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# Issues & Ethics

In the Helping Professions

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Eleventh Edition

Gerald Corey  
Marianne Schneider Corey  
Cindy Corey



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—Lindsey M., Student, El Paso Community College



# Issues & Ethics

## In the Helping Professions

**Eleventh Edition**

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***Issues and Ethics in the Helping  
Professions, 11th Edition***  
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In memory of our lifelong friend and colleague,  
Patrick Callanan.

Patrick was a generous, honest, witty, and adventurous man who left his mark on the world through his roles as priest, father, uncle, teacher, counselor, author, mentor, and friend.

We will always remember him; he is impossible to forget!

# About the Authors

**Gerald “Jerry” Corey**, EdD, ABPP, is professor emeritus of human services and counseling at California State University at Fullerton and currently he is a distinguished visiting professor of counseling at the University of Holy Cross in New Orleans, where each semester he teaches intensive courses virtually in counseling theories, group counseling, and ethics. He received his doctorate in counseling from the University of Southern California in 1967. He was awarded an honorary doctorate in Humane Letters in 1992 from National Louis University. He is a Diplomate in Counseling Psychology, American Board of Professional Psychology; a licensed psychologist; and a National Certified Counselor. He is a Fellow of the American Psychological Association (Division 17, Counseling Psychology; and Division 49, Group Psychotherapy); a Fellow of the American Counseling Association; and a Fellow of the Association for Specialists in Group Work. Both Jerry and Marianne Schneider Corey received the Lifetime Achievement Award from the American Mental Health Counselors Association in 2011, and both of them received the Eminent Career Award from ASGW in 2001. Jerry was the recipient of the Outstanding Professor of the Year Award from California State University at Fullerton in 1991. He received the Thomas Hohenshil National Publications Award, which was presented at the American Counseling Association’s Virtual Conference in 2021. He is the author or coauthor of 16 textbooks in counseling currently in print, along with more than 70 journal articles and book chapters. Several of his books have been translated into other languages. *Theory and Practice of Counseling and Psychotherapy* has been translated into Arabic, Indonesian, Portuguese, Turkish, Korean, and Chinese. *Theory and Practice of Group Counseling* has been translated into Korean, Chinese, Spanish, and Russian.



With his colleagues, Jerry has conducted workshops in the United States, Germany, Ireland, Belgium, Scotland, Mexico, Canada, China, and Korea with a special focus on training in group counseling. In his leisure time at age 85, Jerry likes to hike and bicycle in the mountains and the desert, and he enjoys giving his grandchildren rides in his 1931 Model A Ford. Marianne and Jerry have been married since 1964. They have two adult daughters (Heidi and Cindy), two granddaughters, and one grandson.

In addition to *Issues and Ethics in the Helping Professions*, Eleventh Edition (2024, with Marianne Schneider Corey and Cindy Corey), which has been translated into Japanese, Chinese, and Korean, other publications by Gerald Corey, all with Cengage Learning, include:

- *Theory and Practice of Counseling and Psychotherapy*, Eleventh Edition (and *Student Manual*) (2024)
- *Theory and Practice of Group Counseling*, Tenth Edition (and *Student Manual*) (2023)
- *Becoming a Helper*, Eighth Edition (2021, with Marianne Schneider Corey)
- *Groups: Process and Practice*, Tenth Edition (2018, with Marianne Schneider Corey and Cindy Corey)
- *I Never Knew I Had a Choice*, Eleventh Edition (2018, with Marianne Schneider Corey and Michelle Muratori)
- *Group Techniques*, Fourth Edition (2015, with Marianne Schneider Corey, Patrick Callanan, and J. Michael Russell)
- *Case Approach to Counseling and Psychotherapy*, Eighth Edition (2013)

The following seven books are published by the American Counseling Association:

- *Clinical Supervision in the Helping Professions: A Practical Guide*, Third Edition (2021, with Robert Haynes, Patrice Moulton, and Michelle Muratori)
- *Personal Reflections on Counseling* (2020)
- *The Art of Integrative Counseling*, Fourth Edition (2019)
- *Counselor Self-Care* (2018, with Michelle Muratori, Jude T. Austin, and Julius A. Austin II)
- *ACA Ethical Standards Casebook*, Seventh Edition (2015, with Barbara Herlihy)
- *Boundary Issues in Counseling: Multiple Roles and Relationships*, Third Edition (2015, with Barbara Herlihy)
- *Creating Your Professional Path: Lessons From My Journey* (2010)

Jerry has also made several educational video programs on various aspects of counseling practice: (1) *Counseling with the Case of Gwen* (2019); (2) *Group Theories in Action* (2019); (3) *Ethics in Action* (2015, with Marianne Schneider Corey); (4) *Groups in Action: Evolution and Challenges* (2014, with Marianne Schneider Corey); (5) *Counseling with the Case of Stan and Lecturettes* (2013); (6) *Integrative Counseling: The Case of Ruth and Lecturettes* (2013, with Robert Haynes); and (7) *Lecturettes for Theory and Practice of Group Counseling* (2012). All of these programs are available through Cengage Learning, and they are included in the MindTap programs for several of the Coreys' books.

**Marianne Schneider Corey**, MA, is a licensed marriage and family therapist in California and is a National Certified Counselor. She received her master's degree in marriage, family, and child counseling from Chapman College. She is a Fellow of the Association for Specialists in Group Work and was the recipient of this organization's Eminent Career Award in 2001. She received the Lifetime Achievement Award from the American Mental Health Counselors Association in 2011.



Marianne has been involved in leading groups for different populations, providing training and supervision workshops in group process, facilitating self-exploration groups for graduate students in counseling, and cofacilitating training groups for group counselors and weeklong residential workshops in personal growth. Both Marianne and Jerry Corey have conducted training workshops, continuing education seminars, and personal-growth groups in the United States, Germany, Ireland, Belgium, Mexico, Hong Kong, China, and Korea.

In addition to *Issues and Ethics in the Helping Professions*, Eleventh Edition (2024, with Gerald Corey and Cindy Corey), which has been translated into Japanese, Chinese, and Korean, other publications by Marianne Schneider Corey, all with Cengage Learning, include:

- *Becoming a Helper*, Eighth Edition (2021, with Gerald Corey), which has been translated into Korean and Japanese
- *Groups: Process and Practice*, Tenth Edition (2018, with Gerald Corey and Cindy Corey), which has been translated into Korean, Chinese, and Polish
- *I Never Knew I Had a Choice*, Eleventh Edition (2018, with Gerald Corey and Michelle Muratori), which has been translated into Chinese
- *Group Techniques*, Fourth Edition (2015, with Gerald Corey, Patrick Callanan, and Michael Russell), which has been translated into Portuguese, Korean, Japanese, and Czech

Marianne has made educational video programs (with accompanying workbooks) for Cengage Learning: *Groups in Action: Evolution and Challenges* (2014, with Gerald Corey and Robert Haynes); and *Ethics in Action* (2015, with Gerald Corey and Robert Haynes).

Marianne and Jerry have been married since 1964. They have two adult daughters, Heidi and Cindy, two granddaughters, and one grandson. Marianne grew up in Germany and has kept in close contact with her family and friends there. In her free time at the age of 80, she continues to enjoy traveling, reading, visiting with friends, bicycle riding, and hiking in the mountains and the desert.

**Cindy Corey, PsyD**, is a licensed clinical psychologist in private practice in San Diego, California. She received her master's degree in Marriage and Family Therapy from the University of San Diego and her Doctorate (PsyD) in Multicultural Community Clinical Psychology at the California School of Professional Psychology in Alhambra, California. She served as the chair of the Lesbian, Gay, Bisexual, and Transgender Committee for the SDPA and has been a member of the Multicultural Committee and Women's Committee.



Cindy has focused much of her work in the area of counselor education, specializing in multicultural training, social justice, and community outreach. Her most recent outreach involved working with a team of middle school teachers and staff as a multicultural consultant and group facilitator, providing group and individual support to the faculty and staff. They met regularly and discussed topics around diversity, equity, and inclusion, as well as addressing racial tensions in the workplace and in the classroom. Cindy worked for over a decade as a full-time visiting professor in the Department of Counseling and School Psychology at San Diego State University in both the Community-Based Block and Marriage and Family Therapy programs. She also taught part-time in the PsyD program at Alliant International University in Alhambra. She has also worked as a Contracted Clinician for Survivors of Torture International, focusing primarily on helping Sudanese refugee youth adjust to life in the United States, gain employment, and attend colleges and universities.

Cindy works as a multicultural consultant and has created clinical intervention programs, training manuals, and diversity sensitive curriculum for a variety of schools, businesses, and organizations in the San Diego area. Her private practice focuses on working with graduate students in counseling programs and practicing psychotherapists. She works with diverse populations, including members of the LGBTQ+ and BIPOC communities. In addition, she engages in mentoring counselors in establishing their private practices. She is coauthor, with Marianne Schneider Corey and Gerald Corey, of *Groups: Process and Practice*, Tenth Edition (2018).



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# Preface

Our friend and colleague, Patrick Callanan, died on March 17, 2017 (St. Patrick's Day). He was a coauthor with us on previous editions of *Issues and Ethics in the Helping Professions*. For many years we enjoyed working with Patrick on various projects, including cofacilitating therapeutic groups for 25 years, and we miss his companionship and professional involvement with us. Patrick devoted much of his life to the counseling profession as a practitioner and made a significant difference in the lives of many clients, students, and professionals.

*Issues and Ethics in the Helping Professions*, 11th edition, is written for both graduate and undergraduate students in the helping professions. This book is suitable for courses in counseling, mental health counseling, human services, couples and family therapy, counseling psychology, clinical psychology, school counseling, and social work. It can be used as a core textbook in courses such as practicum, fieldwork, internship, and ethical and professional issues or as a supplementary text in courses dealing with skills or theory. Because the issues we discuss are likely to be encountered throughout one's professional career, we strive to use language and concepts that will be meaningful both to students doing their fieldwork and to professionals interested in keeping abreast of developments in ethical, professional, and legal matters pertaining to therapeutic practice.

We want to involve our readers in learning to deal with the ethical and professional issues that most often affect the actual practice of counseling and related helping professions, and throughout the book we ask readers to consider these issues: How aware are you of how your values and life experiences affect your professional work? What are you doing for self-care and wellness? What steps are you taking to prevent burnout? What are the rights and responsibilities of both client and counselor? How can you determine your level of competence? How can you achieve and maintain your competence? How can you provide quality services for culturally diverse populations? In what ways could you involve yourself in social justice and advocacy work? How can you go outside of the office and make a difference in the community? What major ethical issues might you encounter in couples and family therapy? in group work? in community agencies? in a school setting? in private practice?

Our goal is both to provide a body of information and to teach a process for thinking about and resolving the basic issues counselors will face throughout their career. For most of the issues we raise, we present various viewpoints to stimulate discussion and reflection. To offer a wide range of perspectives on the topics in each chapter, we have invited about 40 leaders in the counseling profession to share their positions through a new feature, "Voices From the Field." We also present our personal views and commentaries, when appropriate, and challenge you to develop your own position.

The ethics codes of various professional associations offer some guidance for practice. However, these guidelines leave many questions unanswered. Both as a

student and as a professional, we believe you will struggle with ethical issues of responsible practice and with deciding how ethical principles may apply in specific cases you encounter.

Throughout this book, we aim to involve you in an active and meaningful way. We provide many opportunities for you to respond to our discussions. Each chapter begins with “Learning Objectives” to guide your reading and a “Self-Inventory” designed to help you focus on the key topics to be discussed in the chapter. Within the chapters, we frequently ask you to think about how the issues apply to you. Open-ended cases and situations are designed to stimulate thought and discussion, and we encourage you to apply the codes of ethics of the various mental health professions to the case illustrations. Reflecting on the questions following each case example will help you determine which of the therapist responses are ethically sound and which are not. We offer our commentaries after each case to guide you in the process of determining sound ethical decisions. We also cite related literature when exploring ethical, legal, professional, and clinical issues. Instructors will find an abundance of material and suggested activities, surely more than can be covered in a single course.

Instructor resources for *Issues and Ethics in the Helping Professions* are available online. Instructor assets include an Instructor’s Manual, Educator’s Guide, PowerPoint® slides, and a test bank powered by Cengage®. Sign up or sign in at [www.cengage.com](http://www.cengage.com) to search for and access this product and its online resources.

*Issues and Ethics in the Helping Professions*, 11th edition, comes with MindTap®. MindTap, a digital teaching and learning solution, helps students be more successful and confident in the course—and in their work with clients. MindTap guides students through the course by combining the complete textbook with interactive multimedia, activities, assessments, and learning tools. Readings and activities engage students in learning core concepts, practicing needed skills, reflecting on their attitudes and opinions, and applying what they learn. Videos of client sessions illustrate skills and concepts in action, and the *Helper Studio* activities put students in the role of the helper, allowing them to build and practice skills in a nonthreatening environment by responding via video to a virtual client. Instructors can rearrange and add content to personalize their MindTap course and easily track students’ progress with real-time analytics. MindTap integrates seamlessly with any learning management system.

An integrated learning package titled *Ethics in Action* (third edition, 2015) is available in the MindTap program to enhance the 11th edition of *Issues and Ethics in the Helping Professions*. The videos in *Ethics in Action* are designed to bring to life the ethical issues and dilemmas counselors often encounter and to provide ample opportunity for discussion, self-exploration, and problem solving of these issues and dilemmas. The vignettes illustrated in the video program are based on a weekend workshop cofacilitated by Marianne Schneider Corey and Gerald Corey for a group of counseling students, which included challenging questions and lively discussion, role plays to bring the issues to life, and comments from the students and the Coreys. We are removing the activities that go along with this program. Only videos will be available for the students and instructors. This educational program is divided into three segments: ethical decision making,



values and the helping relationship, and boundary issues and multiple relationships in counseling.

## Alignment With CACREP Standards\*

CACREP Core Curriculum Standards for various areas of counseling are reflected throughout this eleventh edition of *Issues and Ethics in the Helping Professions*. Chapter numbers relevant to the CACREP standards appear in parentheses following the standards listed here.

### Professional Counseling Orientation and Ethical Practice

1. The role and process of the professional counselor advocating on behalf of the profession (Chapters 3, 4, 13)
2. Advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients (Chapters 4, 13)
3. Professional counseling organizations, including membership benefits, activities, services to members, and current issues (Chapter 1)
4. Ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling (Chapters 5, 6, 8)
5. Self-care strategies appropriate to the counselor role (Chapter 2)

### Social and Cultural Diversity

1. Theories and models of multicultural counseling, cultural identity development, and social justice and advocacy (Chapters 4, 10, 13)
2. Multicultural counseling competencies (Chapters 4, 12, 13)
3. Help-seeking behaviors of diverse clients (Chapters 4)
4. The impact of spiritual beliefs on clients' and counselors' worldviews (Chapter 3)
5. Strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination (Chapters 4, 13)

### Counseling and Helping Relationships

1. Theories and models of counseling (Chapter 10)
2. A systems approach to conceptualizing clients (Chapter 11)
3. The impact of technology on the counseling process (Chapters 5, 6, 9, 12)
4. Counselor characteristics and behaviors that influence the counseling process (Chapter 2)
5. Essential interviewing, counseling, and case conceptualization skills (Chapter 10)
6. Developmentally relevant counseling treatment or intervention plans (Chapter 10)

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\*Council for Accreditation of Counseling Related Educational Programs, (2016), *CACREP Standards*.

7. Development of measurable outcomes for clients (Chapter 10)
8. Evidence-based counseling strategies and techniques for prevention and intervention (Chapter 10)
9. Processes for aiding students in developing a personal model of counseling (Chapter 10)

### Group Counseling and Group Work

1. Theoretical foundations of group counseling and group work (Chapter 12)
2. Therapeutic factors and how they contribute to group effectiveness (Chapter 12)
3. Characteristics and functions of effective group leaders (Chapter 2, 12)
4. Ethical and culturally relevant strategies for designing and facilitating groups (Chapter 12)

### Assessment and Testing

1. Methods of effectively preparing for and conducting initial assessment meetings (Chapters 5, 10)
2. Procedures for assessing risk of aggression or danger to others, self-inflicted harm, or suicide (Chapter 6)
3. Procedures for identifying trauma and abuse and for reporting abuse (Chapter 6)
4. Use of assessments for diagnostic and intervention planning purposes (Chapter 10)
5. Use of assessment results to diagnose developmental, behavioral, and mental disorders (Chapter 10)

## What's New in the 11th Edition of *Issues and Ethics* in the Helping Professions

For the 11th edition, each chapter has been carefully reviewed and updated to present the current thinking, research, and trends in practice. The following chapter-by-chapter list of highlights outlines some sample material that has been added, updated, expanded, or revised for the 11th edition.

### Chapter 1 Introduction to Professional Ethics

- Citation of latest ethics codes whenever available
- Updated codes of ethics of various professional organizations
- New section on differences between law and ethics in counseling
- New section on the process involved in revising the *ACA Code of Ethics* (2014)

### Chapter 2 The Counselor as a Person and as a Professional

- New section on the experiential group as a part of group counseling courses
- New section on empathy fatigue during the COVID-19 pandemic
- New material on sources of stress and coping with stress
- New section on practical ways for counseling students to engage in self-care
- Updated discussions of burnout, practitioner impairment, and maintaining vitality

### Chapter 3 Values and the Helping Relationship

- New discussion on imposing values and on ways to manage value conflicts
- New section on alternatives to referring clients in cases of value conflicts
- Increased attention to the necessity for graduate students in counseling to learn how to work within the framework of the client's value system
- Updated ethics codes on value imposition
- More focus on avoiding value imposition by ethical bracketing
- Updated discussion of the ethics of values-based referrals and discriminatory referrals
- New and expanded discussion on the role of spirituality and religion in counseling
- New section on ethical and clinical issues with nonreligious clients
- Description of an ethical decision-making model to determine whether religious or spiritual beliefs may be clinically salient

### Chapter 4 Multicultural Perspectives and Diversity Issues

- Increased coverage of cultural pluralism and cultural competence
- New "Voices From the Field" on the quest for cultural competence
- Attention to COVID-19 pandemic and the impact on systemic barriers and implications for counseling practice
- Updated section on ethical issues regarding sexual orientation and gender identity
- Increased and updated coverage of ethical issues and competencies required in counseling lesbian, gay, bisexual, and transgender clients
- Updated and expanded coverage of the culture of disability
- New "Voices From the Field" on understanding the disability community
- New "Voices From the Field" on a call to action and antiracism
- Introduction to how a social justice orientation relates to a multicultural perspective
- Revised section on ethical issues in teaching multicultural competence

### Chapter 5 Client Rights and Counselor Responsibilities

- Updated and expanded section on the informed consent process
- Updated ethics codes discussing client rights and counselor responsibilities
- Inclusion and clarification of the No Surprise Act
- More coverage on clients' rights to access their records and to know their diagnosis
- More attention to guidelines for maintaining adequate clinical records
- Updated and increased coverage of ethical issues in online counseling
- New "Voices From the Field" on ethical and legal issues in distance counseling
- Impact of the COVID-19 pandemic on the expansion of telehealth therapy
- New section on challenges related to confidentiality with minors
- New section on addressing bullying and cyberbullying in schools
- New "Voices From the Field" on lesser-known legal risks in counseling
- Updated discussion of risk management practices and implications for clinical effectiveness

## Chapter 6 Confidentiality: Ethical and Legal Issues

- More emphasis on counselors ongoing dialogue with clients about exceptions to confidentiality
- New “Voices From the Field” on school counselor’s ethical responsibilities in managing confidentiality with children and adolescents
- Expanded coverage of privacy issues with telecommunication devices
- Updated discussion of guidelines for dealing with the duty to warn and to protect
- Updated ethics codes on the topic of confidentiality
- New “Voices From the Field” on the duty to protect students at risk for suicide and working ethically with at-risk students
- New “Voices From the Field” on the strength-based approach to suicide assessment and treatment
- Expanded coverage on protecting children, the elderly, and dependent adults from harm

## Chapter 7 Managing Boundaries and Multiple Relationships

- Revised discussion of how some boundary crossings can result in enhanced client care
- More attention to ways of establishing appropriate boundaries
- New section on setting appropriate boundaries in online formats
- New section on social media and boundaries
- New section on mentoring as a beneficial multiple relationship
- New “Voices From the Field” on managing the power differential in mentoring relationships and on creating effective mentoring relationships
- New discussion of cultural dimensions of managing dual roles and maintaining boundaries with clients
- New literature on sexual boundary violations in psychotherapy
- Updated codes of ethics on boundary considerations and multiple relationships

## Chapter 8 Professional Competence and Training

- Increased emphasis on how competence is a significant topic for counseling students
- Expanded discussion of the gatekeeper role of faculty in promoting competence
- New “Voices From the Field” on gatekeeping as an ethical mandate and on the challenges when addressing problematic trainees
- New “Voices From the Field” on colleague consultation as a form of self-care and a key risk management strategy
- New section on training practitioners to work in a digital culture
- Expanded discussion on the role of interpersonal behavior in working with trainees and the need to have difficult conversations with trainees who manifest professional competency problems
- New section on the importance of due process when making dismissal decisions in graduate programs

## Chapter 9 Ethical Issues in Supervision

- Updated coverage of informed consent in clinical supervision
- New “Voices From the Field” on addressing ethical issues with supervisees
- Updated and expanded treatment of ethical and legal issues for online supervision
- Discussion of power dynamics in the supervisory relationship
- More emphasis on the importance of a strong supervisory working alliance
- Updated treatment on the role of spirituality in supervision
- Updated discussion of how positive boundary crossings can enhance supervisory relationships
- Updated ethics codes on clinical supervision

## Chapter 10 Issues in Theory and Practice

- New “Voices From the Field” on using cultural self-disclosure
- New “Voices From the Field” and expanded discussion of ethical issues in assessment and diagnosis
- Revision of cultural considerations in assessment and diagnosis
- Revision of section on empirically supported treatments

## Chapter 11 Ethical Issues in Couples and Family Therapy

- New “Voices From the Field” on ethical dilemmas in counseling couples and families
- Increased emphasis on the revised AAMFT code of ethics
- Updated discussion on dealing with secrets in working with multiple clients

## Chapter 12 Ethical Issues in Group Work

- Revised and expanded discussion of training and supervision of group leaders
- New section on teaching group counseling courses virtually
- Revised and expanded discussion of ethical issues in online groups
- New section on addressing disability considerations in group work
- New “Voices From the Field” on ethical issues in group work with people with disabilities
- Incorporation throughout the chapter of the Association for Specialists in Group Work’s (2021) *Guiding Principles for Group Work*
- Inclusion of revised guidelines for acquiring multicultural and social justice competence in group work

## Chapter 13 Community and Social Justice Perspectives

- Additional concrete examples and cases to illustrate key concepts of social justice in community work
- New section on crisis and trauma counseling in the community
- Four “Voices From the Field” discussions on how social justice counseling and advocacy work are ethical responsibilities
- Updated discussion on the goals of social justice and advocacy
- Updated section on social justice advocacy in school counseling

## Acknowledgments

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Gerald Corey

Marianne Schneider Corey

Cindy Corey

# Introduction to Professional Ethics

## Learning Objectives

1. Identify common themes of ethics codes.
2. Understand the limitations of codes of ethics.
3. Describe three objectives fulfilled by codes of ethics.
4. Explain the difference between law and ethics.
5. Differentiate between aspirational ethics and mandatory ethics.
6. Apply the six moral principles to ethical dilemmas.
7. Recognize the steps in working through an ethical dilemma.
8. Assess your attitudes and beliefs pertaining to a range of ethical and professional issues addressed in this book.



## The Focus of This Book

Working both independently and together over the years, the three of us have encountered a variety of professional and ethical issues that seem to have no clear-cut solutions. Conversations with students and colleagues reveal similar struggles. Exchanging ideas has helped us deal with these issues, and we extend this conversation to you throughout this book. We are convinced that students in the helping professions must anticipate and be prepared for these kinds of problems before their first fieldwork experience, and certainly before they begin practicing. The lack of clear-cut answers to ethical dilemmas can be frustrating, but engaging in a dialogue on these issues makes us all better clinicians and guides us toward better clinical outcomes.

We cannot dispense prescriptions or provide simple solutions to the complex situations you may encounter. Our main purpose is to facilitate critical thinking on your part and to establish a basis for you to develop a personal perspective on ethical practice within the broad limits of professional codes and divergent theoretical positions. We raise some central issues, present a range of views on these issues, discuss our position, and provide you with opportunities to refine your thinking and actively develop your own position. Many of these issues may resurface and take on different meanings at various stages in your professional life.

In this book we provide a flexible framework and a direction for working through ethical dilemmas. We have refined our ideas through our clinical experiences, our experiences teaching ethics, and by engaging in discussions with colleagues and students. We are passionate about the study of ethics because it requires that we (1) use critical thinking skills, (2) strengthen our own judgment and decision-making processes, (3) advocate for social justice issues, and (4) challenge culturally encapsulated standards in our profession.

As you read this book, you will discover our biases and viewpoints about ethical behavior. We clearly state that these represent our perspective and are not a universal standard. We offer our position not to sway you to adopt our views but to help you develop your own position. Identifying our own personal misconduct can be far more challenging than pointing out the misconduct of our colleagues, yet each of us must continually reflect on what we are doing personally and professionally. In the end, we are responsible for our own ethical practice.

You will encounter many situations that demand the exercise of sound judgment to further the best interests of your clients. Codes of ethics provide general standards, but these are not sufficiently explicit to deal with every situation. It is often difficult to interpret ethics codes, and opinions differ over how to apply them in specific cases. In all cases, the welfare of the client demands that you become familiar with the guiding principles of the ethics codes and accepted standards of practice of your profession.

The various mental health professions have developed codes of ethics that are binding for their members. Students and practitioners often confuse ethical and legal standards, or mistakenly assume that ethics are regulated by law. Ethics and the law are not synonymous (see Chapters 5 and 6). As a mental health provider, you are expected to know the ethics code of your professional organization and to be aware of the consequences of practicing in ways that are not sanctioned by

the organization. Responsible practice requires that we use informed, sound, and responsible judgment. It is necessary that we demonstrate a willingness to consult with colleagues, keep up to date through reading and continuing education, and continually monitor our behavior.

We have reexamined many of the issues raised in this book throughout our professional lives. Levitt, Farry, and Mazzarella (2015) “suggest that experienced counselors still struggle with the gray areas of ethics, and what may seem like a straightforward issue rarely has clear resolutions” (pp. 94–95). Although you may think you have resolved some of these ethical and professional issues at the initial stage of your development as a counselor, these topics can take on new dimensions as you gain experience. Many students believe they should resolve all possible issues before they begin to practice, but this is an impossible task. The definition and refinement of such concerns is a developmental process that requires self-reflection, an open mind, and continual reexamination.

## Some Suggestions for Using This Book

Introducing students to the many dimensions of thinking about ethical practice is essential even though our response to questions surrounding ethical issues and dilemmas often is “it depends.” Although a lack of clear-cut answers can be viewed as anxiety-producing, we prefer to see it as liberating. The vast gray area within ethical decision making provides ample opportunity for creativity and empowerment as we grow as professionals.

We frequently imagine ourselves in conversations with you, our readers. We state our own thinking and offer a commentary on how we arrived at the positions we hold. We encourage you to integrate your own thoughts and experiences with the positions and ethical dilemmas we raise for consideration. In this way you will absorb information, deepen your understanding, and develop an ethical way of thinking. A main priority is to clarify your goals and to think about ways of becoming actively involved. To get the most from this book, we encourage you to focus on the following:

- *Preparation.* Prepare yourself to become active in your class by spending time reading and thinking about the questions we pose. Completing the exercises and responding to the questions and open-ended cases will help you focus on where you stand on controversial issues.
- *Expectations.* Students often have unrealistic expectations of themselves. If you have limited experience in counseling clients, think about situations in which friends sought your help and how you dealt with them. You can also reflect on the times when you were experiencing conflicts and needed someone to help you gain clarity. This is a way to relate the material to events in your own life.
- *The self-assessment survey.* The multiple-choice survey at the end of this chapter is designed to help you discover your attitudes concerning most of the issues we discuss in the book. Take this inventory before you read the book to discover where you stand on these issues at this time. Take the inventory again after you complete the book to compare your responses and see what changes, if any, have occurred in your thinking.

- *Chapter self-inventories.* Each chapter begins with an inventory designed to encourage reflection on the issues to be explored in the chapter. Completing the inventory is a good way to focus your thinking on the topics in a chapter. Consider discussing your responses with your fellow students and peers. After reading the chapter and discussing the material in class, complete the inventory again to see if your position has changed in any way.
- *Learning objectives.* Found at the beginning of each chapter, the learning objectives guide you to focus on the main points presented in the chapter and serve as a checklist to help you assess the degree to which you have mastered these key topics.
- *Examples, cases, commentaries, and questions.* Many examples in this book are drawn from actual counseling practice in various settings with different types of clients. (Elements of these cases have been changed to protect confidentiality.) Consider how you might have worked with a given client or what you might have done in a particular counseling situation. We provide our commentary on each of the cases to guide you in clarifying the specific issues involved and in helping you think about the course of action you might take in each case. We also provide illustrations of possible therapist responses to the various ethical dilemmas in the cases, not all of which are ethical or appropriate.
- *Voices from the field.* In this new feature of the eleventh edition, well-known professionals share their personal views on issues, providing diverse perspectives. Reflection questions are designed to engage you in critical thinking on the topic.
- *End-of-chapter suggested activities.* These suggested activities are provided to help you integrate and apply what you have learned.
- *Code of ethics of various professional organizations.* A summary of relevant ethics codes of various professional groups is provided as boxed excerpts pertaining to the topics discussed in the chapter. You may want to visit the websites of these professional organizations and download their codes of ethics.
- *Engage in critical thinking.* Involve yourself in thinking about the issues we raise. Focus on the questions, cases, commentaries, and activities that have the most meaning for you at this time, and remain open to new issues as they assume importance for you. Develop your thoughts and positions on the ethical dilemmas presented. As you engage in discussions with your peers and faculty, be open to new perspectives on how to proceed through the ethical decision-making steps. By becoming actively involved in your ethics course, you will find additional ways to look at the process of ethical decision making.

## Professional Codes of Ethics

Various professional organizations (counseling, social work, psychiatry, psychology, marriage and family therapy, and human services) have established codes of ethics that provide broad guidelines for their members. The codes of these national professional organizations have similarities and also differences. Publications by the various professional organizations contain many resources to help you understand the issues underlying the ethical decisions you will be making in your professional life.

## LO1 Common Themes of Codes of Ethics

Each major mental health professional organization has its own code of ethics. Obtain a copy of the ethics code of the profession you are planning to enter and familiarize yourself with its basic standards for ethical practice. You do not need to memorize every standard, but lacking knowledge of the ethics code of your profession is not an acceptable excuse for engaging in unethical behavior. The ethics codes are broad and general; they do not provide specific answers to the ethical dilemmas you will encounter. Although there are specific differences among the ethics codes of the various professional organizations, they share these similar themes:

- Being interested in the welfare of clients
- Practicing within the scope of one's competence
- Understanding and respecting the cultural values of clients
- Distinguishing between personal values and professional values
- Avoiding harm and exploitation
- Establishing and maintaining appropriate professional boundaries
- Protecting client's confidentiality and privacy
- Practicing within an ethical and legal framework
- Avoiding discrimination in providing services to clients
- Striving for the highest level of ethical practice
- Recognizing the importance of self-care as a basis for competent practice

## LO2 Limitations of Codes of Ethics

Your own ethical awareness and problem-solving skills will determine how you translate the various ethics codes into professional behavior. Codes of ethics are not cookbooks for responsible professional behavior; they do not provide recipes for effective ethical decision making. Indeed, ethics codes offer unmistakably clear guidance for only a few problems. The American Psychological Association's (APA) ethics code (2017) is quite clear that it neither provides all the answers nor specifically addresses every dilemma that may confront a practitioner. The ethical principles in the APA code are not enforceable rules, but they should be considered by psychologists in arriving at an ethical course of action. Pope, Vasquez, Chavez-Duenas, and Adames (2021) remind us that ethics codes, standards, and laws are the beginning, not the end, of ethical considerations. They inform us but do not replace our effort in critically thinking through ethical issues. "Awareness of ethical codes is crucial, but formal codes cannot take the place of an active, thoughtful, creative approach to our ethical responsibilities" (p. 8). In short, ethics codes are necessary, but not sufficient, for exercising ethical responsibility. Ethics codes have a number of limitations (see Herlihy & Corey, 2015a; Knapp et al., 2015; Pope et al., 2021; Welfel, 2016). As you strive to become an ethical practitioner, you may encounter the following problems:

- Some issues cannot be handled solely by relying on ethics codes.
- Ethics codes do not address the many situations that lie in an ethical gray zone.
- Some codes lack clarity and precision, which makes assessment of an ethical dilemma unclear.

- Simply learning the ethics codes and practice guidelines will not necessarily make for ethical practice.
- Answers to ethical dilemmas are not contained in the ethics codes.
- Conflicts sometimes emerge within ethics codes as well as among various organizations' codes.
- Ethics codes tend to be reactive rather than proactive.
- No set of rules or ethical standards can adequately guide practitioners through many of the complex situations they may encounter.
- New situations arise frequently, and no two cases are exactly the same.
- A practitioner's personal values may conflict with a specific professional value or standard within an ethics code.
- Codes may conflict with institutional policies and practices.
- Ethics codes need to be understood within a cultural framework; therefore, they need to be adapted to specific cultures.
- Codes may not align with state laws or regulations regarding reporting requirements.
- Codes of ethics are often updated and require continuing education and professional development throughout a professional's lifelong learning journey.

### LO3 Using Ethics Codes as Guides

Ethics codes cannot be applied in a rote manner because each client's situation is unique and may call for a different solution, which demands professional judgment. A *rule-based approach* to ethics is limited in providing meaningful assistance to clinicians who are concerned with practicing at the highest level of ethical functioning.

Becoming a professional counselor is somewhat like learning to adjust to a different culture, and both students and professionals experience an ethical acculturation process. From our perspective, mental health practitioners are faced with assuming the responsibility of making ethical decisions and ultimately taking responsibility for the outcomes. This process takes time, and it should include consultation. Even with many years of field experience, consultation with colleagues provides an important check on our thinking about various ethical issues.

Herlihy and Corey (2015a) suggest that codes of ethics fulfill three objectives. The first objective is to *educate professionals* about sound ethical conduct. Reading and reflecting on the standards can help practitioners expand their awareness and clarify their values in dealing with the challenges of their work. Second, ethical standards provide a *mechanism for professional accountability*. Practitioners are obliged not only to monitor their own behavior but also to encourage ethical conduct in their colleagues. One of the best ways for practitioners to guard the welfare of their clients or students and to protect themselves from malpractice suits is to practice within the spirit of the ethics codes. Third, codes of ethics serve as *catalysts for improving practice*. When practitioners interpret and apply the codes in their own practices, the questions raised help to clarify their positions on dilemmas that do not have simple or absolute answers. You can imagine the chaos if people were to practice without guidelines so that the resolution of ethical dilemmas rested solely with the individual clinician.

We must never forget that the primary purpose of a code of ethics is to safeguard the welfare of clients. Ethics codes are also designed to safeguard the public and to guide professionals in their work so that they can provide the best service possible. The *community standard* (what professionals *actually* do) is generally less rigorous than the ethical standard (what professionals *should* do). It is important to be knowledgeable of what others in your local area and subspecialties are doing in their practices.

#### LO4 Ethics Codes and the Law

Ethical issues in the mental health professions are regulated by both laws and professional codes. The Committee on Professional Practice and Standards (2003) of the American Psychological Association differentiates between ethics and law as follows: **Ethics** pertains to the standards that govern the conduct of its professional members. **Law** is the body of rules that govern the affairs of people within a community, state, or country. Laws define the minimum standards society will tolerate, which are enforced by government. An example of a minimum standard is the legal obligation of mental health professionals to report suspected child abuse. The law can also encourage us to work toward changing societal attitudes, for example, to prevent child abuse rather than merely to report it.

All of the codes of ethics state that practitioners are obligated to act in accordance with relevant federal and state statutes and government regulations. In a court case, the law generally overrules ethics. As ethical mental health practitioners, however, we can advocate for social justice both *with* and *on behalf of* our clients and the communities we serve. Practitioners should be able to identify legal problems as they arise in their work because many of the situations they encounter that involve ethical and professional judgment will also have legal implications.

Remley and Herlihy (2020) note that counselors sometimes have difficulty determining when there is a legal problem, or what to do with a legal issue once it has been identified. To clarify whether a legal issue is involved, it is important to assess the situation to determine if any of the following apply: (a) legal proceedings have been initiated, (b) lawyers are involved, or (c) the practitioner is in danger of having a complaint filed against them for misconduct. When confronted with a legal issue, consult a lawyer to determine which course of action to take. Remley and Herlihy do not advise consulting with counselor colleagues about how to deal with legal problems because counselors rarely have expertise in legal matters. Many professional associations have attorneys who are familiar with both legal and clinical issues, and members of these associations can use this source of consultation. Establish a working, collegial relationship with a local attorney in your state whom you can consult regarding legal issues. Some professionals have both a law degree and a mental health degree, which can be a useful resource.

Laws and ethics codes tend to emerge from what has occurred rather than from anticipating what may occur. Limiting your scope of practice to obeying statutes and following ethical standards is inadequate. We hope your behavior will not be determined by *fear-based ethics*. It is important to foster an attitude of *concern-based*



*ethics* early in your training program, striving for the highest level of ethical care for your clients, a theme that is repeated many times throughout this book. Birrell and Bruns (2016) suggest that ethics is better viewed from a relational engagement rather than a risk management perspective. They contend that counselors need to release the fear of punishment and open themselves to authentic mutuality so that “ethics becomes relational and alive and fully integrated into each moment of the clinical encounter” (p. 396).

Ethical standards serve as a form of protection for the client, but they also help clinicians ensure their own self-care. For example, counselors sometimes struggle with setting limits around being helpful to others. Having clear guidelines in place can help you establish healthy boundaries for yourself, both personally and professionally.

At times you may encounter conflicts between the law and ethical principles, or competing ethical standards may appear to require incompatible courses of action. In these cases, the values of the counselor are often involved. Conflict between ethics codes and the law may arise in areas such as advertising, confidentiality, and clients’ rights of access to their own files. If obeying one’s professional code of ethics would result in disobeying the law, it is a good practice to seek legal advice. Licensed mental health professionals also may contact their professional organization’s legal department or state licensing board for consultation.

When laws and ethics collide, Knapp, Gottlieb, Berman, and Handelsman (2007) state that practitioners need first to verify what the law requires and determine the nature of their ethical obligations. Practitioners may not understand their legal requirements and may assume a conflict exists between the law and ethics when there is no such conflict. If there is a real conflict between the law and ethics, and if the conflict cannot be avoided, “psychologists should either obey the law in a manner that minimizes harm to their ethical values or adhere to their ethical values in a manner that minimizes the violation of the law” (p. 55). Apparent conflicts between the law and ethics can often be avoided if clinicians anticipate problems in advance and take proactive measures.

One example of a potential conflict between legal and ethical standards involves counseling minors. This is especially true as it pertains to counseling children or adolescents in school settings. Counselors may be committed to following ethical standards in maintaining the confidentiality of the sessions with a minor, yet at times parents/legal guardians may have a legal right to information that is disclosed in these sessions. Practitioners may struggle between doing what they believe to be ethically appropriate for their client and their legal responsibilities to parents/legal guardians. When working with minors, it is necessary to be familiar both with state laws and with school policies. Some school districts may have rules regarding breaking confidentiality about substance abuse that differ from those of a private practitioner.

Mental health providers in the military are likely to experience ethical dilemmas when obligations to clients and obligations to the military organization conflict. Providers in military settings are occasionally forced to choose between client-centered therapeutic interests and organization-centered administrative interests (Johnson et al., 2010). These competing obligations can generate challenging ethical dilemmas. Information that is viewed as confidential in the civilian sector may not be

protected from disclosure in a military setting. A commanding officer's need to know about the fitness of a service member may appear to conflict with the ethical values of privacy and confidentiality. Licensed health care providers in the military may struggle with apparent conflicts between their mandated and commissioned roles as military officers and their duty to their clients (Johnson & Johnson, 2017). Strategies for successfully managing these situations can be found, and Johnson, Grasso, and Maslowski (2010) state that "genuine conflict between an ethical and legal course of action—when abiding by law will automatically violate the code of ethics or vice versa—are infrequent occurrences" (p. 552).

In ethical dilemmas involving legal issues, a wise course is to seek advice from legal counsel and to discuss the situation with colleagues familiar with the law. When neither the law nor an ethics code seems to resolve an issue, therapists are advised to consider other professional and community standards and their own conscience as well. This subject is addressed more fully in Chapters 5 and 6.

For more on the subject of the relationship between law and ethics, we recommend *The Counselor and the Law* (Wheeler & Bertram, 2019). In "Voices From the Field," Dr. Remley, a counselor educator and an attorney, addresses some key differences between law and ethics.

## Voices from the Field

### Differences Between Law and Ethics in Counseling

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Because I am both a lawyer and a counselor, I am often asked by practicing counselors and by university counselor educators to explain the differences between law and ethics in the counseling profession. In my opinion, it is not important to know whether professional mandates are based on legal principles or on ethical principles because counselors are obligated to follow such mandates whether they come from law or ethics. However, law and ethics are distinctly different in some ways and overlap in a number of areas as well. Both law and ethics in counseling are a reflection of the values held by our society. In the United States, our legal system and our professional ethics codes reflect how we believe individuals should be treated and protected in our country.

In our legal system, professional ethics are secondary to laws. *Professional ethics* are aspirational and describe how professionals believe other professionals should act, whereas *laws* set forth principles that describe the minimum behavior society will tolerate from others. As a result, an act of a counselor might be deemed unethical by a professional ethics committee but could be determined to be acceptable within the law. Professional ethics committee members judge a counselor's actions by the words found in codes of ethics. Judges, however, evaluate a counselor's actions by what is the accepted practice within a particular community. As an example, an ethics code may state that counselors should not provide counseling services to those with whom they have a nonprofessional relationship. Counselors may be found to be unethical by an ethics committee if they accept a community member with whom they

■ Continues



## Voices from the Field (continued)

are friends as a client. However, if it is common practice in a community for counselors to accept as clients people who are friends of theirs, then a court might determine that such practice is not inappropriate because it is acceptable within the community.

Laws are governmental requirements that all individuals living, visiting, or doing business in the United States must follow. Laws come in many forms, and the most common types of laws that affect the practices of counselors include federal and state statutes; regulations issued by federal and state agencies (including state licensure boards); the common law, which the United States inherited from England; and interpretations of statutes, regulations, and the common law that are issued by federal and state courts.

Most people understand what statutes, regulations, and court decisions are, but the common law is a bit more difficult to understand. Because professional malpractice is a legal principle from the area of common law known as torts, it is important for counselors to understand professional malpractice and the common law principles on which malpractice is based. A basic definition of tort is provided by the Legal Information Institute (2021) located at Cornell Law School: "A tort is an act or omission that gives rise to injury or harm to another and amounts to a civil wrong for which courts impose liability" (p. 1). Common law principles such as torts exist so that individuals can live with others in a society without fear of being injured by other people. If someone injures another person, the injured individual can sue in court and be compensated for injuries sustained. As a result, if a counselor's actions or omissions result in harm to a client, that client can sue claiming that the counselor committed malpractice and can be compensated if a court determines that the counselor harmed the client because the counselor was practicing in an unprofessional or unethical manner.

Numerous ethics codes are created and distributed by counselor licensure boards, professional counseling associations, and groups that provide certifications to counselors. Clients, other counselors, or any person can complain to a board that a counselor has acted in an unethical manner. Boards can then review what the counselor did or failed to do and issue a finding of whether the counselor acted appropriately or inappropriately. If a counselor is deemed to have been unethical, a board can take actions against the counselor that might include serious consequences such as revoking or suspending the counselor's license or certification or removing the counselor from the association's membership.

If you are interested in learning more about the differences in law and ethics in mental health, consider reading books written on this topic (Cottone et al., 2022; Remley & Herlihy, 2020; Remley et al., 2017; Wheeler & Bertram, 2019; Wilcoxson et al., 2013). If you want to stay current on emerging issues in law and ethics, consider attending the annual Law and Ethics in Counseling Conference that Ted Remley chairs each year, which is sponsored by the University of Holy Cross and is held in New Orleans, Louisiana, both in person and virtually. More information regarding this conference is available at <https://uhcno.edu/academics/continuing-studies>.

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### Reflection Questions

1. "In my opinion, it is not important to know whether professional mandates are based on legal principles or on ethical principles because counselors are obligated to follow such mandates whether they come from law or ethics." In what ways do you agree and or disagree with this statement?
2. Are the consequences of an ethical breach versus a legal violation similar in severity or different? Can one or both lead to a license being revoked?
3. Could a dual relationship with a client be seen as unethical in one context but ethical in another context?

## Evolution of Ethics Codes

Codes of ethics are established by professional groups for the purpose of protecting consumers, providing guidelines for practitioners, and clarifying the professional stance of the organizations. Ethics codes undergo periodic revision and are best viewed as living documents responsive to the needs of counselors, the clients they serve, and society in general. For example, the revised *Code of Ethics* of the American Counseling Association (ACA, 2014) addresses evolving ethical issues pertaining to ethical decision making, professional values, managing and maintaining boundaries, technology, the nonimposition of counselor personal values, counselor education, and legal issues, to mention a few—all of which were addressed in response to recent developments in the field (Kaplan et al., 2017). A new section of the code covers informed consent, privacy, and security of electronic communications, distance counseling, online and research maintenance, and social media. Most professional associations revise their ethics codes every 5 to 10 years. It is necessary that the standards reflect changes in the profession and evolving social trends.

However useful the ethics codes may be, they can never replace the informed judgment and goodwill of the individual counselor. We emphasize again the need for a level of ethical functioning higher than merely following the letter of the law or the code. For instance, you might avoid a lawsuit by not paying attention to cultural diversity, but many of your ethnically diverse clients would likely suffer from your insensitive professional behavior.

## Professional Monitoring of Practice

The legal and ethical practice of most mental health professionals is regulated in all 50 states. State licensing laws establish the scope of practice of professionals and how these laws will be enforced by licensing boards. Some psychotherapy professions are regulated through registration and certification; others, such as social workers, marriage and family therapists, professional counselors, and psychologists, are regulated through licensure. The major duties of regulating boards are (1) to determine standards for admission into the profession, (2) to screen applicants applying for certification or licensure, (3) to regulate the practice of psychotherapy for the public good, and (4) to conduct disciplinary proceedings involving violations of standards of professional conduct as defined by law. Mental health professionals can lose their certification or license if their state regulating board finds that they have engaged in unethical practice or illegal behavior, whether personally or professionally. The topic of licensure is treated in more detail in Chapter 8.

In addition to state regulatory boards, most professional organizations have ethics committees—elected or delegated bodies that oversee the conduct of members of the organization. The main purposes of ethics committees are to educate the association’s membership about ethics codes and to protect the public from unethical practices. These committees meet regularly to process formal complaints against individual members of the professional organization, and they also revise and update their organization’s code of ethics.

When necessary, practitioners must explain to clients how to lodge an ethical complaint. When a complaint is lodged against a member, the committee launches

an investigation and deliberates on the case. Eventually, a disposition is reached. The complaint may be dismissed, specific charges within the complaint may be dismissed, or the committee may find that ethical standards have been violated and impose sanctions. Possible sanctions include a reprimand; a recommendation that a specific course of remedial action be taken, such as obtaining ongoing supervision or personal therapy; probation or suspension for a specified period of time; a recommendation that the member be allowed to resign from the organization; or a recommendation that the member be expelled.

Expulsion or suspension of a member is a major sanction. Members have the right to appeal the committee's decision. Once the appeals process has been completed or the deadline for appeal has passed, the sanctions of suspension and expulsion are communicated in writing to the members of the professional organization. Practitioners who are expelled from the association also may face the loss of their license or certificate to practice, but only if the state board conducts an independent investigation. Cases that result in expulsion are often serious enough to involve law enforcement and criminal charges. Many cases also result in civil court proceedings, which are usually published in the local press. Mental health professionals facing ethics violations may believe they were not given fair treatment by the ethics committee, and in such cases they can respond with their perspective.

The evolution of the various ethics codes represents a teamwork approach of dedicated professionals gathering over a period of time to explore ways to bring the codes up to date. Dr. Francis illustrates this team collaboration in "Voices From the Field," which describes the process of revising the *ACA Code of Ethics*.

## Voices from the Field

### The Process of Revising the *ACA Code of Ethics*

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I remember vividly the day in 2011 when I received the call from the ACA president telling me that I had been chosen not only to be on the ethics revision task force but to lead it as the chair. Like most counselor educators, I had made it my business to understand the code as best I could. I had written about it, made several presentations on parts of the code as they applied to specific contexts or issues (such as college counseling, educational settings, and suicide), and highlighted the many gray areas that called for critical thinking rather than automatic and predictable reactions. Now I was to lead a group of well-respected professional counselors and counselor educators, all of whom had a deep understanding of the code of ethics, in the task of revising and updating a code that would help protect the consumer and define a profession. This task required understanding the growth and development of the profession of counseling and how that is reflected in the code. A code of ethics is not just a simple document that tells you what to do and what not to do, it is a living and breathing document that reflects who we are and what we believe.

The first code was proposed in 1959 for the American Personnel Guidance Association (the precursor association to the American Counseling Association) and was published in 1962. It was five pages long and has since been revised six times, from 1974 through 2014. The current code reflects the growth of our profession. Each revision involved gathering a group of professional counselors and educators together to review the state of the profession and update the code accordingly. It is a daunting task.

This job also involves many concrete tasks: meetings, phone calls, research time, and administrative duties. In all, the 2014 revision task force took three years to revise the 2005 *ACA Code of Ethics*. We had 40 conference calls, each lasting two hours. We also gathered in person as a large group to review feedback and to discuss and debate proposed additions, deletions, and revisions. As chair, I also received letters, emails, and phone calls from individual counselors from all over the United States offering their opinions, expert advice, and criticism. Twelve professional counselors and counselor educators and two ACA staff members toiled in relative anonymity to produce the 2014 version of the *ACA Code of Ethics*.

As a group, we argued among ourselves, celebrated our agreements, wandered off into the minutia of ethical principles, learned from each other, and generally worked hard to produce a document that would help propel the profession forward. In so doing, we did what each revision task force had done before us: laid out the expectations the profession had for all counselors as they sought to bring help and healing to the clients they serve. It is one of the most rewarding experiences I will ever have as a professional counselor and counselor educator.

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### Reflection Questions

1. Were you surprised to learn how the *ACA Code of Ethics* was established and how often it has been revised over the years?
2. If you could ask one question of the professionals on the task force charged with revising the ethics code, what would your question be?
3. If you could be on the task force of the ACA committee, what do you imagine it would be like for you?

## Ethical Decision Making

### Some Key Terms

Professional mental health workers are designated by a variety of terms: mental health professional, practitioner, therapist, counselor, social worker, school counselor, rehabilitation counselor, addictions counselor, community worker, couples and family therapist, helper, and clinician. Throughout this book, we generally use these terms interchangeably, reflecting the differing nomenclature of the various professions.

Although values and ethics are frequently used interchangeably, these two terms are not identical. **Values** pertains to beliefs and attitudes that provide direction to everyday living, whereas **ethics** pertains to the beliefs we hold about what constitutes right conduct. Ethics are moral principles adopted by an individual or group to provide rules for right conduct. **Morality** is concerned with perspectives of right and proper conduct and involves an evaluation of actions on the basis of some broader cultural context or religious standard.

**Ethics** represents aspirational goals, or the maximum or ideal standards set by the profession, practiced through your professional behavior and interactions (Remley & Herlihy, 2020). Codes of ethics are conceptually broad in nature and generally subject to interpretation by practitioners. Although these minimum and maximum standards may differ, they are not necessarily in conflict.

**Community standards** (or *mores*) vary on interdisciplinary, theoretical, and geographical bases. The standard for a counselor's social contact with clients may be different in a large urban area than in a rural area, or between practitioners employing a humanistic versus a behavioral approach. Community standards often become the ultimate *legal* criteria for determining whether practitioners are liable for damages. Community standards define what is considered reasonable behavior when a case involving malpractice is litigated. Courts have consistently found that mental health care providers have a duty to exercise a reasonable degree of skill, knowledge, and care. **Reasonableness** is usually defined as the care that is ordinarily exercised by others practicing within that specialty in the professional community. Having a group of local colleagues in the counseling field that you can consult with could be a resource to help you determine what constitutes reasonableness in your community.

**Professionalism** has some relationship to ethical behavior, yet it is possible to act unprofessionally and still not act unethically. For instance, not returning a client's telephone calls promptly might be viewed as unprofessional, but it would probably not be considered unethical unless the client were in crisis.

Some situations cut across these concepts. For example, sexual intimacy between counselors and clients is considered unethical, unprofessional, immoral, and illegal. Keep the differences in the meanings of these various concepts in mind as you read.

## LO5 Levels of Ethical Practice

One way of conceptualizing professional ethics is to contrast mandatory ethics with aspirational ethics. **Mandatory ethics** describes a level of ethical functioning wherein counselors act in compliance with minimal standards, acknowledging the basic "musts" and "must nots." The focus is on behavioral rules, such as providing for informed consent in professional relationships. **Aspirational ethics** describes the highest standards of thinking and conduct professional counselors seek, and it requires that counselors do more than simply meet the letter of the ethics code. It entails an understanding of the spirit behind the code and the principles on which the code rests. Each section in the ACA's *Code of Ethics* (2014) begins with an introduction, which sets the tone and addresses what counselors should aspire to with regard to ethical practice. Practitioners who comply at the first level, *mandatory ethics*, are generally safe from legal action in courts of law or professional censure by state licensure boards. At the higher level of ethical functioning, *aspirational ethics*, practitioners go further and reflect on the effects their interventions may have on the welfare of their clients. An example of aspirational ethics is providing services for no fees (pro bono) for those in the community who cannot afford needed services.

Some mental health practitioners concern themselves primarily with avoiding malpractice suits. They tend to commit themselves to a rule-bound approach to ethics as a way to stay out of trouble. Other professionals, although concerned with avoiding litigation, are first and foremost interested in doing what is best for their clients. These professionals would consider it unethical to use techniques that might not result in the greatest benefit to their clients or to use techniques in which they were not thoroughly trained, even though these techniques might not lead to a lawsuit.

**Positive ethics** focuses not only on how professionals can harm clients but on how therapists can do better at helping clients. Instead of focusing on a remedial approach to dealing with an ethical matter, positive ethics requires “anchoring all professional behavior and decisions in an overarching ethical philosophy of what psychologists can be, not simply avoiding what they should not do” (Knapp et al., 2015, p. 7). The goal of positive ethics shifts the emphasis of mental health providers away from a focus on wrongdoing and disciplinary actions and toward an articulated vision of the highest level of practice (Knapp & VandeCreek, 2012).

When the word **unethical** is used, people think of extreme violations of established codes. In reality, most violations of ethics happen quite inadvertently in clinical practice. If practitioners are not aware of the subtle ways their behavior can adversely affect a client, such behavior can go unnoticed, and the client will suffer. For instance, a professional who is struggling financially in her private practice may prolong the therapy of her clients and justify her actions on theoretical grounds. She is likely to ignore the fact that the prolongation of therapy is influenced by her financial situation.

Practitioners can easily find themselves in an ethical quagmire based on competing role expectations. The best way to maintain a clear ethical position is to focus on your clients’ best interests. School counselors may be so focused on academic and scheduling issues that they do not reach out to the community and develop the network with other helping professionals needed to make productive referrals for families and students in crises. In school systems, teachers and others sometimes label students and families as dysfunctional or unmotivated. The counselor needs to advocate and help others look for strengths and reframe limitations if progress is to be made. The counselor can be an ethical model in a system in which ethics is not given much consideration.

The ethics codes of most professional organizations require practitioners to engage in self-monitoring and to take responsibility for misconduct. Clients’ needs are best met when practitioners monitor their own ethics. Ethical violations may go undetected because only the individual who committed the violation knows about it. Rather than just looking at others and proclaiming “That’s unethical!” we encourage you to honestly examine your own thinking and apply guidelines to your behavior by asking yourself, “Is what I am doing in the best interests of my clients? Would the codes of my professional organization agree? Am I practicing my own self-care and maintaining healthy boundaries in the decisions I am making with my clients?” Self-evaluation and reflection is an ongoing process that both benefits our clients and enriches our personal and professional growth.



## A Case of Positive Ethics

Your client, Kevin, is making good progress in his counseling with you. Then he informs you that he has lost his job and will not be able to continue seeing you because of his inability to pay your fees. Here is how four different therapists handled a similar situation.

**Therapist A:** I'm sorry but I can't continue seeing you without payment. I'm giving you the name of a local community clinic that provides low-cost treatment.

**Therapist B:** I don't usually see people without payment, but I appreciate the difficulty you find yourself in. I'll continue to see you, and you pay whatever portion of my fee you can afford.

**Therapist C:** I suggest that you put therapy on hold until you can financially afford it.

**Therapist D:** I can't afford to see you without payment, but I am willing to suggest an alternative plan. Continue writing in your journal, and once a month I will see you for half an hour to discuss your journal. You pay what you can afford for these sessions. When your financial situation has been corrected, we can continue therapy as usual.

- How do you react to the various therapists' responses?
- Which response appeals to you and why?
- Can you think of another response?
- Would you be willing to see this client without payment? Why or why not?
- Would you consider bartering in place of charging a fee? Why or why not?
- Would you consider a sliding scale for this client?
- Do you have concerns about the responses of any of these therapists?

In considering what you might do if you were the therapist in this case, reflect on the standards pertaining to **pro bono services** found in the ethics codes of the National Association of Social Workers (NASW, 2021), the ACA (2014), and the APA (2017). All three codes encourage practitioners to contribute to society by devoting a portion of their professional time and skills to services for which there is no expectation of significant financial return.

**Commentary.** This case is a good example of how positive ethics can become operational. A counselor operating from the framework of positive ethics is motivated to look for ways to be of the greatest assistance possible to clients. Positive ethics is concerned with how exemplary behavior can be applied to a difficult situation, such as a client no longer able to afford psychological services (Knapp & VandeCreek, 2012). You could continue to see Kevin as part of your pro bono services, or, as therapists B and D suggested, you might find a creative strategy to help Kevin remain in counseling while changing your fee or the frequency of counseling.

There is no simple solution to this case. It involves the therapist, the client, the setting, and the situation, all of which need to be considered in context. When a client can no longer pay for services, the therapist must not abandon the client. If treatment is to be terminated, at least a few sessions should be offered to assist Kevin in working through termination issues and this loss of support. In addition, you could refer Kevin to an agency that would see him without a fee, such as a qualified counselor in a community mental health center, or to a professional who uses a sliding fee scale, or to a beginning therapist who is building their practice. There are many appropriate ways to deal with this situation. The ACA (2014) *Code of Ethics* states that counselors may adjust fees if the usual charge creates an undue hardship for the client (Standard A.10.c.). Although it is important to take care of your clients, you do not want to do so at the expense to yourself, which could lead to resentment that negatively affects your treatment

of this client. If you adjust your fee by using a sliding scale, it needs to be done with consideration of your financial needs and responsibilities. In response to Kevin's job loss, you must still promote his best interests and minimize harm, while simultaneously remaining realistic about your own financial situation and the realities of your work setting. Bartering with your client for services is another alternative. This choice is generally not clinically or ethically advisable, but it may be an appropriate and culturally relevant solution with some clients. Ethical and practice guidelines for bartering are addressed in Chapter 7.

## LO6 Moral Principles to Guide Decision Making

Building on the work of others, especially Kitchener (1984), Meara and colleagues (1996) describe six basic moral principles that form the foundation of functioning at the highest ethical level as a professional: autonomy, nonmaleficence, beneficence, justice, fidelity, and veracity. Applying these ethical principles and the related ethical standards is not as simple as it may seem, especially when dealing with culturally diverse populations and social justice concerns. (See Chapters 4 and 13 for more on these subjects.) These moral principles involve a process of striving that is never fully complete. We describe each of these six basic moral principles, cite a specific ethical guideline from the ACA, APA, or NASW, and provide a brief discussion of the cultural implications of using each principle.

- **Autonomy** refers to the promotion of self-determination, or the freedom of clients to be self-governing within their social and cultural framework. Respect for autonomy entails acknowledging the right of others to choose and act in accordance with their wishes and values, and the professional behaves in a way that enables this right of another person. Practitioners strive to decrease client dependency and foster client empowerment. The ACA's (2014) introduction to Section A states it this way:

Counselors facilitate client growth and development in ways that foster the interest and welfare of clients and promote formation of healthy relationships.

Trust is the cornerstone of the counseling relationship, and the counselors have the responsibility to respect and safeguard the client's right to privacy and confidentiality. Counselors actively attempt to understand the diverse cultural backgrounds of the clients they serve. Counselors also explore their own cultural identities and how these affect their values and beliefs about the counseling process.

The helping services in the United States are typically based on traditional Western values of individualism, independence, interdependence, self-determination, and making choices for oneself. It often appears as though Western cultures promote individualism above any other cultural value. However, many cultures follow a different path, stressing decisions with the welfare of the family and the community as a priority. As the ACA standard described here implies, ethical practice involves considering the influence of cultural variables in the counseling relationship.

We cannot apply a rigid yardstick of what is a value priority in any culture without exploring how a particular client views priorities. For instance, what are the implications of the principle of autonomy when applied to clients who do not place



a high priority on the value of being autonomous? Does it constitute an imposition of values for counselors to steer clients toward autonomous behavior when such behavior could lead to problems with others in their family, community, or culture?

- **Nonmaleficence** means avoiding doing harm, which includes refraining from actions that risk hurting clients. Professionals have a responsibility to minimize risks for exploitation and practices that cause harm or have the potential to result in harm. The APA (2017) principle of beneficence and nonmaleficence states:

Psychologists strive to benefit those with whom they work and take care to do no harm. (Principle A)

What are the cultural implications of the principle of nonmaleficence? Traditional diagnostic practices can be inappropriate for certain cultural groups. For instance, a therapist may assign a diagnostic label to a client based on a pattern of behavior the therapist judges to be abnormal, such as inhibition of emotional expression, hesitation to confront, being cautious about self-disclosing, or not making direct eye contact while speaking. Yet these behaviors may be considered normal in certain cultures. Another example may be a school counselor who inappropriately labels a boy ADHD, which may influence the perceptions of other staff members in a negative way, and they pressure the parents to put the boy on medication. Practitioners need to develop cultural awareness and sensitivity in using assessment, diagnostic, and treatment procedures.

- **Beneficence** refers to doing good for others and to promoting the well-being of clients. Beneficence also includes concern for the welfare of society and doing good for society. Beneficence implies being proactive and preventing harm when possible (Forester-Miller & Davis, 2016). Ideally, counseling contributes to the growth and development of clients within their cultural context. Whatever practitioners do can be judged against this criterion. The following ACA (2014) guideline illustrates beneficence:

The primary responsibility of counselors is to respect the dignity and to promote the welfare of clients. (A.1.a.)

Consider the possible consequences of a therapist encouraging an Asian client to behave more assertively toward his father. The reality of this situation may be that the father would refuse to speak again to a son who confronted him. Even though counselors may be operating with good intentions and may think they are being beneficent, they may not always be doing what is in the best interest of the client. Is it possible for counselors to harm clients unintentionally by encouraging a course of action that has negative consequences? How can counselors know what is in the best interest of their clients? How can counselors determine whether their interventions will work for their clients? As we have previously stated, there are no simple answers to complex questions.

- **Justice** means to be fair by giving equally to others and to treat others justly. Practitioners have a responsibility to provide appropriate services to all clients and to treat clients fairly. Everyone, regardless of age, sex, race, ethnicity, disability, socioeconomic status, cultural background, religion, or sexual orientation, is entitled to equal access to mental health services. An example might be a social worker

making a home visit to a parent who cannot come to the school because of a lack of transportation, child care matters, or poverty. NASW's (2021) guideline under "Ethical Principles, Social Justice" illustrates this principle:

Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people.

Traditional mental health services may not be just and fair to everyone in a culturally diverse society. If intervention strategies are not relevant to some segments of the population, justice is being violated. How can practitioners adapt the techniques they use to fit the needs of diverse populations? How can new helping strategies be developed that are consistent with the worldview of culturally different clients?

- **Fidelity** means that professionals make realistic commitments and do their best to keep these promises. This entails fulfilling one's responsibilities of trust in a relationship. Fidelity involves loyalty to clients and to making their welfare of primary concern. ACA's (2014) *Code of Ethics* encourages counselors to inform clients about counseling and to be faithful in keeping commitments made to clients:

Clients have the freedom to choose whether to enter into or remain in a counseling relationship and need adequate information about the counseling process and the counselor. Counselors have an obligation to review in writing and verbally with clients the rights and responsibilities of both counselors and clients. Informed consent is an ongoing part of the counseling process, and counselors appropriately document discussions of informed consent throughout the counseling relationship. (A.2.a.)

Fidelity involves creating a trusting and therapeutic relationship in which people can search for solutions. However, what about clients whose culture teaches them that counselors are experts whose job is to provide answers for specific problem situations? What if a client expects the counselor to behave in this way? If the counselor does not meet the client's expectations, is trust being established?

- **Veracity** means truthfulness, which involves the practitioner's obligation to deal honestly with clients. Unless practitioners are truthful with their clients, the trust required to form a good working relationship will not develop. Veracity encompasses being truthful in all of our interactions, not just with our clients but also with our colleagues (Kaplan et al., 2017).

The six principles discussed here are a good place to start in determining the degree to which your practice is consistent with promoting the welfare of the clients you serve. To this list, Wise and Barnett (2016) add **self-care**, which involves taking adequate care of ourselves so that we are able to implement the moral principles and virtues that are fundamental ethical concepts. If mental health professionals do not practice self-care, they will be unable to effectively implement these moral

principles. Self-care is an ethical imperative and is vital to gaining and maintaining competence as a counselor (Wise et al., 2012). In *Counselor Self-Care* (Corey, Muratori, et al., 2018), we encourage counselors to take care of themselves so that they can take better care of others.

Counselors may be faced with a conflict between certain ethical principles such as the client's autonomy and self-determination versus the counselor's duty to take action to protect the client from harm. For example, hospitalizing a client against their wishes is a restriction of freedom, yet not taking action could result in the client's death (Wheeler & Bertram, 2019). At times, therapists may need to balance other ethical principles (especially nonmaleficence) with autonomy. Rosenfeld (2011) has written about problems associated with overly respecting client self-determination and autonomy when harmful religious beliefs and practices are not challenged. Rosenfeld's point may be well-taken, but it does raise the fundamental question, "Who decides what constitutes harmful religious beliefs and practices?"

## LO7

## Steps in Making Ethical Decisions

When making ethical decisions, ask yourself these questions: "Which values do I rely on and why?" "How do my values affect my work with clients?" "Do my personal values have a place in my professional work?" When making ethical decisions, the National Association of Social Workers (2021) cautions you to be aware of your clients' as well as your own personal values, cultural and religious beliefs, and practices. Acting responsibly implies recognizing any conflicts between personal and professional values and dealing with them effectively. The American Counseling Association's (2014) *Code of Ethics* states that when counselors encounter an ethical dilemma, they are expected to carefully consider an ethical decision-making process. To make sound ethical decisions, it is necessary to engage in an intentional course of ethical deliberation, consultation, and action (Barnett & Johnson, 2015). Furthermore, when engaging in an ethical decision-making process, documentation of this process is important in case you are questioned about your choices, actions, and behaviors. Although no single ethical decision-making model is most effective, mental health professionals need to be familiar with at least one of the models or an amalgam that best fits for them.

Ethical decision making is *not* a purely cognitive and linear process that follows clearly defined and predictable steps. Indeed, it is crucial to acknowledge that emotions play a part in how you make ethical decisions. As a practitioner, your feelings will likely influence how you interpret both your client's behavior and your own behavior. Furthermore, if you are uncomfortable with an ethical decision and do not adequately deal with this discomfort, it will certainly influence your future behavior with your client. An integral part of recognizing and working through an ethical concern is discussing your beliefs and values, motivations, feelings, and actions with a supervisor or a colleague.

In the process of making the best ethical decisions, it is also important to *involve your clients* whenever possible. Because you are making decisions about what is best for their welfare, it is appropriate to discuss the nature of the ethical dilemma that pertains to them. For instance, ethical decision making from a feminist therapy

perspective calls for involving the client at every stage of the therapeutic process, which is based on the feminist principle that power should be equalized in the therapeutic relationship (Brown, 2018).

Consulting with the client fully and appropriately is a fundamental step in ethical decision making, for doing so increases the chances of making the best possible decision. Walden (2015) suggests that important therapeutic benefits can result from inclusion of the client in the ethical decision-making process, and she offers some strategies for accomplishing this goal at both the organizational and individual levels. When we make decisions about a client *for* the client rather than *with* the client, Walden maintains that we rob the client of power in the relationship. When we collaborate with clients, they are empowered. By soliciting the client's perspective, we stand a good chance of achieving better counseling results and the best resolution for any ethical questions that arise. Potential therapeutic benefits can be gained by including clients in dealing with ethical concerns, and this practice represents functioning at the aspirational level. In fact, Walden questions whether it is truly possible to attain the aspirational level of ethical functioning *without* including the client's voice in ethical concerns. By adding the voice and the unique perspective of the consumers of professional services, we indicate to the public that we as a profession are genuinely interested in protecting the rights and welfare of those who make use of our services. Bringing the client into ethical matters entails few risks, and both client and professional may benefit from this collaboration.

The **social constructionist model** of ethical decision making shares some aspects with the feminist model but focuses primarily on the social aspects of decision making in counseling (Cottone, 2001). This model redefines the ethical decision-making process as an interactive rather than an individual or intrapsychic process and places the decision in the social context itself, not in the mind of the person making the decision. This approach involves negotiating, consensualizing, and when necessary, arbitrating.

Garcia, Cartwright, Winston, and Borzuchowska (2003) describe a **transcultural integrative model** of ethical decision making that addresses the need for including cultural factors in the process of resolving ethical dilemmas. They present their model in a step-by-step format that counselors can use in dealing with ethical dilemmas in a variety of settings and with different client populations. Frame and Williams (2005) have developed a model of ethical decision making from a multicultural perspective based on universalist philosophy. In this model cultural differences are recognized, but common principles such as altruism, responsibility, justice, and caring that link cultures are emphasized.

Many of the ethical dilemmas we will encounter are not likely to have a readily apparent answer. Birrell and Bruns (2016) assert that answers to ethical matters are not contained in the code of ethics, no matter how detailed. The ethical encounter and ethical moments cannot be codified or reified or legalized. Relational ethics is about learning how to tolerate ambiguity and uncertainty. "Counselors can only struggle toward answers in the shared search toward mutuality and interdependence, which has the capacity to bring healing to the individuals they serve" (p. 396). Keeping in mind the feminist model of ethical decision making, and Walden's (2015) views on including the client's voice in ethical decision making, we present

our approach to thinking through ethical dilemmas. Following these steps may help you think through ethical problems.

1. *Identify the problem or dilemma.* It is important to determine whether a situation truly involves ethics. To determine the nature of the problem or dilemma, gather all the information that sheds light on the situation. Clarify whether the conflict is ethical, legal, clinical, cultural, professional, or moral—or a combination of any or all of these. The first step toward resolving an ethical dilemma is recognizing that a problem exists and identifying its specific nature. Because ethical decision making in practice is a complex and multifaceted process, it is useful to look at the problem from many perspectives and to avoid relying on a simple solution (Levitt et al., 2015). Consultation with your client begins at this initial stage and continues throughout the process of working toward an ethical decision, as does the process of documenting your decisions and actions. Frame and Williams (2005) suggest reflecting on these questions to identify and define an ethical dilemma: “What is the crux of the dilemma? Who is involved? What are the stakes? What values of mine are involved? What cultural and historical factors are in play? What insights does my client have regarding the dilemma? How is the client affected by the various aspects of the problem? What are my insights about the problem?” Taking time to engage in reflection is a basic first step.

2. *Identify the potential issues involved.* After the information is collected, list and describe the critical issues and discard the irrelevant ones. Evaluate the rights, responsibilities, and welfare of all those who are affected by the situation. Consider the cultural context of the situation, including relevant cultural dimensions of the client’s situation such as culture, race, socioeconomic status, and religious or spiritual background. Other relevant variables include the client’s age and the client’s relationship with other family members. It is important to consider the context of power and privilege and also to assess acculturation and racial identity development of the client (Frame & Williams, 2005). Part of the process of making ethical decisions involves identifying and examining the ethical principles that are relevant in the situation. Consider the six fundamental moral principles of autonomy, nonmaleficence, beneficence, justice, fidelity, and veracity and apply them to the situation, including those that may be in conflict. It may help to prioritize these ethical principles and think through ways in which they can support a resolution to the dilemma. Reasons can be presented that support various sides of a given issue, and different ethical principles may sometimes imply contradictory courses of action. When it is appropriate, and to the degree that it is possible, involve your client in identifying potential issues in the situation.

3. *Review the relevant ethics codes.* Consult available guidelines that could apply in your situation. Ask yourself whether the standards or principles of your professional organization offer a possible solution to the problem. Consider whether your own values and ethics are consistent with, or in conflict with, the relevant codes. If you are in disagreement with a particular standard, do you have a rationale to support your position? It is imperative to document this process to demonstrate your conscientious commitment to solving a dilemma. You can also seek guidance from your professional organization on any specific concern relating to an ethical

or legal situation. Most of the national professional organizations provide members with access to a telephone discussion of ethical and legal issues. These consultations focus on giving members guidance in understanding and applying the code of ethics to a particular situation and in assisting members in exploring relevant questions. However, these consultations do not tell members what to do, nor does the organization assume responsibility for making the decision.

4. *Know the applicable laws and regulations.* It is necessary that you keep up to date on relevant state and federal laws that might apply to ethical dilemmas. In addition, be sure you understand the current rules and regulations of the agency or organization where you work. This is especially critical in matters of keeping or breaching confidentiality, reporting child or elder abuse, dealing with issues pertaining to danger to self or others, parental rights, record keeping, assessment, diagnosis, licensing statutes, and the grounds for malpractice. However, realize that knowledge of the laws and regulations are not sufficient in addressing a dilemma. As Welfel (2016) aptly puts it, “rules, laws, and codes must be fully understood to act responsibly, but they are the starting point of truly ethical action, not the end point” (p. 24).

5. *Obtain consultation.* You do not have to make ethical decisions alone, but it is important to maintain client confidentiality when consulting others. It is generally helpful to consult with several trusted colleagues to obtain different perspectives on the area of concern and to arrive at the best possible decision. Consultation can uncover ideas that you have not considered, and it can also help you gain objectivity. As a counselor, it is expected that you will seek consultation and supervision, even if these sources are not available in your work setting (Levitt et al., 2015). Wheeler and Bertram (2019) suggest that two heads are better than one, and that three heads are often even better! Do not consult only with those who share your viewpoint. If there is a legal question, seek legal counsel. If the ethical dilemma involves working with a client from a different culture or who has a different worldview than yours, it is prudent to consult with a person who has expertise in this culture. If a clinical issue is involved, seek consultation from a professional with appropriate clinical expertise. After you present your assessment of the situation and your ideas of how you might proceed, ask for feedback on your analysis. Are there factors you are not considering? Have you thoroughly examined all of the ethical, clinical, and legal issues involved in the case? It is always wise to document the nature of your consultation, including the suggestions provided by those with whom you consulted. In court cases, a record of consultation illustrates that you have attempted to adhere to community standards by finding out what your colleagues in the community would do in the same situation. In an investigation the “reasonable person” standard may be applied: “What would a professional in your community with 3 years’ experience have done in your situation?”

6. *Consider possible and probable courses of action.* At this point, take time to think about the range of courses of actions. Brainstorm to identify multiple options for dealing with the situation. Generate a variety of possible solutions to the dilemma (Frame & Williams, 2005). Consider the ethical and legal implications of the possible solutions you have identified. What do you think is likely to happen if you implement each option? By listing a wide variety of courses of action, you may identify



a possibility that is unorthodox but useful. Be creative and list as many options as you can think of, even if you are not sure an option will work (Forester-Miller & Davis, 2016). Of course, one alternative is that no action is required. As you think about the many possibilities for action, discuss these options with your client as well as with other professionals and document these discussions.

7. *Enumerate and consider the possible consequences of various decisions.* Consider the implications of each course of action for the client, for others who will be affected, and for you as the counselor (Forester-Miller & Davis, 2016). Examine the probable outcomes of various actions, considering the potential risks and benefits of each course of action. Again, collaboration with your client about consequences for them is most important, for doing this can lead to your client's empowerment. Use the six fundamental moral principles (autonomy, nonmaleficence, beneficence, justice, fidelity, and veracity) as a framework for evaluating the consequences of a given course of action. Realize that there are likely to be multiple outcomes rather than a single desired outcome in dealing with an ethical dilemma. Continue to reflect on other options and consult with colleagues who may see possibilities you have not considered.

8. *Choose what appears to be the best course of action.* To make the best decision, carefully consider the information you have received from various sources. The more obvious the dilemma, the clearer the course of action; the more subtle the dilemma, the more difficult the decision will be. After deciding, try not to second-guess your course of action. You may wonder if you have made the best decision in a given situation, or you may realize later that another action might have been more beneficial. Hindsight does not invalidate the decision you made based on the information you had at the time. Once your decision has been enacted, follow up to assess whether your actions had the desired outcomes (Forester-Miller & Davis, 2016). Evaluate your course of action by asking these questions (Frame & Williams, 2005): "How does my action fit with the code of ethics of my profession? To what degree does the action taken consider the cultural values and experiences of the client? How might others evaluate my action? What did I learn from dealing with this ethical dilemma?" Once you have decided on a course of action, remain open to the possibility that circumstances may require that you make adjustments to your plan. Wheeler and Bertram (2019) recommend careful documentation of the ethical decision-making process you used in arriving at a course of action, including the options you considered and ruled out. It is important to document the outcome and to include any additional actions that were taken to resolve the issue. We also recommend documenting any consultations you had to help in the decision-making process. Review your notes and follow up to determine the outcomes and whether further action is needed. To obtain the most accurate picture, involve your client in this process.

The goal of any ethical decision-making process is to help you take into account all relevant facts, use any resources available to you, and reason through the dilemma in a way that points to the best possible course of action. Clinicians have different perspectives and values, which are a part of their decision-making process, and ethical issues can have diverse outcomes. Reflecting on your assessment of the situation and on the actions you have taken is essential. By following a systematic model, you can be assured that you will be able to provide a rationale for the course

of action you chose (Forester-Miller & Davis, 2016). The procedural steps we have listed here should not be thought of as a simple and linear way to reach a resolution on ethical matters. However, we have found that these steps do stimulate self-reflection and encourage discussion with clients and colleagues. Using this process, we are confident that you will find a solution that is helpful for your client, your profession, and yourself.

LO8

## Self-Assessment: An Inventory of Your Attitudes and Beliefs About Ethical and Professional Issues

This inventory surveys your thoughts on various professional and ethical issues in the helping professions. It is designed to introduce you to issues and topics presented in this book and to stimulate your thoughts and interest. You may want to complete the inventory in more than one sitting, giving each question full concentration.

This is not a traditional multiple-choice test in which you must select the “one right answer.” Rather, it is a survey of your basic beliefs, attitudes, and values on specific topics related to the practice of therapy. For each question, write in the letter of the response that most clearly reflects your view at this time. In many cases the answers are not mutually exclusive, and you may choose more than one response if you wish. In addition, a blank line is included for each item so you can provide a response more suited to your thinking or to qualify a chosen response.

Notice that there are two spaces before each item. Use the space on the left for your answer at the beginning of the course. At the end of the course, take this inventory again, placing your answer in the space on the right. Cover your initial answers so as not to be influenced by how you originally responded. Then you can see how your attitudes have changed as a result of your experience in the course. Engaging in open and honest discussions with your peers and faculty surrounding your answers both before and after your course will further aid in your self-reflection and growth.

- \_\_\_\_\_ 1. **Fees.** Regarding the matter of establishing fees, I would tend to
- a. have a standard fee that is the same for all my clients.
  - b. use a sliding scale to accommodate those with financial hardships.
  - c. increase my fees with existing clients as the cost of living increases.
  - d. retain the fee agreement initially made with clients.
  - e. \_\_\_\_\_
- \_\_\_\_\_ 2. **Therapy for therapists.** For those who wish to become therapists, I believe personal psychotherapy
- a. should be required for licensure.
  - b. is not an important factor in the ability to work with others.
  - c. should be encouraged but not required.
  - d. is needed only when the therapist has some form of psychological impairment.
  - e. \_\_\_\_\_



- \_\_\_\_\_ 3. **Therapist effectiveness.** To be an effective helper, I believe a therapist
- a. must like the client.
  - b. must be free of any personal conflicts in the area in which the client is working.
  - c. needs to be licensed by the state.
  - d. needs to have experienced feelings or situations similar to those being experienced by the client, but not necessarily the same problem.
  - e. \_\_\_\_\_
- \_\_\_\_\_ 4. **Ethical decision making.** If I were faced with an ethical dilemma, the first step I would take would be to
- a. review the relevant ethics codes.
  - b. consult with an attorney.
  - c. identify the problem or dilemma.
  - d. decide on what appears to be the best course of action.
  - e. \_\_\_\_\_
- \_\_\_\_\_ 5. **Being ethical.** For me, being an ethical practitioner *mainly* entails
- a. acting in compliance with mandatory ethical standards.
  - b. reflecting on the effects my interventions are likely to have on the welfare of my clients.
  - c. avoiding obvious violations of my profession's ethics codes.
  - d. thinking about the legal implications of everything I do.
  - e. \_\_\_\_\_
- \_\_\_\_\_ 6. **Unethical supervisor.** If I was an intern and was convinced that my supervisor was encouraging trainees to participate in unethical behavior in an agency setting, I would
- a. first discuss the matter with the supervisor.
  - b. report the supervisor to the director of the agency.
  - c. ignore the situation for fear of negative consequences.
  - d. report the situation to the ethics committee of the state professional association.
  - e. \_\_\_\_\_
- \_\_\_\_\_ 7. **Multicultural knowledge and skills.** Practitioners who work with culturally diverse groups without having multicultural knowledge and skills
- a. may be insensitive to their clients.
  - b. may be guilty of unethical behavior.
  - c. should realize the need for specialized training.
  - d. may be acting illegally.
  - e. \_\_\_\_\_
- \_\_\_\_\_ 8. **Feelings toward clients.** If I had strong feelings, positive or negative, toward a client, I would most likely
- a. discuss the feelings with my client.
  - b. keep my feelings to myself.
  - c. discuss my feelings with a supervisor or colleague.

- d. accept my feelings unless they began to interfere with the counseling relationship.
- e. \_\_\_\_\_
- \_\_\_\_\_ 9. **Being ready.** I won't be ready to counsel others until
- a. my own life is free of major problems.
  - b. I have experienced counseling as a client.
  - c. I feel confident and know that I will be effective.
  - d. I have developed the ability to examine my own life and relationships.
  - e. \_\_\_\_\_
- \_\_\_\_\_ 10. **Client's feelings.** If a client expressed strong feelings of attraction or dislike for me, I would
- a. help the client work through these feelings and understand them.
  - b. enjoy these feelings if they were positive.
  - c. refer my client if these feelings were negative.
  - d. direct the sessions into less emotional areas.
  - e. \_\_\_\_\_
- \_\_\_\_\_ 11. **Dealing with diversity.** Practitioners who counsel clients whose sex, race, age, social class, or sexual orientation is different from their own
- a. will most likely not understand these clients fully.
  - b. need to be sensitive to the differences between their clients and themselves.
  - c. should refer the client to someone who is more culturally competent.
  - d. will probably not be effective with such clients because of these differences.
  - e. \_\_\_\_\_
- \_\_\_\_\_ 12. **Ethics versus law.** If I were faced with a counseling situation in which it appeared that there was a conflict between an ethical and legal course to follow, I would
- a. immediately consult with an attorney.
  - b. always choose the legal path first and foremost.
  - c. strive to do what I believed to be ethical, even if it meant challenging a law.
  - d. refer my client to another therapist.
  - e. \_\_\_\_\_
- \_\_\_\_\_ 13. **Values.** In terms of appreciating and understanding the value systems of clients who are culturally different from me, I would
- a. not impose my cultural values on them.
  - b. refer them to another therapist.
  - c. attempt to modify my counseling procedures to fit their cultural values.
  - d. familiarize myself with the specific cultural values of my clients.
  - e. \_\_\_\_\_
- \_\_\_\_\_ 14. **Objectivity.** If a client came to me with a problem and I could see that I would not be objective because of my values, I would
- a. respect my client's values, even though I have different values.
  - b. tell the client at the outset about my fears concerning our conflicting values.

- c. refer the client to someone else.
  - d. attempt to understand my need to impose my values.
  - e. \_\_\_\_\_
- \_\_\_\_\_ 15. **End-of-life decisions.** With respect to a client's right to make his or her own end-of-life decisions, I would
- a. use the principle of a client's self-determination as the key in any dilemma of this sort.
  - b. tell my client what I would do if I were in this situation.
  - c. suggest that my client see a clergy person.
  - d. encourage my client to find meaning in life, regardless of his or her psychological and physical condition.
  - e. \_\_\_\_\_
- \_\_\_\_\_ 16. **When to refer.** I would tend to refer a client to another therapist
- a. if I had a strong dislike for the client.
  - b. if I did not have much experience working with the kind of problem the client presented.
  - c. if I saw my own needs and problems getting in the way of helping the client.
  - d. if I had strong value differences with my client.
  - e. \_\_\_\_\_
- \_\_\_\_\_ 17. **Role of values.** My ethical position regarding the role of values in therapy is that, as a therapist, I should
- a. never impose my values on a client.
  - b. expose my values, without imposing them on the client.
  - c. challenge my clients to find other ways of viewing their situation.
  - d. keep my values out of the counseling relationship.
  - e. \_\_\_\_\_
- \_\_\_\_\_ 18. **Sexual orientation.** If I were to counsel lesbian, gay, bisexual, and transgender clients, a major concern of mine would be
- a. accepting them as clients because of my personal values or internalized homophobia.
  - b. not knowing and understanding enough about their sexual orientation or overidentifying because of my own identity.
  - c. establishing a positive therapeutic relationship and deciding whether to disclose my own sexuality identity.
  - d. making mistakes that could damage the therapy process.
  - e. \_\_\_\_\_
- \_\_\_\_\_ 19. **Unethical behavior.** Of the following, I consider the most unethical form of therapist behavior to be
- a. promoting dependence in the client.
  - b. becoming sexually involved with a client.
  - c. breaking confidentiality without a good reason to do so.
  - d. accepting a client who has a problem that goes beyond my competence.
  - e. \_\_\_\_\_

- \_\_\_\_\_ 20. **Counseling friends.** Regarding the issue of counseling friends, I think
- a. it is seldom wise to accept a friend as a client.
  - b. it should be done rarely, and only if it is clear that the friendship will not interfere with the therapeutic relationship.
  - c. friendship and therapy should not be mixed.
  - d. it should be done only when it is acceptable to both the client and the counselor.
  - e. \_\_\_\_\_
- \_\_\_\_\_ 21. **Confidentiality.** Regarding confidentiality, I believe it is ethical to break confidence
- a. when there is reason to believe a client may do serious harm to him- or herself.
  - b. when there is reason to believe that a client will do harm to someone else.
  - c. when the parents of a client ask for certain information.
  - d. and inform the authorities when a client is breaking the law.
  - e. \_\_\_\_\_
- \_\_\_\_\_ 22. **Termination.** A therapist should terminate therapy with a client when
- a. the client decides to do so.
  - b. the therapist judges that it is time to terminate.
  - c. it is clear that the client is not benefiting from the therapy.
  - d. the client reaches an impasse.
  - e. \_\_\_\_\_
- \_\_\_\_\_ 23. **Sex in therapy.** A sexual relationship between a *former* client and a therapist is
- a. always ethically problematic because of the power imbalance.
  - b. ethical only 5 years after termination of therapy.
  - c. ethical only when client and therapist discuss the issue and agree to the relationship.
  - d. never ethical, regardless of the time that has elapsed.
  - e. \_\_\_\_\_
- \_\_\_\_\_ 24. **Touching.** Concerning the issue of physically touching a client, I think touching
- a. is unwise because it could be misinterpreted by the client.
  - b. should be done only when the therapist genuinely thinks it would be appropriate.
  - c. is an important part of the therapeutic process.
  - d. is ethical when the client requests it.
  - e. \_\_\_\_\_
- \_\_\_\_\_ 25. **Sex in supervision.** A clinical supervisor has initiated sexual relationships with former trainees (students). He maintains that because he no longer has any professional responsibility to them this practice is acceptable. In my view, this behavior is
- a. clearly unethical because he is using his position to initiate contacts with former students.
  - b. not unethical because the professional relationship has ended.

- c. not unethical but is unwise and inappropriate.
  - d. somewhat unethical because the supervisory relationship is similar to the therapeutic relationship.
  - e. \_\_\_\_\_
- \_\_\_\_\_ 26. **Spirituality and religion.** Regarding the role of spiritual and religious values, as a counselor I would be inclined to
- a. ignore such values out of concern that I would impose my own beliefs on my clients.
  - b. actively strive to get my clients to think about how spirituality or religion could enhance their lives.
  - c. avoid bringing up the topic unless my client initiated such a discussion.
  - d. conduct an assessment of my client's spiritual and religious beliefs during the intake session.
  - e. \_\_\_\_\_
- \_\_\_\_\_ 27. **Family therapy.** In the practice of family therapy, I think the
- a. therapist's primary responsibility is to the welfare of the family as a unit.
  - b. therapist should focus primarily on the needs of individual members of the family.
  - c. therapist should attend to the family's needs and, at the same time, be sensitive to the needs of the individual members.
  - d. therapist has an ethical obligation to state his or her bias and approach at the outset.
  - e. \_\_\_\_\_
- \_\_\_\_\_ 28. **Managed care.** The practice of limiting the number of therapy sessions a client is entitled to under a managed care plan is
- a. unethical as it can work against a client's best interests.
  - b. a reality that I expect I will have to accept.
  - c. an example of exploitation of a client's rights.
  - d. wrong because it takes away the professional's judgment in many cases.
  - e. \_\_\_\_\_
- \_\_\_\_\_ 29. **Gift-giving.** If a client were to offer me a gift, I would
- a. accept it cheerfully.
  - b. never accept it under any circumstances.
  - c. discuss the matter with my client.
  - d. attempt to figure out the motivations for the gift.
  - e. \_\_\_\_\_
- \_\_\_\_\_ 30. **Bartering.** Regarding bartering with a client in exchange for therapy services, my position is that
- a. it all depends on the circumstances of the individual case.
  - b. I would consider this practice if the client had no way to pay for my services.
  - c. the practice is unethical.
  - d. before agreeing to bartering I would always seek consultation.
  - e. \_\_\_\_\_

- \_\_\_\_\_ 31. **Diagnosis.** Concerning the role of diagnosis in counseling, I believe
- a. diagnosis is essential for planning a treatment program.
  - b. diagnosis is counterproductive for therapy because it is based on an external view of the client.
  - c. diagnosis can be harmful in that it tends to label people, who then are limited by the label.
  - d. the usefulness of diagnosis depends on the theoretical orientation and the kind of counseling a therapist does.
  - e. \_\_\_\_\_
- \_\_\_\_\_ 32. **Testing.** Concerning the place of testing in counseling, I think tests
- a. generally interfere with the counseling process.
  - b. can be valuable tools if they are used as adjuncts to counseling.
  - c. are essential for people who are seriously disturbed.
  - d. can be either used or abused in counseling.
  - e. \_\_\_\_\_
- \_\_\_\_\_ 33. **Risks of group therapy.** Regarding the issue of psychological risks associated with participation in group therapy, my position is that
- a. clients should be informed at the outset of possible risks.
  - b. these risks should be minimized by careful screening.
  - c. this issue is exaggerated because there are very few real risks.
  - d. careful supervision will offset some of these risks.
  - e. \_\_\_\_\_
- \_\_\_\_\_ 34. **Internet or technology-enhanced counseling.** Regarding the practice of counseling via the Internet, I believe
- a. the practice is fraught with ethical and legal problems.
  - b. technology offers real promise for many clients who would not, or could not, seek out face-to-face counseling.
  - c. it is limited to dealing with simple problems because of the inability to make an adequate assessment.
  - d. I would never provide distance counseling without having some personal contact with the client.
  - e. \_\_\_\_\_
- \_\_\_\_\_ 35. **Inadequate supervision.** As an intern, if I thought my supervision was inadequate, I would
- a. talk to my supervisor about it.
  - b. continue to work without complaining.
  - c. seek supervision elsewhere.
  - d. question the commitment of the agency toward me.
  - e. \_\_\_\_\_
- \_\_\_\_\_ 36. **Supervision.** My view of supervision is that it is
- a. a place to find answers to difficult situations.
  - b. an opportunity to increase my clinical skills.
  - c. valuable to have when I reach an impasse with a client.
  - d. a way for me to learn about myself and to get insights into how I work with clients.
  - e. \_\_\_\_\_

- \_\_\_\_\_ 37. **Social justice counseling.** Counseling from a social justice perspective involves addressing the realities of oppression, privilege, and social inequities. This means that I
- a. need to be aware of sociopolitical forces that have influenced my clients.
  - b. need to teach my clients how to become advocates for themselves.
  - c. will assist people in gaining full participation in society.
  - d. need to be an advocate beyond the office if I am to make a difference.
  - e. \_\_\_\_\_
- \_\_\_\_\_ 38. **Advocacy competence.** To become a competent client advocate, a counselor must
- a. gain awareness of his or her own beliefs, attitudes, and biases as they relate to the impact social and political factors have on marginalized and underserved populations.
  - b. have the courage to speak out against injustices.
  - c. engage in considerable reflection before taking action.
  - d. assess whether to engage in social advocacy action, and if so, what kinds of actions are practical and appropriate.
  - e. \_\_\_\_\_
- \_\_\_\_\_ 39. **Community responsibility.** Concerning responsibility of mental health professionals to the community, I believe
- a. practitioners should educate the community concerning the nature of psychological services.
  - b. professionals should attempt to change patterns that need changing.
  - c. community involvement falls outside the proper scope of counseling.
  - d. practitioners should empower clients in the use of the resources available in the community.
  - e. \_\_\_\_\_
- \_\_\_\_\_ 40. **Role in community.** If I were working as a practitioner in the community, the major role I would expect to play would be that of
- a. a change agent.
  - b. an adviser.
  - c. an educator or a consultant.
  - d. an advocate.
  - e. \_\_\_\_\_

**A Suggestion for Using This Inventory** This self-inventory is an engaging way to assist students in thinking about a wide range of ethical issues they will be exploring during the semester. The inventory is a comprehensive look at key issues addressed throughout the book. Create an interactive exercise by asking students to bring their completed inventories to class to compare their views. Such a comparison can stimulate debate and help the class understand the complexities in this kind of decision making. Ask students to circle the items they felt most strongly about, and ask others how they responded to these items in particular. Toward the end of the course, ask students about any shifts in their thinking that resulted from their reading and discussions in class.