

The Merrill Counseling Series

6TH EDITION

ETHICAL, LEGAL, AND PROFESSIONAL ISSUES IN COUNSELING

THEODORE P. REMLEY, JR. BARBARA HERLIHY



S I X T H E D I T I O N

ETHICAL, LEGAL, AND PROFESSIONAL ISSUES IN COUNSELING

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PREFACE

We are pleased that this text is now in its sixth edition and has been adopted for master's and doctoral courses in ethics in so many counseling graduate programs throughout the United States and abroad. We set out to write a text on ethics, law, and professional issues in counseling that would provide basic information for graduate students in these areas and would offer sound practical advice for counseling practitioners. Faculty members and students who have used this text in their teaching and learning have told us they find it to be comprehensive, rich with examples, and written in a style that makes complex material accessible.

We think you will find it useful to know something about us, the co-authors, and how we came to write this text. From 1997 to 2006, we were both professors in the counseling graduate program at the University of New Orleans. Ted Remley is an attorney with several years of legal experience and also has been a school and community college counselor. Barbara Herlihy has worked as a school counselor and a licensed professional counselor in private practice and community agency settings. She currently is a counselor educator with special interests in counselor ethics and social justice.

Before we became colleagues at the same institution, we worked together over many years, co-authoring articles and presenting numerous workshops on law and ethics in counseling. It was through these workshops that the idea for this text was born. The counselors who attended our workshops had much in common, although they practiced in a variety of settings with diverse clientele. They shared a deep and abiding commitment to the welfare of their clients, a desire to stay current with the ethical standards of their profession, and a need to feel competent in dealing with legal issues that arose in their work. At the same time, they sometimes felt overwhelmed by the complex and conflicting demands of situations they encountered. They frequently had difficulty distinguishing between legal and ethical issues. As we worked together in our presentations to these counselors, we found that we very rarely disagreed with each other, but we did bring differing perspectives. Barbara's ethics orientation led her to focus on client welfare and to emphasize protecting the client. Ted's legal orientation helped us to consider another dimension—that of protecting the counselor. We believe both perspectives are important.

Because both of us regularly teach graduate courses in professional orientation and ethics, we found ourselves discussing the need for a text written specifically for counselors that would address ethical, legal, and professional issues. Thus, out of our backgrounds and shared interests was conceived a text that is unique in that it approaches each professional issue in counseling from both an ethical perspective and a legal viewpoint. We believe you will find this integrated approach particularly helpful as you grapple with the complexities inherent in the work of the counselor.

We also believe that the best learning is active rather than passive, and personalized rather than abstract. We hope that you will actively discuss and even argue about the issues that are raised throughout the text and that you will work to develop your own personal stance on these issues. Typical situations and dilemmas that counseling practitioners encounter are presented in each chapter. We ask you to imagine that you are the counselor in each case study and to attend to what you would think, how you would feel, and what you might do in the situation. In these case studies, as in real life, there is rarely a single right answer to the counselor's dilemma, so we hope that the situations will spark lively discussion.

NEW TO THIS EDITION

- *Added case studies with discussion.* One or more case studies that explore ethical, legal, and professional issues in counseling have been added to each of the 16 chapters. At the conclusion of each case, we provide our best thinking as counselor educators who specialize in ethics and law in counseling.
- *Integrated discussion of multiculturalism, values, social justice, and advocacy.* We have revised Chapter 3 extensively to provide an integrated discussion of the interrelated issues of multicultural competence, counselor values, social justice, and advocacy.
- *Expanded coverage of the issues surrounding values-based referrals.* In Chapter 7, we have expanded on our discussion of competence-based versus values-based referrals of clients to other mental health professionals. We clarify that referrals can be due to skill-based competence, but that a claim of lack of competence cannot be used as a justification for engaging in discrimination.
- *Detailed the types of lawsuits that have been brought against counselors and types of complaints received by state licensing boards.* In Chapter 8, we have added a discussion of lawsuits brought against counselors after their clients committed suicide and have offered specific guidelines for avoiding lawsuits and licensure board complaints.
- *Included non-suicidal self-injury (NSSI).* In Chapter 8, we summarize the current literature on client self-injury and offer suggestions for providing clinical services to those clients.
- *Added recent information related to client sexting and telecounseling.* In Chapter 10, we address new developments in technology that continue to affect the practice of counseling.

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PROFESSIONAL ORIENTATION

Because this text is intended primarily for prospective counselors, most readers are likely to be graduate students in counselor education programs. However, many counselors who are already practicing use this text as a resource to help them address legal and ethical issues. As you digest and discuss the material, we hope you will develop a thoughtful understanding of ethical, legal, and professional issues in counseling. These issues, collectively, make up the *professional orientation* content area of your graduate studies.

A fundamental part of your professional development as a counselor is to acquire a firm grounding in the area of professional orientation. This content area includes three main components:

- ***Developing a professional identity as a counselor.*** This includes understanding the history and development of counseling and related professions, knowing the professional roles and functions of counselors and how these are similar to and different from other professions, learning about and becoming involved in professional organizations, gaining awareness of counselor preparation standards and credentialing, knowing how to advocate for your clients and your profession, and developing pride in your profession. Professional identity is discussed in detail in Chapter 2.
- ***Learning about ethics.*** This involves becoming familiar with ethical standards for counselors, understanding the ethical issues that counselors encounter, developing ethical reasoning and decision-making skills, and being able to use an ethical decision-making model to apply your knowledge and skills in your day-to-day professional activities.
- ***Learning about the law as it applies to counseling.*** This includes being able to distinguish among legal, ethical, and clinical issues; acquiring a basic knowledge of legal issues in counseling and laws that affect the practice of counseling; and knowing what to do when you are faced with a legal problem.

FOCUS QUESTIONS

1. Assuming that you are a moral and responsible person (as are most counselors), why do you think it is important for you to study ethical and legal principles and the decision-making process?
2. What are the differences among legal, ethical, and professional behaviors?
3. What resources can you use when you need help in resolving an ethical dilemma?
4. How should you get legal advice when a legal issue presents itself?

The importance of professional orientation is evident in standards for preparation and credentialing of counselors. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) sets standards for counselor preparation and accredits training programs that meet these standards. A primary purpose of the CACREP Standards (2016) is to ensure that students graduate with a strong professional identity. CACREP requires the curriculum for counselors in training to include studies that provide an understanding of professional functioning. Required studies include, but are not limited to, the history and philosophy of the profession, counselor roles and functions, professional organizations, professional credentialing, advocacy to address social justice issues on behalf of clients and the counseling profession, ethical standards, and applications of ethical and legal considerations (CACREP, 2018).

The National Board for Certified Counselors (NBCC), a voluntary organization that credentials counselors, also requires the counselors it certifies to complete course work in the area of professional orientation to counseling (NBCC, 2018). If you plan to become licensed as a professional counselor, you should be aware that state counselor licensure boards mandate that licensees demonstrate knowledge of professional orientation issues, which include ethical and legal issues.

Beyond external requirements, it is essential that you develop a strong professional identity as a counselor during this time when our profession is facing both new and ongoing challenges from other mental health professions. Counseling is a relatively young profession, and recent evidence indicates that the general public is not as aware of professional counselors' identity compared to psychologists, social workers, and psychiatrists (MacLeod, McMullen, Teague-Palmieri, & Veach, 2016). You may be asked, "What kind of counselor are you?" or "Is being a counselor like being a psychologist?" or "How are counselors different from social workers?" These are legitimate questions, and you must be prepared to clearly explain who you are as a member of a professional group, what you believe, how you are similar to other mental health professionals, and, more important, how you are different. You must also be prepared to practice in ways that are ethically and legally sound and that promote the welfare of your clients. Information throughout this text will provide you with an understanding of your chosen profession of counseling and will prepare you to practice in an ethical and legal manner.

We hope that seasoned practitioners, as well as counselors in training, will read this text and find it useful. Professional, ethical, and legal standards are constantly changing, and it is important to keep up to date. Also, as Corey, Corey, and Corey (2019) have pointed out, issues that students and beginning practitioners encounter resurface and take on new meanings at different stages of one's professional development.

Morals, Values, and Ethics

The terms *morals*, *values*, and *ethics* are sometimes used interchangeably, and they do have overlapping meanings. All three terms involve judgments about what is good and bad, or right and wrong, and all pertain to the study of human conduct and relationships. Nonetheless, distinctions must be drawn when these terms are applied to the behaviors of professional counselors.

The term *moral* is derived from the Latin word *mores*, which means customs or norms. Moral actions are determined within a broad cultural context or religious standard. Although some moral principles, such as "Do no harm to others," are shared by most civilized groups of people, how these moral principles are interpreted and acted on will vary from culture to culture and from individual to individual within a culture. Thus, conduct that you evaluate as moral might be judged as immoral by another person or by people in another society. It is important to remember that what you view as moral behavior is based on your values. In this text, when we refer to moral conduct, we ask you to think in terms of your *personal* belief system and how this affects your interactions with others in all aspects of your life.

Although values are very similar to morals in that they serve as a guide to determining what is good or right behavior, we use the term *values* to apply more broadly to both the personal and professional functioning of counselors. Our *personal* values guide our choices and behaviors, and each of us holds some values more strongly than other values (Strom-Gottfried, 2007). Although your value system is unique to you, it has been influenced by your upbringing, the culture in which you live, and quite possibly your religious beliefs. What is important about your personal values as they relate to professional practice is that you have a high level of self-awareness of your values, and that you learn to *bracket* (Kocet & Herlihy, 2014), or set aside, your personal values within the counseling relationship. One of the hardest lessons counselors must learn is to respect values that are different from their own and to avoid imposing their own personal values on their clients. It is particularly difficult to avoid imposing your values when an implicit bias (a bias of which you are not aware) is at work, or when a client holds values that are very different from yours. For example, if you believe deeply that a fetus is a human being and that abortion is morally wrong, then it will be challenging for you to keep your values in check as you counsel a woman who is considering having an abortion (Millner & Hanks, 2002). Similarly, it may be difficult for you to counsel clients who are seeking divorce if you believe strongly in the sanctity of marriage. A series of court cases have involved counselors with strong religious beliefs who declined to counsel lesbian, gay, bisexual, and transgender (LGBT) clients. Partly because of the controversy generated by these court cases, the recently revised *Code of Ethics* of the American Counseling Association (2014) includes several standards that make it quite clear that counselors must avoid imposing their own personal values on their clients.

Members of the counseling profession share certain *professional* values. These include enhancing human development across the life span, honoring diversity and embracing a multicultural approach, promoting social justice, safeguarding the integrity of the counselor–client relationship, and practicing competently and ethically (ACA, 2014, *Code of Ethics* Preamble). These core values are articulated in the code of ethics to help acculturate students to the expectations of the profession (Francis, 2015). If a counseling student’s personal values were so strong that he or she could not learn to counsel clients who held differing beliefs, or if a student could not embrace the professional values of the profession as articulated in the ethics code, we would be concerned that the student is not well suited for the counseling profession.

1-1 The Case of Carole

Carole is a master’s student in counseling who is enrolled in her practicum course and has begun to work under supervision with her first clients. Carole self-identifies as mixed-race Hispanic; her father is White, and her mother emigrated from a country in Central America. Carole grew up hearing stories of the oppression and violence her mother had experienced in her home country before coming to the United States, and she has been saddened and angered to see the prejudice that her mother continues to encounter as a Hispanic American.

Now in her sixth week of practicum, Carole has received positive feedback about her work with clients. Today, however, she had a new client named Frank who sought counseling for depression that he believes is caused by his inability to find a job. During the session, Frank spoke at length and with bitterness about immigrants from Mexico and Central American countries who “have taken all the jobs that rightfully belong to real Americans.” He used a number of racial slurs as he was speaking. Carole found herself feeling angry with Frank, and she struggled through the session.

During her feedback session regarding her work with the client, Carole acknowledged that she had performed poorly in the counseling session and insisted that she would never be able to work with clients like Frank who were prejudiced against people who share her heritage. She asked to be reassigned to a different client.

- What do you think of Carole's request to be reassigned so that she will not have to continue working with Frank?
- If you were Carole's supervisor, what would you tell her?

Discussion: Although Carole's emotional reaction to the client's prejudice toward people who share her heritage is understandable, she must learn to bracket or set aside her personal values within her counseling sessions. Her supervisor will work with her to help her process her reaction and learn to effectively counsel clients who "push her personal buttons." Actually, Carole is fortunate to have encountered a client like Frank while she is in her practicum and can receive the assistance she needs to become competent to work with such clients. Her supervisor will make it clear that referring Frank to a different counselor is not the solution to her difficulties and that Carole is expected to develop the competence to work with clients who evoke uncomfortable personal reactions.

Ethics is a discipline within philosophy that is concerned with human conduct and moral decision making. Certainly, you have developed your own individual ethical stance that guides you in the ways you treat others, expect them to treat you, and make decisions about what behaviors are good or right for you. In this text, however, we think of ethics as it relates to the profession of counseling; that is, ethics refers to conduct judged as good or right for counselors as a professional group. When your fellow professionals have come to sufficient consensus about right behaviors, these behaviors have been codified and have become the ethical standards to which you are expected to adhere in your professional life (ACA, 2014). Therefore, think about ethics as referring to your *professional* behavior and interactions. Keep in mind that ethics must prevail over your personal values when value conflicts arise within a counseling relationship. Because the counseling relationship exists to benefit the client, you must avoid imposing your own values on your clients.

Legal, Ethical, and Professional Behavior

Law is different from morality or ethics, even though law, like morality, is created by a society, and like ethics, it is codified. Laws are the agreed-upon rules of a society that set forth the basic principles for living together as a group. Laws can be general or specific regarding both what is required and what is allowed of individuals who form a governmental entity. Criminal laws hold individuals accountable for violating principles of coexistence and are enforced by the government. Civil laws allow members of society to enforce rules of living with each other.

Our view is that there are few conflicts between law and ethics in professional counseling. Keep in mind, though, that there are important differences. Laws are created by elected officials, enforced by police, and interpreted by judges. Ethics are created by members of the counseling profession and are interpreted and enforced by ethics committees and licensure and certification boards. Laws dictate the *minimum* standards of behavior that society will tolerate, whereas ethics pertain to a wider range of professional functioning. Some ethical standards prescribe the minimum that other counselors will tolerate from fellow professionals (for example, sexual or romantic relationships with clients are prohibited), and some standards describe ideal practices to which counselors should aspire (for example, counselors aspire to foster meaningful and respectful professional relationships).

Rowley and MacDonald (2001) discussed the differences between law and ethics using concepts of culture and cross-culture. They argued that “law and ethics are based on different understandings of how the world operates” (p. 422). These authors advise you to learn the different culture of law, seek to understand how law operates, and develop collaborative partnerships with attorneys. We agree with the perspective that the cultures of counseling and law are different and that seeking legal advice is often an important step in the practice of counseling.

Where does the notion of *professionalism* fit into the picture? Many factors—including the newness of the counseling profession, the interpersonal nature and complexity of the counseling process, and the wide variety of types of counselors and their work settings—make it essential for counselors to conduct themselves in a professional manner. It is not easy to define what it means to be *professional*, and we discuss this in more detail in Chapter 2. Legal standards are the minimum that society will tolerate from a professional. Ethical standards occupy a middle ground, describing both the minimal behaviors expected of counselors and the ideal standards to which counselors aspire. Although professionalism is related to ethics, it is possible to be unprofessional without being unethical. For instance, a counselor might frequently run a bit late for counselling sessions, which might be considered unprofessional but would not be unethical. By contrast, if a counselor were to enter into an intimate relationship with a client, this behavior would be immoral, unethical, illegal, and unprofessional, and would violate the professional values that counselors strive to uphold.

Professionalism is closely related to the concept in a profession of *best practice*, and perhaps the concepts of law, ethics, and best practice in the field of counseling are on a continuum. Best practice is the very best a counselor could be expected to do. Best practice guidelines are intended to provide counselors with goals to which they can aspire, and they are motivational, as distinguished from ethical standards, which are enforceable (Marotta & Watts, 2007).

Although there is no consensus among counseling professionals about what constitutes best practice (Marotta, 2000; Marotta & Watts, 2007), you will want to strive to practice in the best possible manner and provide the most competent services to your clients throughout your career. Meeting minimum legal standards or minimum ethical standards is not enough for the truly professional counselor. Professionalism demands that you be the best counselor for your clients that you are capable of being.

1-2 The Case of Alicia

Alicia will be seeing a 16-year-old minor for his first counseling session. Alicia knows that legally and ethically she must have one of his parents sign an agreement for her to disclose information regarding his sessions to his parent’s health insurance company so that the parent will be reimbursed partially for the cost of her counseling services. Alicia also is aware that, according to the ACA Code of Ethics (2014), she may include parents in the counseling process, as appropriate (§A.2.d.; §B.5.b). However, she realizes how important confidentiality is to adolescents, and she wants to provide services to this minor in a way that would meet best practice standards.

- What are some of the things Alicia might do in this situation to go beyond what is minimally required by law or the code of ethics?
- How will Alicia know if what she finally decides to do is best practice?

Discussion: You will have the information you need to answer these questions after you have read material on ethical decision making, informed consent, confidentiality, and counseling minor clients, all presented later in the text. For now, a brief answer is that Alicia would be well advised to hold a conversation with both the client and his parent(s) present, in which she discusses confidentiality

and its limits (including the information she would share with the insurance company). Including the client in the decision-making process is good practice, and Alicia can ask the client to sign the agreement to signify his assent, in addition to having the parents sign to give legal consent. Best practice for Alicia will mean keeping a careful balance, honoring both her minor client's right to privacy and his parents' rights to information about their son, and working to establish and maintain a cooperative relationship with all parties.

A Model for Professional Practice

One source of very real frustration for prospective and beginning counselors is that there are so few absolute, right answers to ethical, legal, or best practice questions. Throughout your career, you will encounter dilemmas for which there are no *cookbook* solutions or universally agreed-upon answers. We visualize professional practice as entailing a rather precarious balance that requires constant vigilance. We also see counseling practice as being built from within the self but balanced by outside forces, as shown in Figure 1-1.

In this model of professional practice, the internal building blocks are inside the triangle. The most fundamental element, at the base, is *intentionality*. Being an effective practitioner must start with good intentions, or wanting to do the right thing. The overwhelming majority of counselors have the best intentions; they want to be helpful to those they serve.

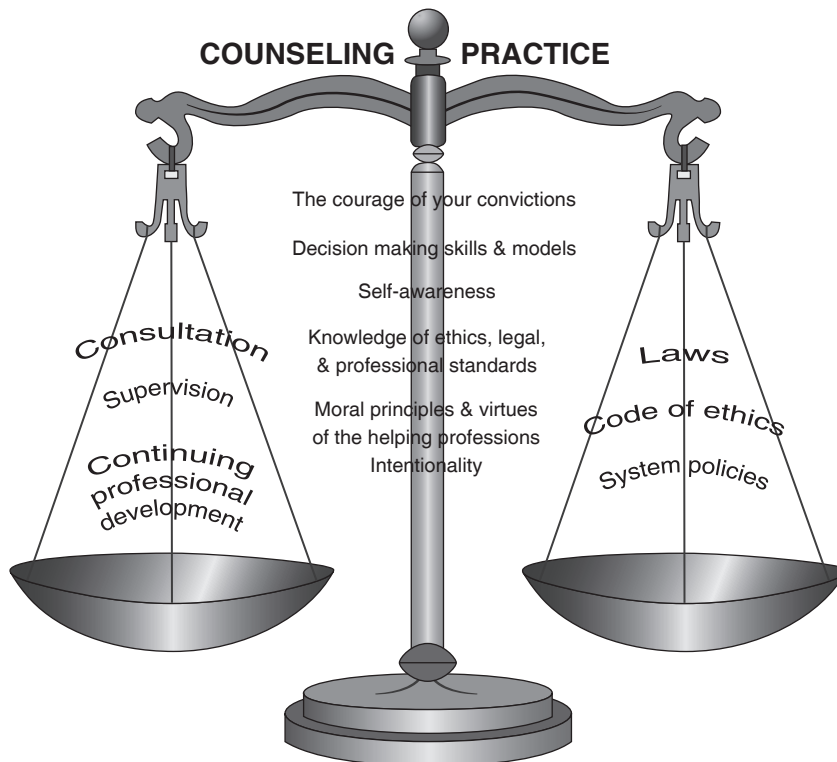


FIGURE 1-1 Professional practice—built from within and balanced from outside the self

The second building block contains *principles and virtues*. Principles and virtues represent two philosophies that provide the underpinnings for ethical reasoning. Moral principles are a set of shared beliefs or agreed-upon assumptions that guide the ethical thinking of helping professionals (including physicians, nurses and other medical specialists, teachers, and mental health professionals). Basic moral principles include respect for autonomy (honoring freedom of choice), nonmaleficence (doing no harm), beneficence (being helpful), justice (fairness), fidelity (being faithful), and veracity (being honest). Virtue ethics focuses on the traits of character or dispositions that promote the human good. We discuss these in more detail later in this chapter.

The third element is *knowledge* of ethical, legal, and professional standards. You will find that a wealth of resources is available to you as you work to gain, maintain, and expand your knowledge base. Texts such as this one, casebooks, professional journals, codes of ethics, workshops and seminars, professional conferences, some Internet sites, and your supervisors and colleagues are all excellent resources that can help to increase your knowledge.

The fourth element is *self-awareness*. As discussed earlier in this chapter, counselors must maintain a high level of self-awareness so that they do not inadvertently impose their own values, beliefs, and needs onto their clients. Knowledge of ethical, legal, and professional standards is not sufficient; best practice is achieved through constant self-reflection and personal dedication, rather than through mandatory requirements of external organizations (Francis, 2015).

Even after you have developed a solid knowledge base and the habit of self-reflection, you must have *skills* for applying your knowledge and reasoning through the questions and dilemmas that will arise in your practice. You are expected to have a *model* that will serve as a road map to guide your ethical decision making and bring some consistency to the process.

The final internal element is *the courage of your convictions*. This element can challenge even the most conscientious counselors who have the best intentions. As a counselor, you will face ethical quandaries. It can take courage to do what you believe is right, especially when there is a high cost to yourself, when your personal needs are involved, when you know that others may not agree with or approve of your actions, or when (as is the case in ethical dilemmas) there is no single, clear, right answer to the problem.

The following are some examples of ethical quandaries that take courage and that involve the behavior of other counseling professionals: What if you know that one of your professors has published, under her or his own name only, an article based largely on a paper you wrote? What if your supervisor at your internship site is engaging in a behavior that you strongly believe is unethical? What if you know that one of your fellow interns, who is also your friend, is engaging in inappropriate relationships with clients? In such instances, it can be easier to *turn a blind eye* than to confront the individual involved and run the risk of retaliatory action by the professor, a poor evaluation from your supervisor, or the loss of a friend. Chapter 8 discusses important points you must consider if you suspect another professional is behaving in an unethical manner and actions you might take.

Examples of ethical dilemmas that involve your own behavior include the following: What if you know that you are supposed to maintain personal boundaries between you and your clients, but just once you agree to allow a client to buy you a cup of coffee and have a social conversation after a session has ended? What if you know you are supposed to render diagnoses of mental and emotional disorders for your clients based on criteria in the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (American Psychiatric Association, 2013), yet you generally render the same diagnosis of *adjustment disorder* for most clients because you think this diagnosis is the least stigmatizing? What if you report to a counselor certification board that you attended a continuing education workshop you paid for, even though you did not actually attend it? In these situations, it

might be tempting to make some minor compromises to your usual ethical behavior, especially when you feel that no harm comes to a client or to anyone else as a result.

Nonetheless, if you do nothing when you know the behavior of other professionals is unethical, or if you compromise your own ethical behavior, you may be setting foot on an ethical slippery slope. The *slippery slope phenomenon* is a term used by moral philosophers to describe what happens when one begins to compromise one's principles—it becomes easier and easier to slide down the slope, diminishing one's sense of moral selfhood along the way.

The diagram of the model also includes external forces that can support counselors in their efforts to maintain sound, professional practice. External sources of guidance and support include consulting with colleagues, seeking supervision, and increasing your knowledge and skills through continuing education activities. Your code of ethics is certainly a major source of guidance. Some laws support counselors in fulfilling ethical obligations; for example, privileged communication statutes can help you to uphold your clients' confidentiality when called to testify in court or produce records. The system (school, agency, or institution) in which you are employed may also have policies on which you can rely when confronted with a challenge or a request to compromise your ethics.

PROFESSIONAL ETHICS

Concern about ethics acknowledges the awesome responsibilities inherent in the practice of counseling. A counselor's work can make a difference in whether an abused child's life situation is recognized and addressed, whether a battered spouse finds the self-affirming courage to move to a safe environment, or whether a suicidal client finds the hope needed to choose life. Other clients come with less dramatic, more mundane problems, yet counseling can play a vital role in their struggle to lead more meaningful and effective lives (Pope & Vasquez, 2016). Ethical counselors take these responsibilities seriously.

Foundations of Ethics

For many centuries, philosophers have debated what characterizes a moral and ethical person and how to behave in a moral and ethical manner, and these issues have been addressed within the helping professions since ancient times. The Hippocratic Oath was written about 2,500 years ago in ancient Greece, and in fact Greek philosophers such as Plato and Aristotle created most of the ethical principles that helping professionals use today.

Theories of Ethics

Ethical theories provide a framework that counselors can use to decide whether an action or contemplated action is ethical. It is important for you to have an ethical theory because it will enable you to resolve the ethical dilemmas you encounter in your work and help you defend the solutions you reach. A number of ethical theories take opposing positions on what it means to be and act as an ethical person. Having some familiarity with a few of these positions may help you become aware of the approach you take in your ethical decision making as a counselor and perhaps challenge the assumptions you make. Remember that ethical reasoning is an acquired skill, not an inherent gift, and it can be sharpened through practice.

One set of opposing viewpoints on ethics is *ethical absolutism* versus *ethical relativism*. Ethical absolutists believe that there are some absolute moral standards that are universally applicable; that is, they must prevail in all circumstances and are not dependent on a person's beliefs or cultural values. These standards exist *a priori* (they exist before a situation arises) and independently of whether one believes in them. Ethical relativists, on the other hand, do not believe that any absolute

moral standards exist that can be universally applied. Rather, they take the position that if the members of a culture believe an action is morally right, then it is morally right to perform that act in that culture (Freeman, 2000). As you begin to study the codes of ethics for counselors, these codes may seem to you to be written in absolutist terms. They are written in terms such as “counselors do not . . .” and “counselors ensure that . . .,” which appear to suggest that there are absolute *dos* and *don'ts* of ethical behavior. We believe, however, that ethical standards must be interpreted in a relativistic manner, taking into account the uniqueness of the client, the situation, and any cultural variables that are involved. These distinctions should become clearer to you as you progress through the chapters of the text and begin to grapple with the ethical issues and dilemmas that are presented.

A related issue that is raised by philosophers of ethics is that of *utilitarianism* versus *deontology*, or consequential versus nonconsequential ethics. Utilitarian thought, represented by thinkers such as John Stuart Mill, argues that people should choose the act that will do the greatest good for the greatest number. In other words, an act is evaluated by its consequences. By contrast, deontologists, represented by the thinking of Immanuel Kant, believe that an action is justified by its being inherently right, not by its consequences. Another way to state this idea is that what makes an action right is the principle that guides it. This philosophical question underlies much of the reasoning that counselors use in attempting to determine what is ethical professional behavior.

A third set of opposing philosophical viewpoints has to do with what motivates people to act morally or ethically. *Egoism* is the term used to describe actions taken out of self-interest, whereas *altruism* is the word that describes actions taken to benefit others (Freeman, 2000). Most people who choose counseling as their life's work tend to see themselves as altruists, and indeed one of the most fundamental ethical values of counselors is that “client welfare comes first.” Although this ethical value is well established in the counseling profession, this does not mean that there is no place for egoism or self-interest in our work. When we consider the possible consequences of a decision or action we might take, we would be prudent to reflect on the effects that action could have on us as well as on our clients. This dual consideration of altruism and self-interest, in fact, is reflected in the differences between the ethical and legal perspectives that are presented throughout this text. The ethical perspective is focused more on the welfare and protection of the client, whereas the legal perspective is focused more on protecting the counselor.

1-3 The Case of Edward

Edward is a high school counselor. His administrative supervisor is the school principal, Ms. Wilcox. Although Ms. Wilcox has no training as a counselor, she generally has been supportive of the counselors on her staff. She asks Edward to provide, for her eyes only, a list of his clients and presenting concerns. Edward trusts the supervisor to be responsible and refrain from sharing the list with others. Nonetheless, Edward believes it would be wrong to produce the list because it would violate his clients' right to confidentiality. At the same time, he realizes he could be at risk for disciplinary action for refusing to produce the list. He thinks that no real harm would be likely to result from giving it to Ms. Wilcox. He is also concerned that a refusal could negatively affect Ms. Wilcox's supportive attitude toward the counselors.

- What should Edward do? Do you believe the *principle* of confidentiality is the overriding consideration?
- Or, do you believe that it is more important for Edward to consider the *consequences* of the decision?

Discussion: If Edward reasons that the ethical principle is most important, he would be committing himself to uphold the moral principle of fidelity. *Fidelity* refers to fulfilling a responsibility of trust in the counseling relationship: Counselors strive to be faithful to the promises they make, such as keeping clients' disclosures confidential. If Edward adheres to this line of reasoning, he could be said to be thinking as an ethical absolutist—that the principle always applies, regardless of the situation. He would also be thinking as a deontologist, by deciding that keeping the students' confidentiality is the right thing to do, regardless of the consequences. In addition, he might be relying on altruism, in that he believes that his actions must uphold client welfare rather than serve his own interests.

If Edward decides to produce the list for Ms. Wilcox, he might be motivated by egoism, or a focus on protecting himself and his fellow counselors from negative repercussions. He could be using utilitarian reasoning as suggested by Mill, that because no harm is likely to come to the students, his decision will do the greatest good for the greatest number of people—not only himself and his fellow counselors but also the students who would be better served by having a supportive school administration.

We believe the best course of action in this situation would be for Edward to have an open discussion with his principal and explain his concerns about providing her with the list of students he has seen in counseling. Hopefully, his principal will either understand his concern and withdraw her request or convince Edward of a need for the list that would override his ethical concerns about the privacy of his students.

All the theories discussed up to this point have focused on the question of what constitutes ethical action. Other theories focus on what constitutes ethical character. Virtue ethics, which originated with Aristotle, explores the question of what character traits or dispositions form the basis for right action (Wilczenski & Cook, 2011). Aristotle believed that positive personal character is developed when individuals consistently take actions that are based on their society's values. Virtue ethics focuses on individuals rather than actions and evaluates the whole individual instead of isolated decisions the individual makes. Virtue ethicists believe that moral choices cannot be made by rule; what is needed instead is good judgment.

The ethic of care, or relational ethics, is based on the recognition that human beings exist in relationship and connection with one another. Psychologist Carol Gilligan (1982), who represents this perspective, believes that ethics exist in a world of relationships in which the awareness of connection among people gives rise to a recognition that we are responsible for each other. Thus, the solution to an ethical dilemma is not found in a contest between opposing philosophies but, rather, in a strengthening of the relationship on which the actors in the dilemma depend. Feminist ethicists have further articulated the ethic of care. Manning (1992) has stated, "An ethic of care involves a morality grounded in relationship and response In responding, we do not appeal to abstract principles . . . rather we pay attention to the concrete other in his or her real situation [and to] the effect of our response on the networks that sustain us both" (p. xiv). Relational or feminist ethicists do not disagree with principle ethicists, but their focus is different—they view moral actions as those that empower individuals, promote social justice, and ensure that all people are cared for and nurtured to develop their potentials (Vasquez et al., 2008).

With these general ethical theories in mind, we now turn to a consideration of ethical reasoning as it has been applied in the field of counseling.

Linking Theory to Practice: Principles and Virtues

Thoughtful mental health professionals have struggled with questions of ethical ideals, concepts, principles, and values, and how to link these to ethical decisions in professional practice (Beauchamp & Childress, 1994; Levitt, Farry, & Mazzarella, 2015; Jordan & Meara, 1990; Kitchener, 1992; Meara, Schmidt, & Day, 1996). Two helpful perspectives are *principle ethics* and *virtue ethics*. Even though these two approaches are quite different from one another, they are complementary. When integrated into a holistic framework for ethical decision making, they can serve as a bridge from philosophy to practice.

Principle ethics have their foundation in moral principles, which are agreed-upon assumptions or beliefs about ideals that are shared by members of the helping professions. They are *prima facie* obligations that are always considered in ethical decision making (Meara et al., 1996). Although moral philosophers do not agree about the nature or number of moral principles, the following six are included in the Preamble to the *ACA Code of Ethics* (ACA, 2014):[†]

- *Respect for autonomy* means to foster self-determination. According to this principle, counselors respect the rights of clients to choose their own directions, act in accordance with their beliefs, and control their own lives. Counselors work to decrease client dependency and foster independent decision making.
- *Nonmaleficence* means to avoid actions that cause harm. This principle, long established in the medical profession, obligates counselors to avoid actions that risk hurting clients, even inadvertently.
- *Beneficence* is the counterpoint to nonmaleficence. It could be argued that the obligation of ordinary citizens in our society ends with doing no harm to others, whereas professionals have a higher obligation to provide a service that benefits society. Thus, counselors actively work for the good of individuals and society by promoting the mental health and well-being of their clients.
- *Justice* refers to the counselor's commitment to fairness in professional relationships and treating people equitably. Counselors' actions and decisions must be fair to all concerned. Justice demands equality, which has implications for nondiscrimination and equitable treatment of all clients.
- *Fidelity* refers to fulfilling a responsibility of trust in the counseling relationship by honoring commitments and keeping promises. Counselors strive to be faithful to the promises they make, such as keeping clients' disclosures confidential.
- *Veracity* means truthfulness and addresses the counselor's obligation to deal honestly with clients and others with whom they relate professionally.

Some writers have suggested additional principles such as *respect for persons*, which refers to a duty to honor others and their rights and responsibilities (Kenyon, 1999), and *self-care*, which reminds counselors that we must take good care of ourselves as a prerequisite to being able to be fully present for others (Barnett, 2008). Another principle that may have increasing salience in the future is *reparation*, which is the duty to make up for a wrong. This principle seems foundational to our profession's commitment to social justice and advocacy (which we discuss in more detail in Chapter 3).

[†]Source: Based on Preamble to the *ACA Code of Ethics* (2014), American Counseling Association.

In theory, all of these principles have equal value and should be considered along with all the others when weighing an ethical decision. In reality, however, these principles can compete with one another, and counselors may need to sacrifice one in order to uphold another. For example, a counselor of a suicidal client may decide to intervene by notifying family members against the client's wishes (thus breaching confidentiality and sacrificing fidelity) or by seeking involuntary hospitalization (thus sacrificing client autonomy) in order to uphold the obligations to prevent harm and do good (nonmaleficence and beneficence).

Virtue ethics start from a premise very different from principle ethics. The basic assumption of virtue ethics is that professional ethics involve more than moral actions; they also involve traits of character or virtue. Virtue ethics focus on the actor rather than on the action. Principle ethics ask "What should I do?"; virtue ethics asks "Who should I be?" Patterns of virtuous behavior are evident throughout the career of a professional, rather than being found in any particular action or decision. Thus, this perspective asks you to look at who you are, rather than at what you do. Certain characteristics of virtuous agents have been suggested as appropriate for mental health professionals (Meara et al., 1996). We hope that you will consider whether these characteristics represent the ideals you hold for yourself and that you will assess their relevance for you as an aspiring counselor.

- **Integrity.** Virtuous agents are motivated to do what is right because they believe it is right, not because they feel obligated or fear the consequences. They have stable moral values and are faithful to these values in their actions.
- **Discernment.** Discerning counselors are able to perceive the ethically relevant aspects of a situation, know what principles apply, and take decisive action. Discernment involves a tolerance for ambiguity, the ability to maintain perspective, and an understanding of the links between current behaviors and future consequences.
- **Acceptance of emotion.** Without discounting the value of logic and systematic deliberation about ethical issues, virtuous agents also recognize the role of emotion in ethical decisions. Rather than assume that emotion hinders reason, they believe that emotion informs reason. Virtuous counselors are compassionate and sensitive to the suffering of others.
- **Self-awareness.** Virtuous agents know their own assumptions, beliefs, and biases and how these may affect their relationships and interactions with others.
- **Interdependence with the community.** Virtuous agents realize that values cannot be espoused without awareness of context. They are connected with and understand the expectations and values of their communities.

Both perspectives—a focus on principles and a focus on virtues—can contribute to your understanding of the basis for professional ethics. Principle ethics help you to systematically evaluate what you should do when trying to resolve an ethical dilemma. Virtue ethics can help you examine your ideals and define the kind of person you aspire to be as a helping professional. Thinking about principles and virtues requires you to look inward in order to identify internal resources that can assist you in ethical decision making. There are external resources as well, and primary among these is your professional code of ethics.

Codes of Ethics

Promulgating a code of ethics is one way that a group of practitioners can establish its professional status. Codes of ethics serve several other important purposes as well. They educate members of the profession as well as consumers about what constitutes ethical practice, help to ensure accountability through enforcement of the standards, protect the profession from government by allowing the

profession to regulate itself and function more autonomously, promote stability within the profession by helping to control internal disagreement, and serve as a catalyst for improving practice (Herlihy & Corey, 2015a; Mappes, Robb, & Engels, 1985; Van Hoose & Kottler, 1985). An established code of ethics also can protect practitioners—if professionals behave according to established guidelines, their behavior is more likely to be judged in compliance with accepted standards in a malpractice suit or licensing board complaint. Most fundamentally, codes of ethics exist to protect and promote the welfare of clients.

Some counselors practice *mandatory ethics*; that is, they function at a level of ethical reasoning that merely keeps them in compliance with minimal standards. By complying with these basic *musts* and *must nots*, they meet the letter but not the spirit of the ethical standards. Those who practice at this level of ethical functioning may be motivated by a desire to avoid lawsuits, complaints to ethics committees or licensing boards, or getting into trouble in some other way. According to Pope and Vasquez (2016), counselors who set their sights at this level are vulnerable to denial and to other means of distorting, discounting, or dismissing ethical questions they encounter. Some of the self-statements that these counselors use to justify their actions include the following:

“It can’t be unethical if I don’t see it as an ethical issue.”

“It isn’t unethical if there is no ethical standard that specifically prohibits it.”

“It can’t be unethical if I know other practitioners who do it.”

“It isn’t an ethical problem as long as no client has ever complained about it.”

“It’s not unethical as long as no one finds out about it.”

Other counselors practice *aspirational ethics*, a term that describes the highest standards of conduct to which counselors can aspire. They understand the spirit behind the code and the moral principles on which it rests. They not only look outward to established standards, but also look inward and ask themselves whether what they are doing is best for their clients. Aspirational ethics, or *positive ethics* (Corey et al., 2019), means striving for the highest level of care for clients and is closely related to the concept of best practice. Rather than focusing on avoiding wrongdoing and disciplinary actions, the emphasis is on striving to do better to serve clients.

A code of ethics that would address every possible situation that a counselor might encounter would probably fill an entire library. You cannot expect your code of ethics to provide an answer to every question you might have (Birrell & Bruns, 2016). Codes are a crucial resource, but they are not a substitute for an active, deliberative, and creative approach to fulfilling your ethical responsibilities (Pope & Vasquez, 2016). You must attend to both the letter and the spirit of the code and work to understand the intentions that underlie each standard. As Herlihy and Corey (2015b) have noted, “there is a very real difference between merely following the ethics code and living out a commitment to practice with the highest ideals” (p. 13).

Your primary professional association, the ACA, has established a code of ethics to guide you in your practice (Kaplan et al., 2017). We encourage you to review it when you complete this chapter to become familiar with how the code relates to issues discussed throughout the text. The ACA Code can be found in Appendix A and at www.counseling.org. Figure 1-2 presents a brief overview of the nine sections of the code and their general provisions.

The current ACA *Code of Ethics*, adopted in 2014, is the seventh version of the ethics code established by ACA and its predecessor organizations. Development of the first code was initiated in 1953 by Donald Super, then president of the newly formed American Personnel and Guidance Association (APGA). The code was adopted in 1961. It was revised in 1974 and has been revised

Preamble describes the American Counseling Association and its members, defines counseling, and enumerates core professional values and ethical principles.

Purpose sets forth six purposes for the *Code of Ethics* and describes the ethical decision-making process.

Section A: The Counseling Relationship addresses important issues in forming, maintaining, and ending the counseling relationship. This section includes guidelines to help counselors keep client welfare foremost. It contains standards that emphasize the importance of informed consent and of avoiding the harm that can be caused by imposing one's own personal values. It provides guidance on how to maintain appropriate professional boundaries, advocate for clients, manage fees and business practices, and terminate the counseling relationship. Standards are also provided for working with multiple clients, groups, and clients served by other professionals.

Section B: Confidentiality and Privacy addresses the client's right to privacy of information shared during counseling sessions and of records. Exceptions and limitations to confidentiality are specified, and special considerations in working with families, groups, and clients who lack capacity to give informed consent are addressed. Guidelines are offered for maintaining confidentiality when consulting.

Section C: Professional Responsibility contains standards related to competence. It emphasizes the importance of advertising services and qualifications in an accurate manner. It also addresses the counselor's responsibilities to the public and other professionals and offers cautions regarding treatment modalities.

Section D: Relationships With Other Professionals offers guidelines for relationships with colleagues, employers, employees, and consultees. This section highlights the importance of respecting and establishing good working relationships with professionals in related mental health professions.

Section E: Evaluation, Assessment, and Interpretation includes standards on competence to select, use, and interpret assessment instruments. Client rights in testing, test security, and proper testing conditions are addressed. This section also includes standards related to diagnosis of mental disorders and forensic evaluations.

Section F: Supervision, Training, and Teaching presents guidelines for counselor supervisors, trainers, and educators. Responsibilities of supervisors and counselor educators are elucidated, and standards address relationship boundaries, evaluation and remediation, endorsement of students to enter the profession, and student welfare.

Section G: Research and Publication describes research responsibilities, rights of research participants, and the reporting of research results. A range of issues is covered from protection of human subjects to ethical procedures in seeking publication.

Section H: Distance Counseling, Technology, and Social Media presents guidelines to assist counselors to best serve clients using distance counseling, technology, and social media. This section addresses ethical issues that are specific to these new and emerging resources.

Section I: Resolving Ethical Issues addresses the responsibility of counselors to know ethical and legal standards and explains procedures for resolving and reporting suspected ethical violations.

Glossary of Terms provides definitions of terms used in the code.

FIGURE 1-2 ACA *Code of Ethics*: A synopsis

approximately every 7 to 10 years since that time. The current code is the result of a lengthy revision process that began in 2011, when a code revision task force was appointed to revise the 2005 code that was then in effect (Francis, 2015).

As you learn about ethical standards that you will be expected to uphold, keep in mind that codes of ethics are living documents that change over time. They are periodically revised as the profession's knowledge base grows and as consensus emerges about new and controversial

ethical issues. Although the fundamental ethical principles do not change, new questions are constantly arising as to how to apply them in a changing world of counseling practice. For instance, when computer technologies first became widely available, ethical concerns centered around the security of client information stored on computers. Later, as Internet usage burgeoned, many questions arose around the ethics of Internet counseling. Today, the popularity of social media has raised a different set of issues, such as whether counselors should *friend* clients, former clients, or supervisees. These developments led to the creation of a separate section on distance counseling, technology, and social media (ACA, 2014, §H) that reflects current issues when counselors use electronic means to provide services, store records, advertise their services, and communicate with clients (Francis, 2015).

It is also important to keep in mind that, historically, counseling has not been a unified profession. Codes of ethics have proliferated as various specialty groups within counseling (Jordan, 2001a; Kelly, 2001), certification bodies, and state licensure boards have developed their own ethical standards. When you are established in your own professional practice, it is likely that you will hold multiple affiliations and will be bound to know and adhere to multiple codes. For instance, you might be a member of ACA and several of its divisions that have published specialty guidelines or separate codes of ethics (Froeschle & Crews, 2010; Hicks, Noble, Berry, Talbert, Crews, & Li, 2014), be a national certified counselor (NCC), and be licensed as a counselor in your state. Holding each of these credentials will require you to abide by its particular code of ethics. The existence of multiple codes of ethics has created difficulties in enforcement, confusion for consumers of counseling services, and confusion for counseling professionals themselves (Herlihy & Remley, 2001). Efforts are being made by various organizations to bring standards into alignment; for example, the ACA Ethics Committee reviews the codes of ethics and guidelines for best practice of its divisions to ensure that they are consistent with the ACA *Code of Ethics*. Yet, until a single, universally accepted code of ethics for the counseling profession is established, you will need to be knowledgeable about all the codes of ethics that pertain to your practice.

Ethical Decision Making

Ethical decisions are rarely easy to arrive at, and dilemmas can be very complex. When counselors encounter ethical dilemmas, “they are expected to engage in a carefully considered ethical decision-making process” and use a “credible model of decision making that can bear public scrutiny of its application” (ACA, 2014, Purpose). Although no particular decision-making model has been shown to be universally effective or applicable, many models do exist, and we briefly review them here for your consideration.

One of the earliest models was *A Practitioner’s Guide to Ethical Decision Making* (Forester-Miller & Davis, 1995). This guide presented a practical, sequential, seven-step model (Herlihy & Corey, 2015a) that was based on the moral principles already discussed in this chapter. Over a decade later, Koocher and Keith-Spiegel (2016) presented a nine-step model that took a similar, logical, and primarily cognitive approach to ethical decision making. The assumption inherent in these models, that the goal of ethical decision making is to minimize subjectivity (Woody, 2013), has been challenged by some writers, particularly those with a feminist orientation (Hill, Glaser, & Harden, 1995; Meara et al., 1996; Rave & Larsen, 1995). Feminists have cautioned that traditional ethical decision-making models represent the information processing style of White males, in that they are linear, logical, rational, dispassionate, abstract, and paternalistic. Feminists have suggested that ethical decision making that is also holistic, intuitive, emotional, compassionate, personal and contextual, and mutual may be more inclusive of other processing styles and more culturally appropriate. Feminist theorists

have emphasized the importance of remembering that ethical decision making does not occur solely within the mind of the professional. Walden (2015) urged including the client in the process, noting that clients are empowered when counselors make ethical decisions *with* them rather than *for* them.

Early models were also criticized for neglecting to consider multicultural issues, which led to the development of several models that emphasized cultural sensitivity. Garcia, Cartwright, Winston, and Borzuchowska (2003) offered a transcultural integrative model as being more appropriate when working with clients from diverse cultural backgrounds. They incorporated virtue ethics (already described in this chapter), along with the feminist concepts of reflecting on one's own feelings and balancing the perspectives of all involved. They suggested that a vital component, to be included early in the decision-making process, is for counselors to reflect on their own world views and how these affect their interpretation of the ethical dilemma. Frame and Williams (2005) presented a culturally sensitive ethical decision-making model that, like the feminist models, was based in an ethic of care and a consideration of power dynamics. To increase multicultural sensitivity, they added the element of assessing acculturation and racial identity development of the counselor and client. Herlihy and Watson (2006) offered a model based in a social justice perspective that puts multicultural competence at the core of the ethical reasoning process. The model is grounded in virtue ethics, cultural identity development, and collaborative decision making. Tarvydas, Ramos, and Estrada-Hernandez (2015) proposed an applied participatory ethics model that is based in social justice principles.

Cottone (2001) proposed a social constructivist model. Social constructivism is a relatively recent movement in the mental health field and purports that a person cannot know reality through individual contemplation because reality does not exist as objective fact. Rather, reality is socially constructed through interactions with others. Social constructivists see ethical decision making not as a process that occurs in the mind of the decision maker but as a process that is always made in interaction with at least one other person and that involves negotiating and consensualizing (Cottone, 2001).

A recent trend in ethical decision-making models seems to be the development of specialized models that are focused on counseling specific populations or on particular ethical issues (Deroche, Eckart, Lott, Park, & Raddler, 2015). Models have been offered for managing boundary issues (Gottlieb, 1993; Herlihy & Corey, 2015b), resolving value conflicts (Kocet & Herlihy, 2014), integrating spirituality and religion into counseling (Barnett & Johnson, 2015), treating eating disorders (Matussek & O'Dougherty, 2010), school counseling (Brown, Armstrong, Bore, & Simpson, 2017; Luke, Gilbride, & Goodrich, 2017), counseling military personnel (Prosek & Holm, 2014), practicing play therapy (Seymour & Rubin, 2006), and (for counselor educators) addressing problematic student behaviors (Letourneau, 2016).

Clearly, many ethical decision-making models exist, and we believe that no one model will be the most appropriate for every counselor or for every situation. It is important that you are familiar with several models so that you can select the model or models that are most helpful for the ethical dilemma you are facing. There is some evidence that, in practice, counselors may not be making full use of ethical decision-making models (Levitt, Farry, & Mazzarella, 2015). This practice could lead to problems if a counselor made what turned out to be a poor decision and a client was harmed. Responding to a complaint filed with the ACA or with a licensing board will be difficult if the counselor cannot demonstrate the use of a "credible ethical decision-making model" as required by the ACA *Code of Ethics* (2014). When you are faced with a difficult dilemma, you can do much to protect yourself by implementing the actions suggested in a model, being able to provide a rationale for deviating from the model, and documenting your decision-making process.

There is much to be learned from all the existing ethical decision-making models, and we do not endorse any one particular model as being the *right* one for everyone or in every circumstance. Instead, what follows is a description of steps that many of the models seem to have in

common. We have tried to incorporate lessons that can be learned from principle and virtue ethics, feminist and multicultural ethics, social constructivism, and specialty models. We caution you to keep in mind that a listing of steps suggests that ethical decision making is a linear progression, when in reality counselors rarely follow a set sequence of steps to resolve an ethical dilemma. In practice, numerous aspects of ethical decision making occur simultaneously in a dynamic process (Woody, 2013).

Identify and define the problem. Before deciding what action to take when faced with a dilemma, “determine whether the matter truly involves ethics” (Koocher & Keith-Spiegel, 2008, p. 21) or is actually a legal or clinical issue. If a legal issue is involved, consult with an attorney. If you have a clinical issue, consult with your supervisor or a trusted colleague. If, indeed, you have an ethical dilemma, it is prudent to take time to reflect and gather information. Although you may feel some sense of urgency, rarely will decisions that have ethical dimensions have to be made immediately. Take time to consider what you know (or what you can find out) about the situation, applicable ethical guidelines, and any laws that might be relevant. Try to examine the problem from several perspectives and avoid searching for simplistic solutions.

Involve your client in the decision-making process. This is not a separate step in ethical decision making; rather, it should occur throughout the process. Walden (2015) reminded counselors that the client is an integral part of the ethical community of the counseling relationship. Including clients in the process both empowers them and is culturally appropriate practice. We can think of very few situations that would preclude making the client an active partner in decisions affecting that client.

Review relevant codes of ethics and the professional literature. Examine the codes of ethics of the professional organizations to which you belong (as well as the ethical standards of your state licensing board if you are licensed as a counselor) to see if your issue is addressed in them. Be sure to read the codes carefully, as there may be several standards that pertain to different aspects of the dilemma. Also, read the recent literature on the issue at hand. This will help to ensure that you are using the most up-to-date professional knowledge on the issue (Herlihy & Corey, 2015a).

Consider the principles and virtues. Reflect on how the moral principles apply to the problem. Identify ways that they compete with each other, and rank them in order of their priority in this situation. Consider how virtue ethics might apply in the situation as well. Rather than focus exclusively on what you need to *do* in the situation, also consider who you want to *be* and how any possible action might affect your sense of moral selfhood.

Tune in to your feelings. Virtue ethicists believe that emotion informs judgment. Your feelings will influence how you interpret the dilemma, so it is important to consider what emotions you are experiencing as you contemplate the situation and your possible actions. To what extent are you being influenced, for instance, by emotions such as fear, self-doubt, or an overwhelming sense of responsibility? Being aware of your emotions, beliefs, values, and motivations can help guide you in your decision making.

Consult with colleagues or experts. Decisions made in isolation are rarely as sound as decisions made in consultation. Corey et al. (2019) have pointed out that poor ethical decision making often stems from our inability to view a situation objectively because we are emotionally invested in it or because our prejudices, values, or emotional needs are clouding our judgment. In addition, consultation would serve as an important element of your defense in court if your decision were challenged legally (Wheeler & Bertram, 2015).

Consider the context. Keep in mind that your worldview will affect how you interpret the dilemma, and that the client's worldview and culture may differ from your own. The resolution that is chosen for the dilemma must not only feel right to you but must also be appropriate for the client. It is also important to remember that decisions occur in a context. Therefore, it is useful to reflect on the potential ramifications of a decision for the client's family members, the community, and other professionals.

Identify desired outcomes and consider possible actions to achieve the outcomes. Even after thoughtful consideration, a single desired outcome rarely emerges in an ethical dilemma. There may be several outcomes you would hope to see achieved in a situation. Consider possible actions that you could take to achieve the desired outcomes. It may even be useful to list desired outcomes on one side of a page, and on the other side to generate possible actions that would facilitate the achievement of each of those outcomes. It is possible that implementing a particular action may achieve one desired outcome while eliminating another, forcing you to prioritize and choose one outcome at the expense of the other. Ponder the implications and consequences of each option for the client, for others who will be affected, and for yourself.

Choose and act on your choice. Once you have selected an action or series of actions, check to see whether your selected options are congruent with your ranking of the moral principles. Pay attention to how you feel about your choice. This final step involves strengthening your ego or gathering the moral courage to allow you to carry out your decision.

Even after the most careful deliberation, conscientious counselors cannot help but ask, "How can I know whether I've done the right thing?" You can apply several self-tests after you have resolved an ethical dilemma. The first three tests were suggested by Stadler (1986). First is the test of *justice*, in which you ask whether you would treat others the same in this situation. Second is the test of *universality*, which considers if you would be willing to recommend the course of action you followed to other counselors who find themselves in a similar situation. Third is the test of *publicity*: Are you willing to have your actions come to light and be known by others? Another test is the *reversibility* test, which is a version of the Golden Rule; in this test you ask yourself if you would have made the same choice if you were in the client's shoes or if your child or life partner were subject to that choice. The *mentor* test asks you to consider an individual whose integrity and judgment you trust and admire, and ask how that person might solve the dilemma (Strom-Gottfried, 2007). Finally, you can check for *moral traces*, which are lingering feelings of doubt, discomfort, or uncertainty that counselors may experience after they have resolved an ethical dilemma, particularly when expediency, politics, or self-interest have influenced the decision. Moral traces are unpleasant but perform an important function. They act as a warning sign that you may have set foot on an ethical slippery slope, as defined earlier in this chapter.

We hope you will return to this material on the ethical decision-making process as you ponder the case studies that are presented throughout this text. As you reflect on what you might do if you were the counselor in the case study, you can gain practice in applying a systematic model, as required by your code of ethics. Being an ethical professional involves a combination of knowledge, problem-solving skills and strategies, understanding of philosophical principles, and a virtuous character that leads one to respond with maturity, judgment, and wisdom (Bersoff, 1996). It is a task that requires a lifelong commitment and is never really finished. Even the most experienced counselors who are intimately aware of the ethical standards wrestle with difficult ethical issues and dilemmas (Walden, Herlihy, & Ashton, 2003).

1-4 The Case of Carla

Carla has been counseling a 15-year-old girl, Danielle, for several weeks. Carla has had to work hard to gain Danielle's trust. Danielle was raised by abusive parents until she was 13, when she went to live with her grandparents. Today she tells Carla that she is having some problems with her boyfriend. As Danielle describes these problems, Carla realizes that the boyfriend is treating her in an abusive manner. When Carla expresses her concern about this, Danielle replies that she loves him and can get him to change, that her grandparents don't know about his behavior, and that she absolutely does not want Carla to tell them or anyone else.

- How might you apply each of the six moral principles to this situation? In this case, which moral principle do you think must take precedence? How might you apply the ethic of care or relational ethics to this dilemma?
- Try to apply to this scenario the steps of the ethical decision-making process described in this chapter. To what course of action does this process lead you? How well did it work for you?

Discussion: The moral principles could be applied in several ways. The principle of respect for autonomy would support deferring to Danielle's wishes and not telling anyone about her abusive boyfriend. The principle of nonmaleficence would require Carla to weigh the risk for harm. Telling someone who could prevent further abuse would support nonmaleficence. However, if Danielle becomes upset by this action and refuses to continue in counseling, telling someone also could violate the principle of doing no harm. Likewise, beneficence could be interpreted in more than one way. Beneficence means that professionals have an obligation to provide a service that benefits society, so taking action that would stop the abuse would best serve society's interests. Yet, beneficence also means promoting clients' mental health, and Carla could respect Danielle's wishes and continue to work to increase her awareness and self-esteem, which, for now, could be the most beneficent thing to do. How Carla adheres to the principles of justice, fidelity, and veracity will depend largely on whether she has informed Danielle that she would have to breach confidentiality to prevent harm to Danielle. If so, then telling her grandparents would be just and truthful and would not be breaking her promise to keep Danielle's disclosures confidential.

If Carla reasons through her dilemmas from the perspective of the ethic of care, she will put primary importance on preserving and nurturing her relationship with Danielle. She would also be concerned about Danielle's other supportive networks, such as her relationship with her grandparents and what she considers to be a loving relationship with her boyfriend despite his problem behaviors.

Obviously, there is no one correct way to reason through this dilemma and no single, clear, right answer. We believe it would be a good learning experience for you to use a model to work your way through the decision-making process and then discuss your decisions with your classmates.

LEGAL ISSUES

The discussion of professional ethics that precedes this section emphasized the serious responsibility you have to clients, the difference you can make in their lives, and the duty you have to practice in an ethical manner. Understanding the legal system and your role in it, the legal rights of your clients, and your legal responsibilities to clients is also essential to practicing counseling in a professional manner. Legal issues within counseling are somewhat frightening because the law is an area that is complex, often vague,

threatening, antithetical to the nature of counselors, and difficult to fully grasp. The process of decision making around legal issues is presented in this chapter. In addition, throughout this text, you are given information about the legal dimensions that surround your functions as a professional counselor.

Origins of Law

There are several sources of law in the United States. The basic source is the U.S. Constitution. The 50 states, the District of Columbia, and the U.S. possessions also have constitutions. Laws created by the federal, state, district, and possession governments cannot violate either federal or state constitutional principles. The United States has adopted English common law, which includes a set of societal principles that were not written into documents but have been accepted over time as obvious within U.S. society. An example of common law that is very important to counselors is the law of torts. Tort law relates to the principle that individuals will be held responsible for any harm they cause to other members of society. Malpractice is an area of tort law that holds professionals accountable for any harm they might cause to the public. The public relies on professionals to provide services in a manner that benefits and does not harm them.

A primary source of law is statutes passed by federal and state legislatures. These statutes may modify the common law but may not violate constitutional principles. Governmental regulations, both federal and state, are procedures adopted by agencies to carry out laws created by statutes. Regulations, which are created by governmental agencies, may implement statutes but may not exceed the authority of the statute. Finally, federal and state courts interpret the law. Whereas some accuse judges of creating law, courts are limited to interpreting constitutions, common law principles, statutes, and regulations.

Almost all areas of counselor practice are affected by law. Most seasoned counselors are keenly aware of the law of malpractice and the fact that they might be sued by a client. As a counselor, you will probably come to share this awareness. You also must be aware of laws related to confidentiality, records, parental rights, and licensing statutes, among others. In addition, you must be able to identify legal problems as they arise, and you must adhere to legal requirements when you are involved in any way with a legal proceeding. Legal issues are an important part of the day-to-day professional practice of counselors in all settings.

Recognizing Legal Issues

Many of the ethical and professional judgment questions you will encounter as a counseling practitioner will have legal implications as well. Sometimes counselors find it difficult to determine when they have a legal problem or what to do once a legal problem has been identified. This section of the chapter discusses how to recognize legal issues, how to get legal advice, and what steps to take to ensure proper and professional practice.

The following are examples of legal issues that counselors face in their practices:

- The secretary tells you that there is a deputy sheriff in the reception area asking for you. When you introduce yourself, the deputy hands you a subpoena that orders you to produce your case notes and any other documents related to one of your current clients.
- One of your clients asks you to come to a child custody hearing that will determine whether she will get permanent custody of her children.
- One of your clients has been arrested for drug possession. You receive a subpoena in the mail that orders you to appear at her criminal trial.
- A new client tells you that his lawyer sent him to see you. He is suing his employer for having fired him and wants you to verify that he has emotional stress that is job related.

- A client tells you that her former husband's lawyer called and told her she had to let her former husband have their children for the summer. She wants to know if the lawyer is right.
- A former client has sent you a letter demanding her money back. She thinks the 10 sessions she had with you were a waste of money because you did not help her. She has sent a copy of the letter to her lawyer.
- A client you are seeing appears suicidal and refuses to go voluntarily to the local hospital for a psychiatric evaluation.
- You receive a notice from your state licensure board that a formal complaint has been filed against you and that a hearing will be held on the matter.
- In your office mail, you receive a formal legal complaint against you that has been filed with the local court, accusing you of professional malpractice. One of your clients murdered his girlfriend 9 months ago. The complaint alleges that you were responsible for the girl's death and asks for \$1 million in damages.

A simple test to determine whether there is a legal issue involved in a situation you are facing is to review the situation to see if any of the following apply: (a) legal proceedings of some type have been initiated, (b) lawyers are on the scene in some capacity, or (c) you are vulnerable to having a complaint filed against you for misconduct. If you are providing professional counseling services and one or more of these three components exist, then you definitely are dealing with a legal issue. Sometimes, all you need to do with a legal situation is clarify the nature of a counselor's role with your client and refer the client to attorneys for legal advice. When you are dealing with a legal issue and you are unsure which course of action you should take, often you will need to consult a lawyer.

Obtaining Legal Advice

Most counselors are employed by organizations or entities that provide counseling services, such as community mental health agencies, schools, businesses, hospitals, outpatient treatment programs, or colleges. These entities all have administrators and organizational structures that require the regular services of attorneys. It is the employees' responsibility to request legal advice when dealing with an issue that has legal implications beyond their ability to resolve. It is the obligation of employers to provide employees with the legal advice they need to perform their jobs appropriately.

Counselors seldom have direct access to lawyers, primarily because the cost is prohibitive. Also, administrators seek the advice of lawyers, but they must maintain their authority in making administrative decisions. When a counselor identifies a legal issue in the work setting and defines the legal questions to ask, the counselor should pose the questions to the immediate supervisor and ask for assistance. If the counselor thinks an attorney needs to have special information regarding the situation in order to render sound advice, the counselor should request a personal consultation with the attorney, although such consultations are not normally allowed. The supervisor will then either answer the counselor's questions based on previous experience with similar issues or seek legal advice through proper administrative channels within the organization.

In some circumstances, it is possible for counselors to give their legal problems to administrators within their agency. Many legal issues that arise are administrative in nature and should be handled by administrators rather than by counselors. Examples of legal issues that counselors might easily turn over to administrators include the following:

- A noncustodial parent demands of a school counselor that he be allowed to see his child's academic records.
- The police arrive at a counselor's door and want to see the counseling file for a current client.

- A health insurance company representative calls a counselor and wants to know why the counselor's agency has so many claims signed by the same psychiatrist.
- A client becomes irate because a counselor terminates the counseling relationship after five sessions because that is the agency's policy.
- A lawyer for a former client calls a counselor and threatens to sue if the counselor does not immediately give the lawyer the information being sought.
- A secretary who reports to an administrator appears to be revealing confidential information about clients to friends.
- A client tells a counselor that the counselor's colleague in the agency has made sexual advances during a counseling session.

If legal problems cannot be handed over to an administrator, then counselors themselves must take responsibility for resolving situations in an appropriate manner. Once counselors have disclosed their legal questions to their immediate supervisors and have received a response either from the supervisor or an attorney advising them as to the proper course of action, counselors must follow that advice. It is essential for counselors to follow legal advice given to them, even if they do not agree with it. Only then will counselors be indemnified by their employers and supported if problems arise later. By seeking and following legal advice when legal questions arise, counselors are taking steps that may protect them from being held individually responsible in the event their actions are challenged.

Counselors in independent private practice do not have the luxury of seeking legal advice without charge within their work environment, and they are not protected from responsibility because they do not have employers. Private practitioners must establish relationships with attorneys for legal advice just as they must retain accountants to handle their financial and business affairs. The cost of legal advice for a counselor in private practice is a necessary expense related to establishing and maintaining a business. However, finding a lawyer who understands the nature of mental health practices and is prepared to represent counselors effectively is not always an easy task (Remley, 1991). Counselors who are planning to open a private practice are advised to identify an attorney while they are establishing their business so they will have a working relationship in place when problems arise. The best attorney probably would be a local one who is already representing one or more successful mental health practitioners—counselors, social workers, or psychologists. Such an attorney would already have been educated regarding the special issues surrounding mental health practices. If an attorney who is experienced in representing mental health professionals is not available, then a lawyer who represents other types of professionals—such as accountants, other lawyers, or physicians—would be a good alternative.

Some counselors have jobs in which they testify in court on a routine basis or provide services to clients who frequently are involved in litigation. These counselors learn their roles over time and do not need to consult attorneys for advice each time they encounter a legal situation. For most counselors, however, it is infrequent that they deal with legal proceedings, have clients who are represented by lawyers, or think they are in danger of being sued. When such situations arise for the majority of counselors, it is essential for them to obtain legal advice.

Exercising Professional Judgment

Throughout the workday, counselors often have to exercise their professional judgment in difficult areas. They are held accountable for making sound and reasonable professional decisions, given the information they have available when they make such judgments (Hall & Rushing, 2010). If a client believes that he or she was harmed because of a professional decision made by a counselor, then the client might sue the counselor for malpractice. As a result, when a counselor exercises professional judgment, there is always a risk afterward of being accused of wrongdoing.

A few of the areas particularly vulnerable to later legal challenges in which counselors make judgments include the following:

- Determining whether a client is suicidal or a danger to others
- Deciding what to do to prevent harm after determining that a client is a danger to self or others
- Rendering a clinical diagnosis that could have negative implications for a client at a later time
- Terminating a counseling relationship over the client's objections
- Deciding whether to enter into a counseling relationship with a client who has a problem that you have not treated before or have not been specifically trained to treat
- Reacting appropriately to a client who has expressed an interest in having a sexual relationship with you
- Using a paradoxical intervention with a client

Just as counselors must obtain legal advice when legal questions arise in their practice, they must obtain professional consultation to the extent possible when making difficult professional judgments. It is inappropriate to ask counselor colleagues about how to handle legal problems, and at the same time it is inappropriate to consult with an attorney when making difficult clinical decisions. A counselor colleague might give you advice about a legal situation, but you cannot rely on the accuracy of that advice because your counselor colleagues are not lawyers. Likewise, a lawyer might give you advice about how to handle a difficult clinical issue, but lawyers are not educated as mental health professionals. If you ask attorneys about what to do in difficult clinical situations, they will focus on protecting you rather than on knowing what might be best for your client.

1-5 The Case of Fatima

Fatima is a counselor in a university counseling center who is in the process of planning for a month-long vacation. She will be leaving in 2 months. She has been having a series of conversations with her supervisor and several of her colleagues at the center about the proper way to handle her existing clients: when to tell them she is leaving; whether to refer them permanently to other counselors; whether to refer them temporarily to other counselors and take them back when she returns; whether to terminate with those who are nearing readiness; and what to do about those clients who have been at risk for suicide in the recent past. At the staff meeting today, the counseling center director announced that he had talked to the university attorney about the situation and her advice was just to tell all of Fatima's clients that she will be gone for a month and to let them decide what to do in the interim. The director said that the attorney said that Fatima had no other legal obligations to the clients.

- To what degree should the university attorney's advice on this issue affect Fatima's decision making?
- Because the director told Fatima and the staff about the advice of the university attorney, how should Fatima interact with the director if she decides to do something different from what the attorney advised?

Discussion: It is good for counselors to get advice from attorneys regarding their legal obligations. However, a counselor's ethical obligations may go beyond what is required legally. Fatima will want to be careful not to offend the director, so perhaps she could thank the director for obtaining legal advice. Later and in private, she might share the *ACA Code of Ethics* with the director and

point out some of the ethical obligations she wants to meet. She could continue by suggesting that a good goal for the center would be to follow ethical and best practice guidelines, in addition to legal obligations, in order to provide the best possible service to clients.

When counselors face issues that require them to exercise their clinical judgment, particularly where there are no clear right or wrong responses, it is essential to consult with colleagues to the extent possible. In some situations, consultation might be impossible, such as when emergencies arise. When time does allow, however, consulting about clients provides a substantial protection to counselors whose clinical decisions are later challenged. The legal standard of care for counselors is that counselors must practice in a manner consistent with the way in which a reasonable, similarly educated counselor would practice under the same set of circumstances. By consulting with others, counselors can prove later that they indeed met the standard of care by doing what other, presumably reasonable, counselors advised or agreed on. If experts are available for consultation, it is wise to talk with them as well. Experts might include former university professors, counselors who are known for their expertise in a particular area, or counselors with extensive clinical experience.

It is impossible for counselors to know for certain whether they are making decisions that will protect their clients or others from harm. Because of this uncertainty, it is essential that counselors maintain current personal professional liability insurance policy at all times. Professional liability insurance policies are discussed in detail in Chapter 8.

Summary and Key Points

This introductory chapter has familiarized you with some key concepts that form the foundation for studying ethical, legal, and professional issues in counseling. The professional orientation content area of graduate training involves the study of professional identity, ethics, and law. *Morals*, *values*, and *ethics* are all interrelated terms, but they have different meanings. As used in this text, the term *morality* refers to personal beliefs and how these beliefs affect your conduct, whereas *ethics* refers to professional behaviors. Counselors share certain professional *values*, and they hold their own unique personal values, which they must take care not to impose on clients. *Laws* are agreed-on rules that set forth principles that allow people to live together in a society. Laws dictate minimal standards of behavior, and ethics prescribe both minimal professional behaviors and ideal or aspirational behaviors. *Best practice* goes beyond what is minimally required by laws or codes of ethics and is the very best a counselor could be expected to do.

A model of professional practice was presented as one way to conceptualize how all these terms might fit together in your actual practice as a counselor. In this model, both internal and external building blocks contribute to the development and maintenance of sound, professional practice.

Following are some of the key points made in this chapter about ethics and law in counseling:

- Theories of ethics have existed for centuries and provide a foundation for the ethical reasoning of contemporary professional counselors.
- Principle ethics, based on the moral principles of the helping professions, and virtue ethics, focused on traits of character, are two complementary ways of looking at the foundations of counselor ethics.
- Codes of ethics are vital resources in ethical decision making, but they cannot answer every question that might arise in actual practice. The *ACA Code of Ethics* (ACA, 2014) is the primary code on which counselors rely.

- Of critical importance to counselors is the development of ethical decision-making skills. Counselors are required to use an ethical decision-making model to reason through the ethical dilemmas confronting them.
- Most areas of counselor practice are affected by law.
- Counselors must know how to recognize legal issues and how to obtain legal advice.
- Counselors should seek advice from fellow mental health professionals when they have clinical or ethical questions, and seek advice from lawyers when they have legal questions.
- There is no substitute for professional judgment on difficult ethical or legal questions encountered by counselors, although many helpful resources exist.

Professional Identity of Counselors

2

Counselors are a relatively new professional group compared to such other mental health professionals as psychologists, social workers, and psychiatrists. Potential consumers of mental health services often are unaware that counseling is a distinct profession that can be clearly distinguished from similar mental health professions. Even counselors themselves sometimes find it difficult to describe the distinctions. Thus, a vital professional task for counselors is to adopt a strong professional identity and to be able to articulate that unique identity to others (Gale & Austin, 2003; Healey & Hays, 2012; Smith, 2001).

Professional identity is a nebulous concept, but it is vital to the long-term success of a profession. Individuals who have a strong professional identity can easily explain the philosophy that underlies the activities of their professional group, describe the services that their profession renders to the public, describe the training programs that prepare them to practice their profession, explain their qualifications and the credentials they possess, and articulate the similarities and differences between members of their own profession and other similar groups. In addition, those with a strong professional identity feel a significant pride in being a member of their profession and can communicate this special sense of belonging to those with whom they interact.

A number of articles have appeared regarding counselor identity over the last few years. Counselor professional identity development has been discussed and studied from various perspectives (Burns & Cruikshanks, 2017; Cinotti, 2014; DeKruyf, Auger, & Trice-Black, 2013; Dollarhide, Gibson, & Moss, 2013; Field, 2017; Healey & Hays, 2012; Hodges, 2011; Moss, Gibson, & Dollarhide, 2014; Reiner, Dobmeier, & Hernandez, 2013; Woo, Storlie, & Baltrinic, 2016). Scholars have recognized the importance of understanding counselor professional identity development for the success of the counseling profession.

In 2010, a definition of *counseling* was agreed upon by various organizations that represent the profession (Kaplan, Tarvydas, & Gladding, 2014). This agreed-upon definition, which can be found on the American Counseling Association

FOCUS QUESTIONS

1. How do you respond when your friends and relatives ask you what you are studying in graduate school?
2. How do you think the wellness model of mental health espoused by counselors is different from the illness model or medical model of mental health?
3. What are some of the major challenges facing the counseling profession today?

(2018a) website, is “Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.” This is a simple definition meant for the general public. This chapter offers a much more thorough review of counseling, the counseling profession, and the professional identity of counselors.

2-1 The Case of Rebekah

Rebekah is a third-grade teacher who recently completed her master’s degree in counseling. Because her school district employs counselors only at the high school level, she has assumed that she will have to move to another district to fulfill her goal of being an elementary school counselor. She is very excited when her principal calls to tell her that the school board is going to consider hiring either counselors or school social workers for the elementary schools. The principal asks her to attend the next school board meeting and speak about what an elementary school counselor does and how counselors differ from social workers. Rebekah wants to give a very persuasive talk so that the board will decide to hire counselors and, she hopes, offer her one of the new positions. She asks you for advice on what to say and how to say it.

- What advice would you give Rebekah, in terms of the information she should present?
- What arguments do you think would be most persuasive in influencing the board members to hire counselors?

Discussion: Rebekah might gather all the information available from the American School Counselor Association (ASCA; www.schoolcounselor.org) regarding the unique role of school counselors in elementary schools. She should summarize this information for the school board members. She should also be prepared to explain the differences between the roles of school social workers and school counselors at the elementary school level.

The most influential information Rebekah could present would be data showing that elementary school counselors make a difference in schools in terms of students’ academic achievement; satisfaction of parents with the school; and satisfaction of parents, teachers, and administrators with elementary school counseling programs. Providing testimonials from students, parents, teachers, and principals in schools that have effective elementary school counseling programs might also be very effective.

We hope this chapter helps you clarify your professional identity as a counselor and helps you tell others about the profession of counseling. It also is intended to help you understand and appreciate the history of the counseling profession, the professional associations that serve counselors, graduate program accreditation, and the credentials available to counselors.

PHILOSOPHY UNDERLYING THE COUNSELING PROFESSION

Counselors have a distinct belief system regarding the best way to help people resolve their emotional and personal issues and problems. This belief system provides the foundation for the professional identity of counselors. Basically, counselors share the following four beliefs regarding helping others with their mental health concerns:

1. The best perspective for assisting individuals in resolving their emotional and personal issues and problems is the wellness model of mental health.

2. Most of the issues and problems that individuals face in life are developmental in nature, and understanding the dynamics of human growth and development is essential to success as a helper.
3. Prevention and early intervention are far superior to remediation in dealing with personal and emotional problems.
4. The goal of counseling is to empower individual clients and client systems to resolve their own problems independently of mental health professionals and to teach them to identify and resolve problems autonomously in the future.

The Wellness Model

The first belief that counselors share is that the wellness model of mental health is the best perspective for helping people resolve their personal and emotional issues and problems (Leppma & Young, 2014; Ey, Moffit, Kinzie, & Brunett, 2016; Williams & Ramsey, 2017). Myers, Sweeney, and Witmer (2000) developed a comprehensive model of wellness specific to counseling. Historically, the primary model used by other mental health professionals in the United States to address emotional problems was the medical or illness model, an approach created by physicians in caring for persons with physical illnesses.

In the medical model, the helper identifies the illness presented by the person asking for assistance. The diagnosis of the illness is always the first step in helping. This perspective assumes that the client is diminished in some significant way. The goal of the professional helper is to return the help seeker to the level of functioning enjoyed before the illness occurred. Once the illness has been isolated, the helper applies scientific principles in curing the illness. If the helper is successful and the illness is cured, the client then goes on about life. If another illness negatively affects the client's well-being, the client returns to the helper to be cured again.

Psychiatrists, who are physicians, are educated to approach mental health issues utilizing the medical model. Other mental health professions, including clinical psychology, psychiatric nursing, and clinical social work, came into existence when the medical model was prevalent, and these mental health professionals have their roots in this tradition as well.

Counselors, on the other hand, belong to a newer profession with a different tradition. Counselors have adopted the wellness model of mental health as their perspective for helping people, and there is evidence that counseling from a wellness perspective is an effective method of helping clients (Myers & Sweeney, 2004; Tanigoshi, Kontos, & Remley, 2008). In the wellness model, the goal is for each person to achieve positive mental health to the degree possible. From a wellness perspective, mental health is seen as occurring on a continuum (Smith, 2001). At one end of the scale are individuals who are very mentally healthy. Maslow (1968) described people who are fully functioning mentally and emotionally as *self-actualizing*. At the other extreme are persons who are dysfunctional because of mental problems. Such people might include persons who do not have the capacity to respond to any kind of mental health treatment or intervention.

In addition to this general continuum of mental health, the wellness orientation also views mental health as including a number of scales of mental and emotional functioning (see Figure 2-1). These scales represent an individual's mental and emotional wellness in important areas of living. Counselors assess a client's functioning in each of these areas to determine where attention within counseling might best be focused to increase wellness. These areas include family relationships, friendships, other relationships (work, community, church, etc.), career/job, spirituality, leisure activities, physical health, living environment, financial status, and sexuality.

Counselors assess clients' current life situations and help determine which factors are interfering with the goal of reaching their maximum potential. Many persons are limited by physical

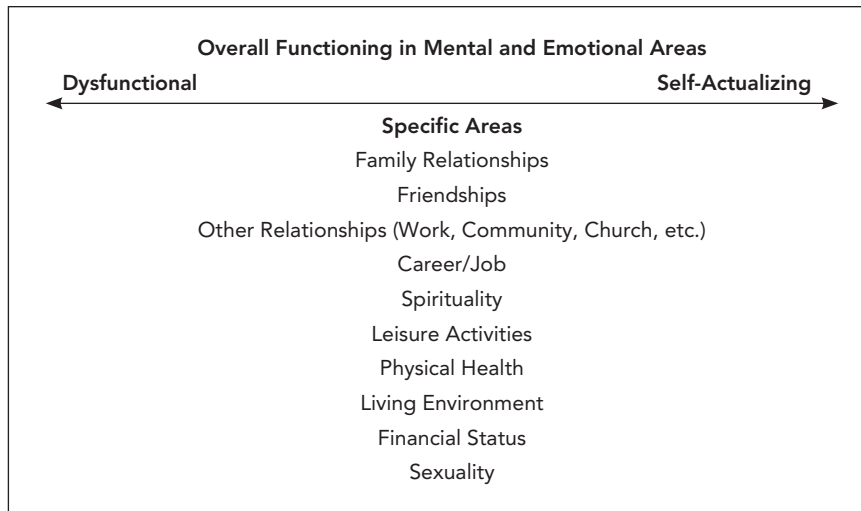


FIGURE 2-1 The wellness orientation to mental health

disabilities or environmental conditions that cannot be changed. Keeping such limitations in mind, counselors assist their clients in becoming as autonomous and successful in their lives as possible.

Although the distinctions between the medical model and the wellness model can be clearly articulated, there is considerable overlap when they are put into practice. Many individual practitioners within the other mental health professions deviate from the illness model. In fact, evidence that the medical profession has adopted many elements of the wellness model can be seen in current trends toward preventive medicine, consumer education, and patient rights. Increasingly, medical practitioners are coming to view patients as partners in their own health care, and this trend is also evident in the approaches of many psychiatrists, psychologists, and other mental health professionals. At the same time, today's counselors are educated to use the medical model of diagnosing mental disorders (the *DSM* system) and often render such diagnoses as a component of the services they provide.

Within the counseling profession there is an increasing recognition of the importance of advocating for clients who face societal and institutional barriers that inhibit their access or growth and development (Hunt, Matthews, Milsom, & Lammell, 2006; Ingersoll, Bauer, & Burns, 2004; Myers & Sweeney, 2004). Client advocacy has long been a tradition in social work practice, but until recently it has not been emphasized in the training of counselors, other than rehabilitation counselors. Mental health professionals who operate from the illness model might treat patients or clients in ways that appear similar to the way they would be treated by mental health professionals who embrace the wellness model. For example, mental health professionals who espouse either model would most likely provide individual or group counseling services, spend time talking with clients, take clinical notes, and render a diagnosis of any mental disorders the person may have. Perhaps the primary differences between the two are in the attitude of the professional toward the client and the focus of the professional's clinical attention. Counselors see the client as having both the potential and the desire for autonomy and success in living rather than having an illness that needs to be remediated. In addition, the goal of counseling is to help the person accomplish wellness rather than cure an illness. Hansen (2003; 2005; 2006; 2007; 2012) and Hansen, Speciale, and Lemberger (2014) have written a series of articles that question many of the current practices and language used by counselors, suggesting that the counseling profession may be moving away from its foundational beliefs by classifying itself as a health care profession.

A Developmental Perspective

A second belief that counselors share is that many personal and emotional issues can be understood within a developmental perspective. As people progress through the life span, they meet and must successfully address many personal challenges. Counselors believe that most of the problems people encounter are developmental in nature and therefore are natural and normal. Problems that some other mental health professionals might view as pathological, and that counselors would see as developmental, include the following:

- A 5-year-old crying as if in terror when his mother drops him off for the first time at his kindergarten class
- An 11-year-old girl who seems to be obsessed with boys
- A teenager vigorously defying his parents' directives
- A 19-year-old boy becoming seriously depressed after breaking up with his girlfriend
- A young mother becoming despondent soon after the birth of a child
- A 35-year-old man beginning to drink so much he is getting into trouble after 15 years of social drinking
- A 40-year-old woman feeling worthless after her youngest child leaves home for college
- A 46-year-old man having an affair with a younger woman after 23 years of a committed marriage
- A 65-year-old woman feeling very depressed as her retirement approaches
- An 80-year-old man concerned that he is losing his mind because he is forgetting so much

By studying the developmental stages in life and understanding tasks that all individuals face during their lives, counselors can put many problems that clients experience into a perspective that views these problems as natural and normal. Even problems viewed as psychopathological by other mental health professionals, such as severe depression, substance addiction, or debilitating anxiety, could be seen as transitory issues that often plague people and that must be dealt with effectively if individuals are to continue living in a successful fashion.

Prevention and Early Intervention

A third philosophical assumption of counselors is our preference for prevention rather than remediation of mental and emotional problems (McCormac, 2014; Nelson & Tarabochia, 2017; Wester & McKibben, 2016). When prevention is impossible, counselors strive toward early intervention instead of waiting until a problem has reached serious proportions.

A primary tool that counselors use to prevent emotional and mental problems is education. Counselors often practice their profession in the role of teacher, using psychoeducation as a tool. By alerting clients to potential future areas that might cause personal and emotional distress and preparing them to meet such challenges successfully, counselors prevent problems before they arise. Just a few examples of prevention activities are parenting education programs, assertiveness training seminars, career exploration groups, and pre-marriage counseling.

When the time for prevention has already passed and a client is experiencing personal or emotional problems, counselors prefer seeing clients early in the process. Counselors believe that counseling is for everyone, not just for individuals who have mental illnesses or emotional disorders. By providing services to individuals when they begin to experience potentially distressing events in their lives, counselors hope to intervene early and thereby prevent problems from escalating. For instance, counselors would prefer to see a client who is beginning to have feelings of depression rather than someone who could be diagnosed as having an episode of severe depression, and counselors would

encourage couples who are beginning to experience problems in their relationship to seek counseling rather than wait for their problems to escalate into serious marital discord.

Empowerment of Clients

The fourth belief that counselors share regarding the helping process is that the goal of counseling is to empower clients to problem-solve independently (Chronister & McWhirter, 2003; Dailey, Gill, Karl, & Barrio Minton, 2014a; Savage, Harley, & Nowak, 2005). Through teaching clients appropriate problem-solving strategies and increasing their self-understanding, counselors hope that clients will not need assistance in living their lives in the future. Realizing that individuals often need only transitory help, counselors also try to communicate to clients that asking for and receiving help is not a sign of mental or emotional weakness but, instead, is often a healthy response to life's problems.

It is quite easy for individuals to become dependent on those who provide help to them. Some systems of mental health care seem to encourage a pattern of lifelong dependence. Counselors recognize this problem and encourage clients to assume responsibility for their lives and learn to live in a manner that allows them autonomy and independence as those concepts are understood within the clients' cultures. Although some people may need assistance throughout their lives because of a physical or mental disability, all clients are helped to become as independent as their circumstances will allow. Counselors do not present themselves as experts in mental health who must be consulted when problems arise. Rather, counselors communicate the belief that clients are capable of developing the skills they need for independent living and wellness.

COUNSELING SERVICES

To achieve a strong professional identity as a counselor, it is essential that you understand the philosophy of helping we have just described. In addition, you need to be knowledgeable about the kinds of services that counselors offer to the public, even though the services that counselors provide do not define the profession. Actually, counselors engage in many of the same activities as other professionals do. The key to a strong professional identity is the philosophy underlying the services, not the services being rendered.

The basic service that counselors provide is counseling—for individuals, couples, families, and groups. All other mental health professionals counsel patients and clients, too. A major difference between counselors and other mental health professionals who counsel is that counseling is the *primary* professional service that counselors provide. By contrast, the primary service that psychiatrists provide is the diagnosis and medical treatment of mental disorders as a physician; psychologists primarily provide assessment and research; psychiatric nurses provide management of mental health care within a hospital setting; and social workers primarily link clients to community resources. For mental health professionals other than counselors, counseling may be a secondary or ancillary service.

In addition, many other professionals outside the mental health field call the service that they provide to clients *counseling*. For example, attorneys provide legal counseling, accountants offer financial counseling, and physicians offer counseling to their patients regarding their physical health. Counselors, in contrast to these non-mental health professionals, provide mental health counseling services to clients.

In conjunction with counseling, counselors also perform a number of other professional services. These services include assessment, teaching, diagnosis, case management, and advocacy. Despite performing these other duties, the primary service provided by counselors is mental health counseling.

Counselors have many job titles, roles, and duties in their professional positions. To develop a strong professional identity, you must know when you are functioning as a counselor and when you are performing other roles in your professional position. You must also be able to identify the types of professional services that counselors render to the public.

COUNSELOR PREPARATION PROGRAMS

Ask lawyers what they were taught in law school, physicians what they were taught in medical school, and engineers what they were taught in engineering school, and they can easily and clearly describe the courses they were taught, the practical components of their educational experience, and the topics covered in their preparation programs. To develop a strong professional identity, it is vital that you are also able to describe your training program components. By describing the educational programs that prepare counselors, you summarize the essential nature of counseling as a profession and emphasize the basic knowledge required for becoming a counselor.

An important aspect of counselor training is that the profession considers individuals to be professionals after they have completed a master's degree. Although a master's degree is the required professional degree in both psychiatric nursing and clinical social work, psychiatry requires a medical degree and a residency in psychiatry, and psychology requires a doctoral degree for the achievement of professional status. A difference between counseling psychology and the profession of counseling is that counseling psychologists must hold doctorates to be considered professionals, whereas counselors are considered professionals at the master's-degree level.

In addition, counseling skills are the primary focus of the counseling master's-degree training programs. Although other subjects are taught, all the training emphasizes competency in the areas of individual and group counseling. The other courses required in master's-degree programs, such as research, assessment, multicultural counseling, and career counseling, are meant to strengthen the counseling skills of graduate students.

Counseling graduate programs generally are located in colleges of education within universities. The profession of counseling has its foundations in pedagogy and psychology, particularly in counseling psychology and human growth and development. All these fields have their roots in colleges of education, which is why counseling graduate programs are usually located there. Some counselor educators and counselors are concerned that this implies that counselors are being prepared to function only in educational settings, such as schools or colleges. They believe that the general public's perception is negatively affected when they think of all counselors as being prepared and practicing in the same way that school guidance counselors were prepared and practiced at the beginning of the school counseling movement in the 1950s. The reality is that the counseling process is educational in nature, and although counselors do not educate in formal classrooms like traditional teachers do, counselors do educate their clients. Being located in colleges of education strengthens counseling graduate programs because the colleges emphasize pedagogy, human growth and development, applied research, and field placements as essential components of learning skills.

The counseling profession created the Council for Accreditation of Counseling and Related Educational Programs (CACREP) to set national standards for the preparation of master's- and doctoral-level counselors (CACREP, 2014; Urofsky, 2013). CACREP was begun during the 1960s under the leadership of Robert O. Stripling, a counselor educator at the University of Florida. CACREP began as a project of the Association of Counselor Education and Supervision (ACES), a division of the ACA, and now functions as a separate corporation.

CACREP has established standards for the preparation of counselors (CACREP, 2014). These standards require a minimum of two years or 48 to 60 semester hours in a master's-degree program

that prepares counselors. In addition, the programs must include instruction in the following content areas: (a) human growth and development, (b) social and cultural foundations, (c) helping relationships, (d) group work, (e) career and lifestyle development, (f) appraisal, (g) research and program evaluation, and (h) professional orientation (which includes professional identity and ethics). CACREP requires that students complete a 100-hour practicum and a 600-hour internship. The CACREP standards also require that program faculty be counselors, that programs have a laboratory for training, and that a number of other requirements for quality instruction be met (Bobby, 2013; Even & Robinson, 2013; Lee, 2013).

Of the more than 1,600 master's- and doctoral-degree programs in counseling in the United States (Schweiger, Henderson, McCaskill, Clawson, & Collins, 2012), about one-third are accredited by CACREP (CACREP, 2018). Many programs that are not yet accredited have patterned their master's-degree programs after the standards developed by CACREP. Although not all the counseling graduate degree programs in the United States are accredited by CACREP, it is accurate to say that CACREP standards have been accepted by the profession as the model curriculum for preparing master's- and doctoral-level counselors (Lawson, 2016). Because graduation from a CACREP-accredited program is one type of credential that a counselor might possess, CACREP accreditation will be discussed further in the next section.

In 2018, Ohio was the first state to require that those licensed as counselors hold CACREP-accredited master's degrees. This is a major change and verifies that CACREP has become the educational standard for the counseling profession.

CREDENTIALING

One of the greatest challenges faced by those entering the counseling profession is to understand counselor credentialing. Credentialed individuals possess some type of indicator that they are legitimate professionals. Credentialing comes in many forms, which is the basic reason people are so confused by it. In addition, some credentials are essential to the practice of the profession, others are desirable but not necessary, and still others are of questionable value or even worthless. This section contains a discussion of credentials and should assist you in conceptualizing and understanding counselor credentials.

A major problem that causes confusion among counselors and the public is that terminology is not consistent within the area of credentialing. The major types of counselor credentials are degree, state license, state agency certification, national voluntary certification, and program accreditation.

Degree

The most obvious credential that counselors hold is the master's degree. Other degrees, such as educational specialist or doctoral degrees, are credentials as well. Counselors hold a variety of master's degree titles. A legitimate counselor might hold a Master of Education (MEd), Master of Arts (MA), Master of Science (MS), Master of Divinity (MDiv), or another, more unusual, master's-degree title such as Master of Counseling (MCoun). Most of the titles of master's degrees given in various universities were decided long ago and generally have little to do with any differences in the actual program content. The degree title in no way indicates whether a degree program requires a specified number of credits, includes a thesis, or has other specific requirements. In many universities, degree titles are decided politically. For example, many counseling master's-degree programs award MEd degrees because the degree programs are offered within university colleges of education.

Although the basic credential for a professional counselor is a master's degree in counseling, many counselors hold higher degrees, including educational specialist's degrees, certificates of

advanced study, and doctoral degrees. Doctoral degrees in counseling usually are either the Doctor of Philosophy (PhD) or the Doctor of Education (EdD), although some counseling doctoral programs might have titles such as Doctor of Arts (DA) or Doctor of Divinity (DDiv).

State License

In most states, a license issued by the state is required before a person is allowed to practice counseling in that state (Bergman, 2013; Morgen, Miller, & Stretch, 2012). This licensure affects private practice counseling most directly because most licensure statutes state that counselors who practice in many other settings are exempt from the licensure requirement. For example, in most states, counselors who practice in local, state, or federal agencies, in non-profit corporations; or in schools or other educational institutions are exempt from the licensure requirement. Often when professions are first licensed, many exemptions are granted to the licensure requirement. This occurs because of a concern that, if licensure were required for all members of that profession, agencies that traditionally pay less for the professionals' services would not be able to attract employees. For example, when physicians were first licensed by states, physicians employed in many settings were exempt from licensure. Over the years, these licensure exemptions have been removed for physicians, and now almost all physicians, no matter where they practice, must have a state license. The same removal of exemptions will most likely occur over time in the counseling field.

Unfortunately, counseling licensure statutes have various titles. In some states, counselors credentialed by the state are called *licensed*, and in other states they are referred to as *certified*. In some states, they have even been called *registered*.

In the more general arena of state regulation of professions, the terms *licensed*, *certified*, and *registered* have separate and specific meanings. A licensure law is referred to as a *practice law*, which means that the professional must be licensed to practice that profession in that state. A certification law is what is known as a *title law*, which means that a person must be certified to use the title of *certified professional* but that the practice of that profession is not regulated by the state. Finally, a registration law was intended to mean that a professional had to *register* with the state but that no credentials would be required for registration. These terms, however, have been used interchangeably from state to state and from profession to profession. For example, registered nurses in almost all states in reality are *licensed* even though their title indicates they are *registered*. In addition, most current state registration laws do require that registered persons have some type of credentials before they will be added to the state registry.

Currently, in some states licensed counselors actually function under title laws, and some certified counselors, in reality, are operating under practice laws. As an individual counselor who wants to practice in a particular state, you should ascertain exactly what the state credential (whether a license, a certificate, or a registry) entitles the credentialed person to do. You do not have to fully understand the complexity of all state regulatory laws to understand what the particular law means in your state. The American Association of State Counseling Boards (AASCB) provides a listing of contact information for state licensure boards (AASCB, 2018). In addition, the National Board for Certified Counselors (NBCC) provides contact and testing information for state counselor licensure boards (NBCC, 2018). All 50 states, the District of Columbia, Puerto Rico, and Guam now have laws that regulate the profession of counseling.

To add to the confusion regarding state counselor licensure laws, states have given several titles to counselors who are licensed. The most common title is that of *professional counselor*. However, other states use titles such as *mental health counselor* or *clinical counselor*. The individuals who proposed the counselor licensing laws in each state decided which title to use. In some cases, titles were chosen to satisfy political compromises that had to be made to obtain legislative support for the bills.

State Agency Certification

As the term is used here, *state agency certification* is different from state licensure. It was explained previously that counselors in some states are certified rather than licensed. However, in this section, the term *certification* is used to refer to the process whereby official agencies of the state certify individuals as qualified to hold certain state jobs. In most states, this agency process is referred to as *certification*, although some call it *licensure*.

The most obvious state agency certification process is for school counselors. In each state the department of education determines which counselors may be certified as school counselors. To maintain their school accreditation, schools in that state must hire certified school counselors, just as they must hire only certified school teachers. The requirements for being certified as a school counselor vary widely from state to state. In some states, school counselors must first be certified and experienced school teachers before they can become certified as school counselors, although this teacher certification requirement is being eliminated in most states. The requirements for state school counselor certification should be obtained from the state department of education in the state in which you wish to practice.

Another area in which counselors are certified by the state is in substance abuse counseling (Morgen, Miller, & Stretch, 2012). Most states have various levels of certified substance abuse counselors, sometimes including counselors who hold less than a bachelor's degree. State agencies that provide substance abuse treatment services are required to hire only certified counselors who meet state requirements for certification. Information regarding state requirements for substance abuse counselors can be obtained from NAADAC: The Association for Addiction Professionals (NAADAC, 2014; www.naadac.org).

Rehabilitation counseling is another specialty area that involves varying state requirements. Although state rehabilitation agencies do not certify vocational rehabilitation counselors, they have established minimum requirements for rehabilitation counselors that vary from state to state. Information regarding the requirements for being hired as a vocational rehabilitation counselor can be obtained from each state's rehabilitation agency.

National Voluntary Certification

The two national certification agencies of the counseling profession are the National Board for Certified Counselors (www.nbcc.org) and the Commission on Rehabilitation Counselor Certification (CRCC; www.crc certification.com). In 2018, NBCC certified more than 63,000 counselors in more than 40 countries (NBCC, 2018). In 2018, CRCC had nearly 16,000 certified rehabilitation counselors (CRCC, 2018). National certification is voluntary in that there is no governmental requirement that a counselor be certified for private practice. Even though a counselor may be required to be licensed in a state to practice counseling, there is no legal need for that same counselor to be certified by NBCC or CRCC. Counselors choose to become nationally certified to demonstrate they have met the highest national standards developed by their profession. National certification is sometimes used as a job prerequisite as well, especially in the field of rehabilitation counseling.

The counseling profession created NBCC in 1982 as the national agency to certify counselors who had met the minimum requirements of the profession (NBCC, 2018). A National Certified Counselor (NCC) is an individual who has met the requirements set forth by NBCC. NBCC now functions as an independent corporation with its own board of directors. It was important for the profession to create NBCC so that the profession, rather than each individual state legislature, could determine the minimum requirements for being a professional counselor. In the same vein, it is important for counselors to support NBCC by becoming NCCs as soon as they are qualified to do so. In addition, counselors who hire other counselors should indicate that NCCs are preferred.

To become an NCC, a counselor must complete a master's degree in counseling, have 2 years of post-master's experience, and pass the National Counselor Examination. The 2 years of post-master's experience is waived for graduates of CACREP-accredited programs.

Every profession has national voluntary certification of specialists within that profession. NBCC has created specialty certification for the counseling profession. Although some believe that states should license counselors as specialists (Cottone, 1985; Emener & Cottone, 1989), we believe states should license counselors generally and NBCC should certify specialists (Remley, 1995). Our position is that the role NBCC plays in certifying counselors as specialists within their chosen areas is vital to the success of the counseling profession. We believe that specialty designations should be voluntary and should be offered by a national body such as NBCC.

To become certified as a specialist by NBCC, a counselor first must be an NCC. Currently, NBCC offers specialty certification in mental health and school counseling. The specific requirements for becoming specialty certified in one or more of these fields can be obtained by contacting NBCC (www.nbcc.org). In addition, an affiliate of NBCC, the Center for Credentialing & Education (CCE, 2018) offers additional specialty certifications, including Approved Clinical Supervisor (APS), Distance Credentialed Counselor (DCC), Global Career Development Facilitator (GCDF), Board Certified Coach (BCC), and Human Services-Board Certified Practitioner (HS-BCP).

Rehabilitation counseling specialists began certifying rehabilitation counselors before NBCC was formed. As a result, that specialty certification is offered by a separate certifying agency, the Commission on Rehabilitation Counselor Certification (CRCC, 2018; www.crcccertification.com/about-crcc).

In addition to NBCC and CRCC, many other national voluntary counselor certifications are available to counselors. Some of these certifications have high standards and are multidisciplinary in nature. Others are simply designed to make money for the individuals who created them. If you are interested in a national certification for counselors offered by a group other than NBCC or CRCC, you should investigate the group's reputation among members of the counseling profession, the organizational structure of the group, and the general legitimacy of the credential.

NBCC is providing leadership in helping other countries establish the profession of counseling. The international affiliate of NBCC, known as NBCC International, has established relationships with counselors in several countries and is helping them become recognized as professionals (NBCC-I, 2018; nbccinternational.org).

Program Accreditation

The training of counselors was summarized previously in this chapter. The standards for preparing counselors that have been agreed upon by the counseling profession are included in the accreditation standards of CACREP, also detailed in the previous section. The Council on Rehabilitation Education (CORE) used to accredit master's-degree programs in the specialty area of rehabilitation counseling. CORE and CACREP have now merged and CACREP accredits rehabilitation counseling programs, along with other specialty counseling programs.

A counselor's graduation from a CACREP-accredited counseling graduate program is a credential. Although many highly competent counselors are graduates of non-CACREP-accredited programs, the CACREP credential does distinguish counselors as having completed a preparation program that meets the standards of excellence for the profession. Counselors can indicate on their résumés that they are graduates of CACREP-accredited programs. Many job announcements now indicate that CACREP-accredited program graduates are required or preferred.

The most comprehensive listing of graduate programs in counseling is found in a directory produced by Schweiger et al. (2012). In the most recent edition of that directory, more than 1,000 master's-level

programs and more than 200 doctoral programs were listed. The master's-degree programs focus on the following specialty areas: community counseling, marriage and family counseling or therapy, mental health counseling, pastoral counseling, rehabilitation counseling, school counseling, college counseling, and miscellaneous specialty areas. The doctoral programs listed are divided into the following areas: counselor education and supervision, counseling psychology, marriage and family counseling/therapy, rehabilitation counseling, college counseling, pastoral counseling, and miscellaneous specialty areas.

Only master's- and doctoral-degree programs offered by regionally accredited universities are listed in the directory. Nonaccredited universities also offer graduate degrees in counseling. However, individuals who graduate from these nonaccredited university-degree programs often are unable to have their degrees recognized for the purposes of licensure, certification, or employment.

Accreditation of the university that offers degree programs in counseling, therefore, is essential for recognition. In addition to university accreditation, separate accreditation of counseling programs is important. Many state licensure statutes for counselors require the same preparation courses and field experiences as CACREP requires. In addition, NBCC has essentially the same preparation standards as CACREP.

CACREP (2018) accredits master's-degree programs in career counseling; student affairs and college counseling; clinical mental health counseling; marriage, couple, and family counseling; rehabilitation counseling; school counseling; and addiction counseling; and doctoral programs in counselor education and supervision.

CACREP adopted program accreditation changes that went into effect in 2016 (CACREP, 2018). Highlights of the CACREP standards that were changed in 2016 can be found at www.cacrep.org/introduction-to-the-2016-cacrep-standards.

CACREP reflects the minimum preparation program standards that have been agreed upon by the profession for master's- and doctoral-degree programs in counseling. If you want to determine whether programs that are not accredited by CACREP reflect these minimum standards, you could compare the degree requirements of those programs to the CACREP standards.

In established professions such as medicine, law, and even psychology, all preparation programs are either accredited by their professional accreditation bodies or are actively pursuing accreditation. Graduates of nonaccredited programs in those professions are unable to obtain state licenses to practice or are unable to secure desirable jobs (LaFountain & Baer, 2001). It is likely that, eventually, all master's- and doctoral-degree programs in counseling will be CACREP accredited. Counseling graduate programs that do not have CACREP accreditation will need to seek and obtain CACREP accreditation or will cease to exist because students will not want to attend programs that are not CACREP-accredited, a change that is being resisted by some within the counseling profession. Ohio has recently passed a law that requires all future counselors who are licensed in that state to have degrees from CACREP-accredited programs (Bray, 2013). It seems likely that other states will follow and that eventually all states will require graduation from a CACREP-accredited counseling program to be state licensed as a counselor.

Ethical Standards Related to Credentialing

Professional counselors are ethically required to present their credentials accurately. According to the *ACA Code of Ethics* (2014), counselors must claim or imply only professional qualifications actually completed and correct any known misrepresentations of their qualifications by others. They must clearly distinguish between paid and volunteer work experience and accurately describe their continuing education and specialized training (§C.4.a.). With respect to degrees held, counselors may advertise only the highest degree earned that is in counseling or a closely related field (§C.4.d.). Some counselors hold a master's degree in counseling and a doctoral degree in another field.

As you acquire various professional credentials, you certainly will want to advertise them. Your professional association's code of ethics imposes few restrictions on advertising (§C.3.), and those are limited to restrictions that can be clearly justified to protect the public. Nonetheless, you must know precisely what limits are contained in the code. In some circumstances, however, it is difficult to determine what the *ACA Code of Ethics* allows.

2-2 The Case of Kevin

Kevin earned his master's degree in counseling 8 years ago and has been working as a staff counselor in a psychiatric hospital since he graduated. In addition to this employment, he opened a part-time private practice when he became licensed as a professional counselor. Kevin recently completed his doctorate in health care administration from a non-traditional distance learning university in California. He is now focused on his goals of moving into an administrative position within the hospital as well as building up his private practice in case an administrative job opportunity does not occur. He has decided to update the business cards and brochures he uses in his private practice, and he has changed the wording to present himself as "Kevin Smith, PhD, MS, LPC, Professional Member of the American Counseling Association."

- Do you see anything wrong with the wording on Kevin's cards?
- Do you believe a doctorate in health care administration could be considered a doctorate in counseling or a closely related field?

Discussion: All of Kevin's credentials on his card are directly related to counseling except perhaps his PhD, which is in health care administration. If his doctorate was earned from a university that was not accredited by one of the regional accrediting bodies, then the legitimacy of his degree would be questionable. He must be careful not to mislead the public into believing that he has a legitimate counseling doctoral degree. Whether the university from which he earned his degree is accredited by a regional accrediting body is not known. Many non-traditional distance learning universities do hold regional body accreditation.

According to the *ACA Code of Ethics* (2014), "Counselors do not imply doctoral-level competence when possessing a master's degree in counseling or a related field by referring to themselves as *Dr.* in a counseling context when their doctorate is not in counseling or a related field" (§C.4.d.). There are arguments for and against recognizing a PhD in health care administration as a doctorate in a field closely related to counseling. On one hand, counseling is a form of health care, and a specialty within health care could easily be mental health care administration. On the other hand, general health care administration is not a mental health field. Perhaps the best way for Kevin to ensure that he is acting ethically, even though it might be a bit awkward, would be for him to specify on his business cards that his PhD degree is in health care administration and his MS degree is in counseling.

Basically, advertising must be accurate and must not be false, misleading, deceptive, or fraudulent (ACA, 2014, §C.3.a.). When you become aware of any misrepresentation of your credentials that might be made by others, you are responsible for making reasonable efforts to correct the misinformation (§C.3.c.). Because many counselors hold multiple credentials, their business cards and advertising brochures can sometimes resemble a kind of alphabet soup. A counselor's degrees, licenses, certifications, and professional memberships might include, for instance, MS (Master of Science) from a CACREP-accredited counseling program, LPC (Licensed Professional Counselor), NCC (National Certified Counselor), CCMHC (Certified Clinical Mental Health Counselor), CADAC