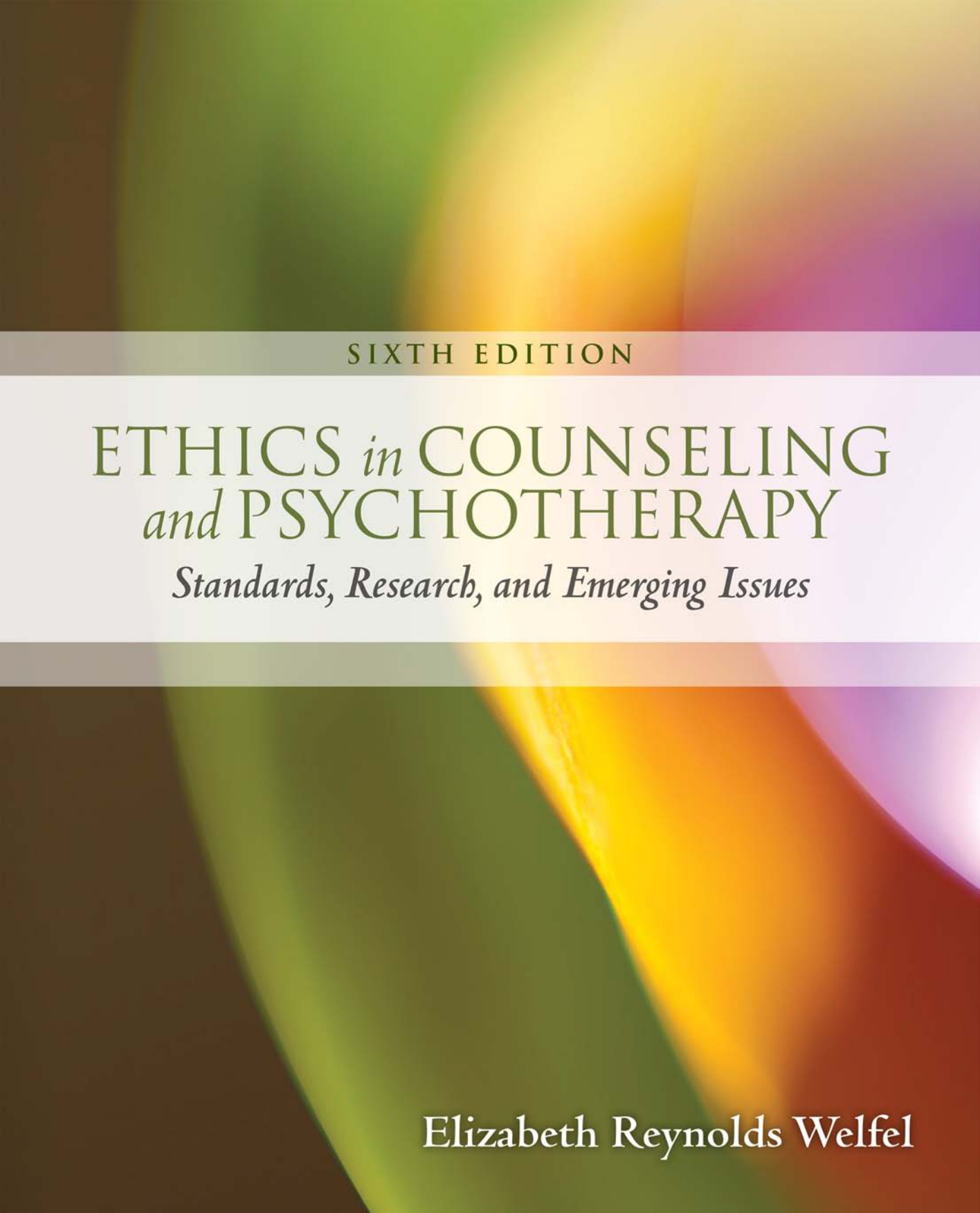
SIXTH EDITION
ETHICS in COUNSELING and PSYCHOTHERAPY
Standards, Research, and Emerging Issues
Elizabeth Reynolds Welfel

Ethics in Counseling and Psychotherapy

Standards, Research, and Emerging Issues

SIXTH EDITION

Elizabeth Reynolds Welfel, Ph.D.
Cleveland State University

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To F.M.W.—42 years is not enough.

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About the Author

Elizabeth Reynolds Welfel is Professor Emerita of Counseling at Cleveland State University. She has also served on the counseling faculty at Boston College and was a teaching fellow at the University of Minnesota prior to receiving her doctorate there in 1979. In addition to this book, Dr. Welfel has co-authored *The Counseling Process*, co-edited *The Mental Health Desk Reference*, and co-edited *The Duty to Protect* and has written numerous articles and chapters on ethical issues in professional practice. Her special interests include the process of ethical decision making, the ethical use of technology in counseling practice, a professional's responsibility when clients are dangerous to self or others, and the design of ethics education to promote responsible practice. She has also written extensively about a professional's responsibility once he or she recognizes that an ethical misstep has occurred, because no professional is infallible. Dr. Welfel's involvement in these topics began when she was a graduate student at the University of Minnesota, doing research on moral and intellectual development in adulthood. Her fascination with the process by which adults sort through moral and intellectual dilemmas in their lives eventually focused on the unique moral dilemmas that the practice of counseling and psychotherapy presents to those who work in these professions. She earned a Distinguished Faculty Award at Cleveland State for the excellence of her teaching in counseling and for her scholarship on professional ethics.

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Ethics is nothing else than reverence for life.

Albert Schweitzer

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Preface

The goal of the sixth edition of the book has not wavered from any prior edition—it is to sensitize readers to a wide range of ethical and legal issues in the practice of counseling and psychotherapy and to provide them with resources upon which they can rely to help them deal responsibly with these crucial issues. The book uses the codes of ethics and guidelines of the major professional associations (the American Counseling Association, American Psychological Association, American School Counselor Association, National Association of Social Workers, and American Association of Marriage and Family Therapists) to familiarize readers with the fundamental standards for responsible practice, and it also includes analysis of the writings of ethics scholars and citations of relevant research. Ethics codes alone do not answer many ethical questions practitioners face, but the writings of scholars and the relevant research can help them respond appropriately to complex and confusing ethical issues not directly discussed in the codes. Underlying the book is the conviction that all mental health professions can learn from each other, and therefore that inclusion of literature from a range of disciplines is vital for successful therapeutic work. I have also endeavored to include both complex topics and emerging issues in professional practice, and I have added additional references to legal cases and statutes affecting practice in mental health and school counseling.

The book also offers numerous additional examples of case law, regulations, and administrative rulings to give readers a fuller sense of the relationship between professional ethics and the law. The book presents my 10-stage model of ethical decision making and shows its application to a variety of ethical dilemmas. My goal in developing this model was to guide readers through complex dilemmas in a systematic way. Coping with ethical issues in practice can be an intense emotional experience. The availability of a systematic model for analyzing ethical issues and for getting consultation from others helps practitioners make decisions that are reasoned and client centered, even when they feel strong emotions. Numerous cases

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for discussion are also offered, many of which include extensive analysis using the codes and related literature. Additional cases for independent analysis are available both in the text and in the supplemental *Instructor's Guide* available from Cengage. The case examples used in this book tend not to have simple answers. Instead, they have been designed to present realistic, complex, and sometimes confusing scenarios that mirror the types of situations practitioners encounter. In my experience, these cases challenge students and spark stimulating discussion in class and in online discussion boards.

The sixth edition includes several important additions to the content. For example, Chapter 1 now includes attention to the relationship of neuroscience to ethics and the role of personal values, positive ethics, and risk management in professional practice. It delves into greater detail on social constructivist and virtue-based ethics, and includes substantially more attention to these approaches to ethical decision making throughout the text. Chapter 3 includes more attention to issues of diversity unrelated to ethnicity, such as ageism, disability, prejudice, and discrimination based on religion. It also includes several new cases and a new discussion of the ethical issues that emerge when clients express prejudicial ideas during counseling. Chapter 4 addresses the ethical implications of the competency movement in counseling and psychology. Chapter 5 discusses the challenges to confidentiality in online communications and social networking in greater detail. Chapter 11 reviews the "what next?" question—what should mental health professionals do when they realize they have made an ethical mistake? It elaborates a three-part process for personal accountability and recovery, because most ethical missteps do not come to the attention of disciplinary bodies and because ethics is at its core a matter of personal responsibility. Chapter 12 now examines ethical issues in coaching, in addiction to counseling, in professional contacts with the pharmaceutical industry and other organizations that pose a potential conflict of interest; psychologist involvement in military interrogations; and college counseling in the post–Virginia Tech era. In addition, Chapter 13 discusses the implications of cyberbullying, sexting, school violence, and recent court decisions for the school counselor.

Another major goal of the book is to devote comprehensive attention to major ethical issues that confront practitioners—such as confidentiality, informed consent, multiple relationships, and competence to practice—and the ethical issues that practitioners experience in special settings. Thus, the book addresses the unique concerns of school counselors, college mental health professionals, clinical mental health counselors, group and family therapists, clinicians in private practice, researchers, and counselor and psychology educators. Because multicultural competence is so crucial in responsible practice, that topic is interwoven throughout nearly every chapter and is discussed in more depth in Chapter 3.

Lastly, the book aims to help readers understand the philosophical and historical underpinnings of current ethical standards and to tie ethical standards to important legal rulings and statutes. The literature on ethical principles and virtue-based practice forms the core of my perspective on ethical practice. I do not shy away from addressing controversies in the profession, and in these discussions I attempt to provide insight into each side of the argument. My approach to the text is not relativistic, however. The standards of the profession were not arbitrarily

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determined, and I show readers the reasoning and values underlying those standards. The codes and guidelines are not dry, intellectual documents, but rather, they represent the passion and commitment of the profession to serve the public well.

It is also important to clarify that this is not a text on risk management, though clearly the best protection from liability claims and disciplinary actions is a thorough understanding of the ethical standards of the profession. Once counselors and therapists turn their attention to protecting themselves and managing risk to themselves, two things happen—they have less energy to devote to promoting the welfare of the client, and they tend to view clients as potential adversaries. Neither of these outcomes is likely to help them or their clients in the long run. At its heart, ethical practice is about caring what happens to clients and demonstrating a commitment to the best practice the discipline has to offer them; consequently, what I aim to do in this book is to encourage readers to see the connection between those values and the ethical and legal standards of practice. My approach to ethics aligns with the positive ethics movement and encourages professionals to aspire to do what they believe is best in the situation—to think in terms of ethical ideals and to act with moral courage.

THE INTENDED AUDIENCE

The book has several potential audiences. Graduate students in counseling and psychology are likely to be the primary audience, but the book will also be useful in continuing education for practicing professionals, advanced undergraduate students, and graduate students in related professions, such as social work and pastoral counseling. Consumers of psychotherapeutic services may also find its contents helpful in their search for a responsible professional. Its comprehensive approach to the subject matter and its inclusion of codes of ethics as appendixes make it appropriate for use as the main text in courses in professional ethics or professional issues courses. The book contains an extensive reference list, online resources, cases for discussion, and recommended readings for each chapter, so readers who want to explore the ethics scholarship in greater depth are directed to the proper resources.

THE STRUCTURE OF THE BOOK

The book contains four parts. Part 1 provides a framework for understanding ethical decision making and gives readers a grasp of the process and procedures for redressing ethical violations by mental health professionals. In this section, I describe the relationship of professional ethics in counseling to the broader discipline of ethics, integrate relevant literature from developmental psychology, and present my model of ethical decision making. I also analyze the relationship of multiculturalism to ethical practice. Part 2 reviews the fundamental ethical issues for counselors and therapists, including the ethics of competence to practice, confidentiality, informed consent, multiple relationships, responsible assessment, and multiple-person therapies. What happens when prevention fails is the focus of Part 3. It deals with an often neglected topic: the ethical responsibilities of those who recognize that they have violated the ethical standards of their profession.

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Because self-monitoring and personal accountability are at the core of the profession's values, the book discusses the steps professionals can take to redress their own misconduct and to reduce the likelihood that mistakes will recur. In that way, it is unique among the professional ethics books currently published. The topics in Part 4 include the ethics of supervision, teaching, research, clinical mental health and private practice, forensic activities, consultation, and school and college counseling. This portion of the book deals extensively with the emerging ethical dilemmas in the profession, such as the ethical dimensions of managed care, social networking, the impact of school and workplace violence, and therapy mandated by the courts. Each of the 15 chapters also includes a set of questions for further discussion, several online resources, and a list of recommended readings.

The chapters are presented in a logical order, but readers who choose to follow a different sequence will not be at a disadvantage. Also, those who find particular chapters irrelevant to their purposes may omit that material without compromising their comprehension of other parts of the book.

ANCILLARIES

CourseMate (ISBN-10: 1305508157 | ISBN-13: 9781305508156) Available with the text, Cengage Learning's CourseMate brings course concepts to life with interactive learning, study, and exam preparation tools that support the printed textbook. CourseMate for Ethics in Counseling and Psychotherapy includes an integrated eBook, glossaries, flashcards, quizzes, case studies, and web resources as well as Engagement Tracker, a first-of-its-kind tool that monitors student engagement in the course. The Instructor's Guide offers faculty additional cases for classroom and examination use along with suggestions for classroom activities, test questions, and a sample course syllabus.

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I wish to thank the many individuals who assisted me in this project. First and foremost, I owe a huge debt of gratitude to the students to whom I taught ethics for over 35 years. They inspired and challenged me to write this book. I also thank my colleagues at Cleveland State who have encouraged me, offered valuable insights into the content, and took on extra work to free me to make a full commitment to this book. Carl Rak deserves special recognition for his support, as does Lew Patterson, without whose mentoring I would not have had the courage to embark on so ambitious a task. The following reviewers offered perceptive and extensive feedback on the chapters: Jobie Skaggs, Bradley University; Farrah Hughes, Francis Marion University; Adam Hill, Sonoma State University; Saundra Tomlinson-Clarke, Rutgers University–New Brunswick; Henry Harris, University of North Carolina–Charlotte; Lydia Boldt Smith, University of North Carolina–Charlotte; Suzanne Mudge, Texas A&M University–San Antonio; Marjorie Shavers, Morehead State University. The feedback from this distinguished group of scholars was a gift that I believe strengthened the structure and content of this edition.

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The editorial staff at Cengage provided just the right combination of support and challenge for the project. I owe a debt to Julie Martinez of Cengage, Lori Bradshaw of S4Carlisle, Jitenda Kumar of MPS Limited, and copy editor Jill Pellarin for her attention to the many last-minute details in production. I am also especially grateful for the excellent work of Marissa Patsey on the student materials.

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Elizabeth Reynolds Welfel

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A Framework for Understanding Professional Ethical Values and Standards

PART 1

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CHAPTER 1

Introduction to Professional Ethics

A Psychology and Philosophy for Ethical Practice

Over the last 60 years, irrefutable evidence has emerged that participation in counseling and psychotherapy is an effective intervention for relieving emotional distress, improving interpersonal relationships, and increasing general satisfaction with life (Duncan, 2010; Lambert, 2013; Seligman, 1995). Wampold (2010), for example, concludes that 80% of those who attend psychotherapy are better off than those who elect not to seek help, based on his meta-analysis of the research that psychotherapy has an effect size of 0.80. Moreover, evidence indicates that therapeutic change is not temporary, but is well maintained (Lambert, 2013). In addition, the stigma long associated with seeing a mental health professional has also noticeably decreased (Duncan, Miller, Wampold, & Hubble, 2010). Recent data from educational settings also support the view that school counselors and school psychologists provide effective services to students (Carey, Dimmitt, Hatch, Lapan, & Whiston, 2008; McGannon, Carey, & Dimmitt, 2005).

However, the news is not all good. This same body of research has demonstrated that some mental health services do more harm than good (e.g., Lambert, 2013). Lambert (2013) also concludes that from 5% to 10% of adult clients who attend therapy end up feeling worse, and up to 14% of child and adolescent clients deteriorate. What accounts for this deterioration? Of course, one factor in client deterioration may be an unavoidable exacerbation of the client's problems that even highly competent professionals could not have prevented. Sometimes, though, those deterioration effects are tied to professionals' incompetent services, insensitivity to the ethics of practice, or disregard for the welfare of their clients. These findings about clinicians who make clients' symptoms worse, along with the findings that clinicians' simply fail to help those who can be helped (Lambert, 2013), are at the core of the rationale for developing and enforcing ethical standards and competency requirements for professional practice. We can hardly call ourselves professional helpers deserving the privileges that come with licensing unless our profession is fully committed to making services helpful, and not harmful, and

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offering practitioners extensive guidance about what they need to do (as well as what they need to avoid doing) to provide beneficial services.

Preventing unethical and incompetent practice that risks harm requires more than the publication of a code or sanctions of unethical practitioners: It demands the profession's sustained commitment to ethics education. It also demands that the individual professional develop an understanding of the factors that produce and maintain ethical and competent practice. At its core, it requires that professionals appreciate the philosophical rationale and moral values that undergird the ethical standards. We turn to philosophy and the psychology of moral behavior to identify crucial foundational factors.

FOUNDATIONS AND RESOURCES FOR ETHICAL PRACTICE

Professional ethics encompasses five dimensions that, when brought together, represent the positive ethical ideals and values of the professions:

1. Having sufficient knowledge, skill, judgment, and character to practice competently
2. Respecting the human dignity and freedom of the client(s)
3. Using the power inherent in the professional's role responsibly
4. Acting in ways that promote public confidence in the profession
5. Placing the welfare of the client(s) as the professional's highest priority

Pared down to those five essentials, acting ethically sounds fairly simple. The first ingredient seems to be a quality education (including supervised practice) so that one is knowledgeable and skilled. All states and provinces require counselors and therapists to pass a licensing examination and have supervised work experience, and nearly 90% of jurisdictions require continuing education to prove their knowledge and skill (Adams & Sharkin, 2012). The other components of ethical practice are consideration of the client's needs and rights as the highest priority, avoidance of self-advancement at the cost of the client, and transaction of one's business in a way that is above reproach. In practice, however, determining the combination of factors that render counseling most effective, most respectful of clients, and most in keeping with the good reputation of the profession is more complicated. Likewise, staying committed to promoting client welfare even when uncomfortable or financially disadvantageous is not easy. Sometimes little is known about which interventions will be most helpful, and at other times even interventions with demonstrable effectiveness fail with a given person. In our rapidly changing profession, keeping knowledge and skills current is a difficult task. If a professional has neglected to keep up with the literature, can he or she still provide effective service? How current does one's knowledge need to be to do effective therapeutic work? Because no one is infallible, even the most diligent and well-trained professional will on occasion act incompetently—how can the professional (and the public) cope with this reality?

Similarly, when counselors and therapists honor the dignity of clients by giving them free choices about their lives, they sometimes make choices contrary to their own best interest. Naturally, when a client is considering a counterproductive

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choice, the counselor works to help the client see its negative potential. Sometimes this discussion changes the client's mind, but at other times, it is ineffective. Is it acceptable for clinicians to use their power to limit a client's freedom by preventing the client from making a choice that will be regretted later? Is that an abuse of power or an appropriate extension of professional influence? How do cultural and social factors influence the determination of which choices are in a client's best interest and which are not? How reliably can a professional make this judgment when the client's social and cultural background differs dramatically from that of the therapist?

At times, the very actions that help individual clients are actions that the public does not understand. For example, professionals are often legally and ethically bound to maintain the confidentiality of disclosures about a past crime (if that person is in an ongoing professional relationship) unless the client releases them from their obligation or a court orders disclosure. This refusal to betray the client's trust often dismays and frustrates the public. Does this loyalty to the client result in greater or lesser public confidence in the profession? This, too, is not a simple matter. Finally, because clinicians must earn a living in an occupation in which almost no one gets wealthy, determining the balance between a fair interest in compensation and the best interests of the client may also be difficult. Fortunately, there are a number of resources to help mental health professionals wrestle with these issues and ultimately act ethically. Of course, each practitioner must have the character and commitment to do the personal and professional work to take advantage of these intellectual, emotional, and social resources. After all, ethical action is not just about what we think or how we feel, it is about *who we are*. We begin with the intellectual resources while keeping in mind that responsible and competent practice cannot occur consistently in isolation from the social support of other professionals (Johnson, Barnett, Elman, Forrest, & Kaslow, 2012). Our capacity to think productively about complex ethical issues and sustain the values and ideals that brought us into this profession is dramatically enhanced by peer consultation; such consultation is essential, in fact. Why is consultation so necessary? Gottlieb, Handelsman, and Knapp (2013) identify three reasons: First, complex or confusing ethical questions can arise without warning; second, the issue may be a "high stakes" issue where substantial harm can come to the client if the issue is not handled appropriately; and finally, ethical issues often engender substantial emotion, making it more challenging to think clearly about resolutions. (The case of Archie and Annette, described in this chapter, fulfills all these criteria for requiring consultation.)

LITERATURE FROM DEVELOPMENTAL PSYCHOLOGY

The first resource is the abundant literature on morality and moral reasoning that helps clinicians understand professional ethics and ethical decision making as a subset of the broader category of morality and moral decision making. It places professional codes of conduct into a context of fair, decent, and responsible human behavior and provides a framework for explaining what has gone wrong when misconduct occurs. Unlike other resources that focus on the content a person should consider in dealing with an ethical question, the literature from developmental psychology gives a framework for conceptualizing the process of ethical

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decision making and gives a view of the psychology (and social psychology) of ethics. From this information, professionals derive methods to improve the quality of their own ethical decision making and find better ways to consult with others and to teach ethics to students and practitioners. As we begin this discussion, it is important to reiterate, that ethical decision making is *not* an exclusively intellectual or isolated activity—emotions and social experiences also play a crucial role. Still, ethics always includes thinking about what should be done or, often in the case of unethical action, the repression of thinking about what should be done.

Components of Moral Behavior

When a person faces a moral decision, what provokes him or her to behave morally or immorally? Mental health professionals often raise this question when they hear of a courageous or outrageous act by another professional. Rest (1983, 1994) has provided a useful framework for understanding that process. First, he defines a moral action as any behavior that can affect the welfare of another. For instance, if a person observes someone breaking into a neighbor's home, what he or she does when watching this burglary is defined in moral terms because it affects the neighbor's well-being. (Of course, the robber's actions also have a moral dimension, for the same reason.) If the person acts to benefit the neighbor, by calling the police or trying to scare the burglar away, then that action is moral. Clearly, any attempt to help may backfire, but an action need not be successful to be moral. What makes the action moral is that one makes a good-faith effort to help the neighbor. Conversely, if one does nothing, that inaction could not be labeled moral unless the individual were endangered in some way by this burglar. Morality does not require us to risk our own welfare for another. That's why we label as heroes people who risk their own safety to help others; they have gone beyond their ordinary moral duty to ensure another's well-being.

Rest identifies four components of moral behavior that must take place if a moral action is to result. The first of these is called *moral sensitivity*, the process of recognizing the situation as one with implications for the welfare of another. It involves sensitivity to the cues that a context offers to its moral dimension (Narvaez & Rest, 1994). In the situation just described, it is possible that a person could see this intruder trying to break the lock on the neighbor's door and think about nothing more than the burglar's skill with the crowbar. Or the person might just feel grateful that the burglar chose someone else's home. These reactions indicate no assumption of responsibility to intervene on behalf of the neighbor and exclusive concern with one's own welfare. In this situation, Rest would say that the person lacks moral sensitivity.

Translated into professional ethics, moral sensitivity means realizing the implications of one's behaviors on clients, colleagues, and the public. If a psychologist at a social gathering repeats a funny story about a client, that professional did not consider the welfare of the client or the impact on the reputation of the profession before speaking. This person has missed the moral meaning of her action. She did not need to have a malicious *intent* to act immorally. In fact, immoral and unethical actions frequently result from distraction from the moral implications of actions or even from good intentions. At other times the level of emotional, social,

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intellectual, and moral development of the professional may prevent awareness of ethical dimensions of professional practice (Foster & Black, 2007).

To illustrate in another way, consider the counselor's actions in the following case:

The Case of Mitchell and Maria

Mitchell, a licensed clinical counselor, decides not to explain the limits of confidentiality at the initiation of services because he considers that approach bureaucratic and distracting from the client's purpose for coming. He hopes to help by immediately focusing on the "issue at hand." One day at the beginning of a session, Maria, a 17-year-old client, tells Mitchell that she has suicidal thoughts, mistakenly assuming that *everything* she says to him is confidential.

In reality, if any clinician believes a minor to be at significant risk for suicide, he or she may be obligated *not* to keep this material confidential from parents. When Mitchell explains the limits of confidentiality to Maria after she has already blurted out her secret, she feels betrayed, an outcome clearly detrimental to her already compromised welfare. She feels her lack of knowledge about the limits of confidentiality robbed her of the choice of whether or when to disclose this private material.

Mitchell's notion that explaining the limits of confidentiality to a client is merely "bureaucratic" shows his ethical insensitivity and resulted in unethical behavior. Obviously, sharing suicidal thoughts with a therapist is very important, and professionals have an ethical duty to encourage clients to express such thoughts. However, when the client does not understand the implications of this disclosure, feelings of betrayal occur, and the suicidal impulse may escalate when trust is broken in this way. No such negative consequences ensue when the client discloses such information after building trust and gaining some understanding of what may happen after such a revelation.

Rest's second component of moral behavior is *moral reasoning*. Moral reasoning is the process of thinking through the alternatives once a situation has been recognized as having moral dimensions. At first glance, moral reasoning sounds like a methodical, logical process, but it typically takes place rapidly and without great deliberation. It has both an emotional and a cognitive aspect. When a person sees a burglar at a neighbor's door, one must act quickly, so the process of thinking about what action(s) would benefit the neighbor is completed in seconds. Sometimes only one alternative comes to mind—call the police. At other times, the person weighs the merits of two or more alternatives such as going outside, calling another neighbor, or getting the gun kept for protection in the bedroom. Moral reasoning is the process of evaluating the choices and deciding which is best.

The research by Kohlberg (1984), Gilligan (1982), and others suggests that not all adults reason about moral issues with the same moral maturity. In fact, these researchers posit stage models of moral development based partly on biological maturity and partly on social experience. Some research suggests that counselors at higher stages of moral development make ethical decisions more in keeping with the standards of the profession (Bombara, 2002; Linstrum, 2005;

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Uthe-Burow, 2002; Welfel & Lipsitz, 1983), but other studies contradict this finding (Doromal & Creamer, 1988; Fox, 2003; Royer, 1985). Recent research offers preliminary evidence that there is a relationship between scores on a measure of social-cognitive development and gains in ethical decision making after training (Lambie, Hagedorn, & Ieva, 2010).

According to Rest, the third component of morality is *moral motivation*. Once a person has evaluated the options and determined which is most moral, then that person must decide whether to act. For example, a counselor may have observed a colleague who is missing appointments, neglecting paperwork, and showing signs of intoxication at work. The counselor recognizes this as a moral dilemma because the welfare of clients and the counseling service are at stake. The ethics codes also identify this as her ethical responsibility (American Counseling Association [ACA], 2014, Section I.2.a; American Psychological Association [APA], 2010a, Standards 1.04, 1.05). She has weighed the moral alternatives and has concluded that the best course of action is confronting the colleague and insisting that he modify his behavior with clients and seek help.

Essentially, at this point the therapist asks herself, "Will I *choose* to do that which I now *know* I should do?" If she answers affirmatively, she is one step closer to an ethical action, but if not, then no ethical action will take place. At this point, competing values may interfere. Professional ethical values are not the only values operating in a person, and values that compete with ethics may take priority. These other values may be admirable—such as the commitment to earning a salary sufficient to support one's children—or they may be contemptible; self-interest is one such ignoble value. The therapist may realize that if the dysfunctional colleague deteriorates further, he may leave the practice, resulting in more clients and more income for her. Or she may value harmony in the workplace more than ethics and may decide not to risk conflict among the staff. In short, this is the point in the process where the power of the professional's ethical values is balanced against other values, the point at which a professional's commitment to the best interest of the client is tested. If the ethical values take precedence, then ethical action follows. Research has found that when presented with hypothetical ethical situations, graduate students in psychology indicate that they *would* do what they know they *should* do approximately 50% of the time (Bernard & Jara, 1986). Studies by Betan and Stanton (1999), Fox (2003), and McDivitt (2001) report similar percentages of graduate students and practicing school counselors who would do less than they believe they ought to do. Betan and Stanton (1999) also found that emotions played a significant part in these decisions: those who were more anxious about taking action and less optimistic about its effectiveness were less likely to report a colleague. Practicing psychologists do somewhat better. In a related study, Bernard, Murphy, and Little (1987) found that two-thirds of psychologists chose the ethical value. Two other studies (Smith, McGuire, Abbott, & Blau, 1991; Wilkins, McGuire, Abbott, & Blau, 1990) reported a similar pattern. These statistics show how strong competing values can be and how they can operate both on intellectual and emotional processes.

Of course, ethical decision making is not always fully conscious. Mental health professionals often experience cognitive dissonance when choosing not to carry out the most responsible choice. Because they like to view themselves as ethical, their

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dilemma becomes how to retain that positive self-evaluation if they are rejecting the ethical choice. To reduce their mental discomfort, they may redefine the problem. In the case of the intoxicated colleague, the therapist might hypothesize that the colleague is not really drunk or that the missed appointments are not as frequent as they seem. She may even convince herself that this colleague may be on medication that affects his behavior. Of course, that may be true, but when the professional's goal is to extricate herself from the ethical responsibility, the facts of the case are not explored. Instead, she rationalizes, and thus her definition of her ethical responsibility has changed and her motivation to act declines. With this distortion of the facts, the counselor gets to avoid painful confrontation with the colleague and continue to define herself as ethical. In some cases, the cognitive dissonance operates in the opposite way, making professionals who have engaged in an unethical practice more critical of colleagues than those who have not committed that violation. (See Barkan, Ayal, Gino, and Ariely [2012] for a fascinating research study on this phenomenon.)

If the professional works in an environment that places a high priority on professional ethics, the risk of self-deception is reduced. Those in supervisory positions facilitate responsible behaviors when they make it known to their subordinates that ethics matter and that employees will be rewarded for taking an ethical path. In business, such leadership is called "creating an ethical culture in the organization." The competing values have less pull then, and the person who pursues the ethical action is likely to be supported and not isolated. In parallel fashion, if a professional is involved in regular peer consultation and is committed to using such social support, the capacity to decide to do what is right is also likely to be strengthened (Johnson, Barnett, Elman, Forrest, & Kaslow, 2013).

The research of Wilkins et al. (1990) also shows that mental health professionals deviate from the ethical value more frequently when ethical and legal standards governing an issue are not clear. If, as sometimes happens, work climate is hostile to ethical action, Vansandt's research (1992) suggests that organizational culture can actually suppress an individual's inclination to act ethically.

Social and political factors also affect a person's capacity to make an ethical choice. Social norms sometimes render ethical action more difficult. A high school student may believe that he or she ought to intervene to assist a gay student who is being harassed, but may decline to do so because of fear of social alienation. For the same reason, a citizen in a small, homogeneous community may support legislation he or she thinks is morally wrong for fear of social reprisals. Or a counselor may go along with a supervisor's suggestion to change a diagnosis for reimbursement purposes because it seems to be good for the agency, even if it deceives the insurer and misrepresents the client's problem.

Cultural definitions of what is ethical also vary (Knapp & VandeCreek, 2007; Pedersen, 1994, 1997). The high priority given to individual autonomy in Western cultures is not universally endorsed by other societies. Thus, culture affects not just the values that compete with ethical values, but the very definition of what is ethical to some extent. Similarly, definitions of appropriate gender roles and parenting practices can differ substantially from culture to culture. (Chapter 3 discusses the dilemma of a client whose parents have arranged a marriage that he does not want but which his cultural and religious tradition makes it difficult for him to refuse.)

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Moral character is the final component of the process in Rest's model. Betan and Stanton (1999) use the term *resoluteness* to refer to this aspect of moral behavior. One must carry out the moral action to its conclusion. Doing so typically requires virtues such as compassion, integrity, and conscientiousness. People who lack these characteristics may change their minds or withdraw when they encounter resistance. In the case described in the last section, the therapist may express her concerns about the colleague's erratic behavior, but if she receives an angry response or a revelation about personal troubles, she may back down. A moral action cannot take place if it is not implemented. Sometimes, persevering with the moral plan has personal costs; that's where integrity, character, and social support are critical. Keeping one's eyes on the goal and on the welfare of clients in spite of other pressures is often a difficult task, though ultimately it is the most rewarding. Collaborating with other professionals who are committed to the ethical ideals of the profession eases the difficulty of implementing the moral action. Colleagues can also assist in mitigating any negative consequences of implementing the ethical action.

CODES OF ETHICS

The second resource for ethical decision making is the code of ethics of the professional associations. These codes have a variety of names, but they all specify the standards of care and the rules of conduct for members, and they represent "both the highest and lowest standards of practice expected for the practitioner" (Levy, 1974, p. 267). Licensed professional counselors rely on the *Code of Ethics and Standards of Practice* of the American Counseling Association (2014); psychologists, on the *Ethical Principles of Psychologists and Code of Conduct* of the American Psychological Association (2010a); and social workers, on the *Code of Ethics* of the National Association of Social Workers (2008). (Throughout this book these codes documents will be referred to as the ACA Code and the APA Code). Marriage and family therapists are bound by the *Code of Ethics* of the American Association of Marriage and Family Therapy (2012); and school counselors, by the *Ethical Standards for School Counselors* (American School Counselor Association [ASCA], 2010). Because many mental health professionals are members of more than one professional association, they often can refer to two or more of these codes of ethics to guide them through ethical dilemmas. In addition, professional associations supplement the codes with casebooks (Nagy, 2005), commentary (Campbell, Vasquez, Behnke, & Kinscherff, 2010; Herlihy & Corey, 2014), and guidelines for practice related to specific populations that have come to their attention. For example, the American Psychological Association has published ethical guidelines for providing services via telepsychology (APA, 2013b), for undergraduate psychology majors (APA, 2013c), and for working with older adults (APA, 2014a). Other organizations have similar specialized codes; a sampling of these, along with additional guidelines from ACA and APA, is contained in Appendix D.

These codes represent the official statements of the professions about what is expected of members, and all members are held accountable for actions that violate the code. When they accept membership in the professional association or a credential from a licensing agency, members are agreeing to abide by the stipulations of the

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