HOT TOPICS IN COUNSELOR ETHICS

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■ DEFINITION OF ETHICS

System of moral principles. Recognized rules of conduct in respect to a particular group. Accepted actions of a particular group or culture. Values relating to human conduct. Rightness and wrongness of certain actions and motives. Rules and principles that govern actions, conduct and behavior. Code of behavior considered correct by a particular group or profession. Moral fitness of a decision or course of action. Motivation based on ideas of right and wrong. Character of a community. Responsibilities held in common by a specific group. Standards of behavior or action in relation to others. Rules for appropriate conduct adopted by an individual or group. Moral behavior both behaviorally and attitudinally. Science of moral duty. Ideal human character and the ideal ends of human action.

"The specification of a code of ethics enables the association to clarify the nature of the ethical responsibilities held in common by its members."
-ACA Code of Ethics

"Ethics are standards of behavior or action in relation to others"
–Levy, 1972

"Ethics or ethical behavior can be defined as rules for appropriate conduct adopted by an individual or group."
-Corey, 1998

"Ethical behavior must meet four criteria: (a) The counselor must have sufficient knowledge, skill, and judgment to use efficacious interventions; (b) the counselor must respect the human dignity and freedom of the client; (c) the counselor must responsibly use the power inherent in his or her role; and (d) the counselor must act in ways that promote public confidence in the counseling
-Welfel,1998

"Ethics can be equated with moral behavior both behaviorally and attitudinally. There are four psychological criteria; if the criteria are met, then the result is moral behavior. The criteria are (a) moral sensitivity (interpreting the situation), (b) moral judgment (judging which action is morally right or wrong), (c) moral motivation (prioritizing moral values relative to other values), and (d) moral character (having courage, persisting, overcoming distractions, implementing skills)."
-Rest, Narvaez, Kitchener

"Ethics is the science of moral duty; more broadly the science of the ideal human character and the ideal ends of human action. The chief problems with which ethics deals concern the nature of the highest good, the origin and validity of the sense of duty, and the character and authority of moral obligation."
- Frederich Paulson, Philosopher of Ethics, 1899

"Ethics is the systematic study of value concepts such as right and wrong and the broader principles justifying application of rules of conduct. The study of ethics helps us to answer questions that have no ultimate answers and is important in justifying, planning, and implementing decisions."
-Swenson, 1997

■ FOUNDATION OF ETHICS

Ethical - "What should an ethical counselor have done in this particular situation?" Normative in nature. Focus on principles and standards that govern relationships between individuals.

Legal - "What would a reasonable similarly educated professional practicing in this community have done in this particular situation?" Rule of law. The precise codification of governing standards that are established to ensure legal and moral justice. Created by legislation, court decision, and tradition.

Moral - Questions of morality. Involves judgment or evaluation of action. Involves evaluation of actions from a broader cultural context or religious standard. Associated with such words as *good, bad, right, wrong,* and *should.*

■ REASONS FOR ETHICAL CODES

Client Rights… Expectations of Therapists… Professionalism… Guidance…

Designed to offer formal statements for ensuring protection of clients' rights while identifying expectations of practitioners. Designed to provide some guidelines for the professional behavior of members on a personal level. Protect the profession from government intervention. Control internal disagreements. Protect practitioners from malpractice lawsuits. Helps increase public trust in the integrity of the profession.

■ BASIC ETHICS

Kitchener's five moral principles:

Autonomy - Autonomy is the principle that addresses the concept of independence. The essence of this principle is allowing an individual the freedom of choice and action. It addresses the responsibility of the counselor to encourage clients, when appropriate, to make their own decisions and to act on their own values.

Nonmaleficence - Non malfeasance is the concept of not causing harm to others. Often explained as "above all do no harm", this principle is considered by some to be the most critical of all the principles, even though theoretically they are all of equal weight. This principle reflects both the idea of not inflicting intentional harm, and not engaging in actions that risk harming others.

Beneficence - Beneficence reflects the counselor's responsibility to contribute to the welfare of the client. Simply stated it means to do good, to be proactive and also to prevent harm when possible.

Justice - Justice does not mean treating all individuals the same. The formal meaning of justice is treating equals equally and unequals unequally but in proportion to their relevant differences. If an individual is to be treated differently, the counselor needs to be able to offer a rationale that explains the necessity and appropriateness of treating this individual differently.

Fidelity - Fidelity involves the notions of loyalty, faithfulness, and honoring commitments. Clients must be able to trust the counselor and have faith in the therapeutic relationship if growth is to occur. Therefore, the counselor must take care not to threaten the therapeutic relationship nor to leave obligations unfulfilled.

■ ETHICAL ISSUES

Diversity Considerations: Boarder multicultural awareness and understanding. New focus on cultural sensitivity. Minimizing bias and respecting diversity. Recognizing historical and social prejudices.

ACA Code Highlights: Throughout the 2005 code attention was paid to ensure that multicultural and diversity issues were incorporated into key aspects of counseling practice. Multiculturalism and diversity are infused throughout the entire 2005 code of ethics. For example:

Sec. A.1.d. (Changed from "Family Involvement" to "Support Network Involvement" to broaden the concept of family to include friends, religious or spiritual leader)

Sec. A.2.c. Developmental and Cultural Sensitivity (counselors communicate in a way that can be understood by clients developmentally and culturally)

Sec. A.10.e. Receiving Gifts (recognizing the cultural aspect of small gifts as a token of respect)

Sec. B.1.a. Confidentiality/privacy (viewed differently in some cultural worldviews - much of this is based on the difference between individualistic and collectivist cultures)

Sec. C.5. Non-Discrimination (expanded to include issues from 1995 code (age, culture, disability, ethnicity, race, religion, gender sexual orientation and socioeconomic status) but also spirituality, gender identity, marital status/partnership, language preference or other basis prescribed by law)

Sec. E.5.c. Labeling clients with a pathology (must recognize historical and social prejudices in the misdiagnosis and pathologizing of some individuals/groups and not perpetuate these prejudices through diagnosis and treatment)

Sec. E.8. Assessment (A counselor must make sure that any inventory or test they utilize has been normed on the population that the counselor is using the instrument with)

Sec. F.11.c. Counselor Education (counselor educators must infuse multicultural and diversity material into all courses and workshops)

Areas of Supervision (recognize the ethical complexity of having to speak to the cultures of at least three people in supervision: the supervisor, the supervisee and the client), Research and Counselor Education were also revised to address multicultural/diversity issues.

Sec. G.1.g. Research (Researchers need to speak to some basic questions: Can the research benefit a diverse group of people? Can the research be applied to a diverse population? Are there any aspects of the research protocol that will be perceived as culturally insensitive by participants?)

Counselor Congruence:
Counselor self analysis. Abstain from self interest. Imposing counselor values on client. Counselors' awareness of own professional impairment. Making appropriate referrals. Consultation considerations.

Treatment Modalities:
Scientific basis for types of treatment. New mandates of selecting proper interventions. Proven techniques. Harmful procedures. Ethical issues related to conversion or reparative therapy.

■ CLIENT CONFIDENTIALITY

Client Confidentiality: Section B of the ACA Code. The big issues of client confidentiality are client privacy and confidentiality, duty to warn, consideration to children and minors, and family involvement. Our focus is on consideration to children and minors and family involvement

ACA code of ethics and most state licensure laws protect client confidentiality. Check with your state licensure board, list of state licensure boards found at:
http://www.counseling.org/Counselors/LicensureAndCert/TP/StateRequirements/CT2.aspx.

Clients are guaranteed the protection of confidentiality within the boundaries of the client/counselor relationship. Any disclosure will be made with full written, informed consent and will be limited to a specific period of time. The only limitations to confidentiality occur when a counselor feels that there is the possibility of serious and foreseeable harm to the client or to others, or when legal requirements demand that confidential information be disclosed such as a court case.

Whenever possible, clients will be informed before confidential information is revealed.

One major change in Section B is an increased discussion of privacy and confidentiality when working with clients who are minors or adults who cannot give informed consent. Standards B.5.a., B.5.b., and B.5.c. outline the need for counselors to protect the confidentiality of such clients and to include clients in decisions about the disclosure of confidential information while being "sensitive to the cultural diversity of families" and respecting "the inherent rights and responsibilities of parents/guardians over the welfare of their children/charges." Counselors are expected to "work to establish, as appropriate, collaborative relationships with parents/guardians to best serve clients."

There is a significant change related to family counseling. Standard B.2.b. (Family Counseling) of the 1995 *Code stated that "…information about one family member cannot be disclosed to another member without permission. Counselors protect the privacy rights of each family member*."

Standard B.4.b. of the 2005 *ACA Code of Ethics,* now called Couples and Family Counseling, addresses the need of counselors to "clearly define who is considered 'the client' and to discuss expectations and limitations of confidentiality" and to "seek agreement and document in writing such agreement among all involved parties having capacity to give consent, concerning each individual's right to confidentiality and any obligation to preserve the confidentiality of information known."

■ DUAL RELATIONSHIPS

Dual Relationships: Section A of the 1995 ACA Ethical code placed an emphasis on the need to avoid any type of nonprofessional relationship with clients with no recognition that not all types of "dual relationships" may be harmful. The 2005 Code contains a new standard, A.5.d., which speaks, with caution, to potentially beneficial interactions between counselors and clients that go beyond the traditional professional counseling relationship.

We do not provide services to: Friends… Family… Friends of Family… Family of Friends.
We do not engage in friendship, romance, or business with: Clients… Friends of clients… Family of clients.

Multiple Relationships: Concurrent & Consecutive… Rural Care… Special Populations.

Multiple Relationships are best avoided though this is not always possible. Multiple Relationships must <u>always</u> however be approached with caution and forethought. This Caution applies not just to the Client but also to individuals in close connection with the client.

Multiple Relationships: Rural & Geriatric Mental Healthcare. Special Populations when the therapist / caregiver is part of an ethnic minority, feminist, deaf, gay/lesbian, or religious community. Culturally Diverse populations that won't speak to an "outsider," in an office, or for whom a gift or token is part of the culture.

Boundary Extension and Potentially Beneficial Interactions: Formal Ceremony (wedding, commitment ceremony, graduation). Purchasing a service/product provided by a client or former client (excepting unrestricted bartering). Hospital visits to an ill family member. Mutual membership in a professional association, organization, or community

When considering boundary extension, always: Clarify Your Own Assumptions. Document in case records prior to the interaction (if feasible) the rationale (beneficial, supportive), the potential benefit, and anticipated consequences. Initiated with appropriate client consent. Client requested and understands there is no alteration of counselor/client roles.

Be aware of unintended harm in boundary extension: To the client or former client. Or to an individual significantly involved with the client or former client, due to the nonprofessional interaction. The counselor must show evidence of an attempt to remedy such harm.

Boundary Crossing/Breaking and Risks/Issues of Poor Boundaries: Exploitation. Loss of Professional Objectivity. Loss of Focus on Treatment Issues. Emotional Involvement. Loss of Client's Trust and/or Confidence in Caregiver. Loss of Boundaries Of the Counseling Process. Whose needs are being met? Friendship. Non-Sexual Relationships. Touching. Sexual Contact. Accepting Gifts. Personal Disclosure. Former Clients ~ when? Maintain Conventions / Customs.

Codependency is a set of maladaptive, compulsive behaviors learned by family members to survive in an emotionally painful and stressful environment. These behaviors are passed on from generation to generation whether alcoholism is present or not.

As adults, codependent people have a greater tendency to get involved in relationships with people who are perhaps unreliable, emotionally unavailable, or needy. And the codependent person tries to provide and control everything within the relationship without addressing their own needs or desires; setting themselves up for continued unfulfillment.

Signs that Client has unhealthy boundaries:
Tells all. Talks at an intimate level at first meeting. Falls in love with an acquaintance. Takes as much as possible regardless of need. Gives as much as possible for the sake of giving. Believes others should anticipate and fulfill their needs. Falls apart so someone will take care of them. Abuses self. Goes against personal values or rights to please others. Allows others to take advantage. Abuses food and chemicals. Falls into sexual and/or physical abuse. Signs that Counselor has unhealthy boundaries: Gives home phone number to clients and tells them to call anytime. Gives intimate information about themselves to clients. Believes that only they can "save" this person. Believes that the "system" doesn't understand, only they do, therefore they must intervene. Believes that colleagues don't understand when they discuss/defend their behavior with clients. Lends clients money. Becomes verbally abusive. Take sides in an argument between clients. Considers themselves "part of the family" with clients.

Questions to consider when examining boundary issues:
In each individual case, boundary issues may pose dilemmas for the clinician and there may be no clear or obvious answer. In determining how to proceed, consideration of the following questions may be helpful.

Is this in my client's best interest? Whose needs are being served? Will this have an impact on the service I am delivering? Should I make a note of my concerns or consult with a colleague? How would this be viewed by the client's family or significant other? How would I feel telling a colleague about this? Am I treating this client differently (e.g., appointment length, time of appointments, extent of personal disclosures)? Does this client mean something 'special' to me? Am I taking advantage of the client? Does this action benefit me rather than the client? Am I comfortable in documenting this decision/behavior in the client file? Does this contravene the Regulated Health Professions Act, the Standards of Professional Conduct or the Code of Ethics, etc.?

Boundary Self Test:
Do I avoid terminating the therapist-client relationship with clients who are emotionally dependent on me? Do I spend a disproportionate amount of time thinking about particular clients? Do I accept inappropriate gifts from clients? Do I seek advice for personal benefit from a client during a clinical encounter? Do I pay more attention to my personal appearance if I know that I will be seeing a certain client? Do I seek more personal details than I clinically need to, in order to find out about a client's personal life? Do I routinely do favors or make special arrangements for certain clients (i.e., schedule off-hours or off-site appointments, extend usual appointment length, etc.? Do I treat clients differently if I find them physically attractive or important? Do I share my personal problems with clients? Do I have thoughts or fantasize about becoming personally involved with a certain client? Do I seek social contact with certain clients outside of clinically scheduled visits? Do I feel a sense of excitement or longing when I think of a client or anticipate her/his visit? When a client has been seductive with me, do I experience this as a gratifying sign of my own sex appeal? Do I undertake business deals with clients?

Boundaries are necessary for the Protection of the Client:
To insure proper care… To guard against exploitation… To guard against abuse.

Boundaries are necessary for the Protection of the Professional:
To insure proper client care… To guard against litigation… To guard against ethics violations.

■ ETHICAL COUNSELORS

Counselors are bound by the ethical standards and practices of the counseling profession. The American Counseling Association delineates ethical behavior for counselors in its ACA Code of Ethics.

Counselors are expected to represent the counseling profession with integrity and in a manner that fully reflects the ACA Code of Ethics. Counselors are role models who are held to a high standard of ethical behavior and should take the lead in setting a good example, enforcing the ethical behavior of their colleagues, and confronting unethical actions.

As expressed by ACA, ethical behavior is exemplified when counselors encourage growth and development, foster the welfare of others, and promote the formation of healthy relationships.

Counselors are expected to actively attempt to understand the diverse cultural backgrounds of others. Counselors are expected to explore their own cultural identities and how they affect their values and beliefs as they interact with others.

According to ACA, the primary responsibility of counselors is to respect the dignity of others and to promote the welfare of others. Counselors are expected to put the needs of others ahead of their own needs, contribute to society, and defend and advocate for the rights of the disenfranchised.

Ethical counselors are sensitive to the differences in others. They should be aware of the diversity that exists around them and communicate information in ways that are developmentally and culturally appropriate.

They should recognize, respect, and affirm the variety of experiences represented in the people they interact with. They should attempt to understand the pluralistic society they live in and the diversity of backgrounds and perspectives expressed through such elements as race, gender, age, ethnicity, nationality, sexual orientation, sexual identity, religion, and politics.

Ethical counselors are aware of their own values, attitudes, and beliefs and avoid imposing them on others. Counselors should examine their biases and avoid causing harm to another person through intolerant, prejudicial, racist, sexist, chauvinist, ethnocentric, homophobic, and heterosexist language or behavior.

Counselors should never act in a way that demeans, belittles, minimizes, or marginalizes another person. Counselors should intervene in situations and confront behavior that fosters oppression.