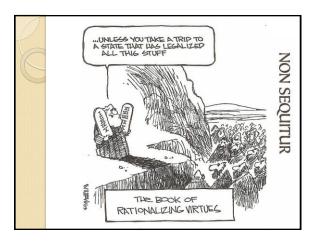
Advanced Ethics MARRCH Ethics Committee Annual Fall Conference October 2014 Barry A. Lehman, D. Min., LADC, LPC MARRCH Ethics Committee, Mayo Clinic Addictions



Theories of Interest

- Moral Development
 - Piaget & Kohlberg
 - Gilligan
- Intellectual Development
 - Perry

Piaget's Stages of Moral Development

- Piaget hypothesized two stages of moral development
 - · Heteronomous morality
 - Autonomous reality

Heteronomous Morality (Younger Children)

- Based on relations of constraints
- Rules are seen as inflexible requirements (moral realism)
- Badness is judged in terms of the consequences of actions
- Punishment is seen as the automatic consequence of the violation of rules

Autonomous Morality (Older Children)

- Based on relations of cooperation among equals
- Rules are viewed as products of mutual agreement (rational moral attitudes)
- Badness is determined the person's intentions
- Punishment should be affected by human intention

Kohlberg's Stages of Moral Reasoning

- He identified three levels and six stages.
- The levels are
 - Pre-conventional
 - Conventional
 - Post-conventional



Preconventional Level

- Stage 1: Punishment and obedience.
 - Physical consequences of action determine its goodness or badness.
- Stage 2: Instrumental relativist.
 - What is right is what satisfies your own needs and occasionally the needs of others, e.g., the expectations of the family group or nation can be seen as valuable in own right.

Conventional Level

- Stage 3: "Good boy good girl"
 - Good behavior is what pleases or helps others and is approved by them
- Stage 4: Law and order
 - What is right is doing one's duty, showing respect for authority, and maintaining social order for its own sake

Postconventional Level

- Stage 5: Social contract.
 - What is right is a function of individual rights and agreed upon standards.
- Stage 6: Universal ethical principle (justice)
 - What is right is a decision of conscience according to self-chosen ethical principles (these principles are abstract and ethical not specific moral prescriptions)

Kohlberg: The Heinz Dilemma

• In Europe, a woman was near death from a special kind of cancer. There was one drug that the doctors thought might save her. It was a form of radium that a druggist in the same town had recently discovered. The drug was expensive to make, but the druggist was charging ten times what the drug cost him to make. He paid \$200 for the radium and charged \$2,000 for a small dose of the drug. The sick woman's husband, Heinz, went to everyone he knew to borrow the money, but he could only get together about \$1,000 which is half of what it cost. He told the druggist that his wife was dying and asked him to sell it cheaper or let him pay later. But the druggist said: "No, I discovered the drug and I'm going to make money from it." So Heinz got desperate and broke into the man's store to steal the drug-for his wife. Should the husband have done that? (Kohlberg, 1963, p. 19)

Kohlberg: The Heinz Dilemma

- Stage One
 - It's wrong to steal the drug because "It's against the law," or "It's bad to steal,"
- Stage Two
 - "Heinz might think it's right to steal the drug, the druggist would not." Since everything is relative, each person is free to pursue his or her individual interests.

Kohlberg: The Heinz Dilemma

- Stage Three
 - It was okay to steal the drug- He was a good man for wanting to save her; his intentions were good. It was really the druggist's fault for overcharging

Kohlberg:

The Heinz Dilemma

- Stage Four
- concerned with society as a whole; emphasis is on obeying laws, respecting authority, and performing one's duties so that the social order is maintained.
- What would happen if we all started breaking the laws whenever we felt we had a good reason? The result would be chaos; society couldn't function.

Kohlberg:

The Heinz Dilemma

- Stage Five
 - What makes a "good society?" There is a social contract that we agree to uphold until changed democratically. Heinz may be defended, though, on moral right to live.
- Stage Six
 - A "just" society. Treat the claims of all in an impartial manner, basic dignity of all as individuals is maintained.

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Carol Gilligan- An Ethic of Care

- Kohlberg's population for his research was primarily male. Some research on girls' moral reasoning finds patterns that are somewhat different from those proposed by Kohlberg.
- Whereas boys' moral reasoning revolves primarily around issues of justice, girls are more concerned about issues of caring and responsibility for others. (Slavin, 2003, pp. 58-59)

Carol Gilligan- An Ethic of Care

• "An ethic of justice proceeds from the premise of equality—that all should be treated the same," while "an ethic of care rests on the premise of non-violence—that no one should be harmed." (Gilligan)

Carol Gilligan- An Ethic of Care

In the different voice of women lies the truth of an ethic of care, the tie between relationship and responsibility, and the origins of aggression in the failure of connection.

Carol Gilligan

Carol Gilligan- An Ethic of Care CONCEPTIONS omen's OF MORALITY STAGE I STAGE II STAGE III ORIENTATION MORALITY **MORALITY OF** TO SELF OF CARE NONVIOLENCE Reference is to self-interest and individual Reference is to Reference to both others; focus on social participa-tion, self-sacrifice, & responsibility for protection of self and others; focus on indepen-dent arbitration of conflicts survival dependent and unequal From: Gilligan (1977, 1982) In a different voice.

Intellectual Development

- William Perry, 1970, College Students
- Four Stages of Intellectual Maturity
 - Dualism
 - Multiplicity
 - Relativism
 - Committment

Perry's Stages

Dualism

- Concrete thinkers who believe things are right/wrong, we/they, good/bad
- Knowledge is a set of truths.
- $\,{}^{\circ}$ There is a single correct solution to every problem.

Perry's Stages

Multiplicity

- Diversity in thinking exists. Uncertainty prevails because all opinions are valid.
- Knowledge is a matter of educated opinion.
- There is no one right solution to a problem, because all are equally valid.

Perry's Stages

Relativism

- All knowledge is relative, and we need to orient themselves based on evidence.
- Knowledge is not universal, but a matter of context and situation. What is true in one situation may be false in another.
- Ambiguity is part of life, so I must defend my own position on problem solutions based on evidence.

Perry's Stages

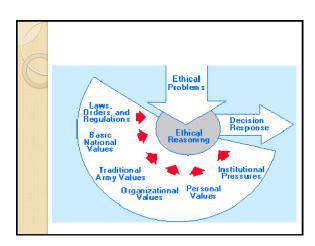
Commitment

- We develop the need to take positions and commit to them.
- Knowledge is constructed from experience, what is learned from others, and from reflective thinking.
- There are many solutions to each problem; some are better, and some are worse. I must take a stand on issues based on my personal values and analysis



Stages of LADC Ethical Development

- Ethics Codes, CFR 42 and Rule 31. (Against the law; avoid punishment)
- It's what we do (Good behavior, culture, social order and duty)
- Social contract and Justice (Morality. Rights, respect, and dignity)
- Living my values



Ethical Relapse

- Pentagon compiles massive 'Encyclopedia of Ethical Failures'
 - From bribery to kickbacks to falsifying travel expenses, the document is designed as a guide
 — and a warning — to teach troops and civil servants about ethics laws.
 - --Agence France-Presse

Ethical Relapse

- Bathsheba Syndrome
 - Many ethical violations by upper managers are the by-product ofsuccess — not of competitive pressures. [Their] research suggests that many managers are poorly prepared to deal with success.
 - --Ludwig & Longenecker. Journal of Business Ethics (1993)

Ethical Relapse

- Pitfalls for Therapists: A Defense Attorney's List
 - Excessive or Inappropriate Self Disclosure
 - Business Relationships with Patients
 - Using Techniques Without Proper Training
 - Using Incorrect Diagnosis Deliberately
 - Avoiding the Medical Model
 - The True Love Exception for Sexual Relationships
 - --Brandt Caudill, Jr., Esq. http://kspope.com/index.php

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Ethical Relapse

- Pitfalls for Therapists: A Defense Attorney's List
 - Inadequate Notes
 - Failure to Obtain an Adequate History
 - $^{\circ}$ Uncritically Accepting What a Patient Says
 - Use of Inappropriate Syndrome Testimony
 - Out of the Office Contact
 - Failure to Obtain Peer Consultation
 - --Brandt Caudill, Jr., Esq. (http://kspope.com/index.php)

Ethical Relapse- Causes

- Over-confidence
- Too comfortable
- Stress
- Job/agency pressures
- Fear
- Lack of self-care
- · Personally needy

Ethical Relapse-Signs

- Anxiety
- Working harder than client
- Being more directive than usual
- Becoming more withdrawn in sessions
- Worry about how supervisor will react
- Blaming others
- Anger- at clients, colleagues, supervisor

Ethical Relapse- Interrupting It

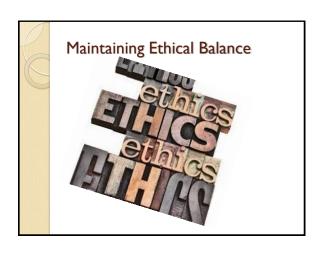
 What we have is a daily reprieve based on the maintenance of our ethical condition





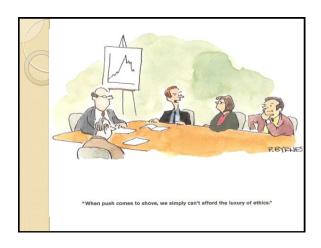
What Gets Us Moving

- Cognitive Dissonance
- Paradigm Shifts
- Legal Issues
- Licensing Requirements
- Conflict
- Past Experiences



Maintaining Ethical Balance

- Self-awareness
 - Knowing danger zones and triggers
 - HALT
- Mindfulness and mindfulness-based therapy techniques
 - · CBT, DBT, ACT
- Listening to others
- Continuing education



Monitoring Our Motivation

- How does this help the client?
- Is it in the client's best interest?
- How might I be skewing this, for my benefit?
- What are your aspirations for the client?
- What are your aspirations for this agency?
- What are your aspirations for yourself? To look better or worse?
- What are your aspirations for outcomes and enhancements?
- Why is it important that he/she likes me?

Monitoring Our Motivation

- · Am I treating this desirable person differently?
- Am I treating this unattractive/obnoxious client differently
- Do I know enough about the client to focus in this direction?
- Am I overlooking a possible harm or source of resistance?
- Do my aspirations for the client coincide with his?
- How important is it that I am right?
- Am I competing with someone?
- Am I in anyway trying to prove something?
- How open am I to revision of my current focus?

Monitoring Our Motivation

- Am I acting on unfound assumptions?
- Am I open minded right now?
- Am I showing off?
- Is this a case of over- identification?
- Am I mistaking lack of confidence for resistance?
- Is this for the client's benefit or mine? Am I kidding myself?
- · Is this any of my business?
- What, if any, are my secondary gains?
- Does this client remind me of anyone in my personal life (transference)?

- The MARRCH Ethics committee collaborated on the content of this presentation. Thanks to
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 - Mike Frisch and Joycene Maroney for challenges, ideas and support.
- Any errors and interpretations are my responsibility.