

Attitudes and Beliefs Reflection Paper

Annalise Shaffer

Department of Counselor Education & Family Studies, Liberty University

Author Note

Annalise B. Shaffer

I have no known conflict of interest to disclose.

Correspondence concerning this article should be addressed to Annalise B. Shaffer

Email: agiordano2@liberty.edu

Abstract

Counselors and others in professions alike ethically have to work with individuals that vary in culture, attitudes, beliefs, and values. Through self-reflection, professionals and trainees can identify where they struggle to connect with people and where they may have formed unintentional biases against specific groups, races, religions, etc. In this paper, a method of reaction, response, and action was taken to identify these in my own personal life. I chose what items from the provided Attitudes and Beliefs Inventory that were most difficult to answer or provoked a strong response. From there, I assessed why my beliefs contradicted these scenarios and reflected on how these beliefs were formed and influenced. Lastly, I assessed what personal and professional action I need to do in the future to address the relevant incongruences. By engaging in self-reflection, I was able to identify the roles that religion, experience (or lack of), as well as knowledge gaps play in my decision making.

Introduction

Self-reflection can be a challenging task. A person faces their own beliefs, values, and attitudes. At times, some do not even fully comprehend what they believe or why. In the context of a counseling professional and a therapeutic relationship, it is important to understand these things on a deep intrinsic level, as they can have effects on your external world. By identifying potential situations that make me uncomfortable and forcing me to think critically about my decision making, I was able to find a deeper understanding of the role of religion, experiences, and knowledge gaps play in my everyday life.

Reaction

One item from the provided Corey et al. (2011) Attitudes and Beliefs Inventory that I found particularly difficult to answer was number one, which proposes “working with a family and student with fundamentalist religious beliefs.” At first, I struggled with this item because I did not know or understand what exactly fundamentalism is. After researching the topic, I felt even more angst and apprehension toward the proposed situation. I learned that fundamentalism is universally branded as a religion that believes and conveys absolutistic and literal interpretations of beliefs and hold prejudice towards various minority groups, genders, and communities (Parent & Silva, 2018). When thinking about facing this situation, I felt as though I would struggle greatly. While I do uphold the belief that everyone should have the freedom to choose what and who they want to put their faith in and how they live life, I also believe in equality and opportunity for everyone including minority groups. I believe that strictly holding to scripture and rules can easily become twisted. I believe that there are many personal values, beliefs, and experiences that shape who I am as an individual and my response to certain scenarios. In this case, my identify as a Christian woman definitely plays a significant role. I try

to frame the world through the lens of sincerely believing that everyone has great potential and was put on Earth on purpose for a purpose. I believe that scripture is often and can easily be taken out of context, which leads to false beliefs and radical action. Because fundamentalist religion as a whole is based on literal interpretation, I would greatly struggle with finding common ground other than the belief in something greater. I also believe in equality, which directly contradicts the fundamentalist religious foundation. While I hold myself to Christian values, I have many friends who identify themselves as a part of the LGBTQ+ community. I think it would be very hard for me to separate my love for these individuals during sessions if the topic of inferiority, submission, and the natural consequences of these were to ever arise.

Another item from the Corey et al. (2011) Attitudes and Beliefs Inventory that I struggled to answer was number twenty-three, which states “a student with terminal cancer who wants to hasten their death.” While I first found this statement a bit surprising, I can undoubtedly understand why this is in the inventory. This scenario presents a vast amount of gray area. I can sympathize with the fact that being terminally ill is unquestionably one of the most difficult things to live with on a day-to-day basis. However, I lack experience and exposure to this type of situation in my own world. Fortunately, I have never been terminally ill. On the other side of this situation, I can also see why a parent may advocate for the importance of their child’s life. Either way, I do not have the sufficient skill or familiarity to empathize with either side. I ask myself, “where does the line get drawn between quality of life and the length of life?” I can recognize the struggle, but I cannot fully understand that position. On top of this, am not well-versed enough in laws regarding ending life prematurely in the medical realm. I believe in having a high-quality life for as long as possible. In this case though, there are so many factors that play into it. One of the biggest factors I keep thinking about is the age of the child. The complexity of this situation

is something I would absolutely struggle with, as well as promoting client autonomy, well-being, and remaining objective towards different parties involved.

The last item from the Corey et al. (2011) Attitudes and Beliefs Inventory that evoked a strong reaction from myself is item number twenty-one, which proposes working alongside “a mother whose children have been removed by Child Protective Services.” My strong response is not in a way that one would suspect. I found this assessment item difficult because I have experience in the child welfare system as a child protective investigator. In a sense, it was my job to essentially put parents in this propositioned position. Contrast to most responses, I think it would be difficult for me to learn to remove the objectivity from these situations. For me, this situation would stretch me and my abilities by working on the other side of the situation. I would be this mother’s ally rather than someone she views as her enemy. I would have to learn to empathically understand the mother, which means allowing myself to enlighten another person’s view of the world around them (Irarrázaval, 2020). Because of what I have been taught in this profession, as well as my experience with exposure to various cases of child abuse and neglect, I hold the belief that getting to the point of child removal is merely a product of poor parental decisions and lack of caregiver protective capacities. I believe that the family unit is important, but child safety takes precedent. I would really struggle with finding a way to balance my feelings (or lack thereof), knowledge of the system, and level of impartiality. Here, I think I would want the benefit that is best for the child involved in the case.

Response

The development of my religious beliefs is not a linear path, as it rarely is for anyone. I try to align my values with the principles and beliefs to the ones Jesus had displayed in the Bible. Examples of this are grace, unfailing love, forgiveness, courage, and being a servant leader. A lot

of my remedy comes from scripture. I try to recognize the fact that the world is full of distractions, which naturally pulls us away from holding firm to those modeled values. Commitment and practice of treasuring what Jesus valued is an intrinsic maturity process. It is my personal belief that valuing and believing in something is not the same as living it out.

Throughout the course of my life, what concepts I hold as valuable have shifted, and the order of importance has changed. From a young age, I have always attended a nondenominational Christian church. My mother and stepfather were influential in the faith-growing process, as they were the ones who brought me to church on the weekends in which I stayed with them. I was in Sunday School and learned the basic lessons and hallmark stories of the bible early on. I have attended various Christian conferences, youth camps, youth groups, and thousands of church services.

Beyond my attendance at church events, Christian values listed above were fostered in my upbringing at home. My mother was the director of our church location's kids' program and my stepfather lead worship in service. Throughout my life, I was immersed in a world where I was surrounded by people who constantly aimed to live like Jesus, which ultimately had a massive positive impact in my view of the church. Because I loved these people, I loved the church too. This belief still stands true today. As I got older, the messages I had been receiving became more complex and applicable to my adolescent and adult life. I have become hyper-aware of the effects of my decisions. I try to create healthy habits like daily Bible reading, and I aim to be the first to forgive in a relationship. I view everyone as equal, and constantly remind myself that everyone is here for a reason. My personal testimony is a daily, continuous journey.

Building on my belief that everyone has been created for a purpose, I would like to touch on the fact that everyone's story is different. Some people have incredibly difficult stories, and

sometimes we ask ourselves why. The case of the terminally student is one example of this. I believe that everyone should live out their given life because they are here for a purpose. Their life is not accidental. Choosing to hasten death cheats yourself in a way. It also causes great pain to those around you. These related beliefs stem from the major losses I have encountered throughout the last few years of my life. I lost someone to suicide in 2020. I experienced another loss in 2021 to sudden sickness. Going through painful experiences is what influenced and formed these beliefs. I would do almost anything to see those individuals again. We are not able to tell what the future holds. Because I do have a strong faith, I believe in radical healing and miracles. While I know these do not happen to everyone, for reasons I do not know and cannot explain, accelerating death ultimately lessens the chance of this. I believe that every life is precious, and it should be treated as such. By going through something bad, I was able to learn to appreciate and cherish the moments we do have. I believe we should encourage others through the hard times and show love and compassion whenever possible.

Speaking on having compassion, I feel as though I should address some scenarios where I struggle with this. As stated previously, I have work experience in child welfare. While counseling a mother who has had her children removed from her care may seem like something I am well-versed in, it is actually the opposite. I have been taught that poor parental decisions are what gets someone to the point of removal. What the general population does not realize is that it is not the aim of protective investigators to take children away. We are trained to do everything we can to preserve the family unit all while keeping children safe. If children are removed, their reasoning must be able to stand up successfully in a court of law. The ultimate end goal is reunification in most cases. I developed these ideals while in training during September through December of 2022 for my later employment. Majority of my training was classroom lecture

style, with the occasional mock interview and state examination. The mandated state curriculum, my instructors, and my experience shadowing in the field influenced this belief. We were taught everyone has a strength, but there are times when children are not the top priority in an adult's life. This was something that took time to grapple with. Now as a counselor, I realize I will have to use my information as a strength, but also acknowledge the biases I may hold.

Action

After doing a personal analysis and reflection, I recognize there are many areas I can improve on, all of which overlap as both personal and professional. These areas include my understanding of other cultures, working on seeing multiple perspectives, and learning to try to put myself in other people's shoes. By putting forth time to fix the noticeable incongruencies, I become better not only for my future clients, but for myself as well.

One way I can engage myself in becoming more culturally aware is by taking advantage of the Cultural Humility Scale. This scale includes the five components of cultural humility- openness, self-awareness, egoless, supportive interactions, and self-reflection and critique- and allows counselors to self-assess their personal levels of cultural humility (Gonzalez et al., 2021). Utilization of this tool can help counselor trainees, like myself, better understand their clients as individuals with overlapping identities, which in turn yields an engaged, open, and respectfully curious relationship (DeBlaere et al., 2019). By completing this assessment on my own in the early stages of my education and training, I may be able to limit cultural color-blindness and unintentional microaggressions in the future. To even further this step, I could reassess myself using this tool again in the future to see my growth as a counselor and overall accepting person.

I think it is important to note that all of these changes also can apply when working with a client who I deem similar to myself. Throughout the duration of this course and researching

process for this assignment, I have learned that over-generalizing can be dangerous to the therapeutic relationship. While this mostly happens to different cultures, it is important to see all people as individuals rather than a group they belong to. Even when dealing with clients of the same religion, values, or beliefs, it is imperative to attend to underlying differences and tailor a new treatment plan for every patient and their unique goals (Prout et al., 2021). In the future, I will actively keep every client separate from one another and from my own stories.

Lastly, if I was faced with a situation I had never dealt with, I would look to various sources for the best and most preproperate way to handle it. This could look like asking those who have been through similar experiences. It could also mean confiding in a trust colleague who has more experience in the field. Lastly, I could always look to ethics codes and continuing education courses to aid me in the decision-making process. Of course, every case is different, but this would allow me to have some sort of reliable foundation.

Conclusion

In all, this assignment of self-reflection really helped me deepen my understanding of my beliefs, values, and attitudes. By identifying and working through hypothetical, yet very realistic, counseling situations, I was able to identify where my personal tenets and future professional career intersect with each other. I was able to see where my confidence lacks, where I may have conflicting opinions, and where my knowledge is in deficit. By finding resources that help me in both my personal and professional growth, I am able to confront these issues head on and create a more understanding, empathetic, and unpretentious environment for all.

References

- Corey, G., Cory M.S., & Callanan, P. (2011). *Issues and ethics in the helping professions*, (8th ed.). Brooks/Cole.
- DeBlaere, C., Shodiya-Zeumalt, S., Hinger, C., Cobourne, L., Davis, D. E., Zelaya, D. G., Chadwick, C. N., Zeligman, M., Hook, J. N., & Owen, J. (2019). Cultural humility with religious and spiritually diverse women of color clients: A psychometric analysis. *Journal of Psychology and Theology*, 47(2), 87–99.
<https://doi.org/10.1177/0091647119837016>
- Gonzalez, E., Sperandio, K. R., Mullen, P. R., & Tuazon, V. E. (2021). Development and initial testing of the Multidimensional Cultural Humility Scale. *Measurement and Evaluation in Counseling and Development*, 54(1), 56-70.
<https://doi.org/10.1080/07481756.2020.1745648>
- Irarrázaval, L. (2020). Empathy for the foreign experience: A convergent phenomenological definition. *Journal of Theoretical and Philosophical Psychology*, 40(3), 174.
<https://doi.org/10.1037/teo0000128>
- Parent, M. C., & Silva, K. (2018). Critical consciousness moderates the relationship between transphobia and “bathroom bill” voting. *Journal of Counseling Psychology*, 65(4), 403–412. <https://doi-org.ezproxy.liberty.edu/10.1037/cou0000270>
- Prout, T.A, Magaldi, D., Kim, E. E., & Cha, J. (2021). Christian therapists and their clients. *Spirituality in Clinical Practice.*, 8(1), 1–15. <https://doi.org/10.1037/scp0000238>

Benchmark Ethical Vignette Paper

Annalise Shaffer

Department of Counselor Education & Family Studies, Liberty University

Author Note

Annalise B. Shaffer

I have no known conflict of interest to disclose.

Correspondence concerning this article should be addressed to Annalise B. Shaffer

Email: agiordano2@liberty.edu

Abstract

All professionals working in the realm of counseling and mental health services are expected to understand and abide by various applicable codes of ethics. These codes set the expected standard in practice. There are many scenarios, though, that present complex ethical issues. Understanding ethics codes and various federal and state legislation is imperative in the counseling profession. In this paper, an ethically complex scenario is detailed and broken down using the ethical decision-making model. First, the problem in the scenario is identified. Next the American Counseling Association (ACA) Code of Ethics and the American School Counselor Association (ASCA) Ethical Standards are applied to the scenario. Then relevant South Carolina state laws and pertinent federal legislation are applied. After that. The nature and dimensions of the ethical dilemma are detailed. Finally, four potential courses of action for the given scenario are detailed. It was concluded that while the various ethics codes, law, and statutes all give direction on ethically complex cases, there is still a lot of gray area as each case is unique and presents its own variables.

Introduction

In all realms of the counseling profession, practitioners are faced with scenarios which may pose ethical dilemmas. These types of dilemmas require the professional to balance critical thinking, autonomy, ethics, policy, procedure, and client beneficence. These scenarios may arise even without malice or ill intention. To address these scenarios, professionals must know identify the problem, apply relevant ethics codes, apply federal and state law, determine the dimensions of the dilemma, and apply a selected course of action.

Identify the Problem

In the scenario of A Helpful Receptionist, a man enters the counseling center facility and states that he needs the receptionist to deliver a message to his wife- whom he presumes is there for counseling. He his own name and continues on with the message of he needs to take a last-minute trip for work and asks the receptionist to tell his wife that she needs to pick up their children later on that day. The receptionist has little to say during the interaction during the exchange and agrees to relay the message. Once the client is ready to leave, the receptionist passes along the message she was given. The client was concerned about the disclosure of her receiving services due to an ongoing divorce and lack of a child custody agreement.

Given the brief description above, there are a number of problems within this scenario. First and foremost, the overarching issue is the privacy and confidentiality of the client was greatly compromised. The receptionist unintentionally released the information of a client. By not addressing that she cannot confirm or deny whether or not the man's wife was receiving counseling, she indirectly released her confidential treatment information. By agreeing to take and relay the message, she confirmed the counseling treatment. Beyond this though, the husband in this scenario never actually stated the name of his wife. He only stated his own name, which is

John Jones. Unless the receptionist personally knew the client and her family, which is a completely different issue within itself, she would not know who he is talking about. There are various scenarios that add complexity to this situation such as more than one person receives treatment there at the same time or two female clients having the same last name.

Breaching the confidentiality and privacy of a client is a professional, ethical, and legal, problem. Professionally, this poses a threat to the counseling center as well. There is clearly a miscommunication about confidentiality and appropriate release of information within the workplace, which can easily result in implications in other areas. One of these areas is ethically. In various counseling ethics codes, confidentiality and privacy of client information and treatment is of utmost importance. Counselors and clinicians have an ethical responsibility to their clients, which includes use of discretion when revealing personal information. It is outlined when and how confidentiality can be breached in an ethical way, and this scenario does not fall into one of those. Because of the nature of this ethical violation, it can also lead to legal issues if the client decided to file a malpractice claim. Because of the video describing that the husband is trying to use the client receiving counseling against her in a child custody divorce claim, this also presents other legal ramifications.

Apply the ASCA Ethical Standards and ACA Code of Ethics

As previously stated, various counseling ethics codes have their own standards for confidentiality and privacy. In reviewing the American Counseling Association (ACA) Code of Ethics, there are various points that apply and address the problems presented in this particular scenario. Possibly the most applicable code to this scenario from the 2014 ACA Code of Ethics is code B.3.a. This code states that subordinate employees in the workplace make the effort and take proper precautionary action to ensure that the privacy and confidentiality of clients are upheld.

This code directly applies the situation at hand because it was not the counselor who breached confidentiality, but the receptionist at the counseling center. It is a direct violation of this code and ethical standard. The receptionist may have been trying to be helpful, but clearly was not aware of the ethical responsibility she had in her position and workplace.

Beyond the ACA, the 2016 American School Counselor Association (ASCA) Ethical Standards also presents various points on privacy and confidentiality. Code A.2.j. from the 2016 ASCA Ethical Standards explains that the confidentiality of student records and personal and identifying information must be protected, and only released when it is in accordance with federal law, state law, and related district and school policies. While this scenario did not take place in a school setting, it still describes the duty to protect client information. Whether or not someone is receiving services is part of that information. In the given scenario, that information was indirectly given when it was not required by federal law, state law, and related district and school policies.

Applicable State Codes/Laws and Federal Mental Health Laws

In South Carolina, professional counselors have an ethics code closely related to the codes above. South Carolina Code of Laws statute 40-75-190 reiterates the standard that no licensed person or their employees can disclose client information unless it falls under one of the categories of evidence, mandated reporting of abuse and neglect, reporting to health authorities, and under South Carolina's duty to warn and protect statutes. Again, it is stated that even employees at a counseling facility must uphold these expectations.

On the federal level, The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule 45 CFR 164.510(b) explains that counselors and clinicians may share client confidential information if the client has the capacity to make decisions about their care and does not object. In short, professionals need permission to share information with others. As seen in the

video, the client did not share her permission to share with her husband that she was receiving counseling services at all. In all, this scenario has violated many ethical standards on organization, state, and federal levels.

Determine the Nature and Dimensions of the Dilemma

Of the ACA moral principles, nonmaleficence applies to the given scenario and is the highest priority. Nonmaleficence relates to the “do no harm” principle in most counseling ethics codes. This moral principle relates to taking the proper precautions and acting responsibly to avoid exploitation and potential risks (Forester-Miller & Davis, 2016). In the scenario that has been broken down and discussed, it can be noted as to why this principle highlights the main issue. In this case, actions, or lack thereof, were taken in which the ultimate outcome harmed the client. By the client’s services being confirmed to her husband, she has been harmed. Obviously, physical harm has not taken place, but the client details that her husband has been trying to frame her receiving services with ill intent. Within a three-tiered therapeutic pyramid, concepts like nonmaleficence, which is partly defined as not infringing on someone else’s rights, fall in the middle tier (Davis et al., 2021). This means that nonmaleficence and other related ethical concepts are more dimensional ways of framing ethics compared to foundational concepts such as virtue ethics (Davis et al., 2021). To increase adherence to ethical principles such as practicing nonmaleficence and upholding confidentiality, counselors can engage in the ongoing development of personal and multicultural wisdom (Herdi, 2021).

If an ethical dilemma such as this one was to arise, experienced professional counselors Ashley Martin and Rachel Moon can be consulted, as they also abide by the ASCA Ethical Standards and ACA Code of Ethics. The South Carolina Counseling Association and the South Carolina Board of Examiners for Licensure could be consulted as well.

Generate Potential Course of Action

When scenarios such as this arise, there must be follow-up action that mitigates and fixes the problem at hand. My first solution for this particular scenario is to talk to the client openly about what has happened. It would be appropriate to acknowledge the shortcomings of the staff. This solution will rebuild the therapeutic relationship by regaining trust. Trust can objectively orient the assessment of risk from both the client and professional perspective (Amari, 2020). The second solution I could implement is staff this case with a trusted legal team member as well as other colleagues. Working with other professionals, in an ethically appropriate way, aligns with the overarching goal of integrated behavioral health- working together for the best interest of the client (Zanskas et al., 2022). A third possible solution I could implement is discussing the matter of privileged communication with the client and discussing what she would like to be open about if she were to go to family court. Disclosing information can be ethically challenging, but professionals in mental health fields have the ability to be more flexible in choosing what is in the best interest of the client and situation compared to legal professions (Murphy et al., 2020). Finally, the fourth solution I could implement is looking at the agency overall adherence to the ethics codes of counseling. When it is possible, professionals address the errors made from within the agency and adjust accordingly to promote client well-being (Hill et al., 2022).

Conclusion

In all, it can be observed just how complex the issues counseling professionals face can be. There are often many levels to unpack and understand. Using the ethical decision-making model is one way to break down the scenario into smaller, logical steps. Here, the main issue of breached confidentiality is defined, examined within an ethical scope, and potentially mitigated with various courses of action. Overall, there is no one answer that is concretely right or wrong.

References

- Amari, N. (2020). Counseling psychology practice as the pursuit of the I–Thou relationship. *The Humanistic Psychologist*, 48(4), 410–426. <https://doi.org/10.1037/hum0000155>
- American Counseling Association. (2014). *ACA code of ethics*. Alexandria, VA: Author.
- American School Counselor Association. (2016). *Ethical standards for school counselors*. Alexandria, VA: Author.
- Davis, S. D., Fife, S. T., Whiting, J. B., & Bradford, K. P. (2021). Way of being and the therapeutic pyramid: Expanding the application of a common factors meta-model. *Journal of Marital and Family Therapy*, 47(1), 69-84. <https://doi.org/10.1111/jmft.12466>
- Forester-Miller, H., & Davis, T. E. (2016). Practitioner’s guide to ethical decision making (Rev. ed.). Retrieved from <http://www.counseling.org/docs/default-source/ethics/practitioner’s-guide-toethical-decision-making.pdf>
- Health Insurance Portability and Accountability Act. Pub. L. No. 104-191, 45 CFR § 164.510(b). (1966 & rev. 2013). <https://www.govinfo.gov/content/pkg/CFR-2013-title45-vol1/pdf/CFR-2013-title45-vol1-sec164-510.pdf>
- Herdi, H. (2021). The influence of personal and multicultural wisdom on the adherence to the ethical principles of multicultural counselor’s candidates. *Konselor*, 10(1). <https://doi.org/10.24036/02021101111584-0-00>
- Hill, J. C., Stokes, L. E., Froelich, R. J., Emmanuel, D., Landon, T., & Hicks, S. (2022). Ethical dilemmas: Current and projected concerns reported by certified rehabilitation counselors. *Rehabilitation Counseling Bulletin*, <https://doi.org/10.1177/0034355222114615>

Murphy, K., Jorgensen, M. F., & Olson, S. (2020). View from the witness stand: licensed counselors' experiences providing court testimony. *Journal of Counselor Leadership and Advocacy*, 7(2), 118-131. <https://doi.org/10.1080/2326716X.2020.1758598>

South Carolina Code of Laws, S.C. Code Ann. § 40-75-190 (1976 & rev. 2018).
<https://www.scstatehouse.gov/code/t40c075.php>

Zanskas, S. A., Brasfield, M., Landry, M., Taylor, L. C., Delavega, E., & Neely-Barnes, S. (2022). Interprofessional training: Preparing graduate counseling and social work students for integrated behavioral healthcare settings. *Journal of Evidence-Based Social Work*, 19(3), 314-330. <https://doi.org/10.1080/26408066.2022.2049944>