

Ethical Decision Making (DO ART) Paper

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In this academic paper, I will apply the DO ART ethical decision-making model to the case scenario of Ray, who is a 30-year-old white trans-masculine female who uses they/them pronouns and has a sexual abuse history. The DO ART acronym, which was developed by Hauck & Ling (2016), is comprised of five steps: 1) Dilemma, 2) Options and Outcomes, 3) Assistance, 4) Responsibility, and 5) Take Action (p. 204). As Ray's art therapist, I will address these five steps in determining how to provide ethical care.

First, the *dilemma* present in Ray's case is twofold: 1) Ray's engagement in sex work may risk their mental health and safety as an abuse survivor navigating power dynamics with clients; 2) the multiple relationships that have emerged via the monthly community meditation night may pose a risk to the client's confidentiality and healthy boundaries. For the sake of efficiency, I will fully address the first half of Ray's case dilemma in the power and identity portion of this paper. The context of *power and identity* surrounding Ray's case involves many *socioeconomic factors*, such as lack of access to healthcare, social minority status, low-income status, job insecurity, housing insecurity, and criminalized sex work. At the root of most of these factors is Ray's low-income status, which has created a domino effect of job and housing insecurity and family stress from financially overseeing their ailing mother's care at a suburban nursing facility. These factors are compounded by the fact that Ray was raised in an abusive patriarchal household in which their father molested them while their mother knew about it but did nothing to intervene. Their father's abuse and abandonment, combined with their mother's lack of intervention, current disability, and healthcare costs has created the high likelihood of little-to-no financial support or inheritance from Ray's parents.

As an individual who has a non-binary trans-masculine identity, Ray is also disempowered within the healthcare system, relying on a community mental health agency that may not have culturally competent queer therapists, in addition to uncertain access to insurance-covered gender-affirming care. This has major negative implications for Ray's mental health during their vulnerable transition, especially in light of their mother's apparent transphobia. Further, Ray's recent job loss as a nanny and subsequent decision to pursue illegal and unregulated sex work put them at greater risk of becoming involved with the criminal justice system. This could lead to Ray experiencing gender-based violence from their clients, including but not limited to robbery, physical and sexual assault, kidnapping, and human trafficking (Weitzer, 2005).

Unfortunately, sex work beyond stripping is still deemed a criminal act of prostitution in most of the United States, resulting in an unregulated and less safe working environment (Harvey, 2023; Weitzer, 2005). The possibility of developing a misdemeanor criminal record that is subject to background checks for life and having to pay fines could make it much harder for Ray to obtain employment, be competitive in the legal job market, and afford the cost of living (Mince-Didier, 2023). While Ray describes their sex work as empowering, I as their art therapist am concerned that the looming power differential between a non-binary trans-masculine sex worker and the statistically male-majority clientele may also trigger Ray's sexual abuse history with their father and risk further traumatization (Demand Abolition, 2023). However, I want to maintain an unbiased approach to this concern by keeping open body language and asking Ray more about their experience as a sex worker in order to discover which aspects of their job they find empowering.

My identity as an art therapist is similar to Ray's. I am a 33-year-old white-skinned Ashkenazi Jew and I identify as a non-binary lesbian who uses she/they pronouns. Like Ray, I also have a history of early childhood sexual assault, although the abuse did not occur within my family. According to Ray's case scenario, I am also a primary caregiver who is financially responsible for an ailing relative. In order to maintain healthy boundaries and keep Ray's needs centered within our therapeutic alliance, I have to be mindful not to engage in countertransference and over-identification. Otherwise, I would run the risk of exploiting Ray's needs to resolve my own problems. Therefore, I must tread carefully, seek regular supervision, and only self-disclose personal information if I think it would help to build rapport, trust, and solidarity with Ray.

As a queer art therapist, I respect Ray's queerness, trans-masculinity, and polyamory as inherent aspects of their identity. The ethical role of any therapist is to help a client reduce the maladaptive thoughts, feelings, and behaviors that can cause harm to themselves or others. While harmful beliefs such as hate speech and discriminatory ideology can be reframed and changed, a client's core identity cannot and should not be changed. The New Mexico Regulation and Licensing Department's (NMRLD) (2022) Board of Counseling and Therapy Practices addresses the need to respect clients' identities in its Rules and Statutes under Responsibility to Clients:

[Part B] A licensed or registered individual shall not discriminate against or refuse professional services to anyone on the basis of race, color, gender, religion, national origin, ancestry, disability, socioeconomic status, sexual orientation, or any basis proscribed by law. [Part C] A licensed or registered individual shall not impose on the client any stereotypes of behavior, values, or roles related to age, gender, religion, race,

disability, nationality, sexual orientation, or diagnosis which would interfere with the objective provision of counseling or therapy services. (p. 52)

Any aspect of my treatment plan for Ray would take care to support and strengthen their stated identity while distinguishing and compassionately confronting maladaptive psychology, such as unhealthy boundaries and high risk-taking behavior. The American Art Therapy Association's (AATA) (2013) ethical principles further address the need for respectful client-centered care under its Responsibility to Clients, stating, "[Principle 1.1] Art therapists respect the rights of clients to make decisions and assist them in understanding the consequences of these decisions" (p. 3). I would also aim to reduce shame by appropriately viewing such psychology through a queer feminist and systems theory lens. For example, instead of perpetuating inequity from a position of economic privilege by telling Ray they should not engage in illegal and unsafe sex work, I would find ways of maintaining their sense of empowerment through discussing harm reduction, such as safe sex practices, how to manage potential sexual trauma triggers, knowing their basic rights (e.g., Miranda Rights/the right to remain silent) in the event of an encounter with the police, and implementing their own personal safety protocol with clients and the police.

This may also involve coordinating care with a local attorney to make sure that any harm reduction I offer Ray is legally accurate. However, this legally informed harm reduction would come with a major disclaimer and not be presented to Ray as legal advice; rather, I would redirect them to this local attorney as a possible resource for further clarification and any future legal needs. In this aspect of Ray's case, I would help them resource accurate and helpful information without driving outside of my professional lane and opening myself up to

complaints regarding the unauthorized practice of law. I would make sure Ray understood this disclaimer and would thoroughly document the conversation. Additionally, I would help Ray navigate their financial resources such as government assistance programs and all job options so that they had another secure plan in place should they ever decide to quit sex work.

Because Ray and I both exist within a small queer culture and community, it would also be important to self-disclose my sexual orientation as part of the informed consent process. Due to Ray's polyamory and the small queer dating pool, I would want to confirm that we do not have a mutual sexual partner or close friendship that could pose a conflict of interest in our therapeutic relationship (M. Adler, personal communication, October 31, 2023). I would also work with Ray to establish a protocol for how to interact in the event that we see one another outside of therapy in order to protect their confidentiality and maintain healthy boundaries. Under Responsibility to Clients, AATA's (2013) ethical principles further states, "[Principle 1.3] It is the professional responsibility of art therapists to avoid ambiguity in the therapeutic relationship and to maintain clarity about the different therapeutic roles that exist between client and therapist" (p. 3). NMRLD's (2022) Rules and Statutes prohibit dual relationships with clients under its Responsibility to Clients, stating, "A licensed or registered individual shall not enter into a sexual or other dual relationship with a client" (p. 52).

That said, I feel it is important to utilize a queer theoretical lens to reevaluate the notion of multiple relationships as distinct from dual relationships. The more conservative definition of dual relationships has the potential to be very restrictive to minority community members who have a smaller degree of separation from one another, and limited options for engaging in minority community spaces and events (Everett et al., 2013, p. 14). As a queer art therapist, I

want to maintain the possibility that a therapist and client may be able to share communal space outside of the therapist's office, so long as there are clear and mutually respected boundaries and interaction protocol. Principle 1.4 under the Responsibility to Clients section of AATA's (2013) ethical principles states:

Multiple relationships occur when an art therapist is in a professional role with a client and is simultaneously in another role with the same client. ... Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical. (p. 3)

My major caution to this approach, however, would be if a client was in a high level of crisis and social vulnerability and needed a more rigid therapeutic container in order to maintain a sense of stability and security within the therapeutic alliance.

As far as Ray's case scenario is concerned, it is apparent that this hypothetical version of me did not implement effective informed consent and self-disclosure with the client because the meditation night dilemma has clearly been allowed to reach a point of ethical unpreparedness and blurriness. Thus, the *options and outcomes* have to be considered from the perspective of this misstep. Before making any decisions, however, it is critical to determine the range of options provided within my agency's contractual agreement and seek clinical supervision regarding this dilemma. If I do not make sure I am operating within my agency's code of conduct for its therapists, I may risk getting fired and losing access to my clients, including Ray. Due to the fact that this case scenario does not define the agency's contractual terms and conditions, I will default to the higher authority, which is the NMRLD. NMRLD's (2022) Rules and Statutes define confidential information as "information revealed by a client(s) or otherwise

obtained by a counselor or therapist, within the therapeutic context. The information shall not be disclosed by the counselor or therapist without the informed written consent of the client(s)” (p. 50).

The conversation with Ray and a mutual friend that has resulted in the nonconsensual disclosure of my personal life and a lack of clear roles in therapy poses two ethical options: 1) either I find a new meditation group to join, or 2) I stay with the current weekly meditation night, despite the risk of interacting inappropriately with Ray. Either way, I must belatedly establish what should have been originally covered during the informed consent process regarding roles between the therapist and client, the need to maintain confidentiality, and defining healthy boundaries and public interaction protocol. Of course, all of this would be appropriately framed as being within the client’s best interest.

While I absolutely think that self-disclosing during therapy about taking care of my ailing relative could be an opportunity to build rapport with Ray, I also think this has to happen with the understanding that self-disclosure is limited and only intended to help build rapport with the client. Therapy sessions should always center on the client’s needs and should not get derailed through too much personal relating. In other words, I am not there to be Ray’s friend; rather, I am fully present as their therapist to hold space for whatever their therapeutic goals may be during each session.

I think it is worth noting that if I had done things my way, I would have contacted Ray immediately after meditation night via a HIPAA-protected means of communication to let them know that our public interaction would require a follow-up during their next therapy session. My written or verbal language would communicate the problematic nature of our interaction while

limiting my own liability and making sure Ray feels emotionally protected. I would make careful and detailed documentation of the meditation night interaction and my communication with the client afterward, and I would formulate a basic plan of action so that neither myself nor Ray would be taken off guard by the follow-up. At the very least, I would also refrain from that meditation night group until I had the opportunity to have this follow-up with Ray in order to avoid exacerbating or even normalizing the dilemma.

To effectively choose an option, I need to thoroughly analyze these two potential *outcomes*: 1) Ray understands and respects the healthy therapist-client boundary and its conditions, in addition to being comfortable setting these boundaries with mutual contacts, or 2) Ray is confused by our roles as therapist and client and continues to exhibit unhealthy boundaries with me and mutual contacts in shared communal spaces. Obviously, outcome two is a non-starter and would absolutely require me to choose option one and find a new meditation night group. Outcome one is a little less obvious because on the surface it looks like it may be viable. Upon further analysis, however, I have decided that both outcomes are best answered by option one. My decision to choose option one is twofold: 1) because the NMRLD's Rules and Statutes require me not to engage in dual relationships, and 2) even if Ray were comfortable setting boundaries in a functional multiple relationship within a shared communal space, I ultimately bear personal responsibility for not having adequately prepared them for possible public interaction through proper informed consent.

Further, with the added complexity of having a mutual friend, Ray and I would be under greater pressure to hold firm boundaries while sharing space, which would make meditation night stressful and counterproductive! Hervey's (2007) *Embodied Ethical Decision-Making*

makes a poignant observation that “ethical conflict can create some of the most violently felt body-based responses we may have as clinicians” (p. 92). Indeed, if a situation does not feel right in the body, then it is probably wrong. Further, if Ray ended up having poor boundaries and compromised their own well-being due to oversharing about our therapeutic relationship, I would need to confront the fact that I was selfishly facilitating interactions that put my client at risk. Even though the client’s own consensual self-disclosure is technically not a breach of confidentiality, my presence among mutual friends might end up straining our therapeutic alliance and making Ray feel socially enmeshed and exploited.

Finally, even though the case scenario describes this meditation night as being an important community space to me, it is not explicitly a queer space that would be subject to the consideration of the aforementioned queer theoretical lens. Perhaps if informed consent had been properly established, the shared communal space was a queer meditation night, and no mutual friends were present, then there might be a more ethical basis for maintaining multiple relationships with Ray. In any case, I doubt it would be too difficult to find another viable meditation night as it is a relatively common event.

Throughout this ethical decision-making process, I would consult with the aforementioned *assistance*: an attorney to provide Ray with legally accurate harm reduction regarding their sex work, my agency’s clinical supervisor regarding knowing my ethical codes of conduct as an employee, and if necessary, I would approach my state licensing board’s advisory committee to help me navigate the rules and statutes that govern my right to hold a license. First and foremost, my *responsibility* is to the client’s physical and emotional safety and well-being. I believe this should be my guiding principle in my ethical decision-making. That said, I am also

responsible for my own legal-ethical liability. If I wish to uphold my right to serve my clients, I must follow the state licensing ethics board's rules and statutes, as well as my agency's contractual agreement. Throughout my practice as an art therapist, I intend to be responsible for my profession and serve my community in the best manner possible by making ethical decisions that balance the needs of the client with my own legal-ethical liability. In summary, I would *take action* by supporting Ray's identity, providing harm reduction, helping them resource all financial support and options, contacting them after our public interaction via HIPAA-compliant communication regarding the need for a follow-up, having an in-session follow-up about appropriate therapist-client boundaries and roles, and finding a new meditation night group.

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