

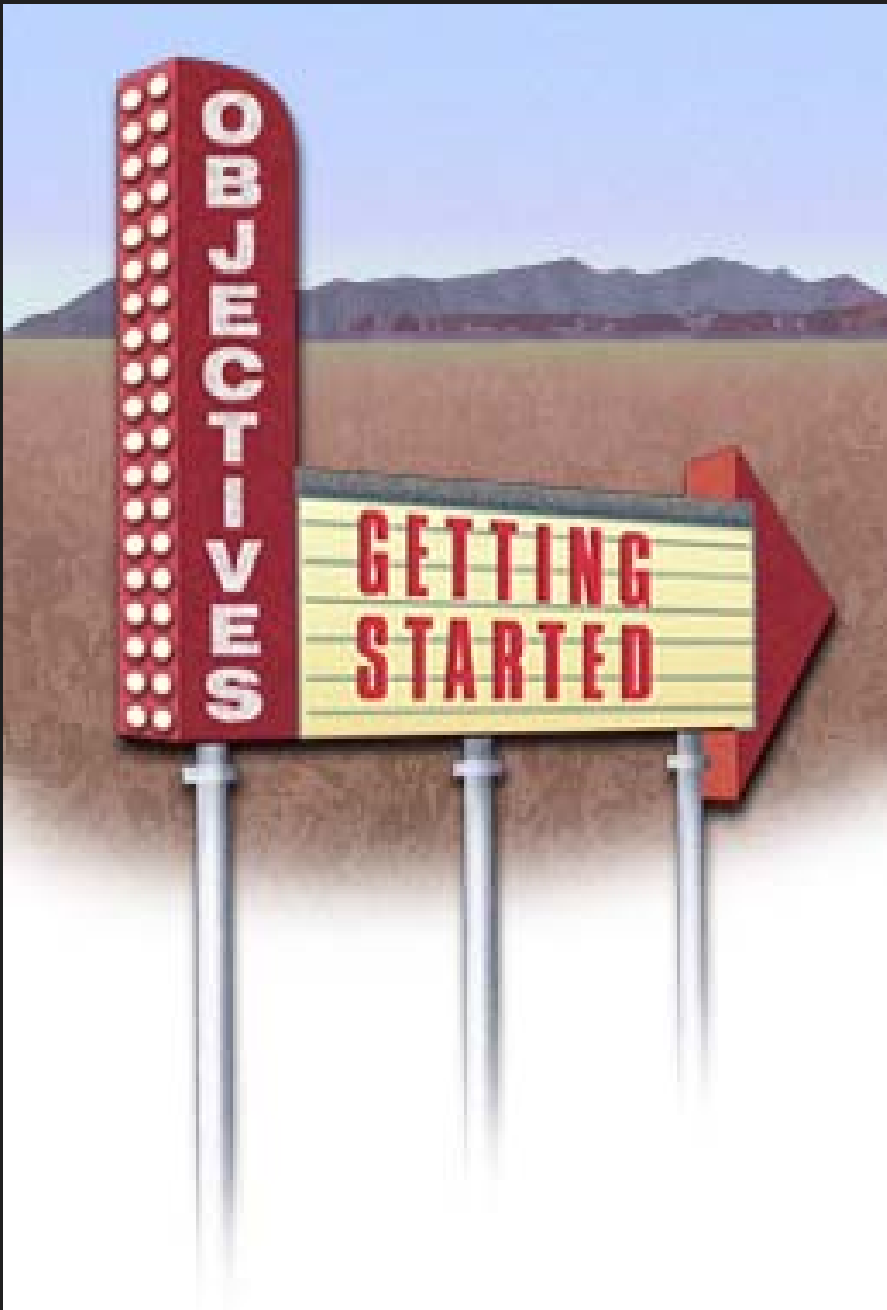


ETHICS: Leadership in the Counseling Relationship

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UNTWISE

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Upon completion of this webinar, participants will be able to...

- Identify the primary responsibility of rehabilitation counselors and service providers.
- Understand the utilization of rehabilitation and counseling plans.
- Identify and support the clients' employment needs.
- Advocate for autonomy and clients' responsibility.

leadership

motivation
dedication
excellence
drive
discipline
passion
heart

- *“Despite the fact that many counselors attain various leadership positions, little attention has been paid to training for leadership...”*
- *Many of the various approaches to understanding the concept have their historical bases in psychology...”*
 - trait approaches
 - behavioral approaches
 - contingency approaches
 - situational approaches
- Understand the ethical leadership perspective.
- Review ethical theories
- Understand principles of ethical leadership
- Review diverse ethical perspectives
 - Transformational, Servant Leadership



The Case of John:

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Which are compromised?*

*Which ethical approach is used?
Deontological, Teleological, etc.?*

*Understand the utilization of
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*Advocate for autonomy and
consumers' responsibility.*

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- Do you agree or disagree with the human service worker’s action?
(Pawlukewicz, 2013)
- Why or why not?



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Ethics Defined



- Is concerned with the kinds of values and morals an individual or society ascribes as desirable or appropriate
 - Focuses on the virtuousness of individuals and their motives
 - Right versus wrong
- ***Ethical Theory***
 - Provides a system of rules or principles as a guide in making decisions about what is right/wrong and good/bad in a specific situation
 - Provides a basis for understanding what it means to be a morally decent human being
 - ***Personal Ethics***
 - Honesty
 - Respect and honor
 - fairness

A.1. WELFARE OF THOSE SERVED BY REHABILITATION COUNSELORS



a. PRIMARY RESPONSIBILITY.

The primary responsibility of rehabilitation counselors is to respect the dignity and to promote the welfare of clients.

Clients are defined as individuals with, or directly affected by a disability, functional limitation(s), or medical condition and who receive services from rehabilitation counselors. At times, rehabilitation counseling services may be provided to individuals other than those with a disability. In all instances, the primary obligation of rehabilitation counselors is to promote the welfare of their clients.

b. REHABILITATION AND COUNSELING PLANS

*Rehabilitation counselors and clients work jointly in devising and revising integrated, individual, and mutually agreed upon rehabilitation and counseling plans that offer a **reasonable promise of success** and are consistent with the abilities and circumstances of clients. Rehabilitation counselors and clients regularly review rehabilitation and counseling plans to assess continued viability and effectiveness.*

A.1. WELFARE OF THOSE SERVED BY REHABILITATION COUNSELORS



c. EMPLOYMENT NEEDS.

Rehabilitation counselors work with clients to consider employment consistent with the overall abilities, functional capabilities and limitations, general temperament, interest and aptitude patterns, social skills, education, general qualifications, transferable skills, and other relevant characteristics and needs of clients. Rehabilitation counselors assist in the placement of clients in available positions that are consistent with the interest, culture, and the welfare of clients and/or employers.

d. AUTONOMY.

Rehabilitation counselors respect the rights of clients to make decisions on their own behalf. On decisions that may limit or diminish the autonomy of clients, decision-making on behalf of clients is taken only after careful deliberation. Rehabilitation counselors advocate for the resumption of responsibility by clients as quickly as possible.



A.2. Respecting Diversity

a. RESPECTING CULTURE.

Rehabilitation counselors demonstrate respect for the cultural background of clients in developing and implementing rehabilitation and treatment plans, and providing and adapting interventions.

b. NONDISCRIMINATION.

Rehabilitation counselors do not condone or engage in discrimination based on age, color, race, national origin, culture, disability, ethnicity, gender, gender identity, religion/spirituality, sexual orientation, marital status/partnership, language preference, socioeconomic status, or any basis proscribed by law.

A.3. Client Rights in the Counseling Relationship



a. DEVELOPMENTAL AND CULTURAL SENSITIVITY.

Rehabilitation counselors communicate information in ways that are both developmentally and culturally appropriate. Rehabilitation counselors provide services (e.g., arranging for a qualified interpreter or translator) when necessary to ensure comprehension by clients. In collaboration with clients, rehabilitation counselors consider cultural implications of informed consent procedures and, when possible, rehabilitation counselors adjust their practices accordingly.

b. SUPPORT NETWORK INVOLVEMENT.

Rehabilitation counselors recognize that support by others may be important to clients. Rehabilitation counselors consider enlisting the support, understanding, and involvement of others (e.g., religious/spiritual/community leaders, family members, friends, and guardians) as resources, when appropriate, with consent from clients.

Our Professional Obligations

Autonomy

*To respect the **rights of clients** to be self-governing within their social and cultural framework. Respect their choices.*



Beneficence

To do good to others; to promote the personal growth and well-being of clients.



What are some examples of each?

Fidelity

To be faithful; to keep promises and honor the trust placed in rehabilitation counselors.



Justice

To be fair in the treatment of all clients; to provide appropriate services to all.



What are some examples of each?

Nonmaleficence

To do no harm to others.



Veracity

To be honest. Candor



What is the primary responsibility of Rehabilitation Counselors and service providers?

Two Broad Domains of Ethical Theories

Theories regarding a leader's conduct and character.

CONDUCT

Consequences (Teleological Theories)

- Ethical Egoism
- Utilitarianism

Duty (Deontological Theories)

CHARACTER

Virtue-Based Theories

Ethical Theories: Conduct

Deontological Theories

- ***Duty driven***, relates not only to consequences but also to whether action itself is good
 - Focuses on the actions of the leader and his/her moral obligation and responsibilities to do the right thing
 - Example: telling the truth, keeping promises, being fair

Teleological Theories

- Focus on ***consequences*** of leaders' actions; results
- Three different approaches to making decisions regarding moral conduct:
 - ***Ethical egoism*** (create greatest good for the leader; transactional)
 - ***Utilitarianism*** (create greatest good for greatest number)
 - Example: leader distributes scarce resources so as to maximize benefit to everyone, while hurting the fewest;
 - preventive healthcare vs. catastrophic illnesses
 - ***Altruism*** (show concern for best interests of others; transformational)

Ethical Egoism – Utilitarianism – Altruism



"Yuck! He's hideous and makes me feel bad. I should help him to make me feel better."



"Poor man, he must feel awful. I've got to help him so that he feels better."

*All behavior, whether directed towards benefiting oneself or another, is energized by some **needs or inner drives** without which human behavior would not occur.*



How do you define character?

- Combination of attributes, traits, and values that defines us and differentiates one person from another.
- These qualities or attributes regulate our behavior.
- Character is relatively consistent across time and context.
- *Where do values and character come from?*
- *How do they develop, become internalized, and guide our actions?*



Moral Standards



- Distinguishing characteristic
- concerns behavior that can be of serious consequence.

Morals go beyond etiquette, protocol, etc.

Morals and Values

Morals

- Human obligation
- Based on personal beliefs – good/bad action, right/wrong of an action
- “Morals are generally taught by the society to the individual whereas values come from within.
- Morals act as a motivation for leading a good life while values can be called as an intuition.
- Morals are related to ones religion, business or politics whereas values are personal fundamental beliefs or principles.
- Morals are deep seated whereas values keep on changing with time and needs.” (differencebetween.net).

Values

- Personal, core beliefs, desires of how world should be; not very objective
- What is important to us and why?; of value
- Influenced by our cultural beliefs, background, experiences
- Determine one’s beliefs, thinking, behavior, interactions with others
- Important to know and understand our own values, and to help consumers clarify theirs.
 - Value neutral



Think about what values drive you.

- Chosen freely from among alternatives; thoughtful consideration without coercion
- Used to guide one's life; publicly affirm and advocate them.
- Shown in every aspect of our living/lives including leadership capacity. We spend money on things we value. We budget time and energy for our values.
- Tend to have a persistence and assume a pattern in our lives.

What values make you who you are?

How would someone know what you value?

What do the people you consider to be leaders value?



Moral Obligation vs. Ethical Dilemma

Moral Obligation Defined

- “...refer to a belief that the act is one prescribed by their set of values.” (Wikipedia.com)
- “the name that is given to a duty that arises from conscience rather than law” (lawdictionary.org)

Ethical Dilemma Defined & its characteristics

- “arises in a situation concerning right and wrong in which values are in conflict.” (Daft, 2007)
- Characteristics:
 - Two possible choices; courses of action
 - Choice results in significant consequences
 - Either choice supported by an ethical principle; principle comprised

Let's talk leadership...

Leadership is about...

- *caring for **people** and being a **useful resource** for them*
- *being present for people and **being your best** and most authentic self*
- *creating **a place** in which people can do good work and **find meaning** in that work*

The Need for Leadership in Organizations

- Organizations have a structure.
- Expectations of a leader.
- True leadership behavior and realization of the vision.

Ethics and Leadership

Leadership Ethics Description:

- Has to do with what leaders *do* and who leaders *are*
- Is concerned with the nature of the leaders' *behavior* and their *virtuousness*
- In any decision-making situation, ethical issues are either *implicitly* or *explicitly* involved
- What *choices* leaders make and how they *respond* in a particular circumstance are *informed* and *directed* by their ethics

Centrality of Ethics to Leadership

- **Influence dimension** of leadership requires the leader to have an impact on the lives of followers. Social influence
- **Power and control differences** create enormous ethical responsibility for leader's
- **Respect for persons** – sensitive to followers' own interests, and needs
- Leaders help to establish and reinforce organizational values – **an ethical climate**

Principles of Ethical Leadership

❖ **Ethics - is central to leadership because of:**

- The process of influence
- The need to engage followers to accomplish mutual goals
- The impact leaders have on establishing the organization's values





Follower-centered - Based on the altruistic principle of placing followers foremost in the leader's plans

Ethical leaders are concerned with issues of fairness and justice; they place issues of fairness at the center of their decision making

Shows Justice



Manifests...



Honest leaders are authentic but also sensitive to the feelings and attitudes of others

Builds Community



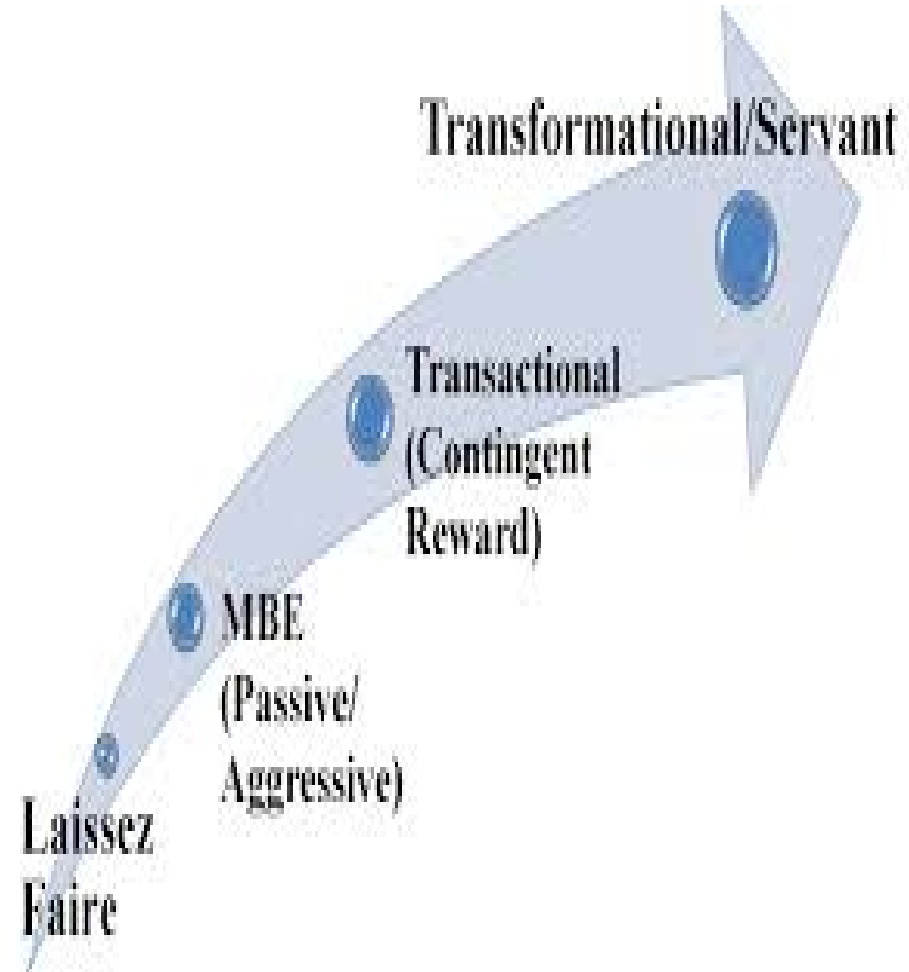
Concern for common good means leaders cannot impose their will on others; they search for goals that are compatible with everyone.

Application of Ethical Leadership

- Can be applied to individuals at all levels of organization and in all walks of life
- Because leadership has a moral dimension, being a leader demands awareness on our part of the way our ethics defines our leadership
- Managers and leaders can use information on ethics to understand themselves and strengthen their own leadership
- Leaders can use ethical principles as benchmarks for their own behavior
- Leaders can learn that leader-follower relationship is central to ethical leadership

Full-Range Leadership Model

- **Transactional Leadership Style**
 - Contingent Reward
 - Management by Exception Active/Aggressive
 - Focuses on the exchanges that occur between leaders and their followers
 - Contractual management
 - Managerial
- **Passive-Avoidant Leadership Style**
 - Management by Exception Passive
 - Laissez-Faire – absence of leadership
- ✓ **Transformational Leadership Style (Bass & Avolio, 1997)**
 - **Four I Factors**
- ✓ **Servant Leadership (Robert Greenleaf, 1970)**



Theory of Transformational Leadership

- Strong emphasis on followers' needs, values & morals
- Leaders help followers in their personal struggles concerning conflicting values
- Stressing values such as:
 - Liberty
 - Justice
 - Equality
- Connection between leader & follower
 - Raises level of morality of both
- Leader's Role
 - Assist followers in assessing their values & needs
 - Help followers to rise to a higher level of functioning



The transformational leader has the key to unlock *“what is”* in order to discover *“what can be”!*

Servant Leadership



Robert K. Greenleaf
1904-1990

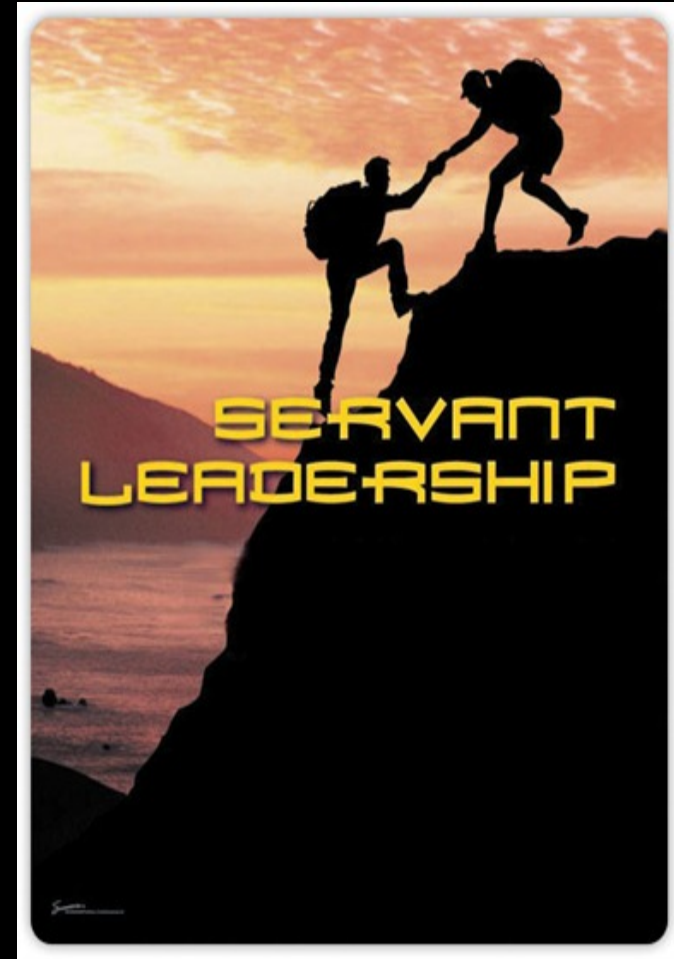
Character

Values:

- Involvement
- Respect
- Trust
- Individual strength

Follower Needs

- Become more knowledgeable
- More autonomous
- Become more like servants



Servant Leadership Perspective

- Has strong altruistic ethical overtones
- Leaders –
 - focus on & attentive to needs of followers
 - empathize with followers
 - take care of and nurture followers



- Leader has a social responsibility to be concerned with “have-nots” in the organization and:
 - Remove inequalities & social injustices
 - Uses less institutional power
 - Uses less control
 - Shifts authority to followers

Identify and support the clients' employment needs.

- Understand leadership style and organizational culture.
- Six strategies for improving our ability to build natural supports for consumers:
 - Advocate hiring consumers by using a place-train approach vs. train-place approach.
 - Quick placement of consumers into integrated job settings.
 - “...become adept at using and extending natural support networks for...” consumers
 - “...more knowledgeable about relationships between the interventions proposed...and the value of generic workplace quality improvement interventions for all employees.”
 - Collaboration by researchers, consumers, employers on research of consumer preferences (better match); workplace itself.
 - “Increase efforts in developing natural support based interventions...for consumers with most challenging disabilities”; desegregate (Tyrrell, Burns, & Zipple, 2008)



- According to Woodside and McClam...case managers must always ask themselves:
 - “What is in the client’s best interest?”
 - What is the right choice ethically?
 - Am I operating within the guidelines of the agency that employs me?”
- Guided by codes of ethics, the law, agency policies and procedures.
- Dual responsibility to consumer & to the agency
- Consumers are becoming more aware of their rights; autonomy as are their families. New improvements for PWDs – AT, medication, economic interventions/services
- Positive autonomy



Autonomy: Ethical and Legal Issues

(Woodside & McClam, 2006)

- “One of the most difficult issues is how not to help when the client doesn’t want it. How to back off when the client needs space. That clients have the right to fail. That is hard, because we see potential. We want them to get better. We know that if they [would] just take this medication, they would get better, but they don’t want to.
- “ I have a client whose family thinks that she should not be on the medicine. Her family tells her that we are bad for her and...she listens to her family...and then she sees what they are telling her may not be in her best interest.

– Jan Cabrera,
Intensive Case Management,
Los Angeles, CA”

– Jana Berry Morgan,
Helen Ross McNabb Center, Inc.,
Knoxville, TN”



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Resources

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