

The background of the cover is a photograph of a forest. In the foreground, there is a rustic wooden fence made of horizontal logs, heavily covered in green moss. The ground is covered with brown leaves and pine needles. The forest is filled with tall, slender trees, likely redwoods or sequoias, with dense green foliage. The lighting is soft, suggesting a dappled sunlight filtering through the trees.

THEORY AND PRACTICE  
OF COUNSELING AND  
PSYCHOTHERAPY

*Tenth Edition*

GERALD COREY

# The Counselor: Person and Professional 2

## LEARNING OBJECTIVES

1. Identify the characteristics of the counselor as a therapeutic person.
2. Understand the benefits of seeking personal counseling as a counselor.
3. Explain the concept of *bracketing* and what is involved in managing a counselor's personal values.
4. Explain how values relate to identifying goals in counseling.
5. Understand the role of diversity issues in the therapeutic relationship.
6. Describe what is involved in acquiring competency as a multicultural counselor.
7. Identify issues faced by beginning therapists.

## Introduction

One of the most important instruments you have to work with as a counselor is yourself as a person. In preparing for counseling, you will acquire knowledge about the theories of personality and psychotherapy, learn assessment and intervention techniques, and discover the dynamics of human behavior. Such knowledge and skills are essential, but by themselves they are not sufficient for establishing and maintaining effective therapeutic relationships. To every therapy session we bring our human qualities and the experiences that have influenced us. In my judgment, this human dimension is one of the most powerful influences on the therapeutic process.

A good way to begin your study of contemporary counseling theories is by reflecting on the personal issues raised in this chapter. By remaining open to self-evaluation, you not only expand your awareness of self but also build the foundation for developing your abilities and skills as a professional. The theme of this chapter is that the *person* and the *professional* are intertwined facets that cannot be separated in reality. We know, clinically and scientifically, that the person of the therapist and the therapeutic relationship contribute to therapy outcome at least as much as the particular treatment method used (Duncan, Miller, Wampold, & Hubble, 2010; Elkins, 2016; Norcross, 2011).



Visit [CengageBrain.com](http://CengageBrain.com) or watch the DVD for the video program on Chapter 2, *Theory and Practice of Counseling and Psychotherapy: The Case of Stan and Lecturettes*. I suggest that you view the brief lecture for each chapter prior to reading the chapter.

## The Counselor as a Therapeutic Person

Counseling is an intimate form of learning, and it demands a practitioner who is willing to be an authentic person in the therapeutic relationship. It is within the context of such a person-to-person connection that the client experiences growth. If we hide behind the safety of our professional role, our clients will likely keep themselves hidden from us. If we strive for technical expertise alone, and leave our own reactions and self out of our work, the result is likely to be ineffective counseling. Our own genuineness can have a significant effect on our relationship with our clients. If we are willing to look at our lives and make the changes we want, we can model that process by the way we reveal ourselves and respond to our clients. If we are inauthentic, we will have difficulty establishing a working alliance with our clients. If we model authenticity by engaging in appropriate self-disclosure, our clients will tend to be honest with us as well.

I believe that who the psychotherapist is directly relates to his or her ability to establish and maintain effective therapy relationships with clients. But what does the research reveal about the role of the counselor as a person and the therapeutic relationship on psychotherapy outcome? Abundant research indicates the centrality of the person of the therapist as a primary factor in successful therapy. The *person* of the psychotherapist is inextricably intertwined with the outcome of psychotherapy (see Elkins, 2016; Lambert, 2011; Norcross & Lambert, 2011; Norcross & Wampold, 2011). Clients place more value on the personality of the therapist than on the

**LO1**

specific techniques used. Indeed, evidence-based psychotherapy relationships are critical to the psychotherapy endeavor.

Techniques themselves have limited importance in the therapeutic process. Wampold (2001) conducted a meta-analysis of many research studies on therapeutic effectiveness and found that the personal and interpersonal components are essential to effective psychotherapy, whereas techniques have relatively little effect on therapeutic outcome. The *contextual factors*—the alliance, the relationship, the personal and interpersonal skills of the therapist, client agency, and extra-therapeutic factors—are the primary determinants of therapeutic outcome. This research supports what humanistic psychologists have maintained for years: “It is not theories and techniques that heal the suffering client but the human dimension of therapy and the ‘meetings’ that occur between therapist and client as they work together” (Elkins, 2009, p. 82). In short, both the *therapy relationship* and the *therapy methods* used influence the outcomes of treatment, but it is essential that the methods used support the therapeutic relationship being formed with the client.

## Personal Characteristics of Effective Counselors

Particular personal qualities and characteristics of counselors are significant in creating a therapeutic alliance with clients. My views regarding these personal characteristics are supported by research on this topic (Norcross, 2011; Skovholt & Jennings, 2004; Sperry & Carlson, 2011). I do not expect any therapist to fully exemplify all the traits described in the list that follows. Rather, the willingness to struggle to become a more therapeutic person is the crucial variable. This list is intended to stimulate you to examine your own ideas about what kind of person can make a significant difference in the lives of others.

- *Effective therapists have an identity.* They know who they are, what they are capable of becoming, what they want out of life, and what is essential.
- *Effective therapists respect and appreciate themselves.* They can give and receive help and love out of their own sense of self-worth and strength. They feel adequate with others and allow others to feel powerful with them.
- *Effective therapists are open to change.* They exhibit a willingness and courage to leave the security of the known if they are not satisfied with the way they are. They make decisions about how they would like to change, and they work toward becoming the person they want to become.
- *Effective therapists make choices that are life oriented.* They are aware of early decisions they made about themselves, others, and the world. They are not the victims of these early decisions, and they are willing to revise them if necessary. They are committed to living fully rather than settling for mere existence.
- *Effective therapists are authentic, sincere, and honest.* They do not hide behind rigid roles or facades. Who they are in their personal life and in their professional work is congruent.
- *Effective therapists have a sense of humor.* They are able to put the events of life in perspective. They have not forgotten how to laugh, especially at their own foibles and contradictions.

- *Effective therapists make mistakes and are willing to admit them.* They do not dismiss their errors lightly, yet they do not choose to dwell on misery.
- *Effective therapists generally live in the present.* They are not riveted to the past, nor are they fixated on the future. They are able to experience and be present with others in the “now.”
- *Effective therapists appreciate the influence of culture.* They are aware of the ways in which their own culture affects them, and they respect the diversity of values espoused by other cultures. They are sensitive to the unique differences arising out of social class, race, sexual orientation, and gender.
- *Effective therapists have a sincere interest in the welfare of others.* This concern is based on respect, care, trust, and a real valuing of others.
- *Effective therapists possess effective interpersonal skills.* They are capable of entering the world of others without getting lost in this world, and they strive to create collaborative relationships with others. They readily entertain another person’s perspective and can work together toward consensual goals.
- *Effective therapists become deeply involved in their work and derive meaning from it.* They can accept the rewards flowing from their work, yet they are not slaves to their work.
- *Effective therapists are passionate.* They have the courage to pursue their dreams and passions, and they radiate a sense of energy.
- *Effective therapists are able to maintain healthy boundaries.* Although they strive to be fully present for their clients, they don’t carry the problems of their clients around with them during leisure hours. They know how to say no, which enables them to maintain balance in their lives.

This picture of the characteristics of effective therapists might appear unrealistic. Who could be all those things? Certainly I do not fit this bill! Do not think of these personal characteristics from an all-or-nothing perspective; rather, consider them on a continuum. A given trait may be highly characteristic of you, at one extreme, or it may be very uncharacteristic of you, at the other extreme. I have presented this picture of the therapeutic person with the hope that you will examine it and develop your own concept of what personality traits you think are essential to strive for to promote your own personal growth. For a more detailed discussion of the person of the counselor and the role of the therapeutic relationship in outcomes of treatments, see *Psychotherapy Relationships That Work* (Norcross, 2011), *How Master Therapists Work: Exploring Change From the First Through the Last Session and Beyond* (Sperry & Carlson, 2011), and *Master Therapists: Exploring Expertise in Therapy and Counseling* (Skovholt & Jennings, 2004).

## Personal Therapy for the Counselor

Discussion of the counselor as a therapeutic person raises another issue **LO2** debated in counselor education: Should people be required to participate in counseling or therapy before they become practitioners? My view is that counselors can benefit greatly from the experience of being clients at some time, a view that is supported by research. This experience can be obtained before your training, during it,

or both, but I strongly support some form of self-exploration as vital preparation in learning to counsel others.

The vast majority of mental health professionals have experienced personal therapy, typically on several occasions (Geller, Norcross, & Orlinsky, 2005b). A review of research studies on the outcomes and impacts of the psychotherapist's own psychotherapy revealed that more than 90% of mental health professionals report satisfaction and positive outcomes from their own counseling experiences (Orlinsky, Norcross, Ronnestad, & Wiseman, 2005). Orlinsky and colleagues suggest that personal therapy contributes to the therapist's professional work in the following three ways: (1) as part of the therapist's training, personal therapy offers a model of therapeutic practice in which the trainee experiences the work of a more experienced therapist and learns experientially what is helpful or not helpful; (2) a beneficial experience in personal therapy can further enhance a therapist's interpersonal skills that are essential to skillfully practicing therapy; and (3) successful personal therapy can contribute to a therapist's ability to deal with the ongoing stresses associated with clinical work.

In his research on personal therapy for mental health professionals, Norcross (2005) states that lasting lessons practitioners learn from their personal therapy experiences pertain to interpersonal relationships and the dynamics of psychotherapy. Some of these lessons learned are the centrality of warmth, empathy, and the personal relationship; having a sense of what it is like to be a therapy client; valuing patience and tolerance; and appreciating the importance of learning how to deal with transference and countertransference. By participating in personal therapy, counselors can prevent their potential future countertransference from harming clients.

Through our work as therapists, we can expect to confront our own unexplored personal blocks such as loneliness, power, death, and intimate relationships. This does not mean that we need to be free of conflicts before we can counsel others, but we should be aware of what these conflicts are and how they are likely to affect us as persons and as counselors. For example, if we have great difficulty dealing with anger or conflict, we may not be able to assist clients who are dealing with anger or with relationships in conflict.

When I began counseling others, old wounds were opened and feelings I had not explored in depth came to the surface. It was difficult for me to encounter a client's depression because I had failed to come to terms with the way I had escaped from my own depression. I did my best to cheer up depressed clients by talking them out of what they were feeling, mainly because of my own inability to deal with such feelings. In the years I worked as a counselor in a university counseling center, I frequently wondered what I could do for my clients. I often had no idea what, if anything, my clients were getting from our sessions. I couldn't tell if they were getting better, staying the same, or getting worse. It was very important to me to note progress and see change in my clients. Because I did not see immediate results, I had many doubts about whether I could become an effective counselor. What I did not understand at the time was that my clients needed to struggle to find their own answers. To see my clients feel better quickly was *my need*, not theirs, for then I would know that I was helping them. It never occurred to me that clients often feel worse for a time as they give up their defenses and open themselves to their pain. My early

experiences as a counselor showed me that I could benefit by participating in further personal therapy to better understand how my personal issues were affecting my professional work. I realized that periodic therapy, especially early in one's career, can be most useful.

Personal therapy can be instrumental in healing the healer. If student counselors are not actively involved in the pursuit of their own healing and growth, they will probably have considerable difficulty entering the world of a client. As counselors, can we take our clients any further than we have gone ourselves? If we are not committed personally to the value of examining our own life, how can we inspire clients to examine their lives? By becoming clients ourselves, we gain an experiential frame of reference with which to view ourselves. This provides a basis for understanding and compassion for our clients, for we can draw on our own memories of reaching impasses in our therapy, of both wanting to go farther and at the same time resisting change. Our own therapy can help us develop patience with our patients! We learn what it feels like to deal with anxieties that are aroused by self-disclosure and self-exploration and how to creatively facilitate deeper levels of self-exploration in clients. As we increase our self-awareness through our own therapy, we gain increased appreciation for the courage our clients display in their therapeutic journey. Gold and Hilsenroth (2009) studied graduate clinicians and found that those who had personal therapy felt more confident and were more in agreement with their clients on the goals and tasks of treatment than were those who did not experience personal therapy. They further found that graduate clinicians who had experienced personal therapy were able to develop strong agreement with their clients on the goals and tasks of treatment. Participating in a process of self-exploration can reduce the chances of assuming an attitude of arrogance or of being convinced that we are totally healed. Our own therapy helps us avoid assuming a stance of superiority over others and makes it less likely that we would treat people as objects to be pitied or disrespected. Indeed, experiencing counseling as a client is very different from merely reading about the counseling process.

For a comprehensive discussion of personal therapy for counselors, see *The Psychotherapist's Own Psychotherapy: Patient and Clinician Perspectives* (Geller, Norcross, & Orliinsky, 2005a).

## The Counselor's Values and the Therapeutic Process

As alluded to in the previous section, the importance of self-exploration for counselors carries over to the values and beliefs we hold. My experience in teaching and supervising students of counseling shows me how crucial it is that students be aware of their values, of where and how they acquired them, and of how their values can influence their interventions with clients.

### The Role of Values in Counseling

Our values are core beliefs that influence how we act, both in our personal **LO3** and our professional lives. Personal values influence how we view counseling and the manner in which we interact with clients, including the way we conduct client assessments, our views of the goals of counseling, the interventions we choose, the

topics we select for discussion in a counseling session, how we evaluate progress, and how we interpret clients' life situations.

Although total objectivity cannot be achieved, we can strive to avoid being encapsulated by our own worldview. We need to guard against the tendency to use our power to influence clients to accept our values; persuading clients to accept or adopt our value system is not a legitimate outcome of counseling. From my perspective, the counselor's role is to create a climate in which clients can examine their thoughts, feelings, and actions and to empower them to arrive at their own solutions to problems they face. The counseling task is to assist individuals in finding answers that are most congruent with their own values. It is not beneficial to provide advice or to give clients your answers to their questions about life.

You may not agree with certain of your clients' values, but you need to respect their right to hold divergent values from yours. This is especially true when counseling clients who have a different cultural background and perhaps do not share your own core cultural values. Your role is to provide a safe and inviting environment in which clients can explore the congruence between their values and their behavior. If clients acknowledge that what they are doing is not getting them what they want, it is appropriate to assist them in developing new ways of thinking and behaving to help them move closer to their goals. This is done with full respect for their right to decide which values they will use as a framework for living. Individuals seeking counseling need to clarify their own values and goals, make informed decisions, choose a course of action, and assume responsibility and accountability for the decisions they make.

Managing your personal values so that they do not contaminate the counseling process is referred to as "bracketing." Counselors are expected to set aside their personal beliefs and values when working with a wide range of clients (Kocet & Herlihy, 2014). Your core values may differ in many ways from the core values of your clients, and they will bring you a host of problems framed by their own worldview. Some clients may have felt rejected by others or suffered from discrimination, and they should not be exposed to further discrimination by counselors who refuse to render services to them because of differing values (Herlihy, Hermann, & Greden, 2014).

Counselors must have the ability to work with a range of clients with diverse worldviews and values. Counselors may impose their values either directly or indirectly. **Value imposition** refers to counselors directly attempting to define a client's values, attitudes, beliefs, and behaviors. It is unethical for counselors to impose their values in the therapeutic relationship. The American Counseling Association's (ACA, 2014) *Code of Ethics* is explicit regarding this matter:

*Personal Values.* 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. (Standard A.4.b.)

Value exploration is at the heart of why many counselor education programs encourage or require personal therapy for counselors in training. Your personal therapy sessions provide an opportunity for you to examine your beliefs and values and to explore your motivations for wanting to share your belief system.

Clients are in a vulnerable position and require understanding and support from a counselor rather than judgment. It can be burdensome for clients to be saddled with your disclosure of not being able to get beyond value differences. Clients may interpret this as a personal rejection and suffer harm as a result. Counseling is about working with clients within the framework of *their* value system. If you experience difficulties over conflicting personal values with clients, the ethical course of action is to seek supervision and learn ways to effectively manage these differences. The counseling process is not about your personal values; it is about the values and needs of your clients. Your task is to help clients explore and clarify their beliefs and apply their values to solving their problems (Herlihy & Corey, 2015d).

## The Role of Values in Developing Therapeutic Goals

Who should establish the goals of counseling? Almost all theories are in **LO4** agreement that it is largely the client's responsibility to decide upon goals, collaborating with the therapist as therapy proceeds. Counselors have general goals, which are reflected in their behavior during the therapy session, in their observations of the client's behavior, and in the interventions they make. The general goals of counselors must be congruent with the personal goals of the client.

Setting goals is inextricably related to values. The client and the counselor need to explore what they hope to obtain from the counseling relationship, whether they can work with each other, and whether their goals are compatible. Even more important, it is essential that the counselor be able to understand, respect, and work within the framework of the client's world rather than forcing the client to fit into the therapist's scheme of values.

In my view, therapy ought to begin with an exploration of the client's expectations and goals. Clients initially tend to have vague ideas of what they expect from therapy. They may be seeking solutions to problems, they may want to stop hurting, they may want to change others so they can live with less anxiety, or they may seek to be different so that some significant persons in their lives will be more accepting of them. In some cases clients have no goals; they are in the therapist's office simply because they were sent for counseling by their parents, probation officer, or teacher.

So where can a counselor begin? The initial interview can be used most productively to focus on the client's goals or lack of them. The therapist may begin by asking any of these questions: "What do you expect from counseling? Why are you here? What do you want? What do you hope to leave with? How is what you are currently doing working for you? What aspects of yourself or your life situation would you most like to change?"

When a person seeks a counseling relationship with you, it is important to cooperatively discover what this person is expecting from the relationship. If you try to figure out in advance how to proceed with a client, you may be depriving the client of the opportunity to become an active partner in her or his own therapy. Why is this person coming in for counseling? It is the client's place to decide on the goals of therapy. It is important to keep this focus in mind so that the client's agenda is addressed rather than an agenda of your own.

## Becoming an Effective Multicultural Counselor

Part of the process of becoming an effective counselor involves learning how **LO5** to recognize diversity issues and shaping one's counseling practice to fit the client's worldview. It is an *ethical obligation* for counselors to develop sensitivity to cultural differences if they hope to make interventions that are consistent with the values of their clients. The therapist's role is to assist clients in making decisions that are congruent with their worldview, not to live by the therapist's values.

Diversity in the therapeutic relationship is a two-way street. As a counselor, you bring your own heritage with you to your work, so you need to recognize the ways in which cultural conditioning has influenced the directions you take with your clients. Unless the social and cultural context of clients and counselors are taken into consideration, it is difficult to appreciate the nature of clients' struggles. Counseling students often hold values—such as making their own choices, expressing what they are feeling, being open and self-revealing, and striving for independence—that differ from the values of clients from different cultural backgrounds. Some clients may be very slow to disclose and have expectations about counseling that differ from those of the therapist. Counselors need to become aware of how clients from diverse cultures may perceive them as therapists, as well as how clients may perceive the value of formal helping. It is the task of counselors to determine whether the assumptions they have made about the nature and functioning of therapy are appropriate for culturally diverse clients.

Clearly, effective counseling must take into account the impact of culture on the client's functioning, including the client's degree of acculturation. **Culture** is, quite simply, the values and behaviors shared by a group of individuals. It is important to realize that culture refers to more than ethnic or racial heritage; culture also includes factors such as age, gender, religion, sexual orientation, physical and mental ability, and socioeconomic status.

### Acquiring Competencies in Multicultural Counseling

Effective counselors understand their own cultural conditioning, the cultural **LO6** values of their clients, and the sociopolitical system of which they are a part. Acquiring this understanding begins with counselors' awareness of the cultural origins of any values, biases, and attitudes they may hold. Counselors from all cultural groups must examine their expectations, attitudes, biases, and assumptions about the counseling process and about persons from diverse groups. Recognizing our biases and prejudices takes courage because most of us do not want to acknowledge that we have cultural biases. Everyone has biases, but being unaware of the biased attitudes we hold is an obstacle to client care. It takes a concerted effort and vigilance to monitor our biases, attitudes, and values so that they do not interfere with establishing and maintaining successful counseling relationships.

A major part of becoming a diversity-competent counselor involves challenging the idea that the values we hold are automatically true for others. We also need to understand how our values are likely to influence our practice with diverse clients who embrace different values. Furthermore, becoming a diversity-competent practitioner is not a destination that we arrive at once and for all; rather, it is an ongoing process, a journey we take with our clients.

Sue, Arredondo, and McDavis (1992) and Arredondo and her colleagues (1996) have developed a conceptual framework for competencies and standards in multicultural counseling. Their dimensions of competency involve three areas: (1) beliefs and attitudes, (2) knowledge, and (3) skills. For an in-depth treatment of multicultural counseling and therapy competence, refer to *Counseling the Culturally Diverse: Theory and Practice* (Sue & Sue, 2013).

**Beliefs and Attitudes** First, effective counselors have moved from being culturally unaware to ensuring that their personal biases, values, or problems will not interfere with their ability to work with clients who are culturally different from them. They believe cultural self-awareness and sensitivity to one's own cultural heritage are essential for any form of helping. Counselors are aware of their positive and negative emotional reactions toward people from other racial and ethnic groups that may prove detrimental to establishing collaborative helping relationships. They seek to examine and understand the world from the vantage point of their clients. They respect clients' religious and spiritual beliefs and values. They are comfortable with differences between themselves and others in terms of race, ethnicity, culture, and beliefs. Rather than maintaining that their cultural heritage is superior, they are able to accept and value cultural diversity. They realize that traditional theories and techniques may not be appropriate for all clients or for all problems. Culturally skilled counselors monitor their functioning through consultation, supervision, and further training or education.

**Knowledge** Second, culturally effective practitioners possess certain knowledge. They know specifically about their own racial and cultural heritage and how it affects them personally and professionally. Because they understand the dynamics of oppression, racism, discrimination, and stereotyping, they are in a position to detect their own racist attitudes, beliefs, and feelings. They understand the worldview of their clients, and they learn about their clients' cultural background. They do not impose their values and expectations on their clients from differing cultural backgrounds and avoid stereotyping clients. Culturally skilled counselors understand that external sociopolitical forces influence all groups, and they know how these forces operate with respect to the treatment of minorities. These practitioners are aware of the institutional barriers that prevent minorities from utilizing the mental health services available in their communities. They possess knowledge about the historical background, traditions, and values of the client populations with whom they work. They know about minority family structures, hierarchies, values, and beliefs. Furthermore, they are knowledgeable about community characteristics and resources. Those who are culturally skilled know how to help clients make use of indigenous support systems. In areas where they are lacking in knowledge, they seek resources to assist them. The greater their depth and breadth of knowledge of culturally diverse groups, the more likely they are to be effective practitioners.

**Skills and Intervention Strategies** Third, effective counselors have acquired certain skills in working with culturally diverse populations. Counselors take responsibility for educating their clients about the therapeutic process, including matters such as setting goals, appropriate expectations, legal rights, and the counselor's orientation.

Multicultural counseling is enhanced when practitioners use methods and strategies and define goals consistent with the life experiences and cultural values of their clients. Such practitioners modify and adapt their interventions to accommodate cultural differences. They do not force their clients to fit within one counseling approach, and they recognize that counseling techniques may be culture-bound. They are able to send and receive both verbal and nonverbal messages accurately and appropriately. They become actively involved with minority individuals outside the office (community events, celebrations, and neighborhood groups). They are willing to seek out educational, consultative, and training experiences to enhance their ability to work with culturally diverse client populations. They consult regularly with other multiculturally sensitive professionals regarding issues of culture to determine whether referral may be necessary.

## Incorporating Culture in Counseling Practice

It is unrealistic to expect a counselor to know everything about the cultural background of a client, but some understanding of the client's cultural and ethnic background is essential. There is much to be said for letting clients teach counselors about relevant aspects of their culture. It is a good idea for counselors to ask clients to provide them with the information they will need to work effectively. Incorporating culture into the therapeutic process is not limited to working with clients from a certain ethnic or cultural background. It is critical that therapists take into account the worldview and background of *every* client. Failing to do this seriously restricts the potential impact of the therapeutic endeavor.

Counseling is by its very nature diverse in a multicultural society, so it is easy to see that there are no ideal therapeutic approaches. Instead, different theories have distinct features that have appeal for different cultural groups. Some theoretical approaches have limitations when applied to certain populations. Effective multicultural practice demands an open stance on the part of the practitioner, flexibility, and a willingness to modify strategies to fit the needs and the situation of the individual client. Practitioners who truly respect their clients will be aware of clients' hesitations and will not be too quick to misinterpret this behavior. Instead, they will patiently attempt to enter the world of their clients as much as they can. Although practitioners may not have had the same experiences as their clients, the empathy shown by counselors for the feelings and struggles of their clients is essential to good therapeutic outcomes. We are more often challenged by our differences than by our similarities to look at what we are doing.

**Practical Guidelines in Addressing Culture** If the counseling process is to be effective, it is essential that cultural concerns be addressed with all clients. Here are some guidelines that may increase your effectiveness when working with clients from diverse backgrounds:

- Learn more about how your own cultural background has influenced your thinking and behaving. Take steps to increase your understanding of other cultures.
- Identify your basic assumptions, especially as they apply to diversity in culture, ethnicity, race, gender, class, spirituality, religion, and

sexual orientation. Think about how your assumptions are likely to affect your professional practice.

- Examine where you obtained your knowledge about culture.
- Remain open to ongoing learning of how the various dimensions of culture may affect therapeutic work. Realize that this skill does not develop quickly or without effort.
- Be willing to identify and examine your own personal worldview and any prejudices you may hold about other racial/ethnic groups.
- Learn to pay attention to the common ground that exists among people of diverse backgrounds.
- Be flexible in applying the methods you use with clients. Don't be wedded to a specific technique if it is not appropriate for a given client.
- Remember that practicing from a multicultural perspective can make your job easier and can be rewarding for both you and your clients.

It takes time, study, and experience to become an effective multicultural counselor. Multicultural competence cannot be reduced simply to cultural awareness and sensitivity, to a body of knowledge, or to a specific set of skills. Instead, it requires a combination of all of these factors.

## Issues Faced by Beginning Therapists

When you complete formal course work and begin helping clients, you will **LO7** be challenged to integrate and to apply what you have learned. At that point, you are likely to have some real concerns about your adequacy as a person and as a professional. Beginning therapists typically face a number of common issues as they learn how to help others. Here are some useful guidelines to assist you in your reflection on what it takes to become an effective counselor.

### Dealing With Anxiety

Most beginning counselors have ambivalent feelings when meeting their first clients. A certain level of anxiety demonstrates that you are aware of the uncertainties of the future with your clients and of your abilities to really be there for them. A willingness to recognize and deal with these anxieties, as opposed to denying them, is a positive sign. That we have self-doubts is normal; it is how we deal with them that matters. One way is to openly discuss our self-doubts with a supervisor and peers. The possibilities are rich for meaningful exchanges and for gaining support from fellow interns who probably have many of the same concerns and anxieties.

### Being Yourself and Self-Disclosure

If you feel self-conscious and anxious when you begin counseling, you may have a tendency to be overly concerned with what the books say and with the mechanics of how to proceed. Inexperienced therapists too often fail to appreciate the values inherent in simply being themselves. If we are able to be ourselves in our therapeutic work, and appropriately disclose our reactions in counseling sessions, we increase the chances of being authentic. It is this level of genuineness and presence

that enables us to connect with our clients and to establish an effective therapeutic relationship with them.

It is possible to err by going to extremes in two different directions. At one end are counselors who lose themselves in their fixed role and hide behind a professional facade. These counselors are so caught up in maintaining stereotyped role expectations that little of their personal self shows through. Counselors who adopt this behavior will likely remain anonymous to clients, and clients may perceive them as hiding behind a professional role.

At the other end of the spectrum is engaging in too much self-disclosure. Some counselors make the mistake of inappropriately burdening their clients with their spontaneous impressions about their clients. Judging the appropriate amount of self-disclosure can be a problem even for seasoned counselors, and it is often especially worrisome for new counselors. In determining the appropriateness of self-disclosure, consider *what* to reveal, *when* to reveal, and *how much* to reveal. It may be useful to mention something about ourselves from time to time, but we must be aware of our motivations for making ourselves known in this way. Assess the readiness of a client to hear these disclosures as well as the impact doing so might have on the client. Remain observant during any self-disclosure to get a sense of how the client is being affected by it.

The most productive form of self-disclosure is related to what is going on between the counselor and the client within the counseling session. The skill of immediacy involves revealing what we are thinking or feeling in the here and now with the client, but be careful to avoid pronouncing judgments about the client. When done in a timely way, sharing persistent reactions can facilitate therapeutic progress and improve the quality of our relationship with the client. Even when we are talking about reactions based on the therapeutic relationship, caution is necessary, and discretion and sensitivity are required in deciding what reactions we might share.

## Avoiding Perfectionism

Perhaps one of the most common self-defeating beliefs with which we burden ourselves is that we must never make a mistake. Although we may well know *intellectually* that humans are not perfect, *emotionally* we often feel that there is little room for error. To be sure, you *will* make mistakes, whether you are a beginning or a seasoned therapist. If our energies are tied up presenting an image of perfection, this will affect our ability to be present for our clients. I tell students to question the notion that they should know everything and be perfectly skilled. I encourage them to share their mistakes or what they perceive as errors during their supervision meetings. Students willing to risk making mistakes in supervised learning situations and willing to reveal their self-doubts will find a direction that leads to growth.

## Being Honest About Your Limitations

You cannot realistically expect to succeed with every client. It takes honesty to admit that you cannot work successfully with every client. It is important to learn *when* and *how* to make a referral for clients when your limitations prevent you from helping them. However, there is a delicate balance between learning your realistic limits and challenging what you sometimes think of as being “limits.” Before deciding that you

do not have the life experiences or the personal qualities to work with a given population, try working in a setting with a population you do not intend to specialize in. This can be done through diversified field placements or visits to agencies.

### Understanding Silence

Silent moments during a therapeutic session may seem like silent hours to a beginning therapist, yet this silence can have many meanings. The client may be quietly thinking about some things that were discussed earlier or evaluating some insight just acquired. The client may be waiting for the therapist to take the lead and decide what to say next, or the therapist may be waiting for the client to do this. Either the client or the therapist may be distracted or preoccupied, or neither may have anything to say for the moment. The client and the therapist may be communicating without words. The silence may be refreshing, or the silence may be overwhelming. Perhaps the interaction has been on a surface level, and both persons have some fear or hesitancy about getting to a deeper level. When silence occurs, acknowledge and explore with your client the meaning of the silence.

### Dealing With Demands From Clients

A major issue that puzzles many beginning counselors is how to deal with clients who seem to make constant demands. Because therapists feel they should extend themselves in being helpful, they often burden themselves with the unrealistic idea that they should give unselfishly, regardless of how great clients' demands may be. These demands may manifest themselves in a variety of ways. Clients may want to see you more often or for a longer period than you can provide. They may want to see you socially. Some clients may expect you to continually demonstrate how much you care or demand that you tell them what to do and how to solve a problem. One way of heading off these demands is to make your expectations and boundaries clear during the initial counseling sessions or in the disclosure statement.

### Dealing With Clients Who Lack Commitment

Involuntary clients may be required by a court order to obtain therapy, and you may be challenged in your attempt to establish a working relationship with them. It is possible to do effective work with mandated clients, but practitioners must begin by openly discussing the nature of the relationship. Counselors who omit preparation and do not address clients' thoughts and feelings about coming to counseling are likely to encounter resistance. It is critical that therapists not promise what they cannot or will not deliver. It is good practice to make clear the limits of confidentiality as well as any other factors that may affect the course of therapy. In working with involuntary clients, it is especially important to prepare them for the process; doing so can go a long way toward increasing their cooperation and involvement.

### Tolerating Ambiguity

Many beginning therapists experience the anxiety of not seeing immediate results. They ask themselves: "Am I really doing my client any good? Is the client perhaps

getting worse?” I hope you will learn to tolerate the ambiguity of not knowing for sure whether your client is improving, at least during the initial sessions. Realize that oftentimes clients may seemingly “get worse” before they show therapeutic gains. Also, realize that the fruitful effects of the joint efforts of the therapist and the client may manifest themselves after the conclusion of therapy.

## Becoming Aware of Your Countertransference

Working with clients can affect you in personal ways, and your own vulnerabilities and countertransference are bound to surface. If you are unaware of your personal dynamics, you are in danger of being overwhelmed by a client’s emotional experiences. Beginning counselors need to learn how to “let clients go” and not carry around their problems until the next session. The most therapeutic thing is to be as fully present as we are able to be during the therapy hour, but to let clients assume the responsibility of their living and choosing outside of the session. If we become lost in clients’ struggles and confusion, we cease being effective agents in helping them find solutions to their problems. If we accept responsibility for our clients’ decisions, we are blocking rather than fostering their growth.

**Countertransference**, defined broadly, includes any of our projections that influence the way we perceive and react to a client. This phenomenon occurs when we are triggered into emotional reactivity, when we respond defensively, or when we lose our ability to be present in a relationship because our own issues become involved. Recognizing the manifestations of our countertransference reactions is an essential step in becoming competent counselors. Unless we are aware of our own conflicts, needs, assets, and liabilities, we can use the therapy hour more for our own purposes than for being available for our clients. Because it is not appropriate for us to use clients’ time to work through our reactions to them, it is all the more important that we be willing to work on ourselves in our own sessions with another therapist, supervisor, or colleague. If we do not engage in this kind of self-exploration, we increase the danger of losing ourselves in our clients and using them to meet our unfulfilled needs.

The emotionally intense relationships we develop with clients can be expected to tap into our own unresolved problem areas. Our clients’ stories and pain are bound to have an impact on us; we will be affected by their stories and can express compassion and empathy. However, we have to realize that it is their pain and not carry it *for* them lest we become overwhelmed by their life stories and thus render ourselves ineffective in working with them. Although we cannot completely free ourselves from any traces of countertransference or ever fully resolve all personal conflicts from the past, we can become aware of ways these realities influence our professional work. Our personal therapy can be instrumental in enabling us to recognize and manage our countertransference reactions. (This topic is explored in more depth in Chapter 4.)

## Developing a Sense of Humor

Therapy is a responsible endeavor, but it need not be deadly serious. Both clients and counselors can enrich a relationship through humor. What a welcome relief when we can admit that pain is not our exclusive domain. It is important to recognize

that laughter or humor does not mean that clients are not respected or work is not being accomplished. There are times, of course, when laughter is used to cover up anxiety or to escape from the experience of facing threatening material. The therapist needs to distinguish between humor that distracts and humor that enhances the situation.

### Sharing Responsibility With the Client

You might struggle with finding the optimum balance in sharing responsibility with your clients. One mistake is to assume full responsibility for the direction and outcomes of therapy. This will lead to taking from your clients their rightful responsibility of making their own decisions. It could also increase the likelihood of your early burnout. Another mistake is for you to refuse to accept the responsibility for making accurate assessments and designing appropriate treatment plans for your clients. How responsibility will be shared should be addressed early in the course of counseling. It is your responsibility to discuss specific matters such as length and overall duration of the sessions, confidentiality, general goals, and methods used to achieve goals. (Informed consent is discussed in Chapter 3.)

It is important to be alert to your clients' efforts to get you to assume responsibility for directing their lives. Many clients seek a "magic answer" as a way of escaping the anxiety of making their own decisions. It is not your role to assume responsibility for directing your clients' lives. Collaboratively designing contracts and homework assignments with your clients can be instrumental in your clients' increasingly finding direction within themselves. Perhaps the best measure of our effectiveness as counselors is the degree to which clients are able to say to us, "I appreciate what you have been to me, and because of your faith in me, and what you have taught me, I am confident that I can go it alone." Eventually, if we are effective, we will be out of business!

### Declining to Give Advice

Quite often clients who are suffering come to a therapy session seeking and even demanding advice. They want more than direction; they want a wise counselor to make a decision or resolve a problem for them. However, counseling should not be confused with dispensing information. Therapists help clients discover their own solutions and recognize their own freedom to act. Even if we, as therapists, were able to resolve clients' struggles for them, we would be fostering their dependence on us. They would continually need to seek our counsel for every new twist in their difficulties. Our task is to help clients make independent choices and accept the consequences of their choices. The habitual practice of giving advice does not work toward this end.

### Defining Your Role as a Counselor

One of your challenges as a counselor will be to define and clarify your professional role. As you read about the various theoretical orientations, you will discover the many different roles of counselors that are related to the various theories. As a counselor, you will likely be expected to function with a diverse range of roles.

From my perspective, the central function of counseling is to help clients recognize their own strengths, discover what is preventing them from using their resources, and clarify what kind of life they want to live. Counseling is a process by which clients are invited to look honestly at their behavior and make certain decisions about how they want to modify the quality of their life. In this framework counselors provide support and warmth, yet care enough to challenge clients so that they will be able to take the actions necessary to bring about significant change.

You will need to consider that the professional roles you assume are likely to be dependent on factors such as the client populations with whom you are working, the specific therapeutic services you are providing, the particular stage of counseling, and the setting in which you work. Your role will not be defined once and for all. You will have to reassess the nature of your professional commitments and redefine your role at various times.

### Learning to Use Techniques Appropriately

When you are at an impasse with a client, you may have a tendency to look for a technique to get the sessions moving. Ideally, therapeutic techniques should evolve from the therapeutic relationship and the material presented, and they should enhance the client's awareness or suggest possibilities for experimenting with new behavior. It is imperative that you know the theoretical rationale for each technique you use, and you need to be aware that the techniques are appropriate for the goals of therapy. This does not mean that you need to restrict yourself to drawing on procedures within a single model; quite the contrary. However, it is important to avoid using techniques in a hit-or-miss fashion, to fill time, to meet your own needs, or to get things moving. Your methods need to be thoughtfully chosen as a way to help clients make therapeutic progress.

### Developing Your Own Counseling Style

Be aware of any tendency to copy the style of a supervisor, therapist, or some other model. There is no one way to conduct therapy, and wide variations in approach can be effective. You will inhibit your potential effectiveness in reaching others if you attempt to imitate another therapist's style or if you fit most of your behavior during the session into the Procrustean bed of some expert's theory. Your counseling style will be influenced by your teachers, therapists, and supervisors, but don't blur your potential uniqueness by trying to imitate them. I advocate borrowing from others, yet, at the same time, doing it in a way that is distinctive to you.

### Maintaining Your Vitality as a Person and as a Professional

Ultimately, your single most important instrument is the person you are, and your most powerful technique is your ability to model aliveness and realness. It is of paramount importance that we take care of ourselves, for how can we take care of others if we are not taking care of ourselves? We need to work at dealing with those factors that threaten to drain life from us and render us helpless. I encourage you to consider how you can apply the theories you will be studying to enhance your life from both a personal and a professional standpoint.

Learn to look within yourself to determine what choices you are making (and not making) to keep yourself vital. If you are aware of the factors that sap your vitality as a person, you are in a better position to prevent the condition known as *professional burnout*. You have considerable control over whether you become burned out or not. You cannot always control stressful events, but you do have a great deal of control over how you interpret and react to these events. It is important to realize that you cannot continue to give and give while getting little in return. There is a price to pay for always being available and for assuming responsibility over the lives and destinies of others. Become attuned to the subtle signs of burnout rather than waiting for a full-blown condition of emotional and physical exhaustion to set in. You would be wise to develop your own strategy for keeping yourself alive personally and professionally.

Self-monitoring is a crucial first step in self-care. If you make an honest inventory of how well you are taking care of yourself in specific domains, you will have a framework for deciding what you may want to change. By making periodic assessments of the direction of your own life, you can determine whether you are living the way you want to live. If not, decide what you are willing to actually *do to make* changes occur. By being in tune with yourself, by having the experience of centeredness and solidness, and by feeling a sense of personal power, you have the foundation for integrating your life experiences with your professional experiences. Such an awareness can provide the basis for retaining your physical and psychological vitality and for being an effective professional.

As counseling professionals, we tend to be caring people who are good at taking care of others, but often we do not treat ourselves with the same level of care. Self-care is not a luxury; it is an ethical mandate. If we neglect to care for ourselves, our clients will not be getting the best of us. If we are physically drained and psychologically depleted, we will not have much to give to those with whom we work. It is not possible to provide nourishment to our clients if we are not nourishing ourselves.

Mental health professionals often comment that they do not have time to take care of themselves. My question to them is, “Can you afford *not* to take care of yourself?” To successfully meet the demands of our professional work, we must take care of ourselves physically, psychologically, intellectually, socially, and spiritually. Ideally, our self-care should mirror the care we provide for others. If we hope to have the vitality and stamina required to stay focused on our professional goals, we need to incorporate a wellness perspective into our daily living. Wellness is the result of our conscious commitment to a way of life that leads to zest, peace, vitality, and happiness.

Wellness and self-care are being given increased attention in professional journals and at professional conferences. When reading about self-care and wellness, reflect on what you can do to put what you know into action. If you are interested in learning more about therapist self-care, I highly recommend *Leaving It at the Office: A Guide to Psychotherapist Self-Care* (Norcross & Guy, 2007) and *Empathy Fatigue: Healing the Mind, Body, and Spirit of Professional Counselors* (Stebnicki, 2008). For more on the topic of the counselor as a person and as a professional, see *Creating Your Professional Path: Lessons From My Journey* (Corey, 2010).

## Summary

One of the basic issues in the counseling profession concerns the significance of the counselor as a person in the therapeutic relationship. In your professional work, you are asking people to take an honest look at their lives and to make choices concerning how they want to change, so it is critical that you do this in your own life. Ask yourself questions such as “What do I personally have to offer others who are struggling to find their way?” and “Am I doing in my own life what I may be urging others to do?”

You can acquire an extensive theoretical and practical knowledge and can make that knowledge available to your clients. But to every therapeutic session you also bring yourself as a person. If you are to promote change in your clients, you need to be open to change in your own life. This willingness to attempt to live in accordance with what you teach and thus to be a positive model for your clients is what makes you a “therapeutic person.”



# Ethical Issues in Counseling Practice

# 3

## LEARNING OBJECTIVES

1. Understand mandatory, aspirational, and positive ethics.
2. Identify characteristics and procedural steps of ethical decision making.
3. Understand the right of informed consent.
4. Articulate the dimensions of confidentiality (privacy, privileged communications, and exceptions).
5. Become familiar with the ethical and legal aspects of using technology.
6. Identify the major exceptions to confidentiality.
7. Understand ethical issues from a multicultural perspective.
8. Recognize when it is necessary to modify techniques with diverse clients.
9. Identify some key ethical issues in assessment and diagnosis.
10. Understand how ethnic and cultural factors can influence assessment and diagnosis.
11. Compare arguments for and against evidence-based practice.
12. Describe ethical issues related to multiple relationships in counseling practice.
13. Understand various perspectives on multiple relationships.
14. Explain the differences between a boundary crossing and a boundary violation.
15. Understand how to manage boundaries and risks associated with using social media.
16. Explain what is involved in becoming an ethical counselor.

## Introduction

This chapter introduces some of the ethical principles and issues that will be **LO1** a basic part of your professional practice. I hope to stimulate your thinking about the importance of ethical practice so you will have a sound foundation for making **ethical decisions**. Topics addressed include balancing clients' needs against your own needs, ways of making good ethical decisions, educating clients about their rights, parameters of confidentiality, ethical concerns in counseling diverse client populations, ethical issues involving diagnosis, evidence-based practice, and dealing with multiple relationships and managing boundaries.

Students sometimes think of ethics merely as a list of rules and prohibitions that result in sanctions and malpractice actions if practitioners do not follow them. You will learn that being an ethical practitioner is far more complex than a set of rules. **Mandatory ethics** involves a level of ethical functioning at the minimum level of professional practice. In contrast, **aspirational ethics** focuses on doing what is in the best interests of clients. Functioning at the aspirational level involves the highest standards of thinking and conduct. Aspirational practice requires counselors to do more than simply meet the letter of the ethics code. It entails understanding the spirit of the code and the principles on which the code is based. *Fear-based ethics* does not constitute sound ethical practice. Ethics is more than a list of things to avoid for fear of punishment. Strive to work toward *concern-based ethics*, and think about how you can become the best practitioner possible (Corey, Corey, Corey, & Callanan, 2015). **Positive ethics** is an approach taken by practitioners who want to do their best for clients rather than simply meet minimum standards to stay out of trouble (Knapp & VandeCreek, 2006).



Visit CengageBrain.com or watch the DVD for the video program on Chapter 3, *Theory and Practice of Counseling and Psychotherapy: The Case of Stan and Lecturettes*. I suggest that you view the brief lecture for each chapter prior to reading the chapter.

## Putting Clients' Needs Before Your Own

As counselors we cannot always keep our personal needs completely separate from our relationships with clients. Ethically, it is essential that we become aware of our own needs, areas of unfinished business, potential personal problems, and especially our sources of countertransference. We need to realize how such factors could interfere with effectively and ethically serving our clients.

Our professional relationships with our clients exist for their benefit. A useful question to frequently ask yourself is this: "Whose needs are being met in this relationship, my client's or my own?" It takes considerable professional maturity to make an honest appraisal of how your behavior affects your clients. It is not unethical for us to meet our personal needs through our professional work, but it is essential that these needs be kept in perspective. An ethical problem exists when we meet our needs, in either obvious or subtle ways, at the expense of our clients' needs. It is crucial that we avoid exploiting or harming clients.

We all have certain blind spots and distortions of reality. As helping professionals, we must actively work toward expanding our self-awareness and learn to recognize

our areas of prejudice and vulnerability. If we are aware of our personal problems and are willing to work through them, there is less chance that we will project them onto clients. If certain problem areas surface and old conflicts become reactivated, we have an ethical obligation to do whatever it takes to avoid harming our clients.

We must also examine other, less obviously harmful personal needs that can get in the way of creating growth-producing relationships, such as the need for control and power; the inordinate need to be nurturing; the need to change others in the direction of our own values; the need for feeling adequate, particularly when it becomes overly important that the client confirm our competence; and the need to be respected and appreciated. It is crucial that we do not meet our needs at the expense of our clients. For an expanded discussion of this topic, see M. Corey and Corey (2016, chap. 1).

## Ethical Decision Making

The ready-made answers to ethical dilemmas provided by professional **LO2** organizations typically contain only broad guidelines for responsible practice. In practice, you will have to apply the ethics codes of your profession to the many practical problems you face. Professionals are expected to exercise prudent judgment when it comes to interpreting and applying ethical principles to specific situations. Although you are responsible for making ethical decisions, you do not have to do so alone. Learn about the resources available to you. Consult with colleagues, keep yourself informed about laws affecting your practice, keep up to date in your specialty field, stay abreast of developments in ethical practice, reflect on the impact your values have on your practice, and be willing to engage in honest self-examination. You should also be aware of the consequences of practicing in ways that are not sanctioned by organizations of which you are a member or the state in which you are licensed to practice.

### The Role of Ethics Codes as a Catalyst for Improving Practice

Professional codes of ethics serve a number of purposes. They educate counseling practitioners and the general public about the responsibilities of the profession. They provide a basis for accountability, and protect clients from unethical practices. Perhaps most important, ethics codes provide a basis for reflecting on and improving your professional practice. Self-monitoring is a better route for professionals to take than being policed by an outside agency (Herlihy & Corey, 2015a).

From my perspective, an unfortunate recent trend is for ethics codes to increasingly take on legalistic, rule-based dimensions. Being an ethical practitioner involves far more than following a list of rules. Practitioners anxious to avoid any litigation may gear their practices mainly toward fulfilling legal minimums. If we are too concerned with being sued, it is unlikely that we will be very creative or effective in our work. It makes sense to be aware of the legal aspects of practice and to know and practice risk-management strategies, but we should not lose sight of what is best for our clients. One of the best ways to prevent being sued for malpractice is to demonstrate respect for clients, keep client welfare as a central concern, and practice within the framework of professional codes.

No code of ethics can delineate what would be the appropriate or best course of action in each problematic situation a professional will face. In my view, ethics codes are best used as guidelines to formulate sound reasoning and serve practitioners in making the best judgments possible. A number of professional organizations and their websites are listed near the end of the chapter; each has its own code of ethics, which you can access through its website. Compare your professional organization's code of ethics to several others to understand their similarities and differences.

## Some Steps in Making Ethical Decisions

Most models for ethical decision making focus on the application of principles to ethical dilemmas. My colleagues and I have identified a series of procedural steps to help you think through ethical problems when using these principles (see Corey, Corey, & Callanan, 2015):

- Identify the problem or dilemma. Gather information that will shed light on the nature of the problem. This will help you decide whether the problem is mainly ethical, legal, professional, clinical, or moral.
- Identify the potential issues. Evaluate the rights, responsibilities, and welfare of all those who are involved in the situation.
- Look at the relevant ethics codes for general guidance on the matter. Consider whether your own values and ethics are consistent with or in conflict with the relevant guidelines.
- Consider the applicable laws and regulations, and determine how they may have a bearing on an ethical dilemma.
- Seek consultation from more than one source to obtain various perspectives on the dilemma, and document in the client's record the suggestions you received from this consultation.
- Brainstorm various possible courses of action. Continue discussing options with other professionals. Include the client in this process of considering options for action. Again, document the nature of this discussion with your client.
- Enumerate the consequences of various decisions, and reflect on the implications of each course of action for your client.
- Decide on what appears to be the best possible course of action. Once the course of action has been implemented, follow up to evaluate the outcomes and to determine whether further action is necessary. Document the reasons for the actions you took as well as your evaluation measures.

In reasoning through any ethical dilemma, there is rarely just one course of action to follow, and practitioners may make different decisions. The more subtle the ethical dilemma, the more complex and demanding the decision-making process.

Professional maturity implies that you are open to questioning and discussing your quandaries with colleagues. In seeking consultation, it is generally possible to protect the identity of your client and still get useful input that is critical to making sound ethical decisions. Because ethics codes do not make decisions for you, it is a good practice to demonstrate a willingness to explore various aspects of a problem,

raise questions, discuss ethical concerns with others, and continually clarify your values and examine your motivations. To the degree that it is possible, include the client in all phases of the ethical decision-making process. Again, it is essential to document how you included your client as well as the steps you took to ensure ethical practice.

## The Right of Informed Consent

Regardless of your theoretical framework, informed consent is an ethical **LO3** and legal requirement that is an integral part of the therapeutic process. It also establishes a basic foundation for creating a working alliance and a collaborative partnership between the client and the therapist. **Informed consent** involves the right of clients to be informed about their therapy and to make autonomous decisions pertaining to it. Providing clients with information they need to make informed choices tends to promote the active cooperation of clients in their counseling plan. By educating your clients about their rights and responsibilities, you are both empowering them and building a trusting relationship with them. Seen in this light, informed consent is something far broader than simply making sure clients sign the appropriate forms. It is a positive approach that helps clients become active partners and true collaborators in their therapy.

Some aspects of the informed consent process include the general goals of counseling, the responsibilities of the counselor toward the client, the responsibilities of clients, limitations of and exceptions to confidentiality, legal and ethical parameters that could define the relationship, the qualifications and background of the practitioner, the fees involved, the services the client can expect, and the approximate length of the therapeutic process. Further areas might include the benefits of counseling, the risks involved, and the possibility that the client's case will be discussed with the therapist's colleagues or supervisors.

There are a host of ways to violate a client's privacy through the inappropriate use of various forms of modern-day technology. Most of us have become accustomed to relying on technology, and we need to give careful thought to the subtle ways client privacy can be compromised. As a part of the informed consent process, it is wise to discuss the potential privacy problems of using a wide range of technology and to take preventive measures to protect both you and your clients. For example, clients and counselors should carefully consider privacy issues before agreeing to send e-mail messages to clients' workplace or home. A good policy is to limit e-mail exchanges to basic information such as appointment times.

Educating the client begins with the initial counseling session, and this process will continue for the duration of counseling. The challenge of fulfilling the spirit of informed consent is to strike a balance between giving clients too much information and giving them too little. For example, it is too late to tell minors that you intend to consult with their parents *after* they have disclosed that they are considering an abortion. Young clients have a right to know about the limitations of confidentiality before they make such highly personal disclosures. Clients can be overwhelmed, however, if counselors go into too much detail initially about the interventions they are likely to make. It takes both intuition and skill for practitioners to strike a balance.

Informed consent in counseling can be provided in written form, orally, or some combination of both. If it is done orally, therapists must make an entry in the client's clinical record documenting the nature and extent of informed consent (Nagy, 2011). It is a good idea to provide basic information about the therapy process in writing, as well as to discuss with clients topics that will enable them to get the maximum benefit from their counseling experience. Written information protects both clients and therapists and enables clients to think about the information and bring up questions at the following session. For a more complete discussion of informed consent and client rights, see *Issues and Ethics in the Helping Professions* (Corey, Corey, Corey, & Callanan, 2015, chap. 5), *The Counselor and the Law: A Guide to Legal and Ethical Practice* (Wheeler & Bertram, 2015, chap. 2), *Ethical, Legal, and Professional Issues in Counseling* (Remley & Herlihy, 2016), and *Essential Ethics for Psychologists* (Nagy, 2011, chap. 5).

## Dimensions of Confidentiality

Confidentiality and privileged communication are two related but somewhat different concepts. Both of these concepts are rooted in a client's right to privacy. **Confidentiality** is an *ethical concept*, and in most states it is the legal duty of therapists not to disclose information about a client. **Privileged communication** is a *legal concept* that protects clients from having their confidential communications revealed in court without their permission (Herlihy & Corey, 2015a). All states have enacted into law some form of psychotherapist–client privilege, but the specifics of this privilege vary from state to state. These laws ensure that disclosures clients make in therapy will be protected from exposure by therapists in legal proceedings. Generally speaking, the legal concept of privileged communication does *not* apply to group counseling, couples counseling, family therapy, child and adolescent therapy, or whenever there are more than two people in the room.

Confidentiality is central to developing a trusting and productive client–therapist relationship. Because no genuine therapy can occur unless clients trust in the privacy of their revelations to their therapists, professionals have the responsibility to define the degree of confidentiality that can be promised. Counselors have an ethical and legal responsibility to discuss the nature and purpose of confidentiality with their clients early in the counseling process. In addition, clients have a right to know that their therapist may be discussing certain details of the relationship with a supervisor or a colleague.

## Ethical Concerns with the Use of Technology

Issues pertaining to confidentiality and privacy can become more complicated when technology is involved. Section H of the *ACA Code of Ethics* (2014) contains a new set of standards with regard to the use of technology, relationships established through computer-mediated communication, and social media as a delivery platform. Major subsections address competency to provide services and the laws associated with distance counseling, components of informed consent and security (confidentiality and its limitations), client verification, the distance counseling relationship (access, accessibility, and professional boundaries), maintenance of records, accessibility of websites, and the use of social media (Jencius, 2015).

## Exceptions to Confidentiality and Privileged Communication

Although most counselors agree on the essential value of confidentiality, **LO6** they realize that other obligations may override this pledge. There are times when confidential information must be divulged, and there are many instances in which keeping or breaking confidentiality becomes a cloudy issue. In determining when to breach confidentiality, therapists must consider the requirements of the law, the institution in which they work, and the clientele they serve. Because these circumstances are frequently not clearly defined by accepted ethics codes, counselors must exercise professional judgment.

Whenever counselors are not clear about their obligations regarding confidentiality or privileged communication, it is critical to seek consultation and to document these discussions. Remley and Herlihy (2016) identify at least 15 exceptions to confidentiality and privileged communication. There is a legal requirement to break confidentiality in cases involving child abuse, abuse of the elderly, abuse of dependent adults, and danger to self or others. All mental health practitioners and interns need to be aware of their duty to report in these situations and to know the limitations of confidentiality. Here are some other circumstances in which information must legally be reported by counselors:

- When the therapist believes a client under the age of 16 is the victim of incest, rape, child abuse, or some other crime
- When the therapist determines that the client needs hospitalization
- When information is made an issue in a court action
- When clients request that their records be released to them or to a third party

In general, the counselor's primary obligation is to protect client disclosures as a vital part of the therapeutic relationship. Informing clients about the limits of confidentiality does not necessarily inhibit successful counseling.

For a more complete discussion of confidentiality, see *Issues and Ethics in the Helping Professions* (Corey, Corey, Corey, & Callanan, 2015, chap. 6), *Essential Ethics for Psychologists* (Nagy, 2011, chap. 6), *The Counselor and the Law: A Guide to Legal and Ethical Practice* (Wheeler & Bertram, 2015, chap. 5), and *Ethical, Legal, and Professional Issues in Counseling* (Remley & Herlihy, 2016, chap. 5).

## Ethical Issues From a Multicultural Perspective

Ethical practice requires that we take the client's cultural context into **LO7** account in counseling practice. In this section we look at how it is possible for practitioners to practice unethically if they do not address cultural differences in counseling practice.

### Are Current Theories Adequate in Working With Culturally Diverse Populations?

I believe current theories can be, and need to be, expanded to include a multicultural perspective. Assumptions made about mental health, optimum human

development, the nature of psychopathology, and the nature of effective treatment may have little relevance for some clients. For traditional theories to be relevant in a multicultural and diverse society, they must incorporate an interactive person-in-the-environment focus. That is, individuals are best understood by taking into consideration salient cultural and environmental variables. It is essential for therapists to create therapeutic strategies that are congruent with the range of values and behaviors that are characteristic of a pluralistic society.

### Is Counseling Culture-Bound?

Historically, therapists have relied on Western therapeutic models to guide **LO8** their practice and to conceptualize problems that clients present in mental health settings. Western models of counseling have some limitations when applied to special populations and cultural groups such as Asian and Pacific Islanders, Latinos, Native Americans, and African Americans. Multicultural writers have asserted that theories of counseling and psychotherapy represent different worldviews, each with its own values, biases, and assumptions about human behavior. Some of these approaches may not be applicable to clients from different racial, ethnic, and cultural backgrounds. Methods often need to be modified when working with clients from diverse cultural backgrounds.

Contemporary therapy approaches are grounded on a core set of values, which are neither value-neutral nor applicable to all cultures. For example, the values of individual choice and autonomy are not universal. In some cultures the key values are collectivist, and primary consideration is given to what is good for the group. Regardless of the therapist's orientation, it is crucial to listen to clients and determine why they are seeking help and how best to deliver the help that is appropriate for them. Competent therapists understand themselves as social and cultural beings and possess at least a minimum level of knowledge and skill that they can bring to bear on any counseling situation. These practitioners understand what their clients need and avoid forcing clients into a preconceived mold.

Cultural diversity is a fact of life in our world. To the extent that counselors are focused on the values of the dominant culture and insensitive to variations among groups and individuals, they are at risk for practicing unethically (Barnett & Johnson, 2015). Counselors need to understand and accept clients who have a different set of assumptions about life, and they need to be alert to the possibility of imposing their own worldview. In working with clients from different cultural backgrounds and life experiences, it is important that counselors resist making value judgments for them. It is essential to be mindful of diversity and social justice issues if we are to practice ethically and effectively (Chung & Bemak, 2012; Lee, 2015).

### Focusing on Both Individual and Environmental Factors

A theoretical orientation provides practitioners with a map to guide them in a productive direction with their clients. It is hoped that the theory orients them but does not control what they attend to in the therapeutic venture. Counselors who operate from a multicultural framework also have certain assumptions and a focus that guides their practice. They view individuals in the context of the family and the

culture, and their aim is to facilitate social action that will lead to change within the client's community rather than merely increasing the individual's insight. Both multicultural practitioners and feminist therapists maintain that therapeutic practice will be effective only to the extent that interventions are tailored toward social action aimed at changing those factors that are creating the client's problem rather than blaming the client for his or her condition (Chung & Bemak, 2012). These topics are developed in more detail in later chapters.

An adequate theory of counseling *does* deal with the social and cultural factors of an individual's problems. However, there is something to be said for helping clients deal with their response to environmental realities. Counselors may well be at a loss in trying to bring about social change when they are sitting with a client who is in pain because of social injustice. By using techniques from many of the traditional therapies, counselors can help clients increase their awareness of their options in dealing with barriers and struggles. However, it is essential to focus on both individual and social factors if change is to occur, as the feminist, postmodern, and family systems approaches to therapy teach us. Indeed, the person-in-the-environment perspective acknowledges this interactive reality. For a more detailed treatment of the ethical issues in multicultural counseling, see Chung and Bemak (2012), Corey, Corey, Corey, and Callanan (2015, chap. 4), and Lee (2013).

## Ethical Issues in the Assessment Process

Both clinical and ethical issues are associated with the use of assessment **LO9** and diagnostic procedures. As you will see when you study the various theories of counseling, some approaches place heavy emphasis on the role of assessment as a prelude to the treatment process; other approaches find assessment less useful in this regard.

### The Role of Assessment and Diagnosis in Counseling

Assessment and diagnosis are integrally related to the practice of counseling and psychotherapy, and both are often viewed as essential for planning treatment. For some approaches, a comprehensive assessment of the client is the initial step in the therapeutic process. The rationale is that specific counseling goals cannot be formulated and appropriate treatment strategies cannot be designed until a client's past and present functioning is understood. Regardless of their theoretical orientation, therapists need to engage in assessment, which is generally an ongoing part of the therapeutic process. This assessment may be subject to revision as the clinician gathers further data during therapy sessions. Some practitioners consider *assessment* as a part of the process that leads to a *formal diagnosis*.

**Assessment** consists of evaluating the relevant factors in a client's life to identify themes for further exploration in the counseling process. **Diagnosis**, which is sometimes part of the assessment process, consists of identifying a specific mental disorder based on a pattern of symptoms. Both assessment and diagnosis can be understood as providing direction for the treatment process.

Diagnosis may include an explanation of the causes of the client's difficulties, an account of how these problems developed over time, a classification of any disorders,

a specification of preferred treatment procedure, and an estimate of the chances for a successful resolution. The purpose of diagnosis in counseling and psychotherapy is to identify disruptions in a client's present behavior and lifestyle. Once problem areas are clearly identified, the counselor and client are able to establish the goals of the therapy process, and then a treatment plan can be tailored to the unique needs of the client. A diagnosis provides a working hypothesis that guides the practitioner in understanding the client. The therapy sessions provide useful clues about the nature of the client's problems. Thus diagnosis begins with the intake interview and continues throughout the duration of therapy.

The classic book for guiding practitioners in making diagnostic assessments is the fifth edition of the American Psychiatric Association's (2013) *Diagnostic and Statistical Manual of Mental Disorders* (also known as the *DSM-5*). Clinicians who work in community mental health agencies, private practice, and other human service settings are generally expected to assess client problems within this framework. This manual advises practitioners that it represents only an initial step in a comprehensive evaluation and that it is necessary to gain information about the person being evaluated beyond that required for a *DSM-5* diagnosis.

Some clinicians view diagnosis as central to the counseling process, but others view it as unnecessary, as a detriment, or as discriminatory against ethnic minorities and women. As you will see when you study the therapeutic models in this book, some approaches do not use diagnosis as a precursor to treatment.

### Considering Ethnic and Cultural Factors in Assessment and Diagnosis **LO10**

A danger of the diagnostic approach is the possible failure of counselors to consider ethnic and cultural factors in certain patterns of behavior. The *DSM-5* emphasizes the importance of being aware of unintentional bias and keeping an open mind to the presence of distinctive ethnic and cultural patterns that could influence the diagnostic process. Unless cultural variables are considered, some clients may be subjected to erroneous diagnoses. Certain behaviors and personality styles may be labeled neurotic or deviant simply because they are not characteristic of the dominant culture. Counselors who work with diverse client populations may erroneously conclude that a client is repressed, inhibited, passive, and unmotivated, all of which are seen as undesirable by Western standards.

The *DSM-5* is based on a medical model of mental illness that defines problems as residing with the individual rather than in society. It does not take into account the political, economic, social, and cultural factors in the lives of clients, which may play a significant role in the problems of clients. The DSM system tends to pathologize clients, perpetuating the oppression of clients from diverse groups (Remley & Herlihy, 2016). Barnett and Johnson (2015) suggest that practitioners give careful consideration before rendering a diagnosis and take into consideration the realities of discrimination, oppression, and racism in society and in the mental health disciplines.

**Assessment and Diagnosis From Various Theoretical Perspectives** The theory from which you operate influences your thinking about the use of a diagnostic framework in your therapeutic practice. Many practitioners who use the cognitive behavioral approaches and the medical model place heavy emphasis on the role

of assessment as a prelude to the treatment process. The rationale is that specific therapy goals cannot be designed until a clear picture emerges of the client's past and present functioning. In addition, progress, change, improvement, or success may be difficult to evaluate without an initial assessment. Counselors who base their practice on the relationship-oriented approaches tend to view the process of assessment and diagnosis as external to the immediacy of the client-counselor relationship, impeding their understanding of the subjective world of the client. As you will see in Chapter 12, feminist therapists contend that traditional diagnostic practices are often oppressive and that such practices are based on a White, male-centered, Western notion of mental health and mental illness. Both the feminist perspective and the postmodern approaches (Chapter 13) charge that these diagnoses ignore societal contexts. Therapists with a feminist, social constructionist, solution-focused, or narrative therapy orientation challenge many *DSM-5* diagnoses. However, these practitioners do make assessments and draw conclusions about client problems and strengths. Regardless of the particular theory espoused by a therapist, both clinical and ethical issues are associated with the use of assessment procedures and possibly a diagnosis as part of a treatment plan.

**A Commentary on Assessment and Diagnosis** Most practitioners and many writers in the field consider assessment and diagnosis to be a continuing process that focuses on understanding the client. The collaborative perspective that involves the client as an active participant in the therapy process implies that both the therapist and the client are engaged in a search-and-discovery process from the first session to the last. Even though some practitioners may avoid formal diagnostic procedures and terminology, making tentative hypotheses and sharing them with clients throughout the process is a form of ongoing diagnosis. This perspective on assessment and diagnosis is consistent with the principles of feminist therapy, an approach that is critical of traditional diagnostic procedures.

Ethical dilemmas may be created when diagnosis is done strictly for insurance purposes, which often entails arbitrarily assigning a client to a diagnostic classification. However, it is a clinical, legal, and ethical obligation of therapists to screen clients for life-threatening problems such as organic disorders, schizophrenia, bipolar disorder, and suicidal types of depression. Students need to learn the clinical skills necessary to do this type of screening, which is a form of diagnostic thinking.

It is essential to assess the whole person, which includes assessing dimensions of mind, body, and spirit. Therapists need to take into account the biological processes as possible underlying factors of psychological symptoms and work closely with physicians. Clients' values can be instrumental resources in the search for solutions to their problems, and spiritual and religious values often illuminate client concerns.

For a more detailed discussion of assessment and diagnosis in counseling practice as it is applied to a single case, consult *Case Approach to Counseling and Psychotherapy* (Corey, 2013b), in which theorists from 12 different theoretical orientations share their diagnostic perspectives on the case of Ruth. For a comprehensive review of the changes in the *DSM-5*, see *DSM-5 Learning Companion for Counselors* (Dailey, Gill, Karl, & Minton, 2014).

## Ethical Aspects of Evidence-Based Practice

Mental health practitioners are faced with the task of choosing the best **LO11** interventions with a particular client. For many practitioners this choice is based on their theoretical orientation. In recent years, however, a shift has occurred toward promoting the use of specific interventions for specific problems or diagnoses based on empirically supported treatments (APA Presidential Task Force on Evidence-based Practice, 2006; Cukrowicz et al., 2005; Deegear & Lawson, 2003; Edwards, Dattilio, & Bromley, 2004).

This trend toward specific, empirically supported treatment is referred to as **evidence-based practice (EBP)**: “the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (APA Presidential Task Force on Evidence-based Practice, 2006, p. 273). Increasingly, those practitioners who work in a behavioral health care system must cope with the challenges associated with evidence-based practice. Norcross, Hogan, and Koocher (2008) advocate for inclusive evidence-based practices that incorporate the three pillars of EBP: (1) looking for the best available research, (2) relying on clinical expertise, and (3) taking into consideration the client’s characteristics, culture, and preferences.

Many aspects of treatment—the therapy relationship, the therapist’s personality and therapeutic style, the client, and environmental factors—are vital contributors to the success of psychotherapy. Evidence-based practices tend to emphasize only one of these aspects—interventions based on the best available research. The central aim of evidence-based practice is to require psychotherapists to base their practice on techniques that have empirical evidence to support their efficacy. Research studies empirically analyze the most effective and efficient treatments, which then can be widely implemented in clinical practice (Norcross, Beutler, & Levant, 2006).

In many mental health settings, clinicians are pressured to use interventions that are both brief and standardized. In such settings, treatments are operationalized by reliance on a treatment manual that identifies what is to be done in each therapy session and how many sessions will be required (Edwards et al., 2004). Many practitioners believe this approach is mechanistic and does not take into full consideration the relational dimensions of the psychotherapy process and individual variability. Indeed, relying exclusively on standardized treatments for specific problems may raise another set of ethical concerns because the reliability and validity of these empirically based techniques is questionable.

Human change is complex and difficult to measure beyond such a simplistic level that the change may be meaningless. Furthermore, not all clients come to therapy with clearly defined psychological disorders. Many clients have existential concerns that do not fit with any diagnostic category and do not lend themselves to clearly specified symptom-based outcomes. EBP may have something to offer mental health professionals who work with individuals with specific emotional, cognitive, and behavioral disorders, but it does not have a great deal to offer practitioners working with individuals who want to pursue more meaning and fulfillment in their lives.

Norcross and his colleagues (2006) contend that the call for accountability in mental health care is here to stay and that all mental health professionals are challenged by the mandate to demonstrate the efficiency, efficacy, and safety of the

services they provide. They emphasize that the overarching goal of EBP is to enhance the effectiveness of client services and to improve public health and warn that mental health professionals need to take a proactive stance to make sure this goal is kept in focus. They realize there is potential for misuse and abuse by third-party payers who could selectively use research findings as cost-containment measures rather than ways of improving the quality of services delivered.

For further reading on the topic of evidence-based practice, I recommend *Clinician's Guide to Evidence-based Practice* (Norcross et al., 2008).

## Managing Multiple Relationships in Counseling Practice

**Dual or multiple relationships**, either sexual or nonsexual, occur when **LO12** counselors assume two (or more) roles simultaneously or sequentially with a client. This may involve assuming more than one professional role or combining professional and nonprofessional roles. The term *multiple relationship* is more often used than the term *dual relationship* because of the complexities involved in these relationships, but both terms appear in various professional codes of ethics, and the ACA (2014) uses the term *nonprofessional relationships*. In this section I use the broader term of *multiple relationships* to encompass both dual relationships and nonprofessional relationships.

When clinicians blend their professional relationship with another kind of relationship with a client, ethical concerns must be considered. Many forms of nonprofessional interactions or nonsexual multiple relationships pose a challenge to practitioners. Some examples of *nonsexual* dual or multiple relationships are combining the roles of teacher and therapist or of supervisor and therapist; bartering for goods or therapeutic services; borrowing money from a client; providing therapy to a friend, an employee, or a relative; engaging in a social relationship with a client; accepting an expensive gift from a client; or going into a business venture with a client. Some multiple relationships are clearly exploitative and do serious harm both to the client and to the professional. For example, becoming emotionally or sexually involved with a *current* client is clearly unethical, unprofessional, and illegal. Sexual involvement with a *former* client is unwise, can be exploitative, and is generally considered unethical.

Because nonsexual multiple relationships are necessarily complex and multidimensional, there are few simple and absolute answers to resolve them. It is not always possible to play a single role in your work as a counselor, nor is it always desirable. You may have to deal with managing multiple roles, regardless of the setting in which you work or the client population you serve. It is a wise practice to give careful thought to the complexities of multiple roles and relationships before embroiling yourself in ethically questionable situations.

Ethical reasoning and judgment come into play when ethics codes are applied to specific situations. The *ACA Code of Ethics* (ACA, 2014) makes it clear that counseling professionals must learn how to *manage* multiple roles and responsibilities in an ethical way. This entails dealing effectively with the power differential that is inherent in counseling relationships and training relationships, balancing boundary issues, addressing nonprofessional relationships, and striving to avoid using power in ways that might cause harm to clients, students, or supervisees (Herlihy & Corey, 2015b).

Although multiple relationships do carry inherent risks, it is a mistake to conclude that these relationships are always unethical and necessarily lead to harm and exploitation. Some of these relationships can be beneficial to clients if they are implemented thoughtfully and with integrity (Zur, 2007). An excellent resource on the ethical and clinical dimensions of multiple relationships is *Boundaries in Psychotherapy: Ethical and Clinical Explorations* (Zur, 2007).

## Perspectives on Multiple Relationships

What makes multiple relationships so problematic? Herlihy and Corey **LO13** (2015b) contend that some of the problematic aspects of engaging in multiple relationships are that they are pervasive; they can be difficult to recognize; they are unavoidable at times; they are potentially harmful, but not necessarily always harmful; they can be beneficial; and they are the subject of conflicting advice from various experts. A review of the literature reveals that dual and multiple relationships are hotly debated. Except for sexual intimacy with current clients, which is unequivocally unethical, there is not much consensus regarding the appropriate way to deal with multiple relationships.

Some of the codes of the professional organizations advise against forming multiple relationships, mainly because of the potential for misusing power, exploiting the client, and impairing objectivity. When multiple relationships exploit clients, or have significant potential to harm clients, they are unethical. The ethics codes do not mandate avoidance of all such relationships, however; nor do the codes imply that nonsexual multiple relationships are unethical. The current focus of ethics codes is to remain alert to the possibilities of harm to clients and to develop safeguard to protect clients. Although codes can provide some general guidelines, good judgment, the willingness to reflect on one's practices, and being aware of one's motivations are critical dimensions of an ethical practitioner. It bears repeating that multiple relationship issues cannot be resolved with ethics codes alone; counselors must think through all of the ethical and clinical dimensions involved in a wide range of boundary concerns.

A consensus of many writers is that multiple relationships are inevitable and unavoidable in some situations and that a global prohibition is not a realistic answer. Because interpersonal boundaries are not static but undergo redefinition over time, the challenge for practitioners is to learn how to manage boundary fluctuations and to deal effectively with overlapping roles (Herlihy & Corey, 2015b). One key to learning how to manage multiple relationships is to think of ways to minimize the risks involved.

**Ways of Minimizing Risk** In determining whether to proceed with a multiple relationship, it is critical to consider whether the potential benefit to the client of such a relationship outweighs its potential harm. Some relationships may have more potential benefits to clients than potential risks. It is your responsibility to develop safeguards aimed at reducing the potential for negative consequences. Herlihy and Corey (2015b) identify the following guidelines:

- Set healthy boundaries early in the therapeutic relationship. Informed consent is essential from the beginning and throughout the therapy process.

- Involve clients in ongoing discussions and in the decision-making process, and document your discussions. Discuss with your clients what you expect of them and what they can expect of you.
- Consult with fellow professionals as a way to maintain objectivity and identify unanticipated difficulties. Realize that you don't need to make a decision alone.
- When multiple relationships are potentially problematic, or when the risk for harm is high, it is always wise to work under supervision. Document the nature of this supervision and any actions you take in your records.
- Self-monitoring is critical throughout the process. Ask yourself whose needs are being met and examine your motivations for considering becoming involved in a dual or multiple relationship.

In working through a multiple relationship concern, it is best to begin by ascertaining whether such a relationship can be avoided. Nagy (2011) points out that multiple relationships cannot always be avoided, especially in small towns. Nor should every multiple relationship be considered unethical. However, when a therapist's objectivity and competence are compromised, the therapist may find that personal needs surface and diminish the quality of the therapist's professional work. Sometimes nonprofessional interactions are avoidable and your involvement would put the client needlessly at risk. In other cases multiple relationships are unavoidable. One way of dealing with any potential problems is to adopt a policy of completely avoiding any kind of nonprofessional interaction. As a general guideline, Nagy (2011) recommends avoiding multiple relationships to the extent this is possible. Therapists should document precautions taken to protect clients when such relationships are unavoidable. Another alternative is to deal with each dilemma as it develops, making full use of informed consent and at the same time seeking consultation and supervision in dealing with the situation. This second alternative includes a professional requirement for self-monitoring. It is one of the hallmarks of professionalism to be willing to grapple with these ethical complexities of day-to-day practice.

**Establishing Personal and Professional Boundaries** Establishing and **LO14** maintaining consistent yet flexible boundaries is necessary if you are to effectively counsel clients. If you have difficulty establishing and maintaining boundaries in your personal life, you are likely to find that you will have difficulty when it comes to managing boundaries in your professional life. Developing appropriate and effective boundaries in your counseling practice is the first step to learning how to manage multiple relationships. There is a relationship between developing appropriate boundaries in the personal and professional realms. If you are successful in establishing boundaries in various aspects of your personal life, you have a good foundation for creating sound boundaries with clients.

One important aspect of maintaining appropriate professional boundaries is to recognize boundary crossings and prevent them from becoming boundary violations. A **boundary crossing** is a departure from a commonly accepted practice that could *potentially* benefit a client. For example, attending the wedding of a client

may be extending a boundary, but it could be beneficial for the client. In contrast, a **boundary violation** is a serious breach that harms the client and is therefore unethical. A boundary violation is a boundary crossing that takes the practitioner out of the professional role, generally involves exploitation, and results in harm to a client (Gutheil & Brodsky, 2008). Flexible boundaries can be useful in the counseling process when applied ethically. Some boundary crossings pose no ethical problems and may enhance the counseling relationship. Other boundary crossings may lead to a pattern of blurred professional roles and become problematic.

**Social Media and Boundaries** It is not unusual for a counselor to **LO15** receive a “friend request” from a client or former client. Facebook and other social media sites raise many ethical concerns for counselors regarding boundaries, dual relationships, confidentiality, and privacy. One possibility is to set up two distinct Facebook pages, one for professional use and the other for personal use. Spotts-De Lazzer (2012) believes practitioners will have to translate and maintain traditional ethics when it comes to social media and offers these recommendations:

- Limit what is shared online.
- Include clear and thorough social networking policies as part of the informed consent process.
- Regularly update protective settings because social media providers often change their privacy rules.

As social media use continues to spread, the *ACA Code of Ethics* (2014) emphasizes the need for counselors to develop a social media policy and to include that in their informed consent discussions. The virtual relationship between counselor and client and how counselors can safely maintain a virtual presence are emphasized in ACA’s revised code (Jencius, 2015).

## Becoming an Ethical Counselor

Knowing and following your profession’s code of ethics is part of being an **LO16** ethical practitioner, but these codes do not make decisions for you. As you become involved in counseling, you will find that interpreting the ethical guidelines of your professional organization and applying them to particular situations demand the utmost ethical sensitivity. Even responsible practitioners differ over how to apply established ethical principles to specific situations. In your professional work you will deal with questions that do not always have obvious answers. You will have to assume responsibility for deciding how to act in ways that will further the best interests of your clients.

Throughout your professional life you will need to reexamine the ethical questions raised in this chapter. You can benefit from both formal and informal opportunities to discuss ethical dilemmas during your training program. Even if you resolve some ethical matters while completing a graduate program, there is no guarantee that these matters have been settled once and for all. These topics are bound to take on new dimensions as you gain more experience. Oftentimes students burden themselves unnecessarily with the expectation that they should resolve all potential

ethical problem areas before they begin to practice. Throughout your professional life, seek consultation from trusted colleagues and supervisors whenever you face an ethical dilemma. Ethical decision making is an evolutionary process that requires you to be continually open and self-reflective. Becoming an ethical practitioner is not a final destination but a journey that will continue throughout your career.

## Summary

It is essential that you learn a process for thinking about and dealing with ethical dilemmas, keeping in mind that most ethical issues are complex and defy simple solutions. A sign of good faith is your willingness to share your struggles with colleagues. Such consultation can be helpful in clarifying issues by giving you another perspective on a situation. New issues are constantly surfacing, and positive ethics demands periodic reflection and an openness to change on the part of the practitioner.

If there is one fundamental question that can serve to tie together all the issues discussed in this chapter, it is this: “Who has the right to counsel another person?” This question can be the focal point of your reflection on ethical and professional issues. It also can be the basis of your self-examination each day that you meet with clients. Continue to ask yourself: “What makes me think I have a right to counsel others?” “What do I have to offer the people I’m counseling?” “Am I doing in my own life what I’m encouraging my clients to do?” At times you may feel that you have no ethical right to counsel others, perhaps because your own life isn’t always the model you would like it to be for your clients. More important than resolving all of life’s issues is knowing what kinds of questions to ask and remaining open to reflection.

This chapter has introduced you to a number of ethical issues that you are bound to face at some point in your counseling practice. I hope your interest has been piqued and that you will want to learn more. For further reading on this important topic, choose some of the books listed in the Recommended Supplementary Readings section for further study.

## Where to Go From Here

The following professional organizations provide helpful information about what each group has to offer, including the code of ethics for the organization.

American Association for Marriage and Family Therapy (AAMFT)	<a href="http://www.aamft.org">www.aamft.org</a>
American Counseling Association (ACA)	<a href="http://www.counseling.org">www.counseling.org</a>
American Mental Health Counselors Association (AMHCA)	<a href="http://www.amhca.org">www.amhca.org</a>
American Music Therapy Association	<a href="http://www.musictherapy.org">www.musictherapy.org</a>
American Psychological Association (APA)	<a href="http://www.apa.org">www.apa.org</a>

American School Counselor Association (ASCA)	<a href="http://www.schoolcounselor.org">www.schoolcounselor.org</a>
Commission on Rehabilitation Counselor Certification (CRCC)	<a href="http://www.crccertification.com">www.crccertification.com</a>
National Association of Alcohol and Drug Abuse Counselors (NAADAC)	<a href="http://www.naadac.org">www.naadac.org</a>
National Association of Social Workers (NASW)	<a href="http://www.socialworkers.org">www.socialworkers.org</a>
National Organization for Human Services (NOHS)	<a href="http://www.nationalhumanservices.org">www.nationalhumanservices.org</a>

## Recommended Supplementary Readings for Part 1

*The Counselor and the Law: A Guide to Legal and Ethical Practice* (Wheeler & Bertram, 2015) offers a comprehensive overview of the law as it pertains to counseling practice. It highlights ethical and legal responsibilities of counselors and identifies risk-management strategies.

*Leaving It at the Office: A Guide to Psychotherapist Self-Care* (Norcross & Guy, 2007) addresses 12 self-care strategies that are supported by empirical evidence. The authors develop the position that self-care is personally essential and professionally ethical. This is one of the most useful books on therapist self-care and on prevention of burnout.

*Psychotherapy Relationships That Work: Evidence-Based Responsiveness* (Norcross, 2011) is a comprehensive treatment of the effective elements of the therapy relationship. Many different contributors address ways of tailoring the therapy relationship to individual clients. Implications from research for effective clinical practice are presented.

*Ethics Desk Reference for Counselors* (Barnett & Johnson, 2015) is a practical guide to understand and applying the *ACA Code of Ethics*. It is a reference that is easy to read, interesting, and has appeal for both students and practitioners.

*ACA Ethical Standards Casebook* (Herlihy & Corey, 2015a) contains a variety of useful cases that are geared to the *ACA Code of Ethics*. The examples

illustrate and clarify the meaning and intent of the standards.

*Boundary Issues in Counseling: Multiple Roles and Responsibilities* (Herlihy & Corey, 2015b) puts the multiple relationship controversy into perspective. The book focuses on dual relationships in a variety of work settings.

*Boundaries in Psychotherapy: Ethical and Clinical Explorations* (Zur, 2007) examines the complex nature of boundaries in professional practice by offering a decision-making process to help practitioners deal with a range of topics such as gifts, nonsexual touch, home visits, bartering, and therapist self-disclosure.

*Issues and Ethics in the Helping Professions* (Corey, Corey, Corey, & Callanan, 2015) is devoted entirely to the issues that were introduced briefly in Chapter 3. Designed to involve readers in a personal and active way, many open-ended cases are presented to help readers formulate their own thoughts on a wide range of ethical issues.

*Becoming a Helper* (M. Corey & Corey, 2016) expands on issues dealing with the personal and professional lives of helpers and ethical issues in counseling practice.

*Ethics in Action: DVD and Workbook* (Corey, Corey, & Haynes, 2015) is a self-instructional program divided into three parts: (1) ethical decision making, (2) values

and the helping relationship, and (3) boundary issues and multiple relationships. The program includes video clips of vignettes demonstrating ethical situations aimed at stimulating discussion.

*Student Manual for Theory and Practice of Counseling and Psychotherapy* (Corey, 2017) is designed to help you integrate theory with practice and to make the concepts covered in this book come alive. It consists of self-inventories, overview summaries of the theories, a glossary of key concepts, study questions, issues and questions for personal application, activities and exercises, comprehension checks and quizzes, and case examples. The manual is fully coordinated with the textbook to make it a personal study guide.

*The Art of Integrative Counseling* (Corey, 2013a) presents concepts and techniques from the various theories of counseling and provides guidelines for readers in developing their own approach to counseling practice.

*Case Approach to Counseling and Psychotherapy* (Corey, 2013b) provides case applications of how each of the theories presented in this book works in action. A hypothetical client, Ruth, experiences counseling from all of the therapeutic vantage points.

*DVD for Theory and Practice of Counseling and Psychotherapy: The Case of Stan and Lecturettes* (Corey, 2013) is an interactive self-study tool that consists of two programs. Part 1 includes 13 sessions in which Gerald Corey counsels Stan using a few selected techniques from each theory. Part 2 consists of brief lectures by the author for each chapter in *Theory and Practice of Counseling and Psychotherapy*. Both programs emphasize the practical applications of the various theories.

*DVD for Integrative Counseling: The Case of Ruth and Lecturettes* (Corey & Haynes, 2013) is an interactive, self-study tool that contains video segments and interactive questions designed to teach students ways of working with a client (Ruth) by drawing concepts and techniques from diverse theoretical approaches. The topics in this video program parallel the topics in *The Art of Integrative Counseling*.

*Creating Your Professional Path: Lessons From My Journey* (Corey, 2010) is a personal book that deals with a range of topics pertaining to the counselor as a person and as a professional. In addition to the author's discussion of his personal and professional journey, 18 contributors share their personal stories regarding turning points in their lives and lessons they learned.

