AAMFT CODE OF ETHICS AND GRIEVANCE PROCEDURE:
SHOULD CLIENTS BE INFORMED?

By
Lisa Danielle Locke

Thesis submitted to the Faculty of the Virginia Polytechnic Institute and State University

in partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE

In

Family and Child Development

APPROVED: _________________________________________

Eric E. McCollum, Chairperson

____________________ ____________________ ___________________
Sandra M. Stith      Karen H. Rosen      Jean U. Coleman

September, 1998
Blacksburg, Virginia

Key Words:  AAMFT, Code of Ethics, Grievance Procedure, Therapist’s Beliefs, Client Knowledge, Therapist Responsibilities
Copyright 1998.  Lisa Danielle Locke
AAMFT CODE OF ETHICS AND GRIEVANCE PROCEDURE:

SHOULD CLIENTS BE INFORMED?

By

Lisa Danielle Locke

Eric E. McCollum, Chairperson

Family and Child Development

(ABSTRACT)

This study examined the beliefs, perceptions, actions, and congruency between beliefs and actions of participants completing an anonymous survey regarding if clients should be informed of the AAMFT organization, code of ethics, and grievance procedure. Two hundred thirty-one participants returned the survey, representing AAMFT clinical members, AAMFT state division officers, and the AAMFT national ethics committee board members.

The findings include the respondents’ beliefs, actions, and congruency between the two for informing clients about the organization, code of ethics, and grievance procedure. Most participants believe clients should be informed and the results indicate that the participants are mainly consistent with their actions, except for grievance procedures. The findings seem to indicate that as the perceived risk for the therapist increases, the amount of information shared decreases. The beliefs and actions regarding the grievance procedure seemed to be the most ambiguous.
To my parents, Dan and Dorothy Locke, and to my brother, Danny Locke, for always believing in me and providing their love and support.

To my mentor, Eric E. McCollum, for always encouraging me to be more than I ever dreamed I could.
ACKNOWLEDGEMENTS

I want to thank all the participants who returned the survey. I appreciate all of you taking the time to fill out my questionnaire so I could complete this research.

To my committee members, Eric McCollum, Sandi Stith, Karen Rosen, and Jean Coleman, I want to thank each of you. I could never fully express how each of you has touched my heart and helped me become a better person.

Three people I want to especially acknowledge because each one has dramatically impacted my life during my years at Virginia Tech:

Reen Lyddane – you modeled to me how a person should be. Your passion for life, sense of balance, and knowledge of what is really important has encouraged me to follow in your footsteps. I found out who I was – what defines me – under your supervision, and I am forever grateful.

Jean Coleman – please write a book on Competency-Based Therapy! Having you as a supervisor, boss, and friend has truly been a gift to me. We are similar in so many ways, from our style of therapy to the way we handle life, that through you, I have learned so much. Thank you for all your encouragement, criticisms, and knowledge you have shared with me. Not only have I grown from student to therapist, but from child to adult through your guidance.

Eric McCollum – you have been so important to me in so many ways, that I know I’m going to embarrass you here. You have played so many roles in my life: boss, supervisor, research advisor, professor, job counselor, friend, and mentor. One thing that has been constant is that you always believed I could do more and be more than I did – until I started to believe it myself. You’ve always challenged me to reach the next
plateau, and for that I am grateful. And although I may have frustrated you along the way, I know you are proud of me. Your encouragement and belief in me will forever be etched into my heart – Thank you.

Writing a thesis can be stressful, but two people helped me get through, Kimberly Middleton and Doug Smith. Thank you for your support and encouragement. Thesis weekends would not have been the same without you. I also want to especially thank Kirsten Lundeberg and Shelby Lake for helping me get through the last few months and always providing a laugh.

I have learned so much from a variety of people who I am proud to call my friends: Meighan Belsley, Donna Brazier, Karolin Gidley, Korin Gidley, Shelby Lake, Shannon Lubin, Kristen Lundberg, Kirsten Lundeberg, Kimberly Middleton, Sarah Myers, Doug Smith, Noelle Soobert, and Kristin Williams. I have leaned on each of you at some point in this process, and never once have you faltered. If life is defined by the friends you have, mine is truly blessed knowing each of you. To my colleagues at Virginia Tech, it has been a pleasure to work with you all.

To my family, no words could express the love and gratitude I feel for you. To my parents, Dan and Dorothy Locke, how can I ever than you enough for all that you have done for me. Your love, support, and encouragement have guided me and kept me going. To my brother, Danny Locke, thanks for always doing what a big brother is supposed to do. I always know that I can depend on you, no matter what.

Finally, I want to especially acknowledge my mother, Dorothy Locke. She has been my rock, my friend, my role-model. The greatest compliment anyone could give me is to say I’m just like my mother.
# TABLE OF CONTENTS

## ABSTRACT

Page iv

## TABLE OF CONTENTS

Page iv

## TABLE OF FIGURES

Page viii

### CHAPTER ONE: INTRODUCTION

- Statement of the Problem  
  Page 1
- Theoretical Framework  
  Page 8
- Objectives  
  Page 9
- Rationale of Study  
  Page 10

### CHAPTER TWO: REVIEW OF LITERATURE

- Codes of Ethics  
  Page 11
- Critique of Codes of Ethics  
  Page 13
- Feminist Approach to Ethics  
  Page 17
- Increasing Therapist Responsibility  
  Page 21
- Action Science  
  Page 27

### CHAPTER THREE: METHODS

- Sample  
  Page 29
- Demographic Information  
  Page 30
- Procedures  
  Page 31
- Measures  
  Page 34
  - Demographic Questions  
    Page 35
  - Knowledge of AAMFT Code of Ethics and Grievance Procedure  
    Page 35
  - Beliefs on Informing Clients  
    Page 35
  - Actions on Informing Clients  
    Page 36
  - Perception of Client Knowledge  
    Page 36
- Data Analysis  
  Page 36
  - Demographics and Knowledge of AAMFT Code of Ethics and Grievance Procedure  
    Page 36
  - Beliefs on Informing Clients  
    Page 36
  - Actions on Informing Clients  
    Page 37
  - Perception of Client Knowledge  
    Page 37
  - Other Research Questions  
    Page 37

### CHAPTER FOUR: RESULTS

- Knowledge of AAMFT Code of Ethics and Grievance Procedures  
  Page 39
- Beliefs on Informing Clients  
  Page 43
- Perception of Client Knowledge  
  Page 62
- Actions on Informing Clients  
  Page 66
- Other Research Questions  
  Page 76
CHAPTER FIVE: DISCUSSION

Introduction 93
Summary of Findings 93
Ethical Sensitivity 94
Deciding on a Moral Course of Action 95
Valuing the Ethical Choice 96
Ego Strength 98
Limitations 99
Clinical Implications 100
Future Research 101

REFERENCES 103

APPENDICES

Appendix A: Sample Letter 107
Appendix B: Survey for Clinical Members and State Division Officials 108
Appendix C: Survey for National Ethics Committee Board Members 115
Appendix D: Participant Informed Consent Form 121

VITA 123
TABLE OF FIGURES

Figure 1: Participants’ familiarity with the AAMFT Code of Ethics. 40

Figure 2: Participants’ familiarity with the AAMFT grievance procedure. 40

Figure 3: Participants’ self-reported knowledge of the AAMFT code of ethics. 42

Figure 4: Participants’ self-reported knowledge of the AAMFT grievance procedure. 42

Figure 5: Participants’ beliefs on informing clients of AAMFT. 45

Figure 6: Participants’ beliefs on informing clients of code of ethics. 45

Figure 7: Participants’ beliefs on informing clients of grievance procedure. 46

Figure 8: Participants’ beliefs regarding who is responsible to inform clients of AAMFT. 48

Figure 9: Participants’ beliefs on informing clients of code of ethics. 48

Figure 10: Participants’ beliefs on informing clients of grievance procedure. 49

Figure 11: Participants’ beliefs regarding therapist responsible for informing the client of AAMFT. 51

Figure 12: Participants’ belief about the level of informing clients of AAMFT. 51

Figure 13: Participants’ beliefs about the therapist being responsible to inform clients about the code of ethics. 54

Figure 14: Participants’ belief about the level of informing clients of the code of ethics. 54
Figure 15: Participants’ beliefs regarding therapist responsible to inform of grievance procedure.

Figure 16: Participants’ beliefs the level of informing clients of grievance procedure.

Figure 17: Participants’ beliefs the state division should inform clients about code of ethics and/or grievance procedure.

Figure 18: Participants’ beliefs national ethics committee should inform clients about code of ethics and grievance procedure.

Figure 19: Participants’ beliefs about the level of informing clients by the state divisions.

Figure 20: Participants’ belief about the level of informing clients by the national ethics committee.

Figure 21: Participants’ perceptions of caseload aware of the AAMFT organization.

Figure 22: Participants’ perception of clients aware of AAMFT code of ethics.

Figure 23: Participants’ perception of clients aware of AAMFT grievance procedure.

Figure 24: Participants’ actions about informing clients of AAMFT.

Figure 25: Participants’ level of action on informing clients of AAMFT.

Figure 26: Participants’ action on informing clients of AAMFT code of ethics.
Figure 27: Participants' level of action on informing clients of AAMFT code of ethics.

Figure 28: Participants' actions to inform clients of AAMFT grievance procedure.

Figure 29: Participants' level of action to inform clients of AAMFT grievance procedure.

Figure 30: Comparison of clinical members and AAMFT officials beliefs on informing clients of AAMFT.

Figure 31: Comparison of clinical members and AAMFT officials beliefs on informing clients about the AAMFT code of ethics.

Figure 32: Comparison of clinical members and AAMFT officials beliefs about informing clients of the AAMFT grievance procedure.

Figure 33: Comparison of clinical members and AAMFT officials beliefs regarding who is responsible to inform clients about AAMFT.

Figure 34: Comparison of clinical members and AAMFT officials beliefs about who is responsible to inform clients about the AAMFT code of ethics.

Figure 35: Comparison of clinical members and AAMFT officials beliefs about who is responsible to inform clients of AAMFT grievance procedure.

Figure 36: Comparison of clinical members and AAMFT officials about therapist being responsible to inform clients of AAMFT.

Figure 37: Comparison of clinical members and AAMFT officials beliefs about therapists responsible to inform clients of AAMFT code of ethics.
Figure 38: Comparison of clinical members and AAMFT officials beliefs about therapists responsible to inform clients about the AAMFT grievance procedure. 86

Figure 39: Comparison of participants’ beliefs and their actions about informing clients of AAMFT. 90

Figure 40: Comparison of participants’ beliefs and their actions about informing clients of AAMFT code of ethics. 91

Figure 41: Comparison of participants’ beliefs and their actions about informing clients of AAMFT grievance procedure. 92