

**Third-Order Ethics** (from McDowell, Knudson-Martin & Bermudez, work in progress)

<i>ANVIET Guideline</i>	<i>Examples of Examining Ethical Positioning from 3<sup>rd</sup> Order Perspectives</i>
<p><b>Attune:</b> Understand, resonate with, and respond to experience within societal contexts</p>	<p>How may power differences in our social locations affect the therapist-client relationship?</p> <p>How do dominance structures influence expectations regarding social worth/value as we develop clinical goals?</p> <p>Whose interests are supported by potential clinical goals? Whose are suppressed or overlooked?</p>
<p><b>Name:</b> Identify what is unjust or has been overlooked - amplify silenced voices</p>	<p>What skills or qualities discredited in the larger societal context need to be validated within this therapy?</p> <p>How could this therapy further discredit or pathologize skills and qualities not valued in the dominant discourse?</p> <p>How could power differences between therapist and client(s) silence voice and perspectives? How may these be nuanced due to intersecting social locations?</p> <p>What injustices or masked power differences need to be made visible?</p>
<p><b>Value:</b> Acknowledge the worth of that which has been minimized or devalued.</p>	<p>Whose values do our clinical goals and therapeutic stance represent and support?</p> <p>What societally overlooked values and characteristics do we need to value so that our therapy promotes justice?</p> <p>What will our therapeutic interventions look like when we validate and enact qualities disvalued and discouraged in the dominant culture?</p>
<p><b>Intervene:</b> Support relational equity; disrupt oppressive power dynamics.</p>	<p>How may the larger context of therapy and workplace inadvertently replicate oppressive power dynamics?</p> <p>What is required on the part of the therapist to insure that therapy does not reproduce power inequities?</p> <p>How can my in-the-moment clinical interventions take into account and interrupt power inequities and support equity?</p>
<p><b>Envision:</b> Provide space to imagine just relational alternatives.</p>	<p>How do the ways we conceptualize and discuss client cases make space for us to envision and support just relational alternatives?</p> <p>How do I envision my work with these clients supporting justice in their lives and the larger mental health system?</p>
<p><b>Transform:</b> Collaborate to make what is imagined real - third order change</p>	<p>How do my ethical positioning and clinical interventions support just relational outcomes?</p> <p>How does our therapeutic process promote justice while taking into account complexities regarding cultural values, societal limits to autonomy, and potential costs of resistance?</p> <p>How do we recognize and encourage equity within this therapy and the larger clinical system? Who do we draw on for support?</p>