



Ethical considerations when counseling military clients

As a licensed professional counselor (LPC) and TRICARE provider in private practice, I have been treating military veterans and their family members since 2008. I have also worked as a clinical counselor for the U.S. Marine Corps and received training offered by the Department of Veterans Affairs (VA).

What I have learned during the past nine years is that mental health treatment within the military system differs in some respects from treatment in private practice, meaning that there are possible ethical conflicts between the two. This article focuses on the need for professional counselors and those seeking licensure to be aware of ethical considerations when counseling military clients and their family members. Whether working within the military system or in private practice, professional counselors need to develop an understanding of the military culture and the inherent potential for conflict between military protocol and ethical guidelines for clinicians.

The American Counseling Association provides ethical guidance and direction for professional counselors through the 2014 *ACA Code of Ethics*. ACA's mission is to enhance the quality of life in society by promoting the development of professional counselors, advancing the counseling profession and using the profession and practice of counseling to promote respect for human dignity and diversity.

Working within the military system and being a TRICARE provider helped me identify some sections of the *ACA Code of Ethics* that are particularly pertinent to the military population. This article focuses on three of those areas: cultural competence, confidentiality and relationships with other professionals.

Cultural competence

Two important components of military culture are the shared language that aids in effective communication among military members and a shared set of beliefs that affect the thinking and behavior of many members of the group. Among veterans, shared values stem from service to one's country, shared training experiences and a shared mission — namely the preparation for war or national defense. Other variables include military dress and the ceremonial rituals that further define the military culture.

The *ACA Code of Ethics* provides guidance on developmental and cultural sensitivity. It states (Standard A.2.c.) that counselors communicate information in ways that are both developmentally and culturally appropriate. Counselors also use clear and understandable language when discussing issues related to informed consent and other clinical protocol. The combination of working within the military system for two years and receiving excellent supervision from my former clinical manager helped me better understand military culture and other variables such as the uniform and rank structure of the military branches, military communication styles and terms, and the importance of chain of command.

Another component of cultural competence is the personal values of professional counselors, particularly in wartime scenarios such as in Afghanistan, Iraq and Syria (as discussed by Elizabeth A. Prosek and Jessica M. Holm in their article "Counselors and the military: When protocol and ethics conflict" in *The Professional Counselor* journal). Some clinicians may be opposed to wartime conflicts, which could have an impact on the therapeutic relationship with military veterans.

Standard A.4.b. of the 2014 *ACA Code of Ethics* says, "Counselors are aware of — and avoid imposing — their own values, attitudes, beliefs and behaviors. Counselors respect the diversity of clients, trainees and research participants and seek training in areas in which they are at risk of imposing their values onto clients, especially when the counselor's values are inconsistent with the client's goals or are discriminatory in nature."

It is important for counselors who are working with or want to work with military veterans to be aware of their personal values as they relate to the overall mission requirements of the military. This awareness will aid in establishing trust with veterans. Most veterans can tell by the questions that clinicians ask whether they are supportive of mission-related requirements, including wartime conflict.

Another variable in establishing trust with military veterans is professional competence among counselors. When I worked as a clinical counselor for the Marine Corps, the behavioral health unit ensured that we were appropriately trained to help our Marines and their family members, thus enhancing professional competency.

The *ACA Code of Ethics* advises that counselors "practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Whereas multicultural counseling competency is required across all counseling specialties, counselors gain knowledge, personal awareness, sensitivity, dispositions and skills pertinent to being a culturally competent counselor in working with a diverse client population" (Standard C.2.a.).

Counselors can pursue military cultural trainings and certifications that will help

them better serve this population. The *ACA Code of Ethics* recommends that counselors “practice in specialty areas new to them only after appropriate education, training and supervised experience. While developing skills in new specialty areas, counselors take steps to ensure the competence of their work and protect others from possible harm” (Standard C.2.b.).

The proper education, training and professional certifications are extremely important when dealing with war-related complex trauma such as posttraumatic stress and traumatic brain injury.

Confidentiality

Confidentiality is another area of potential conflict between military protocol and professional counselor ethics. For example, when I worked with the Marine Corps, clinicians utilized restricted reporting and mandated reporting requirements in certain duty-to-warn situations, and that was different from civilian clinical practices.

When Marines were referred for substance abuse treatment, military protocol required that the chain of

command be informed of treatment progress. In my private practice, I do not have to report my client’s progress, but when I worked for the Marine Corps, I did what military protocol required.

According to the 2014 *ACA Code of Ethics*, confidentiality and other provisions of the counseling relationship should be outlined in the informed consent. “Clients have the freedom to choose whether to enter into or remain in a counseling relationship and need adequate information about the counseling process and the counselor. Counselors have an obligation to review in writing and verbally with clients the rights and responsibilities of both counselors and clients” (Standard A.2.a.).

The ethics code also states, “When counselors are required by law, institutional policy or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, they clarify role expectations and the parameters of confidentiality with their colleagues” (Standard D.1.e.).

This brings up another important point for clinicians who are working within agencies or institutions such as the

Department of Defense. The 2014 *ACA Code of Ethics* states, “The acceptance of employment in an agency or institution implies that counselors are in agreement with its general policies and principles. Counselors strive to reach agreement with employers regarding acceptable standards of client care and professional conduct that allow for changes in institutional policy conducive to the growth and development of clients” (Standard D.1.g.). This makes it important for counselors to thoroughly review offer letters and organizational/agency policies and procedures before accepting employment.

Relationships with other professionals

Professional counselors who work in their own private practice may have relationships with other clinicians and resources within the community, whereas those counselors who work for an agency or institution may be part of an interdisciplinary team. Some of you reading this article can relate to having worked in both environments.

Working with a team was an absolute requirement when I was employed by the

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Marine Corps. I enjoyed collaborating with colleagues to ensure appropriate care for Marines and their family members. That collaborative relationship was key to developing trust with military clients, who saw us as part of the Marine Corps team.

Basic military training emphasizes the value of teamwork and the collective mind, so there are times when unit cohesion may be used to support the therapeutic relationship. It is important for counselors to approach military service members from this perspective as opposed to a more traditional, Western individualistic lens. According to Prosek and Holm, it might behoove counselors to build on the framework of collectivism to earn the trust of members of the military population.

The *ACA Code of Ethics* addresses the importance of flexibility and adaptability in multiple relationships. For example, Standard D.1.a. states, “Counselors are respectful of approaches that are grounded in theory and/or have an empirical or scientific foundation but may differ from their own. Counselors acknowledge the expertise of other

professional groups and are respectful of their practices.”

The ethics code further encourages counselors to “develop and strengthen relationships with colleagues from other disciplines to best serve clients” (Standard D.1.b.). And, from the interdisciplinary team perspective, counselors are to remain focused on clients when delivering multifaceted services. “They participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values and experiences of the counseling profession and those of colleagues from other disciplines” (Standard D.1.c.).

I retain and reflect on the fond memories of work relationships that I had with my Marine Corps counseling colleagues. I have also established new clinical relationships through some of the professional certification trainings in which I participated.

There is benefit and relevance to forming relationships with other professionals if this works in the best interests of the clients we serve. After all, the *ACA Code of Ethics* points out that it’s not about the counselor but the client.

Employment opportunities with organizations connected to the military, such as the VA and TRICARE, continue to evolve for professional counselors. It has been a long and arduous journey for LPCs to finally secure a seat at the military table alongside social workers, psychologists and psychiatrists. As Prosek and Holm write, to maintain that seat and increase opportunities to serve the military population, counselors “need to be educated on the potential conflict between counselor professional ethical decision guidelines and military protocol.” ♦

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HIGHLIGHTS

- ▶ Spring and Fall admissions
- ▶ On campus and online courses
- ▶ Experienced clinical faculty
- ▶ Cohorts of supportive professional colleagues
- ▶ Clinical specialization
- ▶ Evidence based practice
- ▶ Psychotherapy integration
- ▶ International learning opportunities
- ▶ Community service
- ▶ Clinical project instead of dissertation

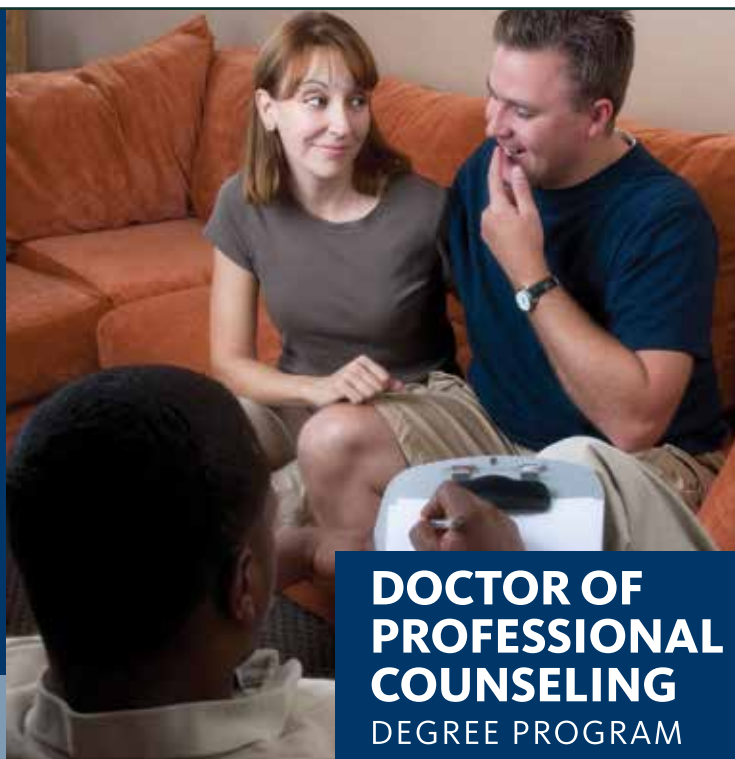
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