

Ethical Case Study of *Antwone Fisher*:  
Ethical Decision Making for Practicing Counselors  
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### Abstract

This paper explores the therapeutic relationship of the two main characters in the movie *Antwone Fisher* (2002). The ethical issues surrounding the relationship between Antwone and his Psychiatrist, Dr. Davenport, are explored relative to the ethical issues of confidentiality, professional boundaries, and professional behavior. The ACA ethical code violations are presented and an ethical decision making model is detailed. Lastly, ethical implications for practicing counselors are discussed throughout the paper.

*Keywords:* therapeutic relationship, confidentiality, professional boundaries, implications for counselors

### Ethical Case Study of *Antwone Fisher*:

#### Ethical Decision Making for Practicing Counselors

The movie *Antwone Fisher* (2002) explores the therapeutic relationship of a practicing military psychiatrist, named Dr. Jerome Davenport and his client, Antwone Fisher, a Navy sailor. The two meet because Antwone is forced to report to three therapy sessions with Dr. Davenport for fighting with a fellow shipmate. Their relationship evolves past the three mandatory sessions and during the course of their meetings, both men reveal with one another their own personal obstacles and trauma. Consequently, the two are faced with ethical dilemmas that challenge appropriate professional conduct and ethical codes.

#### **Confidentiality**

During their therapeutic relationship, Dr. Davenport breaches client confidentiality requirements as articulated by the American Counseling Association (ACA) 2014 Code of Ethics and Health Insurance Portability and Accountability Act (HIPAA). For example, in the film Dr. Davenport maintains client files unprotected at his home. The ACA Code of Ethics Standard B.6.a. states that all client files need to be maintained in a protected setting that only certified persons have access to in order to maintain client confidentiality (ACA Governing Council, 2014). In addition, according to Lane (2013), in the state of Colorado, Dr. Davenport would be in violation of C.R.S. § 12-43-218, which states that registered psychotherapists “shall not disclose any knowledge of confidential communications acquired” during therapy (p. 17). Moreover, in order to be HIPAA-compliant, Dr. Davenport is required to agree to “protect against disclosure of information that may be extremely personal and private” (Lane, 2013, p. 59). In essence, if Dr. Davenport’s client files are not safely locked away, then he is not protecting his client’s confidentiality to the best of his ability.

Another breach of confidentiality involves Dr. Davenport introducing Antwone to his wife and disclosing that Antwone is Dr. Davenport's client. Under ACA 2014 Code of Ethics Standard B.1.c., practicing clinicians "do not share confidential information without client consent or without sound legal or ethical justification" (ACA Governing Council, 2014). And although Antwone did not seem to mind being introduced as a current client to Dr. Davenport's wife, Dr. Davenport had not acquired Antwone's consent to do so. While Dr. Davenport did not disclose specific information about Antwone's situation, the mere reference to him as a client constitutes a breach of confidentiality.

Furthermore, Dr. Davenport appears aboard Antwone's ship and discusses therapeutic issues within hearing distance of fellow Navy mates, and at one point while Antwone is in jail, Dr. Davenport visits his client in the jail and continues to discuss therapeutic issues and confidential information in front of police officers and other inmates. All of these instances blatantly violate ACA Code of Ethics Standard B.3.c., which asserts that clinicians "discuss confidential information only in settings in which they can reasonably ensure client privacy" (ACA Governing Council, 2014). The negative repercussions to Dr. Davenport's disregard of this standard may have resulted in damaging and possibly re-traumatizing criticism from Antwone's fellow Navy sailors.

Lastly, Dr. Davenport attempts to terminate therapy with Antwone in a public restroom, where other sailors can overhear their conversation. In this case, Dr. Davenport is not only breaking ACA Code of Ethics Standard B.3.c., he is also violating ACA Code of Ethics Standard A.11.c. Standard A.11.c. states that clinicians are mandated to "terminate a counseling relationship when it becomes reasonably apparent that the client no longer needs assistance...[and] provide pretermination counseling and recommend other service providers when necessary" (ACA

Governing Council, 2014, p. 6). Because Dr. Davenport terminated therapy in a public arena, he did not therapeutically terminate the counselor-client relationship, nor did he recommend another therapist for Antwone. The ramifications of Dr. Davenport's negligence might have reversed any therapeutic progress that the client had obtained, and could have led to a potentially violent situation. The unprofessional and unethical manner in which he terminated with Antwone may have also led to Antwone reporting Dr. Davenport to the appropriate authorities. Thus, Dr. Davenport abandoned his responsibility "to respect the dignity and to promote the welfare" of his client in accordance with Standard A.1.a. (ACA Governing Council, 2014, p. 4.)

### **Professional Boundaries**

However, Dr. Davenport continually struggles to maintain professional boundaries with Antwone during the course of therapy. On several occasions, Dr. Davenport approaches Antwone in his private life (personal quarters and graduation ceremony) to discuss the client's personal experiences and misfortunes. Dr. Davenport gives Antwone his personal phone number to do an "off the clock" check-in. And after meeting Dr. Davenport's wife, Antwone is invited to attend their family's Thanksgiving dinner, and Antwone is introduced to Dr. Davenport's family.

Dr. Davenport has a legal and ethical obligation to do no harm to his client. Because of pervasive personal issues and vague boundaries, Dr. Davenport placed Antwone in potentially harmful situations (e.g. family Thanksgiving dinner). And furthermore, Dr. Davenport could have put his own family at risk by giving out his personal phone number and creating an unhealthy dependency with Antwone. While the ACA has found difficulty defining the complexity of dual relationships, they have provided guidelines stating that "nonprofessional relationships should be avoided," (ACA Governing Council, 2014, p. 5).

Moreover, at one point during their few sessions together, Antwone states, “Why do I need to look for my family when I have you doc,” which insinuates that a dependent relationship has been developed between Dr. Davenport and Antwone. At this point, Dr. Davenport should have discouraged the potential boundary issues that could occur as a result of Antwone’s comment. According to Remley & Herlihy (2010), counselors (or any other practicing therapist) have the obligation to avoid promoting a dependent counseling relationship with a client. It should be known that even if it is not necessarily the counselor who is encouraging the dependent relationship, it is essential that the counselor identify the dependency and take precautions to help the client move toward independence.

### **Ethical Decision Making**

When faced with difficult ethical dilemmas, it is imperative for counselors to follow an ethical decision making model. The model followed below is an integration of many widely accepted ethical decision-making models in the counseling profession and was developed as part of course assignment (Arman, 2013) in the Division of Counseling and Family Therapy at Regis University in Denver, Colorado.

First, Dr. Davenport should *identify the issue*. In this case, the issue might be counter-transference due to poor professional boundaries. After establishing the core issue, Dr. Davenport would want to examine the *origin of the issue*. In this case, Thus, Dr. Davenport likely has personal family issues that are presenting themselves in Dr. Davenport’s interaction with Antwone.

After reflecting on the issue and its origin, Dr. Davenport would want to be sure to *document* his interactions with Antwone related to the ethical dilemma. For instance, in documenting interactions with Antwone, Dr. Davenport would want document the times that Antwone showed

up at his home uninvited. He would also want to document how his non-professional relationship with Antwone was beneficial in advancing his client's treatment goals. In accordance with Standard A.5.d., Dr. Davenport must document, "the rationale for such an interaction, the potential benefit, and anticipated consequences for the client or former client and other individuals significantly involved with the client or former client...such interactions should be initiated with appropriate client consent" (ACA Governing Council, 2014, p. 5). Moreover, the pervasive trauma that Antwone has experienced, as well as the absence of meaningful relationships in Antwone's life, would be relevant information to have on file.

Additionally, Dr. Davenport would want to *identify the potential issues* that have developed or could develop in the future. In the movie, Dr. Davenport violated ethical codes and laws related to protecting the confidentiality of his client, and the Finally, Dr. Davenport formed a dual relationship with Antwone by becoming his friend and father figure, as well as his counselor.

After identifying the potential issues, Dr. Davenport should *review the ethical codes* that pertain to current and prospective issues listed above. In reference to his breach of confidentiality, Dr. Davenport would want to review Standards B.1.c., regarding *Respect for Confidentiality*, as well as Standard B.3.c. in reference to *Confidential Setting* (ACA Governing Council, 2014). Dr. Davenport would also want to review Standard A.5.c., which pertains to *Nonprofessional Interactions or Relationships (other than sexual or romantic interactions or relationships)* and the associated Standard A.5.d., which explains the *Potentially Beneficial Interactions* of developing a non-professional relationship with a client in order to aid the therapeutic process (ACA Governing Council, 2014). Lastly, Dr. Davenport would want to review Standards A.11.a,

A.11.c., and A.11.d. to reference proper termination and referral (ACA Governing Council, 2014).

Dr. Davenport should then examine the *appropriate action* that would address the potential risks and solutions created by his actions. First, he would want to openly discuss the countertransference with Antwone. He would want to examine the risks of his own issues interfering with Antwone's progress and maintain awareness of his countertransference, perhaps through professional consultation, supervision, or counseling. Second, if it becomes harmful to the therapeutic experience, then he should begin the process of appropriate termination and service transfer as mandated in the ACA Code of Ethics. Third, Dr. Davenport should establish ground rules for future sessions (e.g. all sessions take place in the office and therapeutic issues are only discussed during those sessions).

Because Dr. Davenport broke several laws and ethical codes and could experience reprimand for his violations, the consequential *potential outcomes* of his ethical decisions and failure to follow an ethical decisional making model are vast. Dr. Davenport might witness Antwone experience abandonment issues due to Dr. Davenport's failure to terminate the therapeutic relationship in an appropriate fashion. And Dr. Davenport put his own family at risk by releasing his personal life to a client (e.g. giving out his personal number and inviting Antwone to Thanksgiving dinner).

Finally, Dr. Davenport would need to *take action*. It would be advisable for Dr. Davenport to discuss his ethical dilemma with his superior officer for consultation. He would hopefully obtain the support of his supervisor as well as the Naval institution within which he works. He would also have extensive documentation of procedures, incidences, and therapeutic growth that would substantiate his case. He would also want to have certain procedures in place to pro-

mote awareness prevent future dilemmas and countertransference (e.g. personal therapist to work through personal issues).

### **Conclusion**

Practicing counselors and psychotherapists are consistently confronted with ethical dilemmas. Some issues can be easily avoided (e.g. locking up client files) and others occur that are out of our control. However, it is not the event itself, but how we prepare for and respond to it that matters. Having a course of action available when ethical dilemmas occur can save a career or a life. While it is essential to understand ethical regulations, standards, and laws, it is also crucial to understand ourselves and our own morals and values. If a therapist makes a conscious decision to bend or even disregard ethical codes and standards in favor of achieving a therapeutic goal, wisdom dictates that an ethical decision making model be implemented and supported prior to taking any such action. Practicing counselors should avail themselves to the newest edition of the *2014 ACA Code of Ethics* (ACA Governing Council, 2014) and use these standards to guide their ethical decision making now and in the future.

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