



It's lonely out there: How counselors might stray from their ethical training

Everyone has guiding values and principles. For counseling professionals, the principles and standards that guide their practice come from the 2014 *ACA Code of Ethics*. These ethical principles are like an internal compass that helps counselors ensure they are maintaining the right course through the varied situations they face.

However, all instruments need to be calibrated from time to time to ensure they are still functioning correctly. If counselors are not performing these checkups, they may start to make small concessions in ethics. Although each concession isn't necessarily problematic by itself, if multiple adjustments occur, counselors eventually may end up far off course and in the territory of ethical violations.

It is important for counselors, supervisors and counselor educators to keep their ethical compasses calibrated and to help colleagues and trainees who may be straying off course.

Getting off track with ethics

What are some of the little ways that counselors can stray from the ethical path of practice? Jennifer Williamson, senior co-chair of the American Counseling Association Ethics Committee, and Barbara Herlihy, the committee's junior co-chair, sat down to discuss these questions and what counselors can do to prevent and correct these errors.

The double negative defense. Counselors can easily identify when a client is skirting a difficult change or denying a hurtful truth. However, counselors may also fall into this trap of justification as it relates to the ethics code. Sometimes the ethics code does not appear to specifically address a certain topic because the standards are written to be broad in scope. Counselors may justify their actions by thinking, "Well, the ethics

code didn't say I couldn't do that." Just because the code does not address an issue or does not explicitly forbid an action does not mean that it is automatically an ethical choice or a best practice.

Managed care concerns. Most clients cannot pay for their treatment out of pocket and need to use their insurance benefits. Counselors also need to be compensated by insurance companies for the work they do. Working with managed care is therefore an often unavoidable fact of life for both parties.

Managed care "has a whole different set of goals" than do counselors, who "are motivated to make sure that their clients get help," Herlihy said. Unfortunately, sometimes those goals may be at cross purposes, and what best serves the insurance company may not best serve the client. For example, counselors may be tempted to make a diagnosis before it is clinically appropriate, or they may exaggerate the severity of a diagnosis to appease the insurance companies, Herlihy explained. This "may not be in the client's best interest," she said.

Herlihy also referenced a well-known saying in counseling: "A diagnosis follows a person like a hound from hell." Williamson agreed, explaining that once a diagnosis is entered into a client's medical record, it may be visible to other health care providers who view the record. Therefore, a diagnosis can follow clients for years, and it may "trap" them by perhaps affecting a future provider's view of those clients — or even coloring clients' views of themselves.

"There can be that self-fulfilling prophecy," Herlihy said. A client may think, "If you tell me I'm clinically depressed, I might get depressed over that diagnosis." She added, "It goes against the grain of a counselor to stick a label on a person, but that's what diagnosis asks them to do."

Boundary crossing. A minor boundary crossing may happen almost without thought. "There might be a time when it would be OK to loan the client \$5 to take a bus, or to extend the session beyond the 50-minute hour, or to send a sympathy card if there's been a death in the client's family," Herlihy said. "All of those things are probably OK occasionally."

However, Herlihy, who co-authored a book on the topic published by ACA, *Boundary Issues in Counseling: Multiple Roles and Responsibilities* (2015), warns that counselors must be mindful of these crossings and distinguish between boundary crossings and boundary violations. "A series of crossings can lead to a violation in a slippery slope phenomenon," she said. "Counselors have to monitor [their behavior] to distinguish between boundary crossings and boundary violations."

Williamson agreed and further asserted that although some boundary crossings might be helpful to clients, it is imperative that they are closely monitored and aligned with identified treatment goals. Either the counselor or the client can initiate a boundary crossing, Williamson said. It is important for counselors to consider the person's motivation in instigating the crossing. Herlihy warned that some boundary crossings might be a way for clients to manipulate the therapeutic process, whereas Williamson said that some boundary crossings can be helpful to clients if those crossings are in line with identified treatment goals.

Cutting edge vs. falling behind.

With all the innovations in social media, distance counseling and other new technologies, it can be difficult for counselors to evaluate which tools are most ethical and will meet the needs of their clients. When considering social media, even a small action such as a tweet

or a “like” may impact the counseling relationship if counselors do not draw distinct lines between personal and professional use, Williamson warned.

Many counselors do not realize how little control they have over the information shared on the internet or through various platforms. Counselors may not realize when agreeing to terms of service that they may be sharing clients’ private information. The internet may seem private, but it is not, and counselors (and most people) rarely think about that before using it.

Counselor isolation. Williamson said she worries about counselors who fall into patterns of isolation. It is difficult for counselors to make their living in private practice; they must maintain all their professional credentials and knowledge while also taking on the responsibilities of a self-employed businessperson. With all of these challenges, counselors sometimes may let their own needs and relationships fall by the wayside.

“If a counselor doesn’t exercise self-care, then counseling can become about the counselor and not the client,” Williamson said. Counselors may start viewing their

sessions as social interactions, which can be detrimental to the client and lead to ethics problems.

Herlihy said she views counselor isolation as leading to “danger zones,” such as temptations to become friends with a client or to act on a sexual attraction to a client.

Another potential byproduct of isolation is that a counselor may grow to feel that he or she is the only person who can help the counselor’s clients. Herlihy said this thought should be a big red flag for counselors, possibly signaling that they are becoming too enmeshed in the counseling relationship. “There is no kind of dependency that we want to foster, not in the client and not in the counselor,” Herlihy said.

Williamson pointed out that counselors should be teaching clients to “save themselves.” When counselors develop these feelings of dependency, it may be more about meeting their own needs than helping their clients with identified goals.

Confronting issues. Often, counselors do not report violations by other counselors. “[Counselors are] reluctant to confront someone about whose behavior

they’re concerned,” Herlihy said. “It’s much easier and much more comfortable to look the other way.”

This can be especially difficult in an educational or supervisory setting if a student or supervisee is the one who observes questionable behavior on the part of an authority figure. All too frequently, potential ethical violations do not get addressed, and even serious violations may go unreported. By not speaking up and helping those counselors who have committed minor ethical transgressions, negative behavior patterns cannot be changed and may instead be reinforced.

Getting back on course

How can counselors recalibrate their ethical compasses? Williamson and Herlihy made the following recommendations for counselors to maintain their ethics and values.

Use an ethical decision-making model. One great resource is the white paper “Practitioner’s Guide to Ethical Decision Making” by Holly Forester-Miller and Thomas E. Davis (2016). Herlihy recommended the three self-tests



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detailed by Holly Stadler (1986), which are also part of the Forester-Miller and Davis model. The tests can be a good way for counselors to check their behavior before taking an action. They are:

- ❖ Justice: Is the course of action fair to all involved?
- ❖ Publicity: What would happen if this action received widespread media attention?
- ❖ Universality: Would this action be recommended to another counselor?

Another helpful strategy when making decisions is to think ahead. Before counselors take action, Williamson and Herlihy said, they should think long term and always consider both the best and worst outcomes. If one of the outcomes seems like it would be a violation, then it might be best to refrain from that action.

Set up ethically sound policies.

Whether working in private practice or agency settings, policies, procedures and paperwork can help counselors stay on track with ethics. Williamson said that a thorough and up-to-date informed consent document can help counselors think long term and decide how they will act before ethically difficult situations arise. When writing informed consent documents, counselors must “begin with the end in mind,” which should always be the welfare of their clients, Williamson said.

A great example is to develop a social media policy before actually engaging in social media use. Williamson suggested that counselors set boundaries regarding interactions with potential, current and former clients and list those boundaries in the informed consent. Counselors should also help clients understand the risks and benefits of interacting on these platforms. “Technology is here to stay,” said Williamson, meaning counselors should be proactive in deciding how they will use it.

Counselors can also consider other areas from an ethical viewpoint when establishing their practices. For example, counselors should evaluate everything from their office locations to where computer screens are visible, Williamson advised. Are screens visible to other clients? Is the building accessible to all? What level of privacy does it provide clients? These are seemingly small decisions that could have big ethical consequences.

Williamson also stressed that if counselors have contracts with insurance companies or other businesses, they should know the content of these contracts. If counselors are using technology products and services, they must know the terms of service to protect client information. She also emphasized the importance of establishing a records custodian so that in the event of a counselor’s death, someone will have been designated to view records and care for clients. All of these minor considerations can prevent ethical problems from arising.

Consult with colleagues. Both Williamson and Herlihy emphasized the importance of consultation when facing ethical quandaries. “If your gut check tells you this is not good, listen and seek consultation,” Herlihy said.

“No one is an expert in all things,” Williamson added. She pointed out that even Irvin Yalom, a renowned psychotherapist and recent keynote speaker at the ACA 2017 Conference & Expo, reported that he seeks regular consultation with other professionals.

“New counselors should consider creating a consultation plan,” Williamson suggested. This involves identifying trusted and reputable advisers to whom they can turn in a variety of situations. This is advised not only for ethics but also for legal, clinical and compliance issues. “Identify an attorney upfront so you don’t hesitate and you know the fee structure,” Williamson said.

Another recommendation for the consultation plan is to have a group of other providers with whom the counselor meets on a regular basis. In addition to combating counselor isolation, this provides opportunities for counselors to discuss real situations with other professionals who abide by the *ACA Code of Ethics*. Another benefit of regular contact with other professionals is that counselors can alert one another if they see a colleague getting off track. For example, counselors might get so involved in work with clients that they ignore their own needs for social interaction. Similarly, counselors might not practice good self-care. Consultation with a trusted colleague can help counselors identify when they need to relax and recharge to avoid burnout.

Pursue education. “We as counselors are lifelong learners,” Williamson said. “We can’t be afraid to seek consultation and seek training” on new technologies and techniques. It is vital that counselors keep up with changes to the laws, regulations and ethics that govern the profession. The ethics code has evolved over time to reflect changes in the field. For example, the 2014 *ACA Code of Ethics* includes a new section to address distance counseling, technology and social media.

It is important that counselors keep up with new developments that affect the profession. Although nearly every state requires continuing education for counselors, Herlihy said that counselors should look for training in areas “outside of their comfort zone” to expose themselves to new techniques and technologies.

Use counselor educators as role models. Williamson and Herlihy both stressed the importance of counselor educators in shaping the next generation of counselors. These professionals should not only teach the 2014 *ACA Code of Ethics* but should also help future counselors develop their own internal moral compasses and model how to maintain them. Herlihy suggested that “counselor educators need to model vulnerability” to show students that counselors are people too and that everyone will face difficult ethical dilemmas in their careers. This demonstrates to students that it is not only acceptable to reach out for help in resolving these situations, but that it is strongly encouraged.

Clients come first. In all actions that counselors take, client welfare must be the primary consideration. Whether looking at policies in one’s practice, reviewing terms of service with potential vendors or considering a minor boundary crossing, Williamson suggested that counselors ask themselves, “Who does this serve?” If the counselor is benefiting more than the client, this is a sign that one should not proceed. Even when the client is benefiting more, the counselor should consider the impact on the relationship and whether the power differential will change.

Williamson said that counselors should first think about avoiding harm and then

look at which course of action would most benefit the client. Williamson and Herlihy emphasized the importance of being both culturally sensitive and aware of the client's stage of development in the practice of counseling. All clients should be viewed as individuals, and when evaluating a course of action, Herlihy said, counselors should think about what that action will mean to the client.

Conclusion

Counselors face demands on a number of fronts each day. This makes it even more important for counselors to be familiar with the 2014 *ACA Code of Ethics* and keep their ethical compasses calibrated to avoid straying into unethical situations.

For additional information, consult the following standards in the 2014 *ACA Code of Ethics*:

- ❖ A.1.a. Primary Responsibility
- ❖ A.2.b. Types of Information Needed
- ❖ A.2.c. Developmental and Cultural Sensitivity
- ❖ A.5. Prohibited Noncounseling Roles and Relationships

- ❖ A.6. Managing and Maintaining Boundaries and Professional Relationships
- ❖ B.3. Information Shared with Others
- ❖ B.7. Case Consultation
- ❖ C.1. Knowledge of and Compliance With Standards
- ❖ C.2.h. Counselor Incapacitation, Death, Retirement or Termination of Practice
- ❖ D.2.a. Consultant Competency
- ❖ D.2.b. Informed Consent in Formal Consultation
- ❖ E.5. Diagnosis of Mental Disorders
- ❖ E.8. Multicultural Issues/Diversity in Assessment
- ❖ F.5.a. Ethical Responsibilities
- ❖ F.6.b. Gatekeeping and Remediation
- ❖ F.7.e. Teaching Ethics
- ❖ H.1. Knowledge and Legal Considerations
- ❖ H.2. Informed Consent and Security
- ❖ H.6. Social Media
- ❖ I.1.b. Ethical Decision Making
- ❖ I.2. Suspected Violations

In addition, make use of the following resources:

- ❖ "Practitioner's Guide to Ethical Decision Making" by Holly Forester-Miller and Thomas E. Davis, ACA (2016).
- ❖ *Boundary Issues in Counseling: Multiple Roles and Responsibilities*, third edition, by Barbara Herlihy & Gerald Corey, ACA (2015)
- ❖ "Making hard choices: Clarifying controversial ethical issues" by Holly Stadler, *Counseling and Human Development* (1986) ❖

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