

## Professional Ethics and Spiritual Care and Counselling

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### Introduction

Ethics has increasingly become an important part of clinical practice, whether that clinical practice is as a pastoral counsellor or as a spiritual care provider. CAPPE's first Ethics Code was passed in 1993 and in 2000 a course in Professional Ethics became a requirement for individuals seeking certification in CAPPE. A professional ethics module as part of the peer review process every five years is a required for ongoing membership for certified CAPPE members. The development of an Ethics Code and the requirement for professional ethics education reflects the importance of ethical practice in the life of CAPPE.

### Questions

1. What does it mean to you to be an ethical practitioner?
2. What interests you in professional ethics?
3. What scares you about professional ethics?
4. What helps you be an ethical practitioner?
5. What might get in your way of being an ethical practitioner?

Margaret Mohrmann (2008) poses the question: "Is a professional ethic for institutional spiritual care [or pastoral counselling] better understood as a theological-religious ethic for a particular health care professional or as a health care ethic for a particular kind of theological-religious-pastoral professional?" She notes that this question reflects the challenges for religious and/or spiritual care working in a multifaith context.

### Question

How would you answer Mohrmann's question?

This question brings up a significant distinction between spiritual care providers, pastoral counsellors and other health care professionals. Doctors, nurses, occupational therapists, psychologists, or social workers are each part of a single profession. Spiritual care providers and pastoral counsellors on the other hand are members of two professions: They are recognized or endorsed as leaders in their faith traditions (a requirement for certification with CAPPE) and are therefore a member of a clerical/ministry/faith tradition profession. They are also members of

this relatively new profession of pastoral counselling and spiritual care which seek to establish itself as a profession that is more than has been traditionally understood as the responsibility of ordained clergy. Therefore, spiritual care providers and pastoral counsellors have differing and potentially conflicting moral obligations entailed by their adherence to two relatively distinct professions.

There are similarities between the ethics characteristic of faith traditions and the professional ethical understandings that govern nurses, physicians, psychologists and other clinical therapists. Clearly each is concerned with how we interact with each other, how we conduct ourselves, and care for those who are dependent on us. Members of all the professions have multiple fidelity commitments. That is, they have personal obligations—to self, family, and friends that at times will compete with professional responsibilities. They also have moral obligations toward their employing institution and these too may be a source of conflict or tension with professional or personal commitments.

### Questions

1. What tensions might you experience as a result of your multiple fidelity commitments?
2. How might you address these tensions?
3. What resources might help attend to these tensions?

While there are many similarities that we as pastoral counsellors and spiritual care providers share with other professionals the place of multiple fidelity commitments complicates the issue for us. Mohrmann goes on to note that regardless of our desire to work within a multifaith context we as practitioners are located not only by personal belief but by prior training and professional association with a specific faith tradition that compels our allegiance. Certainly, each of us has been influenced by the personal ethics in our family of origin, ethnic and religious background, educational and work experiences and as well as what you have already learned about professional ethics. Consider specifically how your own personal values, backgrounds, and traditions may interact or conflict with professional ethics principles and regulations. Bashe et al (2007) invite us to reflect on our Ethics Autobiography:

### Questions

- 1) What is your idea of right and wrong personal behavior?
- 2) Where does this understanding come from?
- 3) What did you learn in your family of origin about right and wrong?

- 4) What is your idea of right and wrong professional behavior?
- 5) Where does this perception come from?
- 6) What formative experiences account for how you live your life?
- 7) How do these formative experiences inform your professional work?
- 8) What are your top three values and where do they come from?
- 9) How do they inform your work as a spiritual care provider?

### Ethics Defined

Truscott and Crook (2004) define ethics “as the analysis and determination of how people ought to act toward each other when judged against a set of *values*.” (p. xix) Corey, Corey and Callanan (2007) state that,

Values pertain to beliefs and attitudes that provide direction to everyday living, whereas ethics pertain to the beliefs we hold about what constitutes right conduct. Ethics are moral principles adopted by an individual or group to provide rules for right conduct. (p.12)

Professional ethics then are the core values held by the members of a professional organization that directs professional practice.

### Question

1. What are the differences between a personal (friendship or intimate) relationship and a professional (pastoral counsellor/client or spiritual care provider/patient) relationship?
2. How do ethics inform our behavior in either or both kinds of relationships?

### Ethical Acculturation as a Framework for Ethics Training

Handelsman and colleagues (2005) propose that learning to become an ethical professional is more than adopting a set of rules. They state that becoming a professional is a process of

adaption that is similar to what new immigrants or refugees experience when adjusting to a different culture. Therefore, becoming an ethical practitioner is a process whereby students and professionals learn to adapt to the ethical culture of the professional field. They use the term ethical acculturation to describe this process.

Handelsman et al base their model on the work of Berry (1980, 2003) who identified two major variables that are part of the process of acculturation when engaging a new social or ethnic culture. The first variable is *maintenance*, “which refers to the degree to which people hold onto the values and traditions of their culture of origin” (p. 61). Students come to CPE with the ideas regarding right and wrong professional behavior that is already formed from previous educational and professional experiences. As you discovered from the questions above, your ideas of right and wrong professional behavior come from a variety of sources including family, religious/spiritual traditions, or other professional or personal relationships. These all influence your interaction with your new professional culture.

The second acculturation variable identified is contact *and participation*, “which refers to the degree to which people adopt the traditions and values of their new culture (p. 61)”. To adopt the ethical culture of spiritual care and counselling practices means valuing the CAPPE Code of Ethics and other professional resources.

As you begin your professional life in CAPPE it is important to spend time reflecting on how your personal morality can be adapted to your growing knowledge and appreciation of the ethical culture of spiritual care and counselling. Handelsmann et al observe that for students and professionals there are four choices or strategies of acculturation depending on your relative maintenance of your ethical culture of origin and your contact and participation with your new professional culture. They observe that if you are relatively high on both maintenance and contact, you are using a strategy called *integration*. They suggest that in this case integration might be the best choice as it represents the most consistency or coherence between personal and professional identities and values.

Handelsman et al note two acculturation strategies that represent more of a mismatch between a person’s personal morality and professional identity. Choices that are high in maintenance but low in contact are called *separation* strategies. These are choices in which the student makes professional decisions primarily on the basis of their personal morality without considering professional principles as much as they might. They observe that this can lead the student to feel alienated from the profession. Choices low in maintenance but high in contact are called *assimilation* strategies. Using this strategy, professionals may give up too much of who they were personally and over identify with the profession.. Handelsman and colleagues

(2005) argue that an assimilation strategy “may lead to empty, legalistic, and overly simplistic applications of our ethical principles.” (p.61)

They identify the final acculturation strategy as *marginalization* which represents both low maintenance and low contact. They suggest that students may choose marginalization strategies as a temporary measure at the beginning of their training when they have, perhaps prematurely, given up their own moral sense but do not yet know or appreciate the ethics of the profession.

If the task of ethical acculturation is a process of developing and maintaining a professional identity rather than merely adopting a list of rules then it would follow that when there is difficulty in grasping ethical principles or other elements of ethics education that one way of viewing these challenges to view these as an example of acculturation stress rather than as laziness, stubbornness or an unwillingness to engage the new professional culture. For example, a student who says, “I typically created a friendship with my clients when I was a landscaper, and it was no big deal. I don’t get the problem with boundary stuff in psychotherapy or chaplaincy is working to articulate her struggle with the issue. It may be more useful to see her and other students or those new to the profession as in the process of ‘culture shredding’” (Berry & Sam, 1997 as cited in Handelsman) in which unlearning aspects of a previous profession is part of the acculturation process, rather than to immediately assume the admissions committee made a mistake in accepting her as a student (p. 61).

In continuing education courses and workshops, it is important to stress that acculturation is an ongoing process. We all change as we negotiate our way through the life cycle. The profession also changes in response to the changing demands in our institutions and communities. Consequently, acculturation strategies need to be developed and altered in ways that support a connection between professional obligations and personal morality. Staying competent over time will include an evolving ethical identity.

### Questions

1. Where would you place yourself in the professional acculturation process?
2. What is supporting your becoming a part of the professional culture?
3. What other acculturation strategies might help?

### The CAPPE/ACPEP Code of Ethics

The current Code of Ethics for CAPPE is the third code in the life of the organization. As such, it reflects changes in our association but also changes in our broader cultural context. The Code of Ethics for CAPPE offers an important resource for us in our work with patients and/or clients. Codes of ethics tend to be broad and general rather than precise and specific. Therefore, it is

important to recognize that the CAPPE Code of Ethics is not a document to be used like a cookbook or applied in a rote manner. It is a resource to help us be deliberate and be careful in our actions in order to meet our ethical responsibilities. It is also a resource that invites us to consult with our colleagues and/or supervisor regarding ethical issues impacting our practice.

The CAPPE Code of Ethics can be found at [www.cappe.org](http://www.cappe.org) in the Handbook. Please read the Code of Ethics and reflect on the following:

### Questions

- 1) What professional ethics in the field are most compatible with your own personal values?
- 2) Which professional ethics are least compatible?
- 3) What aspects of this profession strike you as being “not intuitive”?
- 4) What concerns you as you read the Code of Ethics?
- 5) What surprised you as you read the Code of Ethics?
- 6) What are you unsure of having read the Code of Ethics?
- 7) How do you anticipate the Code of Ethics supporting you in being an ethical practitioner?

Each of us in our clinical work will be faced with ethical challenges that we are unsure of. Below is a resource for thinking about a particular clinical situation. These guidelines can be used for individual use or in a group.

### **GUIDELINES FOR WRITING AN ETHICS CASE STUDY**

The following guidelines for writing an Ethics Case Study are based/adapted from the St. Joseph's Health Care London: *"Resolving Everyday Ethical Difficulties Pocket Tool Resource"*<sup>1</sup>. When writing the ethics case study, try to keep your responses to each question to one or two paragraphs. The case study is meant to be a starting point for group reflection and engagement of an ethical reflection process.

- 1) **Naming the Problem:** What is the difficulty being faced? What is the 'red flag' that drew your attention to the problem? What about the problem makes it an ethical issue? Does it have to do with values and beliefs?
- 2) **Who does the problem or situation affect?** Patient/Resident/Client/Substitute Decision Maker (SDM/Family/Interdisciplinary (IDT) team member/the IDT team? **Who is the appropriate decision maker(s)?** If the situation involves a **patient/resident/client, is that person capable of making the decision?** If not, who is the **legal SDM?** What are the feelings being experienced by the different parties? How could we bring together all the affected parties to ensure all perspectives are understood? What other resources can assist in guiding discernment (e.g. Ethicist, Ethics Consultation Team, Social Worker, Spiritual Care, Patient Relations/Risk Management Coordinator)? When you are in ministry in a congregational/parish setting who/what might be your other resources to help assist in guiding ethical discernment?
- 3) **What are the FACTS that relate to the problem?** What is the diagnosis/prognosis? What is the chronology of events? What understanding do the involved parties have about the problem? What do we know about the care recipient's wishes, values, beliefs (e.g. an Advanced Directive, previously expressed wishes)? If we don't know what they want, how can we find out? **Is the person capable?** If not – who is the legal SDM? What seems to be in the "best interests" of the care recipient? What are the pertinent interests of all parties involved? What are the values that are apparently in conflict? What parameters/constraints are present that guide us in this situation (e.g. Codes of Ethics, Standards of Practice, policy, legislation)? What section(s) of the CAPPE Code of Ethics is relevant in this case? How have similar problems in the past been resolved (both here and in other organizations)? In a congregational/parish setting what other 'facts' might be helpful to know?
- 4) **What are the principles, values, beliefs & feelings of the parties involved?** How can we be sure to keep this in the forefront of discussion?

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<sup>1</sup> Thanks to Dawn Dyer, CPE Supervisor for this resource.

- 5) **What are the ‘do-able’ options in this situation?** What will advance the ‘good’ of the care recipient? What will support the relationships between all parties involved? What supports the professional integrity of the clinicians? **What are the potential benefits & harms of these options** (for the present situation or the future)? (e.g. medical, quality of life, relationships, moral/spiritual, legal, organizational).
- 6) **Which option has the best reasons supporting it? What process will ensure that everyone involved understands the reasons for the decision or outcome/next steps?** Document the discernment process, diverse views & the outcome. At what point might we re-evaluate the situation ?
- 7) **Reflect, Critique & Communicate. *\*This step will be done as a group process when the ethical case study is presented, although the presenter can also benefit from reflecting and noting their ‘post-responses’ to the ethical concern presented and include it in their written report.***  
 What went well? What learnings do I/we now have? Did we think well together? Share what you have learned with those who can gain from your reflection, remembering confidentiality.

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