles: ACA principle nonmaleficence, AASP Principle D: Respect for People's Rights and Dignity, AASP Ethical code 18: Maintaining Confidentiality, AASP Ethical code 6: Avoiding harm, and ACA Code- B.1.d. Explanation of Limitations (2014). These ethical codes were identified to be in question utilizing **Step 1**. Following **Step 1 Protocol: the problem was identified**: The facts were outlined; the ethical principles and issues in question were defined; the problem was considered ethical; the questions were addressed with regard to who it involved and who it was related to, which are defined in the following.

The ninth ethical concern identified **in step 1**, with respect to the preceding ethics codes, was regarding, Elliot recognizing that it can create distress for clients when he learns about private medical issues prior to the student-athlete being informed, such as when students have tested positive for drug use or sexually-transmitted infections and medical providers ask him to either break the news or be present when they do. After identifying the ninth ethical problem defined in **Step 1, the ACA and AASP Codes of Ethics were applied in Step 2. In Step 2:** The highest code of ethics was honored; the multiple cultural perspectives of the particular case were considered; and the application of the AASP and the ACA codes of ethics provided a resolution to remedy this ethical question.

The following AASP and ACA codes and principles were applied to provide the suggested resolutions: ACA principle nonmaleficence, which states to do no harm to the client; AASP Code 6: Avoiding Harm, which states, “AASP members take reasonable steps to avoid harming their patients or clients, research participants, students, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.” (AASP, 2020); ACA ethical code -A.4.a. Avoiding Harm (2014), which states, “that counselors act to avoid harming their clients, trainees, and research participants and to minimize or to remedy unavoidable or unanticipated harm.” (ACA, 2014, p.5); AASP (2020), Principle D: Respect for People’s Rights and Dignity, which states,

“AASP members accord appropriate respect to the fundamental rights, dignity, and worth of all people. They respect the rights of individuals to privacy, confidentiality, self-determination, and autonomy, mindful that legal and other obligations may lead to inconsistency and conflict with the exercise of these rights.” (AASP, 2020).

In continuation, AASP Ethical code 18: Maintaining Confidentiality, which states,

“(a) AASP members have a primary obligation to uphold and take reasonable precautions to respect the confidentiality rights of those with whom they work or consult, recognizing that confidentiality may be established by law, institutional rules, and/or professional or scientific relationships. (b) AASP members discuss with persons and organizations with whom they work (1) the relevant limitations on confidentiality, including limitations where applicable in group, marital, and family counseling or in organizational consulting, and (2) the foreseeable uses of the information generated through their services. (c) AASP members do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their patients, individual or organizational clients, students, research participants, or other recipients of their services that they obtained during the course of their work, unless the person or organization has consented in writing or unless there is other ethical or legal authorization for doing so.” (AASP, 2020).

ACA Code- B.1.d. Explanation of Limitations (2014), which states, “At initiation and throughout the counseling process, counselors inform clients of the limitations of confidentiality and seek to identify situations in which confidentiality must be breached.” (ACA, 2014, p. 7).

The suggested resolution is to have Elliot implement the considerations revealed through the application of the preceding ethical codes and principles. Elliot should honor the ethical codes applied in **Step 2** in order to honor the principle of nonmaleficence. Elliot should honor the rights and dignity, of the student-athletes by honoring their privacy, confidentiality, self-determination, and autonomy, by informing student-athletes of the dynamic, he and the medical

staff have with regard to student information. Elliot should honor AASP ethical code 18: Maintaining Confidentiality, by informing the student-athletes of the types of information that can be shared amongst the staff, prior to sharing and receiving such confidential information.

Further, Elliot should honor AASP Ethical code 6: Avoiding harm and ACA Code- B.1.d. Explanation of Limitations (2014). By informing the student-athletes of limitations to confidentiality; this would give them the opportunity to disclose information differently, at their own discretion, as well as give them more agency in the process, which would likely help them to feel less distressed. Elliot should honor the principles and codes regarding confidentiality, by informing the students of the organizational practice of the university, where different types of information regarding students are shared amongst the staff. Further, Elliot should inform the students of the types of information that are shared amongst the different staff, in order to honor the student-athletes autonomy to decide what information is shared. The suggested resolutions would make Elliot incongruent with the ethical codes and would address the ninth concern.

The applied AASP and ACA ethics codes provided suggested resolutions in **step 2**, therefore **Step 3 and 4** were not necessary, as mentioned in Forester-Miller & Davis's the Seven-Step: Ethical Decision-Making Model (2016). In order to follow the Seven-Step: Ethical Decision-Making model protocol, **Step 5** was incorporated to consider the potential consequences and determine if the suggested resolutions identified were appropriate. ACA principle nonmaleficence, AASP Principle D: Respect for People's Rights and Dignity, AASP Ethical code 18: Maintaining Confidentiality, AASP Ethical code 6: Avoiding harm, and ACA Code- B.1.d. Explanation of Limitations (2014) were considered and the consequences that could be deemed detrimental were eliminated. After careful review of the defined resolutions outlined

in **Step 2, with the applications of ACA and AASP ethic codes**, the suggested resolutions would make Elliot incongruence with the ethic codes and addressed the ninth ethical concern.

After identifying in, **Step 5- Consider the Potential Consequences of all Options and Determine a Course of Action:** of the Forester-Miller & Davis, Seven-Step: Ethical Decision-Making Model (2016), that the suggested resolutions would put Elliot incongruence with the following: ACA principle nonmaleficence, AASP Principle D: Respect for People's Rights and Dignity, AASP Ethical code 18: Maintaining Confidentiality, AASP Ethical code 6: Avoiding harm, and ACA Code- B.1.d. Explanation of Limitations (2014), in order to ensure that the suggested resolution was ethically sound to be implemented, the ethical decision proceeded through **Step 6 and Step 7**, of Forester-Miller & Davis', Seven-Step: Ethical Decision-Making Model (2016).

The suggested resolution was run through the three simple tests, defined in **Step 6**, of Forester-Miller & Davis' Seven-Step: Ethical Decision-Making Model (2016), to ensure the course of action was appropriate: Justice: when applying the test of justice, assess fairness and ensure that you would treat others the same. Publicity: when applying the test of publicity, assess whether or not you would want your behavior reported in the press. If you say, yes, then you are on the right track, if you say no, you may want to approach the issue and solution again. Universality: in the test of universality assess whether you would recommend this course of action to a colleague in the same circumstances. (Forester-Miller & Davis, 2016). The answer was yes, to each question, indicating that the suggested resolutions appear ethically sound. The suggested resolution was deemed appropriate to be implemented and will be evaluated after

implementation, as defined in **Step 7**, of the Forester-Miller & Davis' Seven-Step: Ethical Decision-Making Model (2016).

The tenth ethical concern, in the ethical case study UWS (2018), that was addressed, using the ACA Forester-Miller & Davis (2016) Seven-Step: Ethical Decision-Making Model, was in reference to AASP Principle F: Social Responsibility. This ethical code was identified to be in question utilizing **Step 1**. Following **Step 1 Protocol: the problem was identified**: The facts were outlined; the ethical principles and issues in question were defined; the problem was considered ethical; the questions were addressed with regard to who it involved and who it was related to, which are defined in the following.

The tenth ethical concern identified **in step 1**, with respect to the preceding ethical principle was regarding, when Elliot initially negotiated his position at the university; he said that he would only consult with athletes who were not utilizing counseling services. (i.e. he was not providing his services to all student-athletes). After identifying the tenth ethical problem defined in **Step 1, the ACA and AASP Codes of Ethics were applied in Step 2. In Step 2**: The highest code of ethics was honored; the multiple cultural perspectives of the particular case were considered; and the application of the AASP and the ACA codes of ethics provided a resolution to remedy this ethical question. The suggested resolution was identified by applying the associated ethical principle discovered in **Step 1**.

The following AASP principle was applied to provide the suggested resolution: AASP Principle F: Social Responsibility. (2020), "AASP members are aware of their professional and scientific responsibilities to the community and the society in which they work and live. They

apply and make public their knowledge in order to contribute to human welfare. When undertaking research, AASP members strive to advance human welfare and their profession while always protecting the rights of the participants. AASP members try to avoid misuse of their work, and they comply with the law.” (AASP, 2020). As mentioned in the case study, when Elliot initially negotiated his position, he said he would only consult with athletes who were not utilizing counseling services. He was not providing his services to all student-athletes and therefore violating AASP Principle F. and the social responsibility to provide the services to all individuals to contribute to human welfare. It is implicated that Elliot was intentionally withholding his services and knowledge from a number of student-athletes.

The suggested resolution is to have Elliot implement the considerations revealed through the application of the preceding principle. Elliot should stop withholding his services from athletes who are utilizing counseling services. He should strive for human welfare and the profession by providing his services to all of the student-athletes who would benefit from his services. The suggested resolution would make Elliot incongruent with the ethical principle and would address the tenth ethical concern.

The applied AASP and ACA ethics codes provided suggested resolutions in **step 2**, therefore **Step 3 and 4** were not necessary, as mentioned in Forester-Miller & Davis’s the Seven-Step: Ethical Decision-Making Model (2016). In order to follow the Seven-Step: Ethical Decision-Making model protocol, **Step 5** was incorporated to consider the potential consequences and determine if the suggested resolutions identified were appropriate. AASP Principle F: Social Responsibility was considered and the consequences that could be deemed detrimental were eliminated. After careful review of the defined resolutions outlined in **Step 2**,

with the applications of ACA and AASP ethic codes, the suggested resolution would make Elliot incongruence with the ethic codes and addressed the tenth ethical concern.

After identifying in **Step 5- Consider the Potential Consequences of all Options and Determine a Course of Action**: of the Forester-Miller & Davis, Seven-Step: Ethical Decision-Making Model (2016), that the suggested resolutions would put Elliot incongruence with AASP Principle F: Social Responsibility, in order to ensure that the suggested resolution was ethically sound to be implemented, the ethical decision proceeded through **Step 6 and Step 7**, of Forester-Miller & Davis', Seven-Step: Ethical Decision-Making Model (2016).

The suggested resolution was run through the three simple tests, defined in **Step 6**, of Forester-Miller & Davis' Seven-Step: Ethical Decision-Making Model (2016), to ensure that the course of action was appropriate: Justice: when applying the test of justice, assess fairness and ensure that you would treat others the same. Publicity: when applying the test of publicity, assess whether or not you would want your behavior reported in the press. If you say, yes, then you are on the right track, if you say no, you may want to approach the issue and solution again. Universality: in the test of universality assess whether you would recommend this course of action to a colleague in the same circumstances. (Forester-Miller & Davis, 2016). The answer was yes, to each question, indicating that the suggested resolutions appear ethically sound. The suggested resolution was deemed appropriate to be implemented and will be evaluated after implementation, as defined in **Step 7**, of the Forester-Miller & Davis' Seven-Step: Ethical Decision-Making Model (2016).

The eleventh ethical concern, in the ethical case study UWS (2018), that was addressed, using the ACA Forester-Miller & Davis (2016) Seven-Step: Ethical Decision-Making Model, was in reference to the following ethics codes and principles: AASP ethical code 18: Maintaining confidentiality, Ethical code 17: Informed Consent to Practice, Ethical code 16: Definition of Public Statements, AASP Principle D. Respect for Rights and Dignity, ACA ethical code A.6.d. Role Changes in the Professional Relationship, ACA ethical code A.6.d. Role Changes in the Professional Relationship, and ACA code A.9.b. Protecting Clients. These ethical codes and principles were identified to be in question utilizing **Step 1**. Following **Step 1 Protocol: the problem was identified**: The facts were outlined; the ethical principles and issues in question were defined; the problem was considered ethical; and the questions were addressed with regard to who it involved and who it was related to, which are defined in the following.

The eleventh ethical concern identified in **step 1**, with respect to the preceding ethics codes, was regarding when Elliot heard rumors of concern and angst amongst the student-athletes about confidentiality violations, and the potential for private information to get out in the public settings. There were pressing questions from students about how the counseling will work without breaching confidentiality in the group format that the student-athletes presume to be occurring in the coming sessions. After identifying the eleventh ethical problem defined in **Step 1, the ACA and AASP Codes of Ethics were applied in Step 2. In Step 2**: The highest code of ethics was honored; the multiple cultural perspectives of the particular case were considered; and the application of the AASP and the ACA codes of ethics provided a resolution to remedy this ethical question. The suggested resolution was identified by applying the associated ethical principle discovered in **Step 1**.

The following AASP Codes and principles were applied to provide the suggested resolutions: AASP ethical code 18: Maintaining confidentiality, Ethical code 17: Informed Consent to Practice, Ethical code 16: Definition of Public Statements, AASP Principle D. Respect for Rights and Dignity, ACA A.9.b. Protecting Clients, ACA ethical code A.6.d. Role Changes in the Professional Relationship, AASP ethical code 18: Maintaining Confidentiality, and AASP Principle D. Respect for Rights and Dignity.

In continuation, AASP Ethical Code 16: Definition of Public Statements (2020), states “AASP members are responsible for the clarity and honesty of public statements about their work made to students, clients, colleagues, or the public, by themselves or others representing them. If AASP members learn of deceptive statements about their work made by others, AASP members make reasonable efforts to correct such statements.” (AASP, 2020); ACA ethical code- A.9.b. Protecting Clients (2014), states, “In a group setting, counselors take reasonable precautions to protect clients from physical, emotional, or psychological trauma.” (ACA, 2014, p. 6); ACA ethical code A.6.d. Role Changes in the Professional Relationship, which states, “When counselors change a role from the original or most recent contracted relationship, they obtain informed consent from the client and explain the client’s right to refuse services related to the change...Clients must be fully informed of any anticipated consequences (e.g., financial, legal, personal, therapeutic) of counselor role changes. (ACA, 2014, p. 5).

The suggested resolution is to have Elliot implement the considerations revealed through the application of the preceding ethical codes and principles. Elliot should clarify the rumors spread by the students-athletes and inform them of any factual nature of the rumors. Elliot should fully inform the student-athletes of the role change, and any anticipated consequences (e.g.,

financial, legal, personal, therapeutic) of counselor role change, as well as give them the opportunity to take part in the services related to the change or not. Elliot should inform the student-athletes how he plans to navigate the more open group setting, including how he plans to protect their rights to privacy. Elliot should honor the rights and dignity, of the student-athletes by honoring their privacy, confidentiality, self-determination, and autonomy, by informing student-athletes of the role change protocol and allow them the opportunity to participate or not. The suggested resolution would make Elliot incongruence with the ethical codes and principles and would address the eleventh concern.

The applied AASP and ACA ethics codes provided suggested resolutions in **step 2**, therefore **Step 3 and 4** were not necessary, as mentioned in Forester-Miller & Davis's the Seven-Step: Ethical Decision-Making Model (2016). In order to follow the Seven-Step: Ethical Decision-Making Model protocol, **Step 5** was incorporated to consider the potential consequences and determine if the suggested resolutions identified were appropriate. AASP ethical code 18: Maintaining confidentiality, Ethical code 17: Informed Consent to Practice, Ethical code 16: Definition of Public Statements, AASP Principle D. Respect for Rights and Dignity, ACA ethical code A.6.d. Role Changes in the Professional Relationship, ACA ethical code A.6.d. Role Changes in the Professional Relationship, and ACA code A.9.b. Protecting Clients were considered and the consequences that could be deemed detrimental were eliminated. After careful review of the defined resolutions outlined in **Step 2, with the applications of ACA and AASP ethic codes**, the suggested resolution would make Elliot incongruence with the ethic codes and addressed the tenth ethical concern.

After identifying in **Step 5- Consider the Potential Consequences of all Options and Determine a Course of Action**: of the Forester-Miller & Davis, Seven-Step: Ethical Decision-Making Model (2016), that the suggested resolutions would put Elliot incongruence with AASP ethical code 18: Maintaining confidentiality, Ethical code 17: Informed Consent to Practice, Ethical code 16: Definition of Public Statements, AASP Principle D. Respect for Rights and Dignity, ACA ethical code A.6.d. Role Changes in the Professional Relationship, ACA ethical code A.6.d. Role Changes in the Professional Relationship, and ACA code A.9.b. Protecting Clients, in order to ensure that the suggested resolution was ethically sound to be implemented, the ethical decision proceeded through **Step 6 and Step 7**, of Forester-Miller & Davis', Seven-Step: Ethical Decision-Making Model (2016).

The suggested resolution was run through the three simple tests, defined in **Step 6**, of Forester-Miller & Davis' Seven-Step: Ethical Decision-Making Model (2016), to ensure that the course of action was appropriate: Justice: when applying the test of justice, assess fairness and ensure that you would treat others the same. Publicity: when applying the test of publicity, assess whether or not you would want your behavior reported in the press. If you say, yes, then you are on the right track, if you say no, you may want to approach the issue and solution again. Universality: in the test of universality assess whether you would recommend this course of action to a colleague in the same circumstances. (Forester-Miller & Davis, 2016). The answer was yes, to each question, indicating that the suggested resolutions appear ethically sound. The suggested resolution was deemed appropriate to be implemented and will be evaluated after implementation, as defined in **Step 7**, of the Forester-Miller & Davis' Seven-Step: Ethical Decision-Making Model (2016).

The twelfth ethical concern, in the ethical case study UWS (2018), that was addressed, using the ACA Forester-Miller & Davis (2016) Seven-Step: Ethical Decision-Making Model, was in reference to the following ethics codes and principles: AASP Ethical Code 18: Maintaining Confidentiality, AASP Principle D, Respect for People's Rights and Dignity, ACA ethical code-B.3.a. Subordinates (2014), ACA ethical code, B.3.b. Interdisciplinary Teams (2014), ACA ethical code, B.3.c. Confidential Settings, ACA ethical code, B.2.e. Minimal Disclosure (2014), AASP Ethical Code 17: Informed Consent to Practice, and ACA ethical code A.2.a. Informed Consent (2014). These ethical codes were identified to be in question utilizing **Step 1. Following Step 1 Protocol: the problem was identified:** The facts were outlined; the ethical principles and issues in question were defined; the problem was considered ethical; and the questions were addressed with regard to who it involved and who it was related to, which are defined in the following.

The twelfth ethical concern identified **in step 1**, with respect to the preceding ethical codes and principles, was regarding some students expressing distress that they felt that their rights to privacy were already violated. Clearly implicating the violation of AASP Ethical Code 18: Maintaining Confidentiality. As mentioned in the case study UWS (2018), one student-athlete in particular witnessed Elliot's secretary discussing their progress with the coach. The student witnessing the secretary discussing her information with the coach indicates that Elliot was sharing information with the secretary and then that information was being shared with the coach without the student's awareness or prior consent.

After identifying the twelfth ethical problem defined in **Step 1, the ACA and AASP Codes of Ethics were applied in Step 2. In Step 2:** The highest code of ethics was honored; the

multiple cultural perspectives of the particular case were considered; and the application of the AASP and the ACA codes of ethics provided a resolution to remedy this ethical question. The suggested resolution was identified by applying the associated ethical principle discovered in **Step 1.**

The following AASP Codes and principles were applied to provide the suggested resolutions: AASP Principle D, Respect for People's Rights and Dignity, which has been defined in the preceding; ACA ethical code-B.3.a. Subordinates (2014), which states, "counselors make every effort to ensure that privacy and confidentiality of clients are maintained by subordinates, including employees, supervisees, students, clerical assistants, and volunteers." (ACA, 2014, p. 7); ACA ethical code, B.3.b. Interdisciplinary Teams (2014), which states, "When services provided to the client involve participation by an interdisciplinary or treatment team, the client will be informed of the team's existence and composition, information being shared, and the purposes of sharing such information. (ACA, 2014, p. 7); B.3.c. Confidential Settings, which states, "Counselors discuss confidential information only in settings in which they can reasonably ensure client privacy." (ACA, 2014, p. 7); ACA ethical code, B.2.e. Minimal Disclosure (2014), which states, "To the extent possible, clients are informed before confidential information is disclosed and are involved in the disclosure decision-making process. When circumstances require the disclosure of confidential information, only essential information is revealed." (ACA, 2014, p. 7).

In continuation, AASP Ethical Code 17: Informed Consent to Practice (2020), which states,

“(a) AASP members obtain appropriate informed consent to educational and counseling procedures, using language that is reasonably understandable to participants. The content of informed consent will vary depending on circumstances. However, informed consent generally implies that the person (1) has the capacity to consent, (2) has been informed of significant information concerning the procedure, (3) has freely and without undue influence expressed consent, and (4) consent has been appropriately documented.” (AASP, 2020).

ACA ethical code A.2.a. Informed Consent (2014), which states, “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 counselors and clients. Informed consent is an ongoing part of the counseling process, and counselors appropriately document discussions of informed consent throughout the counseling relationship.” (ACA, 2014, p. 4).

Further, ACA ethical code, B.3.c. Confidential Settings, which states, “Counselors discuss confidential information only in settings in which they can reasonably ensure client privacy.” (ACA, 2014, p. 7); ACA ethical code, B.2.e. Minimal Disclosure (2014), which states, “To the extent possible, clients are informed before confidential information is disclosed and are involved in the disclosure decision-making process. When circumstances require the disclosure of confidential information, only essential information is revealed.” (ACA, 2014, p. 7).

The suggested resolution is to have Elliot implement the considerations revealed through the application of the preceding ethical codes and principles. Elliot should make every effort to ensure that the privacy and confidentiality of his student-athletes are maintained by his assistant, including not discussing private information regarding students in non-confidential settings, such as in front of student-athletes. Elliot should make clear to his assistant the types of environments that would be considered confidential settings. Elliot should inform his student-athletes of the presence of interdisciplinary teams (e.g. their purpose, types of information shared amongst them, and the purposes of sharing information) prior to further information being shared amongst the team members, in order to honor informed consent, maintaining confidentiality, as well as the autonomy and rights and dignity of the student-athletes. Elliot should also only share essential information, when confidential information does need to be shared. Elliot should inform his assistant of this process as well, in order to maintain the confidentiality, as well as honor minimal disclosure and the rights and dignity of the student-athletes.

Elliot should properly inform the student-athletes of significant information concerning the procedures related to the new group environments. Elliot should ensure that the student-athletes feel that they can freely and without undue influence consent to the new procedures. After he has received informed consent from the student-athletes he should appropriately document their consent. Elliot should keep an ongoing informed consent procedure, to ensure that he is regularly checking in with the student-athletes to make sure that they are comfortable with the different procedures that may evolve through their training/counseling programs. The suggested resolutions would make Elliot incongruent with the ethical codes and principles and would address the twelfth concern.

The applied AASP and ACA ethics codes provided suggested resolutions in **step 2**, therefore **Step 3 and 4** were not necessary, as mentioned in Forester-Miller & Davis's the Seven-Step: Ethical Decision-Making Model (2016). In order to follow the Seven-Step: Ethical Decision-Making model protocol, **Step 5** was incorporated to consider the potential consequences and determine if the suggested resolutions identified were appropriate. AASP Ethical Code 18: Maintaining Confidentiality, AASP Principle D, Respect for People's Rights and Dignity, ACA ethical code-B.3.a. Subordinates (2014), ACA ethical code, B.3.b. Interdisciplinary Teams (2014), ACA ethical code, B.3.c. Confidential Settings, ACA ethical code, B.2.e. Minimal Disclosure (2014), AASP Ethical Code 17: Informed Consent to Practice, and ACA ethical code A.2.a. Informed Consent (2014) were considered and the consequences that could be deemed detrimental were eliminated. After careful review of the defined resolutions outlined in **Step 2, with the applications of ACA and AASP ethic codes**, the suggested resolution would make Elliot incongruence with the ethic codes and addressed the tenth ethical concern.

After identifying in **Step 5- Consider the Potential Consequences of all Options and Determine a Course of Action**: of the Forester-Miller & Davis, Seven-Step: Ethical Decision-Making Model (2016), that the suggested resolutions would put Elliot incongruence with AASP Ethical Code 18: Maintaining Confidentiality, AASP Principle D, Respect for People's Rights and Dignity, ACA ethical code-B.3.a. Subordinates (2014), ACA ethical code, B.3.b. Interdisciplinary Teams (2014), ACA ethical code, B.3.c. Confidential Settings, ACA ethical code, B.2.e. Minimal Disclosure (2014), AASP Ethical Code 17: Informed Consent to Practice, and ACA ethical code A.2.a. Informed Consent (2014), in order to ensure that the suggested

resolution was ethically sound to be implemented, the ethical decision proceeded through **Step 6 and Step 7**, of Forester-Miller & Davis', Seven-Step: Ethical Decision-Making Model (2016).

The suggested resolution was run through the three simple tests, defined in **Step 6**, of Forester-Miller & Davis' Seven-Step: Ethical Decision-Making Model (2016), to ensure that the course of action was appropriate: Justice: when applying the test of justice, assess fairness and ensure that you would treat others the same. Publicity: when applying the test of publicity, assess whether or not you would want your behavior reported in the press. If you say, yes, then you are on the right track, if you say no, you may want to approach the issue and solution again. Universality: in the test of universality assess whether you would recommend this course of action to a colleague in the same circumstances. (Forester-Miller & Davis, 2016). The answer was yes, to each question, indicating that the suggested resolutions appear ethically sound. The suggested resolution was deemed appropriate to be implemented and will be evaluated after implementation, as defined in **Step 7**, of the Forester-Miller & Davis' Seven-Step: Ethical Decision-Making Model (2016).

The thirteenth ethical concern, in the ethical case study UWS (2018), that was addressed, using the ACA Forester-Miller & Davis (2016) Seven-Step: Ethical Decision-Making Model, was in reference ACA ethical code, A.2.e Mandated Clients. This ethical code was identified to be in question using the **Step 1: Protocol**. Following **Step 1 Protocol: the problem was identified**: The facts were outlined; the ethical principles and issues in question were defined; the problem was considered ethical; the questions were addressed with regard to who it involved and who it was related to, were defined in the following.

The thirteenth ethical concern identified **in step 1**, with respect to the preceding ethical code, was regarding when Elliot was mandated clients as well as athletes who have been disciplined for academic, behavioral concerns, as well as those with substance use disorders. After identifying the thirteenth ethical problem defined in **Step 1, the ACA and AASP Codes of Ethics were applied in Step 2. In Step 2:** The highest code of ethics was honored; the multiple cultural perspectives of the particular case were considered; and the application of the ACA code of ethics provided a resolution to remedy this ethical question. The suggested resolution was identified by applying the associated ethical principle discovered in **Step 1**.

The following ACA Code was applied to provide the suggested resolutions: ACA ethical code-A.2.e. Mandated Clients (2014), which states “Counselors discuss the required limitations to confidentiality when working with clients who have been mandated for counseling services. Counselors also explain what type of information and with whom that information is shared prior to the beginning of counseling. The client may choose to refuse services. In this case, counselors will, to the best of their ability, discuss with the client the potential consequences of refusing counseling services.” (ACA, 2014, p. 4).

The suggested resolution is to have Elliot implement the considerations revealed through the application of the preceding ethical code. Elliot should properly inform the mandated students and athletes, who have been disciplined for academic, behavioral concerns, as well as those with substance use disorders, about the required limitations to confidentiality when working with clients who have been mandated for counseling services. Elliot should also inform them of the types of information and with whom that information is shared, prior to the beginning of counseling. Elliot should also inform the mandated students and athletes that they

have the right to refuse services and discuss with them the potential consequences of refusing counseling services. The suggested resolutions would make Elliot incongruence with the ethical code and would address the thirteenth concern.

The applied AASP and ACA ethics codes provided suggested resolutions in **step 2**, therefore **Step 3 and 4** were not necessary, as mentioned in Forester-Miller & Davis's the Seven-Step: Ethical Decision-Making Model (2016). In order to follow the Seven-Step: Ethical Decision-Making model protocol, **Step 5** was incorporated to consider the potential consequences and determine if the suggested resolutions identified were appropriate. ACA ethical code-A.2.e. Mandated Clients (2014), was considered and the consequences that could be deemed detrimental were eliminated. After careful review of the defined resolutions outlined in **Step 2, with the applications of ACA and AASP ethic codes**, the suggested resolution would make Elliot incongruence with the ethic codes and addressed the tenth ethical concern.

After identifying in **Step 5- Consider the Potential Consequences of all Options and Determine a Course of Action**: of the Forester-Miller & Davis, Seven-Step: Ethical Decision-Making Model (2016), that the suggested resolutions would put Elliot incongruence with ACA ethical code-A.2.e. Mandated Clients (2014), in order to ensure that the suggested resolution is ethically sound to be implemented, the ethical decision proceeded through **Step 6 and Step 7**, of Forester-Miller & Davis', Seven-Step: Ethical Decision-Making Model (2016).

The suggested resolution was run through the three simple tests, defined in **Step 6**, of Forester-Miller & Davis' Seven-Step: Ethical Decision-Making Model (2016), to ensure that the course of action was appropriate: Justice: when applying the test of justice, assess fairness and

ensure that you would treat others the same. Publicity: when applying the test of publicity, assess whether or not you would want your behavior reported in the press. If you say, yes, then you are on the right track, if you say no, you may want to approach the issue and solution again.

Universality: in the test of universality assess whether you would recommend this course of action to a colleague in the same circumstances. (Forester-Miller & Davis, 2016). The answer was yes, to each question, indicating that the suggested resolutions appear ethically sound. The suggested resolution is deemed appropriate to be implemented and will be evaluated after implementation, as defined in **Step 7**, of the Forester-Miller & Davis' Seven-Step: Ethical Decision-Making Model (2016).

Summary:

In conclusion, Forester-Miller & Davis' (2016) Seven-Step: Ethical Decision-Making Model, effectively provided the suggested resolutions, defined in Part III of the Ethical Case Analysis, which addressed the ethical concerns identified in Part I and Part II, regarding the ethical case study, provided by UWS (2018), introduced in Part I: "Elliot- a licensed professional counselor and a certified mental performance coach working at a student health and counseling center at an NCAA Division I university" (UWS, 2018). Forester-Miller & Davis' (2016), Seven-Step: Ethical Decision-Making Model was defined in Part I and was used to establish a critical-evaluative ethical judgment in Part III, to best resolve any ethical dilemmas that were identified in Part I and Part II. The ethical decision-making model effectively identified the ethical issues and concerns as they related to the American Counseling Association (ACA) and the Association for Applied Sport Psychology (AASP).

Further, Part I continued with the identification, with clear references from the case study, of the ethical issues and questions of concern in accordance to the ACA and AASP codes and principles; the ACA, AASP codes and principles, and critical terms as they relate to the ethical case analysis were defined. Part I concluded with defining some other important considerations in resolving ethical issues and in ethical decision-making, including self-discovery, self-awareness, and cultural competence. In Part II, the ethical dilemmas that were present in the case study were identified with the associated ethic codes. The suggested resolutions were identified and discussed in Part III. Forester-Miller & Davis' (2016), Seven-Step: Ethical Decision-Making Model, proved to be an effective practice strategy and can serve as an integral practice strategy in any professional practice plan.

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Ethical Case Analysis Grading Rubric – Part III

Criterion	Excellent	Proficient	Developing	Below Expectations	Not Present
Structure, Grammar, and APA Style (25 points- thoroughly follows the required outlined structure as well as the APA formatting. Paper shows a coherent flow, with precise, concise, and descriptive writing. No errors).	Thoroughly follows the required outlined structure as well as the APA formatting guidelines. The structure of the paper shows a coherent flow of thoughts with precise, concise, and descriptive writing. There are no errors in spelling or grammar. <i>(25 points)</i>	Adequately follows most of the required outlined structure as well as the APA formatting guidelines. There are 2-3 errors in spelling, grammar, and/or APA formatting. <i>(23 points)</i>	Minimally follows the required outlined structure. The writing needs revision to improve the flow of thoughts. There are 4-6 errors in spelling, grammar and/or APA formatting. <i>(20 points)</i>	Inadequately follows the required outlined structure and requires substantial revision to improve the flow of thoughts. There are more than 7 errors in spelling, grammar and/or APA formatting; writing is difficult to follow. <i>(18 points)</i>	Does not follow the required outlined structure. There are more than 8 errors in spelling, grammar and/or APA formatting or there is no assignment submission. <i>(0 points)</i>
Introduction (50 Points- Introduction has all of the required components).	The introductory paragraph has all of the following components: subject matter introduction; description of subject matter importance; and an overview of what is to come in the paper. <i>(50 points)</i>	The introductory paragraph includes 2 of the 3 required components. <i>(45 points)</i>	The introductory paragraph includes 1 of the 3 required components. <i>(40 points)</i>	An undeveloped paragraph of 2-3 sentences provides minimal introduction to the paper. <i>(35 points)</i>	Paper is missing an introductory paragraph or is underdeveloped to the point of missing key components aiding in clarity and understanding. <i>(0 points)</i>
Model Description	Thoroughly implemented suggestions for improvement	Adequately implemented suggestions for improvement	Minimally implemented suggestions for improvement	Incompletely implemented suggestions for improvement	Paper is missing the Model Description section or is

(10 points-included all required components).	from Parts I and II. The ethical decision-making model is precisely and concisely described, including all of the following components: model steps, model's intention, and expected outcomes of use. <i>(10 points)</i>	from Parts I and II. The ethical decision-making model is described, though writing needs revision to improve clarity. All 3 components of the description are included. <i>(9 points)</i>	from Parts I and II. The ethical decision-making model is incompletely described and includes only 2 of the required elements. <i>(8 points)</i>	from Parts I and II. The ethical decision-making model is incompletely described and includes only 1 of the required elements. <i>(7 points)</i>	underdeveloped to the point of missing key components aiding in clarity and understanding. <i>(0 points)</i>
Code Application (25 Points-Included all required components).	Thoroughly implemented suggestions for improvement from Parts I and II. Identifies at least 6 ethical concerns or violations and explains how and why these are violated. Applicable AASP and ACA codes are referenced, noting any differences. <i>(25 points)</i>	Adequately implemented suggestions for improvement from Parts I and II. Identifies 5 ethical concerns or violations and explains how and why these are violated. Applicable AASP and ACA codes are referenced, noting any differences. <i>(23 points)</i>	Minimally implemented suggestions for improvement from Parts I and II. Identifies 4 ethical concerns or violations and explains how and why these are violated. Applicable AASP and ACA codes are referenced, noting any differences. <i>(20 points)</i>	Incompletely implemented suggestions for improvement from Parts I and II. Identifies 1-3 ethical concerns or violations and explains how and why these are violated. Applicable AASP and ACA codes are referenced, noting any differences. <i>(18 points)</i>	Paper is missing the Code Application section or is underdeveloped to the point of missing key components aiding in clarity and understanding. <i>(0 points)</i>
Suggested Resolutions (100 Points-Included all required components).	Makes specific suggestions for resolving each identified code. Student references the ethical decision-making model	Specific suggestions are made for resolving 5 of the identified codes. Student references the ethical decision-	Specific suggestions are made for resolving 3-4 of the identified codes, referencing the decision-	Specific suggestions are made for resolving 2 or fewer of the identified codes. Student references the ethical	Paper is missing the Suggested Resolutions section or is underdeveloped to the point of missing key components aiding in clarity

	and discusses the key steps that led to these suggestions. <i>(100 points)</i>	making model and discusses the key steps that led to these suggestions. <i>(90 points)</i>	making model and key steps that led to these suggestions. <i>(80 points)</i>	decision-making model and discusses the key steps that led to these suggestions. <i>(70 points)</i>	and understanding. <i>(0 points)</i>
Summary (50 Points- Included all required components).	Briefly summarizes key sections and describes overall learning. Includes thoughtful and complete description of a professional practice plan. <i>(50 points)</i>	Briefly summarizes key sections and mentions overall learning of the assignment and a professional practice plan. <i>(45 points)</i>	Summarizes key sections of the paper but is missing either a description of student learning or a professional practice plan. <i>(40 points)</i>	The summary paragraph simply restates the main points of the paper without describing overall student learning or a professional practice plan. <i>(35 points)</i>	Paper is missing a summary or is underdeveloped to the point of missing key components aiding in clarity and understanding. <i>(0 points)</i>
Total: 260 points	260 points				

