



TDCJ

**Rehabilitation Programs Division
On-Line Distance Training**

Course 1019

Trans-Disciplinary Ethical Principles & Responsibilities

Three (3) General Education Credit Hour

TDCJ/RPD

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Course 1019 – Trans-Disciplinary Ethical Principles & Responsibilities
in Professional Counseling

There are certain ethical principles that traverse the ethical codes of specialized counseling disciplines. There is common understanding what role these ethical principles play in protecting the counselor and the clients: to direct the actions of the counselor and the organization the counselor represents, as well as maintain the integrity of the counseling profession. While these principles may not be regarded as comprehensive to the exclusion of other ethical guiding principles, they are well documented and addressed in the Ethical Code and Standards of Practice of the American Counseling Association.

The following are seven cardinal ethical principles under the American Counseling Association Standards of Practice. They are addressed under similar headings for the varying counseling disciplines (e.g., Part 1-Code of Ethics for Marriage and Family Therapists, the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct, the Code of Ethics for Sex Offender Treatment Providers, the Code of Ethics of Licensed Professional Counselors, the Code of Ethics of Licensed Chemical Dependency Counselors, the National Association of Alcoholism and Drug Abuse Counselors, and the Code of Ethics of the National Association of Social Workers).

The Guiding Principles and Code of Conduct held in common by the above mental health providers address the following issues:

1. The Counseling Relationship with a Client;
2. The Relationship with other Professionals;
3. Confidentiality Regulation and Compliance;
4. Professional Responsibility;
5. Evaluation, Assessment and Interpretation of Tests;
6. Research and Publication by Professionals; and,
7. Teaching, Training, and Supervision.

Before we come to learn what each of the counseling disciplines contributes to the above ethical principles, we shall first define the terms *professional code of ethics* and the *code of conduct*.

CODE OF ETHICS: In Moral Philosophy, this is called Normative Ethics. Normative Ethics is a collection of rules and regulations relating to ethics. This is the collective work of many ethicists. Generally, this collection of rules is to promote advancement of high ethical standards and practice in public and private institutions, as well as provide resources for institutions that are committed to a strong ethical culture. It attempts to set practical moral standards that tell us the rules and codes by which we should abide. Our different professional ethical codes are derived from this set of standards. Consequently, each profession's ethical standards will address common issues and problems that arise in the profession by offering proactive solutions intended to prevent them.

The code of ethics of the American Counseling Association incorporates ethical standards that encompass the ethical standards of many of the other counseling disciplines. In this study, therefore, we will review seven of the eight ethical principles discussed in the code of ethics of the American Counseling Association.

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PURPOSE OF A CODE OF ETHICS IN COUNSELING

According to the American Counseling Association (ACA), a code of ethics serves five main purposes:

1. Enable the association to clarify to current and future members, and to those served by members, the nature of the ethical responsibilities held in common by its members.
2. Help support the mission of the association.
3. Establish principles that define ethical behavior and best practices of association members.
4. Serve as an ethical guide designed to assist members in constructing a professional course of action that best serves those utilizing counseling services, and best promotes the values of the counseling profession.
5. Serve as the basis for processing of ethical complaints and inquiries against members of the association.

In addition to the above mentioned purposes outlined in the ACA Code of Ethics, which align with the Social Workers' code, there are other purposes a code of ethics serves to a Social Worker. Six of these are:

1. Identify the core values on which social work's mission is based.
2. Summarize broad ethical principles that reflect the profession's core values and establishes a set of specific ethical standards that should be used to guide social work practice.
3. Help social workers identify relevant considerations when professional obligations conflict or ethical uncertainties arise.
4. Provide ethical standards to which the general public can hold the social work profession accountable.
5. Socialize practitioners new to the field to social work's mission, values, ethical principles and standards.
6. Articulate standards that the social worker profession itself can use to assess whether social workers have engaged in unethical conduct.

The Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association remind us that the profession's Ethical Standards are not exhaustive, and are broadly written. Every other professional counseling code of ethics generally supports this notion. For instance the Code of Ethics of the National Association of Social Workers declares that it does not provide a set of rules that prescribe how a social worker should act in any situations. It says, ethical decision making is a process and, therefore, there are many instances in social work or other counseling professions where simple answers are not available to resolve complex ethical issues. Social Workers as well as Professional Counselors should take into consideration all the values, principles, and standards in their code of ethics that are relevant to any situation in which ethical judgment is warranted. We should consider, in addition to our different codes of ethics the many other sources of information about ethical thinking that may be useful.

The importance of considering other sources of information to aid in ethical thinking and decision making stands on the fact that there is constant interface of ethics and the law. As noted by the American Association for Marriage and Family Therapy Code of Ethics: both law and ethics govern the practice of marriage and family therapy. Therefore, it continues, when

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making decisions regarding professional behavior, marriage and family therapists must consider the American Association for Marriage and Family Therapy Code of Ethics and the applicable laws and regulations. Sometimes ethical decisions seek higher moral ground than the law. That means that some things may be legal but may be found unethical in counseling practice. Other times the law may take higher ground than a professional ethical code; and we may say that the law supplements the profession's ethical code and must be taken into consideration when making the ethical decision. Yet, most of the time the law and the profession's ethical code are complementary; and we find that a behavior or conduct is both illegal and unethical. The need for a counseling professional to have wide knowledge of the profession's ethical code of conduct and the law is further evidenced by the fact the Licensed Chemical Dependency Counselor and all other licensees in practice of drug treatment have to comply with all applicable state and federal laws relating to confidentiality, including the requirements of Texas Health and Safety Code, Chapter 611, Mental Health Records; and the Code of Federal Regulations, Title 42, Chapter 1 Public Health Service, Department of Health and Human Services, Part 2 Confidentiality of Alcohol and Drug Abuse Patient Records. The importance of the knowledge of professional ethics and laws regulating them is essential to practice and we should not assume that since we are moral and ethical persons, we do not need to study ethics. We study ethics so that we may be better prepared to make decisions about difficult situations that we encounter in counseling practice.

Common ethical principles in counseling practice highlighted earlier in this writing shall now be examined briefly so as to inform members of the counseling profession the importance of these basic ethical principles to the counseling profession and the people who are served.

COUNSELING RELATIONSHIP WITH CLIENT

Discrimination

The ACA code of ethics has a policy of non-discrimination. Counselors should respect diversity and must not discriminate against clients because of age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

The LMFT code of ethics goes further to state, "do not condone or engage in the discrimination" for the same reasons. Furthermore we will make reasonable effort to accommodate patients who have physical disabilities. The National Association of Alcoholism and Drug Abuse Counselors (NAADAC), the premier professional body for Alcohol and Drug Abuse Counselors in the United States, states in its code of ethics that "the professional alcohol and drug abuse counselor shall not discriminate against clients or professionals based on race, religion, age, gender, disability, national ancestry, sexual orientation or economic condition." The counselor shall be knowledgeable about disabling conditions, demonstrate empathy and personal emotional comfort in interactions with clients with disabilities, and make available physical, sensory and cognitive accommodations that allow clients with disabilities to receive service.

Dual Relationships

Every counseling profession forbids the licensee from having a dual relationship with clients that could impair professional judgment or increase the risk of harm to clients. When a dual relationship cannot be avoided, counselors must take appropriate steps to ensure that judgment is not impaired and that no exploitation occurs. The marriage and family therapy code of ethics

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suggests that not all dual relationships are unethical and agrees that sometimes dual relationships cannot be avoided; but when it occurs it must not lead to client's exploitation. Sexual relationships and sexual contact are prohibited by all counseling professional ethical codes. Sexual intercourse, sexual contact or sexual intimacy with a patient, or a patient's spouse or partner, or a patient's immediate family member, during the therapeutic relationship, or during the two years following the termination of the therapeutic relationship, is unethical (NOTE: The time frames after termination of the therapeutic relationship are different between the licensing boards, at least one states "never." Please consult your specific board's code to ascertain the requirements to which you must adhere.). Should a marriage and family therapist have such relationship, following the two years after termination or last professional contact, the therapist shall consider the potential harm to or exploitation of the former patient or to the patient's family. The ACA code of ethics requires that the counselor take the responsibility to examine and document thoroughly that such relations did not have an exploitative nature if such contact occurs after two years following termination of therapeutic relationship. The NAADAC code of ethics as the drug and alcohol abuse treatment professional organization for in the United States, her territories, Canada and some Foreign Countries and therefore, the codes of ethics of alcohol and drug abuse treatment organizations in different states, including Texas show much semblance of this code. The NAADAC states, "the professional alcohol and drug abuse counselor shall not under any circumstances engage in sexual behavior with current or former clients. The professional alcohol and drug abuse counselor shall not accept as clients anyone with whom they have engaged in sexual behavior.

Fees

According to the ACA, another counseling relationship issue considered crucial for a counselor and a client is advance understanding of the fees which the client will pay prior to their entering the counseling relationship.

The NAADAC code of ethics calls it remuneration and provides the following guidelines. The professional alcohol and drug abuse counselor shall inform the client of all financial policies. In circumstances where an agency dictates explicit provisions with its staff for private consultations, clients shall be made fully aware of these policies. The ability of a client to meet the financial cost must be considered in establishing rates for professional services. The licensee shall not engage in fee splitting, shall not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services. Furthermore the professional alcohol and drug abuse counselor shall not at any time use one's relationship with clients for personal gain or for the profit of an agency or any commercial enterprise of any kind. The licensee shall not accept a private fee for professional work with a person who is entitled to such services through an institution or agency unless the client is informed of such services and still requests private services.

The code of ethics for marriage and family therapists goes even further in regard to financial relationship in protection of the clients and states that the marriage and family therapist does not terminate patient relationships for non-payment of fees except when the termination is handled in a clinically appropriate manner. It also requires that the therapist does not withhold patient records or information solely because the therapist has not been paid for prior professional services. Finally, the marriage and family therapist shall avoid contractual arrangements that

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provide financial incentives to withhold, or limit, medically or psychologically necessary care. Another relational consideration is about reasons for and reasons against the termination of a counseling relationship with clients and the appropriate procedures for termination of such relationship. The ACA code of ethics directs that counselors do not abandon or neglect clients in counseling. Rather, counselors shall assist in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions such as vacations, illness, and following terminations. There are conditions that must warrant immediate termination of a counseling relationship, to which all counseling professional ethics are in agreement; and that is, that counselors must avoid entering or immediately terminate a counseling relationship if it is determined that they are unable to be of professional assistance to a client. The same should happen when there is a discovery of ethical conflict, and when continuing treatment is not clinically appropriate. The counselor may assist in making an appropriate referral for the client.

RELATIONSHIP WITH OTHER COUNSELING PROFESSIONALS

The National Association of Alcoholism and Drug abuse Counselors directs that the licensee treat colleagues with respect, courtesy, fairness, and good faith and shall afford the same to other professionals. Essentially, the professional alcohol and drug abuse counselor shall refrain from offering professional services to a client in counseling with another professional except with the knowledge of the other professional or after the termination of the client's relationship with the other professional. The professional alcohol and drug abuse counselor shall cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality. The licensee shall not in any way exploit relationships with supervisees, employees, students, research participants or volunteers.

There also are these relationship principles prescribed in the code of ethics for marriage and family therapists, which is like a recipe for harmony and collaboration for counseling professionals of any discipline. These are to treat and communicate with and about colleagues in a respectful manner and with courtesy, fairness, and good faith; and cooperate with colleagues in order to promote the welfare and best interests of patients. Practically speaking, that marriage and family therapists respect the confidence of colleagues that are shared in the course of their professional relationships. Marriage and family therapists are encouraged to assist colleagues who are impaired due to substance abuse, emotional problems, or mental illness. Marriage and family therapists do not file or encourage the filing of ethics or other complaints that they know, or reasonably should know, are frivolous. That marriage and family therapists do not agree to see or solicit the clients of other therapists or encourage clients to leave other therapists, unless there is established exploitation or sexual harassment of client by the other therapist.

CONFIDENTIALITY REGULATIONS AND COMPLIANCE

Confidentiality is one of the most integral issues defining the counselor–client relationship. It is in the heart of building a trusting relationship in professional counseling. It protects the client's privacy, the counselor, and the integrity of the counseling profession. The process of enacting the confidentiality laws and regulations guiding alcohol and drug treatment in the United States took time and it was important to the Congress to do so because of the necessity of finding a solution to the problem to alcohol and drug abuse in the United States. It was necessary because drug and alcohol abuse sufferers could not access treatment and not complete treatment without it, due to

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the stereotype and stigma that followed patients. The confidentiality laws and regulations in this field were meant to achieve the purposes, which every counselor in this field must always bear in mind when dealing with patients and their records. There are four main purposes: encourage patient access to treatment and prevention; remove stigmatization of patients; protect patients and patients' records; and, ensure successful of alcohol and drug treatment.

According to the ACA, counselors must keep information related to counseling services confidential unless disclosure is in the best interest of clients, is required for the welfare of others, or is required by law. When disclosure is required, only information that is essential is revealed and the client is informed of such disclosure. These are standard confidentiality principles in mental health treatment, and especially in all professional counseling fields. It is important to note, however, that members of each counseling discipline must understand specific confidentiality laws and regulations guiding practice in their specific counseling discipline. In the field of alcohol and drug abuse counseling, for example, the counselor will have to comply with all applicable state and federal laws relating to confidentiality, including the requirements the laws noted above. Therefore, as in alcohol and drug abuse counseling, every member in any other professional counseling group shall comply to such laws and regulations where such statutes or rules apply to a licensee's practice. Every professional counselor shall know the limits of confidentiality and exceptions to the general non-disclosure of confidential information. The code of ethics of the ACA, and the code of professional ethics for rehabilitation counselors recommend knowledge of professional ethics in specific areas of counseling. This includes the way in which confidentiality applies the practice of our subordinates, group work, maintenance of records, permission to record or observe group or private sessions, the disclosure or transfer of records, and how to disguise identity of clients when using data for training, research, or publication.

PROFESSIONAL RESPONSIBILITIES

The scope of this section "Professional Responsibilities" is so wide that it could cover any of the ethical principles treated under the other headings of this paper. For example, the professional counselor's ethical responsibilities to the clients and other professionals have been discussed under two headings regarding relationships. There are, however, other responsibilities important to the professional counselor in a licensee's practice that lie outside the areas previously outlined. The ACA, the Texas Board of Examiners of Professional Counselors Subchapter C Code of Ethics, the Professional and Ethical Standards of Licensed Chemical Dependency Counselors in Texas, the American Association for Marriage and Family Therapist, or the APA Ethical Principles and Code of Conduct, all speak with clarity that counselors or psychologists must practice only within the boundaries of their competence. As a matter of responsibility and maintenance of competency, counselors must engage in continuing education. Licensees must refrain from offering professional services when their personal problems or conflicts may cause harm to client or others. As a matter of ethical responsibility counselors must accurately represent their credentials and services when advertising and must not claim credentials they do not possess. They must not use their place of employment or institutional affiliation to recruit clients for their private practices. Counselors must alert their employers to institutional policy or conditions that may be potentially disruptive or damaging to the counselor's professional responsibilities, may limit their effectiveness, or deny clients' rights. A licensee must obtain the

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consent of the client, and must inform other mental health professionals serving the same client that a counseling relationship between the counselor and client exists. All counseling disciplines are guided by the ethical principles of autonomy, beneficence (doing or producing good), and justice. They believe in the dignity and worth of human beings. As stated in the ethical code of the NAADAC, the members of each counseling discipline specifically dedicate themselves to promote the best interest of their society, their clients, their profession, and their colleagues.

EVALUATION, ASSESSMENT AND INTERPRETATION OF TESTS

Under this ethical principle is discussed the need for professional counselors and supervisors in the field to acquire the right education, knowledge, and competency in their practice. This ethical principle requires a counseling professional to remain and practice within the boundaries of their training, certification or licensure as demanded by the profession's governing board and the state or federal statutes. This ethical principle requires the use of the appropriate test instruments in assessment and evaluation of clients' needs and problems, and the accurate interpretation of test results. For example, as a safeguard to contradicting or violating this ethical principle of practicing within one's area of competence, Texas law specifically states that, "A person shall not provide sex offender treatment or act as a sex offender treatment provider unless the person is licensed by the council. A person may not claim to be a sex offender treatment provider or use the title or an abbreviation that implies the person is a sex offender treatment provider unless the person is licensed by the Council on Sex Offender Treatment (Title 22, Texas Administrative Code, Chapter 810; Title 3, Texas Occupations Code, Chapter 110)." The law delineates further defining distinctions of licensure levels among persons working in the field of sex offender treatment to include Licensed, Affiliate, and Provisional levels. Speaking of competent professional practice of the counselor, the professional and ethical standards of the chemical dependency counselors in Texas, clearly states the counselor, "recognize the limitations of the licensee's ability and shall not offer services outside the licensee's scope of practice or licensure or use techniques that exceed the person's license authorization or professional competence (Rule 140.423)." The counselors shall include, as applicable, their current credentials when signing all professional documents. The ethical principles of psychologists and code of conduct, as amended in 2010, clearly states that the "psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience." Furthermore it states that where "scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience consultation, or supervision necessary to ensure the competence of their services, or they may make appropriate referral, except as provided in standard 2.02, Providing Services in Emergencies (Standard 2.01 – Boundaries of Competence)." Psychologists also shall demonstrate ongoing effort to develop and maintain their competence.

What does the ACA Standard of Practice, Section E state about Evaluation, Assessment and Interpretation of Tests? It states that counselors must perform only testing and assessment services for which they are competent. Counselors must not allow the use of psychological

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assessment techniques by unqualified persons under their supervision. Counselors must use assessment instruments in the manner for which they were intended. Counselors must provide explanations to clients prior to assessment about the nature and purposes of assessment and the specific uses of results. It also requires the counselors ensure that accurate and appropriate interpretations accompany any release of testing and assessment information when sent to a third party. It further states that counselors must not base their assessment or intervention decisions or recommendations on data or test results that are obsolete or outdated for the current purpose.

THE ISSUES OF RESEARCH AND PUBLICATION BY PROFESSIONALS

There is almost a uniform agreement in the counseling profession that research and publication must be appropriately conducted and the result properly reported and handled. The American Psychological Association Ethical Principles of Psychologists and Code of Conduct, as Amended 2010, states that when institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They shall conduct the research in accordance with the approved research protocol. Just as is the case of assessment and evaluation of clients' needs and problems, psychologists must obtain informed consent. In doing so, the psychologists inform participants about the purpose of the research, expected duration, and procedures; their right to decline to participate and to withdraw from the research once participation has begun; the foreseeable consequences of declining or withdrawing; reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; any prospective research benefits; limits of confidentiality; incentives for participation; and, who to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers. The ACA Standards of Practice state that counselors must avoid causing physical, social, or psychological harm or injury to subjects in research; that counselors must keep confidential information obtained about research participants. Furthermore, counselors must report variables and conditions known to the investigator that may have affected research data or outcomes. Counselors must not distort or misrepresent research data, nor fabricate or intentionally bias research results, and must give appropriate credit to those who have contributed to research. Under this commonly held ethical principle, the psychologists are required to take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publication are acknowledged appropriately, such as in footnotes or an introductory statement. Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited.

The code of ethics of the Texas State Board of Examiners for Professional Counselors has similar rules on research and publications. It states that, in research with human participants, a licensee shall take reasonable precautions to ensure that the participant does not suffer emotional or physical harm, that a licensee shall ensure the full protection of client's identity when using data obtained from a professional counseling relationship for purposes of education or research. Furthermore, when conducting or reporting research, a licensee must give recognition to previous work on the topic as well as observe all copyright laws. Also a licensee must give due

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credit through joint authorship, acknowledgment, footnotes, statements, or other appropriate means to those persons who have contributed significantly to the licensee's research or publication.

In addition to agreeing to rules outlined above under this common ethical principle, the American Association for Marriage and Family Therapy Code of Ethics states that an investigator respect each participant's freedom to decline participation in or to withdraw from research study at any time. It states that this obligation requires special thought and consideration when investigators or other members of the research team are in positions of authority or influence over participants. Marriage and family therapists, therefore, make every effort to avoid multiple relationships with research participants that could impair professional judgment or increase the risk of exploitation.

Rule 140.423 of the Professional and Ethical Standards for the Licensed Chemical Dependency Counselors in the State of Texas has one statement on ethical principles of research and publication. It states that, in any publication, a licensee shall give written credit to all persons or works that have contributed to or directly influenced the publication. The NAADAC does not differ with any of the rules of conduct stated in the ethical principles on research and publication as outlined in other counseling associations.

THE ISSUE OF TEACHING, TRAINING, AND SUPERVISION

Another ethical principle, about which the various counseling associations have spoken about with uniformity, is the issue of teaching, training and supervision by counselors. Rule 140.423 of the Professional and Ethical Standards for Licensed Chemical Dependency Counselors in Texas has a statement on ethical responsibilities of the counselor on their teaching, training, and supervisory roles. It states that a licensee shall provide responsible and objective training and supervision to interns and subordinates under the supervision of the Licensed Chemical Dependency Counselor, Credentialed Counselor, or Clinical Training Institute. This includes properly documenting supervision and work experience, and providing supervisory documentation needed for licensure. The NAADAC discussed the issue of teaching, training, and supervision under its code of ethics for substance abuse certified clinical supervisors. Relevant rules governing the supervisory roles of counselors are identified. It states that alcohol/substance abuse professionals should strive to enable supervisees to be competent, autonomous, professional, judicious, aware of limitations, and to become future supervisors if that is an appropriate career goal. Procedures for contacting the supervisor, or an alternative supervisor, to assist in handling crisis situations should be established and communicated to the supervisees. The supervisor should not endorse a supervisee for certification or credentialing if the supervisor has documented proof of impairment or professional limitations that would interfere with the performance of counseling duties in a competent and ethical manner. The supervisor must be able to integrate the 12 Core Functions of Substance Abuse Clinical Competency into their theoretical and supervisory approach. The supervisor must ensure the professional quality of the program in which their supervisees participate. It clearly states that the supervision provided by the supervisor must be in a professional and consistent manner to all supervisees regardless of age, race, national origin religion, physical disability, sexual orientation, political affiliation, marital, social, or economic status. When a supervisor is unable to provide non-judgmental

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supervision a referral to an appropriate supervisor with a complete explanation to the supervisee must be made.

The Code of Ethics for Marriage and Family Therapists strongly states the ethical responsibilities for the supervisor in the course of teaching, training, and supervision. These include that Marriage and Family Therapists do not provide therapy to current students or supervisees and do not engage in sexual intimacy with students or supervisees during the evaluative or training relationship between the therapist and the student or supervisee. Should a supervisor engage in sexual activity with a former supervisee, the burden of proof shifts to the supervisor to demonstrate that there has not been exploitation or injury to the supervisee.

The ACA standards of practice state that counselors must not engage in sexual relationship with their students and supervisees. Regarding the competency of the supervisor the ACA standards of practice state that counselors who offer clinical supervision services must be trained and prepared in supervision methods and techniques. Agreeing with the above code of ethics for Marriage and Family Therapists has more to say about supervisors' competence. It states that the supervisors are responsible for maintaining the quality of their supervision skills and obtaining consultation or supervision for their work as supervisors whenever appropriate. Supervisors and educators are required to be knowledgeable about supervision, relevant laws and regulations, and the practice of marriage and family therapy; abide by the laws and regulations governing the conduct of supervisors and supervisees; be aware of and stay abreast of changes in professional and ethical standards and legal responsibilities; and be aware of and address the role that culture and diversity issues play in the supervisory relationship, including, but not limited to evaluating, terminating, disciplining, or making decisions regarding supervisees or students. The American Association for Marriage and Family Code of Ethics and the ACA Standards of Practice agree that counselors must clearly state to students and supervisees, in advance of training, the levels of competency expected, appraisal methods, and timing of evaluations. The counselors must provide students and supervisees with periodic performance appraisal and evaluation feedback throughout the training program. Conversely, according to the ACA, students and supervisees preparing to become counselors must adhere to the code of ethics and standards of practice. Consequently, therefore, the supervisees according to American Association of Marriage and Family Therapists Code of Ethics have a responsibility to be knowledgeable about relevant laws and regulations pertaining to the license and practice of marriage and family therapy. The marriage and family therapists do not permit students, employees, or supervisees to perform or hold themselves out as competent to perform professional services beyond their training, level of experience, competence, or unlicensed status.

PRINCIPLES OF ETHICAL REASONING AND DECISION MAKING

We have discussed common ethical principles and responsibilities in counseling practice. However these principles do not automatically translate to sound ethical decision making for the counselors or the supervisors in their professional practice. We shall present some ethical reasoning principles that may aid the professional counselor in arriving at more sound decisions when faced with problem and dilemmas. These principles of ethical reasoning are **Autonomy, Nonmaleficance, Beneficence, Fidelity, and Justice.**

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Autonomy

Assumes that every individual has freedom of choice and competent to make those choices. Exception to this freedom occur when there is lack of competency and burden of proof to lack of competency rests on the counselor to justify making this exception. In practice of counseling this means that we inform our clients about available options regarding their treatment. We make sure clients fully understand the actions and the risks of treatment options. That we respect and accept decisions clients make about their own care or the care of another person for whom they are legally responsible. Implement and evaluate interventions chosen by clients. Respect and hold in confidence personal information of clients, divulging it only when they or their legal guardian give permission.

Nonmalfeasance

Malfeasance is defined as “wrongdoing or misconduct esp. by a public official (Merriam-Webster’s Collegiate Dictionary, Tenth Edition, 2002).” The principle of Nonmalfeasance indicates that we are obligated to do no harm to others whether this is our clients or peers. In practice this means that we accurately evaluate the problems and needs of our clients, and provide only effective interventions. It means not practicing counseling or supervision beyond the scope of our training, education, experience and license.

Beneficence

Beneficence means doing good to benefit others. At a minimum, beneficence means maintaining professional competence. It also means acting in ways that demonstrate care and nurturance. In professional practice this means that we attend to the needs of clients, thoughtfully assessing their progress in treatment, the we provide timely, appropriate interventions to advance the treatment plan and that we communicate important observations to other members of the healthcare team.

Fidelity

Fidelity, in this context, means honesty and truthfulness in word and deed; adherence to the principles we purport to utilize - even when conveying unwelcome information to clients about their problem and treatment options. Dishonesty and deceit are especially grievous when they involve theft such as over-charging or billing for services not rendered to the client. In practice it means providing factual, evidence-based, and relevant information to clients about their care, including its benefits. It means that we accurately report and record critical data, regardless of personal consequences, place the welfare of clients above personal or professional gain, charge reasonable fees for services provided, keep promises and abide by contracts, and represent professional credentials and achievements truthfully.

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Justice

Justice implies fairness and equality. It requires impartial treatment of clients or peers. Like other ethical principles, justice is based on respect for human life and dignity. When applied to professional counseling practice it means that we assess the needs of clients and provide intervention with equal diligence. Justice includes attending to the needs of clients, without prejudice according to their personality, disability, race, religion, gender, age, or lifestyle. Therefore when confronted with ethical problems and dilemmas where you have to make a decision about your client, peers, students, interns, or supervisees the safer way to come to a more acceptable resolution is to weigh every ethical reasons in the light of these five ethical reasoning principles before you. There are many guidelines for facilitating solutions to the varied ethical dilemmas, but the “Guidelines for Facilitating Solutions to Ethical Dilemmas in Professional Practice” is easy to follow. This involves nine steps to arrive to a solution.

1. Determine the facts in the situation – obtain all of the unbiased facts possible.
2. Define the stakeholders – those with a vested interest in the outcome.
3. Assess the motivations of the stakeholders – using effective communication techniques and personality assessment.
4. Formulate alternative solutions – based on the most complete information available, using basic core values as a guide.
5. Evaluate each proposed alternative – make a short list of ethical solutions only; there may be potential choice between two or more totally ethical solutions.
6. Seek additional assistance, as appropriate – professional counseling codes of ethics, previous cases, peers, and reliance on personal experience.
7. Select the best course of action – that which satisfies the highest core ethical values.
8. Implement the selected solution – take action as warranted.
9. Monitor and assess the outcome – note how to improve the next time.

* As determined by Ethical Case of the Month Club (www.engr.washington.edu/~uw-epp/Pepl/Ethics/ethics5.html)

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Resources

American Association of Marriage and Family Therapy, Code of Ethics

American Counseling Association, Standards of Practice

American Psychological Association: Ethical Principles of Psychologists and Code of Conduct,
2010 Amendments

Civil Practice and Remedies Code: Chapter 81. Sexual Exploitation by Mental Health Services
Provider, Ethics and the Law, Resource Paper #6

Ethical Decision-Making Process –Pennsylvania State Engineering, Ethics Website

Iowa Board of Certification, Code of Ethics for Alcohol and Drug Counselors.

National Association of Alcoholism and Drug Abuse Counselors, Code of Ethics

National Association of Social Workers, Code of Ethics of the

Texas Council on Sex Offender Treatment, Code of Ethics and Licensing Requirements

Texas Licensed Chemical Dependency Counselors, Professional and Ethical Standards

Texas State Board of Examiners of Professional Counselors