You have been working with a [illegible] at first wary, reticent, and cautious. It has taken patience and careful use of your trust and relationship-building skills to break through the resistance.

Finally he is beginning to talk and share something of his life with you in the counseling sessions. Yet each time you begin to make progress, he draws back into his shell with a defensive remark: "You shrink types are all the same. You get your kicks out of prying into other people's lives." You repeatedly reassure him, reminding him of the sanctity and privacy of your office and the confidentiality of your relationship. He has tested your integrity a number of times and has attempted to probe your attitudes and values. You have responded by keeping the focus on him. You have thus spent a disproportionate amount of counseling time reaffirming your trustworthiness.

Finally your persistence and patience pay off. After much hesitation and several false starts, he slowly discloses his secret, meanwhile closely monitoring your reactions to him. He is satisfied as to your neutrality and acceptance of him (which you are consciously controlling) and so continues to describe his problem. This 16-year-old boy has quite a successful career selling various drugs to other kids in the junior and senior high school. He has no intention of quitting. In fact, he loves the work. He explains that finally he has power, respect, and friends. He likes the excitement and the risks. He enjoys having his "clients" dependent on him. And he can't complain about the money. No, he certainly has no intention of quitting this lucrative "career." There is one thing about which he is adamant: He does not want you to tell his parents. You inquire as to his reasons, and suddenly his voice becomes soft, hesitant—he reveals to you that his father has beaten him repeatedly. He warns you that if anything is said, his father is likely to retaliate with another beating. In a plaintive voice, he asks you for reassurance: "You were serious when you said everything you say in here is confidential, and nothing disclosed will ever leave this room. Right? You did really mean it, didn't you?" You have but a moment to respond, to decide on one of several possible courses of action:

1. Because the most sacred principle of counseling is to protect the confidentiality of the client, as well as to act in his best interests, you have no choice but to honor your commitments. It is, after all, not your purpose to tell people how to live their lives or to judge them. Also, the laws of your state and the ethical code for counselors are quite clear: Criminal activity disclosed by a client, unless a specific person or group is threatened with bodily harm, remains confidential.
2. On the other hand, his parents have a right to information that would protect the health and welfare of their child; does that rule apply here? Plus, your own values tell you that his parents should be informed of this; if it were your son, you would want to know if he were involved in illegal activity.
3. But if you do tell his parents, your client will no longer trust you, and it's doubtful he'll reveal anything else of importance to you; in fact, there's a good chance he'll just quit counseling, giving you no chance to help him change his behaviors.

Voice from the Field

I'm required to attend a continuing education class in ethical and legal issues every two years in order to maintain my counseling license. And every two years I dread going. These experts, often lawyers, blast you for four to six hours on all the ways you can screw up, and end up being sued by clients or losing your license. If I heeded their advice, I'd see every client as a potential litigant, and would be too afraid to try any new or interesting intervention for fear I'd be accused of practicing unprofessionally. I'd be worried so much, there'd be no joy left in counseling.

But I do appreciate what these teachers are trying to do: They want me to be absolutely up to date on the latest ethical and legal rules, and it is true that they seem to keep on changing. And they really are interested in risk management—helping me minimize the risk of unethical behavior, before I do something that could get me in trouble. They've got a point, and their scare tactics work; I now keep great records of every session after I found out that it was illegal not to have thorough records! The trick is finding a balance between managing risk and keeping my focus on doing the best counseling I can.

4. Also, if you do say anything, are you putting the boy at risk of being beaten by his father? Ethical codes permit you to withhold information from parents if it puts the client in danger; yet, all your instincts tell you that the "beating" story was fiction, made up to deter you from talking to his parents. The problem is, you just can't be 100% sure.
5. If the boy was beaten in the past, do you have to file a child abuse report with the local child protection authorities? That could precipitate a whole sequence of events, including an investigation of the father and potentially the removal of the boy from his home. Yes, the laws require you to file a report when you hear evidence of abuse. But do you really want to go down that road at this point?
6. Now you're back to thinking that maybe you should do nothing. The counseling relationship ought to continue as it has been developing. It is to be hoped that he will alter his behavior as he gains insight into his self-destructive acts and learns more socially acceptable ways of earning money and social approval.

You can appreciate why making ethical decisions is one of the most challenging aspects of our field, and how every decision involves therapeutic goals, state laws, institutional policies, and even personal feelings toward the particular client. The most difficult aspect of making ethical decisions such as this is that there are rarely single, perfect solutions.

PROFESSIONAL CODES

Professional codes of ethics are published by a number of organizations that work with counselors, such as the American Counseling Association, Association for Specialists in Group Work, American Association for Marriage and Family Therapy, American Psychological Association, National Academy of Certified Clinical Mental Health Counselors, National Association of Social Workers, and American Association for Sex Educators, Counselors, and Therapists. These guidelines, however, are often difficult to apply to individual cases, may be written in deliberately

VOICE FROM THE FIELD

Sometimes I'm not sure who my client is. It's supposed to be the children who are part of my caseload, but then the teachers in my school think I should be more accountable to them; they get mad if they think I'm taking the side of a child against them. My principal thinks that I work for her. If I don't please her with what I'm doing, she can make life very difficult for me. Then the parents of my kids feel that they are the ones I should be responding to. So, what do I do when I'm pulled in all these different directions? Everyone has their own agendas.

vague language, are sometimes contradictory, and are challenging for the professional organization to enforce. Furthermore, the field is so fragmented in its various licensures, certifications, and governing bodies that practitioners are often left to sort out the confusion for themselves. To make matters still more confusing, you must not only reconcile various ethical principles but also deal with the often conflicting cultures of the mental health system versus the law. For these reasons, ethical rules cannot just be memorized; rather, ethical behavior must be learned and decision-making skills developed to be internally consistent and yet compatible with acceptable societal and professional standards.

Ethics can be particularly frustrating to discuss in relation to the counseling profession. The nature of the field—its young history, conflicting theoretical base, and emphasis on the ambiguous and abstract content of the human mind—makes it difficult to define sanctioned professional behavior, much less enforce such professional standards. Practicing counselors sometimes have conflicting opinions about what constitutes acceptable standards of behavior. Each practitioner uses different labels and terms to describe the processes and has different goals and techniques. Depending on the state or country in which the counselors reside, the institutions in which they work, their training, type of degree, and client needs, counseling practices can differ widely in what may be described as "ethical conduct." Many experienced practitioners have spent their whole careers attempting to set forth these standards of acceptable conduct.

There is a distinction between the ethical decision making of the beginner and that of the experienced practitioner. Whereas the seasoned expert has logged years of therapeutic hours, the beginning counselor is starting out in a haze of confusion. It is difficult enough to track client statements, analyze underlying meanings, plan intervention strategies, and respond effectively without having additionally to contemplate open-ended moral issues and ethical conflicts. It is for this reason that we urge you to read and study your professional ethical codes and follow them to the letter. In fact, it is wise to know at least two codes—the one developed by your state professional association, plus a national code (e.g., ACA's Code of Ethics). It is only with vast experience and intensive study that a scholar or practitioner can expect to improvise individual moral decisions based on solid empirical and philosophical grounds. And even those with such wisdom may believe, or publicly announce, something different from what they actually do within the privacy of their offices.

DIVIDED LOYALTIES

Who exactly does a counselor work for? Counselors learn in school that it is the clients. As professional helpers, counselors are to be their advocates, to hold their trust and confidence and protect their rights. However, sometimes loyalties are divided between two or more constituents. If the client is a child, counselors may be answerable to the parents for their actions, often a source of conflict when the parties disagree about the best course of action. If counselors were to comply with parental wishes and keep them informed of their work, inevitably they would lose the trust of the child. If they are uncooperative with the parents, the parents may sabotage the child's efforts or remove the child from counseling. To complicate matters further, counselors must answer to their school, agency, or institution for their actions. Counselors are also subject to the personal preferences of supervisors and the norms of the colleagues with whom they work. Then state and federal laws regulate behavior, sometimes against the welfare of clients and the best interests of institutions. As has been previously mentioned, professional codes of various organizations also regulate behavior. And through them all come the urgent whispers of your own inner voice.

Within each individual are many competing loyalties. The fact that ultimately you answer to yourself for your actions—not to a judge, the government, or your boss—would seem to simplify the matter. Yet it is further confounded by your responsibility to various parts of your own history (for instance, a client you once failed, on whose account you promised yourself to act differently thereafter) or to the shapers of your values and formulators of your conscience (parents, grandparents, mentors, teachers, and friends).

AREAS OF ETHICAL DIFFICULTY

Ethics could quite legitimately be discussed under the topic of "fear." The subject is not usually given much thought until the prospect arises that something could go wrong. Ethics is the analysis of good versus bad choices, moral versus immoral motives, helpful versus harmful action. The ethical implications of a problem are considered the last step of therapeutic decision making. Ethical consequences of behavior are usually examined only after a narrowly avoided mishap or the threat of a problem. Ethical discussions are often postmortem autopsies, analyses of what should have been done or what will be done next time.

It is more useful to consider ethical issues, their implications, and possible resolutions before they occur, during a time when personal and professional needs and beliefs can be rationally thought out and decisions made about behavior. Predicting and identifying the conflicts that are likely to develop in the practice of counseling allow examination of implications, exploration of personal values, and an opportunity to evaluate several preferred responses. This preparation can demystify the process and diminish much of the fear and apprehension that will arise during a crisis.

Right now, what is the ethical conflict you fear most? What situation might occur within a session that would create for you a moral nightmare of confusion and frustration? To help stimulate self-exploration, here is a review of some of the major ethical dilemmas in our field, as well as common problems that frequently present themselves in the first year of practice.

VOICE FROM THE FIELD

I have to tell you, I was shocked when my supervisor told me not to file a child abuse report after my 12-year-old female client told me her father touched her where he had no right to. Basically, the supervisor was encouraging me to break the law. Believe me, that was a risk I didn't want to take. But he was adamant; the agency should make every effort to keep families together unless the evidence of abuse is absolutely clear and the girl is in serious danger. Over and over he'd say the same thing in our meetings—once the county child protective services shows up at her house to do an investigation, your client will never trust you again. You'll probably never see her again. So how would you be helping anyone?

I see his point. It makes perfect sense. Except for one thing. It's the law that I report. It's not just a clinical decision. My future is on the line. So I'm going to err on the side of obeying the law and hope that whatever happens, I can work it through with my client and keep her trust. Oh, there's one more thing. What if she is being abused? I'm not taking any chances with that, either.

Multiple Relationships

One consequence of the ambiguities inherent to ethical decision making is that authors, ethicists, moral philosophers, and leading clinicians in our field engage in ongoing dialogues about what constitute ethical breaches. These dialogues may lead to changes in ethical thinking within the entire profession and, ultimately, may manifest as revisions in the official ethical codes that govern one or more professional associations. Such a process is currently occurring around the issue of *multiple relationships*, defined as a helper participating in a nonprofessional role with a client or with someone close to the client (Welfel, 2013). Also known as *dual relationships* (recent literature tends to use the "multiple" designation, so we will adhere to this trend), these professional/nonprofessional interactions may include the following:

- When a business relationship also exists between the counselor and client
- When the counselor serves multiple roles in the client's life as a supervisor, colleague, or instructor
- When there is nonerotic physical contact (hugs, stroking) that may be misinterpreted
- When bartering for a fee takes place
- When clients are seen outside the office
- When the counselor becomes friends with a client
- When there is romantic or sexual interaction between counselor and client

A related concept in the ethical literature is the notion of *boundaries*, the rules and borders that govern the professional relationship—for example, the counselor's office, the focus in counselor-client conversations on the client's issues, and the exchange of payment for services. Any time counselors depart from the commonly accepted practices in terms of the counselor-client relationship, they are committing a *boundary crossing*; when a boundary crossing is harmful to a client, it constitutes a *boundary violation*. Boundaries serve to provide structure for the counseling

process, a safe environment for the client, and sufficient emotional distance between counselor and client that treatment will work (Welfel, 2013).

Historically, all multiple relationships have been considered unethical boundary violations because of the harm they can do to a client (Cottone & Tarvydas, 2007). Generations of counselors have been advised that they must make every effort to avoid stepping outside the confines of the professional role, lest they damage a client, or leave themselves vulnerable to accusations of malpractice or client exploitation. At the same time, many in the field recognized that multiple relationships and boundary crossings were not by definition unethical; the problem was only when such relationships endangered the client's well-being. For example, organizations like the American Psychological Association state in their ethical code that multiple relationships should be avoided only if they are exploitative of the client or impair the counselor's objectivity and judgment (American Psychological Association, 2002). In short, the issues of multiple relationships and boundary crossings have continually remained a challenge for counselors when trying to determine the border between ethical and unethical behaviors.

At the heart of the ethical concern around multiple relationships is the power differential between counselors and clients; it can be difficult for clients to resist a counselor's invitation to engage in a nonprofessional relationship, whether clearly exploitative (e.g., a sexual relationship) or seemingly benign (e.g., allowing a client to pay for a session by doing some home repairs for the counselor). Clients who may feel inwardly troubled by such offers may be reluctant to say no, submitting to the counselor's wishes because he or she is an authority figure. You can imagine how clinically harmful this would be for clients whose reasons for seeking counseling may be their unassertiveness or previous victimization. Similarly, clients who have experienced traumatic abandonment in their past may agree to a nonprofessional relationship out of fear of another abandonment by someone who is supposed to care about them.

Take for example the issue of hugging a client. We routinely attend continuing education workshops by counseling ethics experts who advise the audience never to hug. You may be saying to yourself as you read this, "But why should an innocent hug be unethical?" Your own counselor may even have hugged you after a session, and you may have experienced the gesture as natural and comforting; indeed, hugging can be accepted practice in some orientations. But there is a counterargument: A client who was sexually abused by a parent may misinterpret your hug as a sexual overture, regardless of your gender. A client whom you have hugged after particularly painful sessions may come to expect it every week and experience rejection and abandonment feelings if you don't offer it. For the counselor, a hug may represent a countertransference moment where it is the counselor who actually needs the hug, perhaps to be soothed by the client after a tense session, or because the counselor feels guilty that she or he didn't do enough to rescue the client from painful feelings. The ethics of hugging are still debated within the profession, but it is important to appreciate the legitimacy of arguments that hugs and similarly "innocent" gestures can be harmful to clients. It's the strength of these kinds of arguments, as well as those on the opposing side (e.g., the argument that hugging a client can be a helpful act of compassion and reassurance), that makes sorting out your own ethical choices both a complicated and essential task.

Moleski and Kiselica (2005) reviewed the more moderate positions on multiple relationships and boundary crossings and identified at least three ways in which they may be not only ethically acceptable but potentially beneficial to the counseling relationship: (1) Counselors in small towns and rural areas need to be able to see clients with whom they may have social contact outside of sessions; it is pragmatically impossible to avoid such dual relationships; (2) culturally sensitive counseling requires counselors to attend rituals (e.g., weddings) and accept gifts from clients where such gestures are indicators of respect and gratitude; (3) with some clients (e.g., adolescent boys), sessions may be more effective if held in restaurants, gyms, and playgrounds, where clients are often more comfortable discussing vulnerable emotions.

We need look no further than the most recent version of the American Counseling Association's Code of Ethics (American Counseling Association, 2005) for evidence that this line of thinking is impacting the rules on ethical behavior. When the ACA revised the code, it added a paragraph describing "potentially beneficial interactions," which may include attending formal ceremonies, purchasing services provided by a client, and mutual membership in community organizations.

How, then, do counselors, beginning and experienced, make good choices when the potential for boundary crossings develops? Corey, Corey, and Callanan (2011) and Herlihy and Corey (2006) offer some suggestions for the perplexed:

1. Always consider the question, "Whose needs are being met?" If it is the counselor's, then the boundary crossing is unethical.
2. Remember that the rules regarding multiple relationships are premised on the ethical principle that counselors *must first do no harm*. The counselor's responsibility is to rigorously examine his or her motives before crossing a boundary and determine whether it may place the client at risk.
3. Discuss any potential multiple relationship with a client before engaging in it, including a review of the risks and benefits, and then secure the client's consent.
4. Seek supervision or consultation when contemplating entering a multiple relationship, or when a problematic one exists.
5. Always document any multiple relationships and boundary crossings in your case notes.

Another route to ethical decision making regarding multiple relationships and boundary crossings has been proposed by Austin, Bergum, Nutgens, and Peternelj-Taylor (2006), who argue that the word "boundary" is itself a problematic metaphor, and that there are other ways to think about these issues that may be more helpful. They suggest two alternative metaphors: As counselors, we build "bridges" to our clients, and our role is to reflect on how we can build a strong and safe bridge that allows us to enter the world of the person on the other side. The authors suggest that using a bridge metaphor emphasizes, rather than limits, the paths to connection between ourselves and our clients. A second metaphor is the counseling relationship as a "territory," a space in which both counselor and client travel. Clients enter this new territory in a vulnerable state, uncertain of the rules and parameters guiding a safe passage. Counselors practice ethically by continually reflecting on the moral implications of traveling in this territory along with the client; the metaphor helps remind us of the need to be vigilant regarding the rights and safety of the clients who share the territory with us.

Sexual Improprieties

Do you fear being seduced by a client?

F. Scott Fitzgerald's *Tender Is the Night*, a classic in American literature, popularized the theme of the inevitable magnetism between a vulnerable, idolizing young client and her omnipotent therapist, each attracted to the other during the intimacy of a therapeutic encounter. Only within the last few years have many clients had the courage to publicize their experiences of seduction with former and current helping professionals, experiences that constitute the most damaging form of multiple relationships helpers can engage in. Before you act indignant and rush to swear that it could never happen to you, first consider the dynamics that operate in many counseling situations: (1) The client feels helpless, vulnerable, and confused; (2) the client has few satisfying relationships in his or her life; (3) the client feels undying gratitude to the counselor who has provided crucial help at a desperate time; (4) the client has disclosed the most intimate details of her or his life; (5) the counselor is worshiped by the client as a professional who at once appears so omnipotent, warm, affectionate, and understanding; and (6) the counselor's attraction is magnified by the inequality in power and control of the relationship. Add to this potent mix the variables of countertransference, involvement, respect, and affection that the counselor will come to feel for some clients, and you have a potentially explosive situation. That may be why as many as 12% of counselors have engaged in sexual misconduct with their clients (Celenza, 2005).

This explanation is not meant to excuse or pardon unprofessional conduct that is a dangerous, abusive, and exploitive breach of trust, but rather to encourage a healthy amount of legitimate apprehension about such situations. It is not altogether impossible for a counselor to find that a grateful hug has turned unexpectedly amorous. Often, in such intense situations, emotions don't respond to a half-prepared conscience. A counselor must be constantly aware of the detrimental results that are likely to follow sexually intimate entanglements with clients. The negative consequences will often cancel the previous therapeutic effects and send the client into a tailspin of mistrust of professionals who use their power to their own advantage. It may be helpful to rehearse and role-play sexual encounters, including responses that can be made to romantic or sexual overtures from clients. For example: "I have a confession to make. The only reason I keep coming to counseling is that I am so attracted to you. You have helped me so much. I owe it all to you. You are so different from other people I have known. How do you feel about me?" What is your response?

- "Ah. Our time is about up. Maybe we can continue next time."
- "How would it be helpful to know my feelings?"
- "You're feeling attracted to me because I've been helpful to and supportive of you, and you're hoping that I am attracted to you."
- "It is not appropriate for you to think about me personally. We have a professional relationship, and it is necessary that we keep our relationship nonpersonal in order to work together effectively."
- "Since your personal feelings seem to be getting in the way of our professional relationship, perhaps we should discuss the possibility of your working with another counselor."
- "Your place or mine?"

VOICE FROM THE FIELD

I remember the first time a new client told me about her previous counselor's unethical behaviors. The client was in her late 30s and immediately likeable—not the kind of person you expect would want to deceive you. She told me she had invited her boyfriend to sit in on a couple of sessions with her and her counselor, and she could sense immediately that her counselor had a crush on him. "Well," my new client spit out with disgust, "the next thing you know, that woman told me she had decided to work with my boyfriend, and she would refer me to another counselor—you. And two weeks later, my boyfriend broke up with me!" My heart went out to her, and I was really shocked, especially since I knew the counselor had a sterling reputation. She was even someone I sent clients to.

The more I got to know my client, the more I began to doubt her story. It was just that she told me a bunch of things that didn't add up. And she made it clear she did not want me to talk about any of this with her ex-counselor.

The sad thing is, I can't refer to this counselor anymore. I just don't trust her enough. And I don't trust my client, either. Whatever actually happened, everybody loses.

No matter how you look at the situation, with levity or seriousness, this incident may test the resolve of the most experienced counselor. As with all other ethical behaviors, it is insufficient merely to memorize a moral commandment: "Thou shalt not be sexually involved with thy client." You must thoroughly and genuinely believe it as a guiding principle—an internal, personal belief that certain behaviors are crucial to maintaining professional standards. The fear of being caught is not enough to prevent a problem. The counselor must understand the responsibilities, moral obligations, and consequences that come with the territory.

Time after time, research has demonstrated that sexual/romantic entanglements between client and counselor are almost always harmful, no matter what the circumstances or how they are justified (Pope & Vasquez, 2011; Somer & Nachman, 2005; Sommers-Flanagan & Sommers-Flanagan, 2007). This is true even if the personal relationship begins after the professional one has been formally terminated—because there are always lingering dependency and attachment issues. Most licensure laws prohibit romantic relationships between counselors/therapists for a period of two years after treatment has ceased. And there must still be clear indications that such a relationship will not be harmful.

Clinical Misjudgments and Failures

Are you fearful of making a terrible mistake that might hurt a client and unsure about whether you would take responsibility for the consequences? Making mistakes is inevitable in counseling. Some of the time we are working without a clear, detailed map of the desired direction for the counseling process. Clients often don't know themselves what is troubling them, and they frequently mask their true feelings as a defense. Sometimes the deception is even deliberate, part of an elaborate game-playing scheme intended to test the counselor's ability to see through the cover-up.

The counselor's judgment is further subject to error by the relatively low reliability and validity inherent in counseling techniques. Practitioners disagree as

Voice from the Field

Everyone has their "worst moment as a new counselor" story, and here's mine. I'm a male counselor and I know exactly the kind of woman I fall for—what she looks like, sounds like, acts like. And, of course, one day, she walks into my office. I knew I was in trouble. I could feel myself turning on my most compassionate counselor's voice, leaning a bit closer to her in my chair, saying things that I thought were particularly wise and meant to impress her, not help her. And when she said, "I'm amazed at how well you understand me. I'm really looking forward to our next session," I literally glowed inside. A few weeks later, after a session with her ended and she left, I felt this pain in my chest, which I recognized immediately as heartache.

At this point, I was ready to put an end to my career right then and there. I went to talk to my supervisor about it, my face red with shame. I could barely get the words out to describe what was going on, and cringed in anticipation of his scolding. The moment was just excruciating.

He smiled. "Welcome to the life of a counselor." (And here I began to breathe again.) "Seriously, though, I'm not worried that you're going to have sex with this person. So relax. But now we have to deal with this, or you will soon find yourself in a cozy, warm, and very comfortable relationship with this client. You'll be so afraid of her not liking you that there's zero chance you'll help her really look at herself."

often as they agree on the diagnosis of a client; even when they do agree on the diagnosis, they may still choose different treatment plans. Consecutive consultations with different therapeutic helpers might well yield quite different diagnostic assessments. Suppose a client presents symptoms of irritability, listlessness, low energy, failed performance at work, lack of sex drive, and loss of appetite; these symptoms may be diagnosed in a number of ways, ranging from anorexia nervosa to depression to an acute stress reaction. Errors are possible not only in the conclusions drawn about a case but also in the way chosen for working with the client.

The issue in this discussion is not whether mistakes and misjudgments will occur (many of which will hurt clients), but what can be done about them. What is gained by apologizing to the victim? For example: "I'm awfully sorry. But, ah, remember when I said that it would be best to confront? Well, ah, I've thought about it and think that might not be the best alternative." What would be the likelihood of keeping a job if you rigorously reported every mistake to the supervisor? "Boss, I messed up again. This time, when I should have been supportive, I started confronting. I'm afraid the client won't be coming back." The important part of such ethical conflicts is, first, learning from mistakes to prevent repeating the same errors and, second, minimizing or reversing any negative effects on the client, possibly by seeking counsel from a peer or supervisor or perhaps by admitting to the client the problem and solutions.

It is easy to hide transgressions. No one else will ever know what goes on within the privacy of the office. Clients usually don't challenge a process so mysterious that almost anything can be viewed as potentially therapeutic from at least one theoretical point of view. It becomes all the more essential, then, to develop and internally monitor professional behavior from an ethical perspective. The individual counselor's awareness of and commitment to ethical principles will, in the final analysis, determine the ethical content of interviews.

In processing and working through misjudgments and failures in counseling, several things should be considered (Dillon, 2003; Duncan, Miller, & Hubble, 2007; Kottler & Carlson, 2003; Kottler & Hazler, 1997):

1. Failures are inevitable and unavoidable.
2. Counselors often avoid and deny their mistakes and misjudgments by calling clients resistant, pretending that they have everything under control, and blaming factors outside of their control.
3. Failures are often caused by variables related to the client (unrealistic expectations, toxic personality, poor motivation), counselor (rigidity, arrogance, poor skill execution), therapeutic process (transference, pace, inadequate alliance), and extraneous variables (lack of support, enmeshed family).
4. Mistakes and misjudgments can be worked through by considering the client's secondary gains from remaining stuck, the counselor's personal issues, what has been overlooked, which interventions have been most and least helpful, and what outside resources can be tapped.
5. Discussing mistakes with the client offers a chance for the counselor to discover where the treatment has veered away from the client's goals and then to make the necessary adjustments.
6. Failures can provide wonderful opportunities for both counselor's and client's learning and growth, if processed constructively.

An important distinction should be made between mistakes and small failures and professional negligence or malpractice that represents a serious failure of competent practice and puts clients at risk. A mistake that rises to the level of negligence is one in which the counselor did not meet *the standard of care*, defined as an adequate quality of professional treatment that would be expected of other competent counselors (Welfel, 2013). Moreover, to be negligent, you must have actually harmed the client in a way that can be legally established. Don't get us wrong; some counselors do commit acts of negligence, and you should do everything possible to practice within the standard of care. However, do not confuse the mistakes and failures that are an everyday part of our profession—and virtually inevitable during your novice years—with malpractice and negligent counseling.

Deception and Informed Consent

Would you ever deliberately lie to or deceive a client, even if it were for his or her own good?

Counselors stand for truth, honesty, sincerity, and genuineness. But influence is also an important counseling skill. Is it justifiable to manipulate a client into experimenting with a new behavior? Is it ethical to disguise a trap waiting for the unsuspecting client? Is it even appropriate to water down the truth with clients? Although students may respond with a resounding chorus of "NO," most experienced counselors will reluctantly admit that therapeutic deception may be necessary when it is intended for the benefit of the client.

When a client straightforwardly asks a direct question (for instance, a low IQ client asks, "Do you think I'm intelligent?"), we are confronted with the inevitable choice of whether or not to tell the truth. The client might not yet be ready for the

truth or, alternatively, might respond poorly to protective lies. The counselor must make a choice representative of his or her ethical standards and live with the consequences of the choice. While you are making your own decisions as to your preferred response, consider the following case.

The client is a young woman, inhibited, rigid, fearful, and shy. She is petrified of anything remotely spontaneous, because the outcome is not 100% predictable. She is also terrified of anything that might require her verbal performance, for failure (which she very loosely defines) would certainly crush her already fragile ego.

The counselor quickly (and probably accurately) decides that the vicious cycle of self-defeating beliefs ("I can't do it because I'm ___") can be broken only by encouraging her, just once, to try acting differently from the way she has in the past. If she would pretend, even within the safety of the session, to be somewhat playful and spontaneous, she could not continue to use the excuse "I can't do it," because she would have revealed an exception to her self-defeating behavior.

Role-playing would obviously be the technique of choice for encouraging the client's creativity and spontaneity, but she is vehement in her refusal to try it. The counselor agrees to back off, and discussion continues in other directions until an opportunity arises. The client, in talking about her mother's endless complaining and cackling, starts to change her voice in imitation of her mother, thus initiating spontaneous role-playing. The counselor need only change roles and start imitating the client, knowing that it will provoke her continued performance as her mother. After having previously promised not to pressure her into role-playing, the counselor now has an easy chance to trick her into trying it, obviously for her own therapeutic growth. Is the counselor ethically justified in proceeding—when he has said he would not—because the outcomes are so potentially desirable?

In this case the counselor chose to stop the action, disclose aloud the temptation to be manipulative, and then deal with the reactions. The client felt so grateful for the maintenance of trust that she was then able to experiment slowly, not at the same dramatic level as would have been possible in the incident of spontaneous role-playing, but well enough to make progress. For every example in which honesty produces the best results, there are also cases in which other, less direct actions might also be defensible.

The principle of *informed consent* is based on the notion that clients have a right to freely enter counseling, without any form of coercion or manipulation. They have a right to be provided with clear, accurate, and comprehensible information on such things as the limits of confidentiality, fee policies, limitations and dangers of treatment approaches, alternative treatment models, access to records, counselor qualifications and training, and the right to refuse treatment. By describing to clients, in writing, the relevant information they need to know before commencing counseling, the clinician ensures clients are making a fully informed choice when they consent to proceed (Welfel, 2013). Informed consent also does not stop once the counseling begins; if counselors make adjustments in a treatment plan, or change the theoretical model being utilized, clients need to know, and terminate if they so desire. Like the issue of multiple relationships, the notion of informed consent is in a state of flux, with an increasing emphasis on fully apprising clients of exactly what they should anticipate from the counseling experience. Pomerantz and Handelsman (2004) suggest that counselors add to their informed

VOICE FROM THE FIELD

I'm a big believer in dotting every "i" and crossing every "t" when it comes to being ethical. So my informed consent forms are very thorough. I give my clients plenty of time before the first session so they can read them, and the first thing we talk about is whether they understood what they signed. And I make sure that my informed consent forms make it clear in writing that counseling is often an uncomfortable process, and clients may need to feel some emotional distress as part of resolving their issues.

You would have thought that clients would ask me questions about this or maybe even decide counseling isn't for them. But the funny thing is, no one has ever brought it up. I'm not sure why—whether they are so anxious before their first session that they really don't read the forms carefully, or whether people have come to accept the fact that pain is part of growth. In either case, I know I've done the right thing in letting people know in advance there are risks to engaging in this kind of work.

consent office forms such facts as the name and nature of the theoretical orientation they use, how it compares with other forms of treatment, what percentage of their clients improve and what is the evidence for the success rate, how government regulations will influence confidentiality policies, and how much information they will disclose to a managed care company. This range of information is significantly more comprehensive and detailed than what was expected of counselors 10 to 15 years ago and reflects the growing trend in the field to treat clients as consumers of a service.

Confidentiality and Privileged Communication

Are you worried that you may inadvertently or deliberately violate your client's confidence?

Struggles with maintaining confidentiality are among the most common ethical dilemmas that counselors face. Not a week will go by when you won't be tested in some way—parents wanting to know what their child said to you, another professional calling you for information about a previous case, a current client you are seeing who has AIDS and is sexually active, another client who threatens suicide and may carry out that threat, or even a colleague or a spouse who casually asks you about a client you are seeing. Yet as challenging as these dilemmas seem to you, you can make things easier for yourself by thoughtfully preparing responses to the situations that trouble you the most.

In a situation such as the one presented at the beginning of this chapter, a counselor may struggle with whether or not to break a previous promise because the client is committing a crime. Ethical dilemmas do arise because of a conflict between what is best for the client and what is best for other people. In a landmark court case, now referred to as the Tarasoff decision, a counselor failed to warn a murder victim of potential danger from his client and was held responsible and ordered to pay damages to the victim's parents. Although the judgment was eventually overturned, the case has brought much attention to the limitations of confidentiality. Counselors in most states are now required to do several things if they

have direct knowledge of possible harm to an identifiable victim. They must make reasonable efforts to warn the victim and they must notify appropriate authorities.

In addition to counselors' ethical obligations to uphold a promise of confidentiality, they may have an ethical and legal responsibility to breach the vow (1) when the client is a danger to himself or herself or others, (2) when the counselor is so ordered by the court, (3) when it is in the best interests of a child, elder, or dependent (i.e., unable to care for herself or himself) who is a victim of abuse, and (4) when case consultation or supervision is needed. Unfortunately, the courts do not offer to counselors the same protection they do to others whose communications are privileged, such as lawyers, physicians, clergy, and spouses. That is one reason why at the beginning of every counseling relationship you are required to inform your clients about the limits of confidentiality. It is also one reason why we are often forced to make painful decisions about times when our previous vow to maintain secrecy with clients should be overruled by an even more pressing moral imperative to protect human life.

Inadvertent slips that reveal confidential information are quite another matter. There is no justifiable excuse. That is not to say that we are not constantly tempted to share information with friends, spouses, or colleagues. But we must endure the isolation of not being able to talk about our work in any revealing detail because clients deserve to have their information protected by professional, ethical behavior.

You should also understand that while confidentiality is an ethical issue that concerns keeping the content of communications private, privileged communication is a concept that refers to the legal arena. There are certain exceptions to privilege that you should also know about, meaning certain instances when the client waives or surrenders his or her right to privacy. This can occur in situations such as worker compensation cases, child custody evaluations, sanity hearings, and other legal proceedings. It may also be the case if you are sued for malpractice or if the client is a minor and you believe that his or her rights must be safeguarded.

Recent Trends

Because ethical and value issues in counseling are reflective of contemporary culture, the standards for professional practice continue to evolve. Some of the most common violations of ethical behavior as well as those dilemmas that are likely to be most salient in the future are continually evaluated by counseling ethicists, and ethical codes and laws are regularly revised. The following situations are ones that you should be especially vigilant about monitoring closely.

Duty to Warn You will be asked to assess the potential dangerousness of your clients, to determine whether they have the potential to harm themselves or others. This potential can include the threat of physical violence, or it could conceivably apply to the dilemma of working with a client who is HIV infected. If you believe there is imminent danger, you will be required to take action, which could involve warning potential victims, initiating commitment proceedings, or even calling the police. All of those choices, of course, violate your vow of confidentiality, so your assessments must be accurate.

VOICE FROM THE FIELD

The client was a young man in his late 20s, who came to me because he couldn't make up his mind whether to marry his girlfriend. I helped him deal with his fears of commitment, and he decided to marry her. The next thing I know, I've been invited to the wedding. Well, I have a policy about this. I first discuss with the client what it might actually be like for him when I show up. Will my presence make him uncomfortable? How will he introduce me? And if he still wants me to come, I will—I'd be honored, in fact, to share this wonderful event with him. But he should know in advance, I will show up for a few minutes and then leave—because even if he doesn't realize it, I know how emotionally complicated it will be for him to have his counselor at his wedding. I would never take the chance of making him feel self-conscious at such a precious moment in his life. I'll just be that strange person sitting in the back of the church, who ducked out right after the "I dos."

General guidelines recommend the following (Corey, Corey, & Callanan, 2011; Cottone & Tarvydas, 2007): (1) Take a detailed history, assessing potential dangerousness of a client; (2) document very carefully your assessment process and the rationale for breaking confidentiality; (3) if you are unlicensed, consult with your supervisor as soon as possible; (4) if necessary and indicated, obtain client's cooperation in warning the potential victim(s); (5) contact authorities if in your professional judgment the client poses a threat to self or others. In addition, it is useful to prepare ahead of time for such challenging cases that, hopefully, you will never have to deal with. This includes having appropriate referrals ready, having informed consent forms that specify the conditions under which confidentiality may be breached, keeping abreast of the laws and policies that govern your practice, and consulting with more experienced colleagues (Standard & Hazler, 1995).

The duty-to-warn rules are often subject to legislative actions and court decisions; that is, regardless of your association's ethical codes, judges and lawmakers in your state may either expand or narrow the conditions under which the counselor is required to break confidentiality. This is particularly true in the area of HIV-related reporting issues, where regulations regarding when it is acceptable to warn the partner of an infected client can vary from state to state or among the different associations' ethical codes. Welfel (2013) cautions counselors not to respond to their emotional or intuitive feelings regarding breaking confidentiality to prevent HIV-spread; any decision needs to made extremely carefully, keeping the welfare of the client in mind.

REPORTING CHILD ABUSE The law is clear: If you suspect that emotional or physical harm is being inflicted on a child, you must report it to the authorities as soon as possible, first with a phone call and later with a written report. The ethical dilemma, however, is what to do if you believe obeying this law may be harmful to your client. When you report child abuse to your community's child protective services agency, you may be initiating a sequence of events that can traumatize the child. Investigators may show up unexpectedly at the child's home; one or both parents may be arrested; the child may eventually be removed from the home and placed in foster care. Yet in spite of the possible negative consequences that may

result from reporting suspected child abuse inaccurately, we advise you to follow your state's laws when it comes to abuse if there is any reasonable evidence of it. It is not your job to assess whether the accusations are true or not, but merely to allow authorities the opportunity to investigate the case. By failing to report suspected abuse, not only do you put yourself at risk for violation of law, but you also may negligently allow children to be harmed.

Relationships with Former Clients Although ethical codes are quite clear about the inappropriateness of becoming romantically involved with a client, or even conducting a friendship with a client at the same time he or she is in treatment (dual relationship), there is a recent trend to also restrict relationships with former clients. This issue is complicated by confusion as to when counseling actually ends: Is it after the last scheduled session? Or is it when the client stops thinking of you as a professional (which could take a lifetime)?

It is also important to keep in mind that it is not acceptable to end a therapeutic relationship expressly for the purposes of beginning a personal one. This is especially important because it is so difficult to determine when a therapeutic relationship is really over—not just with regard to the termination of scheduled sessions but also with regard to the client's fantasies about the relationship.

All professional association ethical codes prohibit sexual relationships for at least two years after termination, and the American Counseling Association goes one step further in banning both sexual and romantic interactions for five years. However, other sorts of personal relationships, including friendships, are less clear. The situation is compounded by life in rural areas and small towns where it is much more difficult to compartmentalize relationships.

Managed Care "When I first went into private practice it was my dream to have a full caseload. Now I have more clients than I can possibly see but I am making far less money than when I was working for a salary. I feel like an assembly line, turning out stamped products as fast as I can."

As this practitioner complains, insurance carriers, preferred provider organizations, employee assistance programs, health maintenance organizations, and government-administered health programs have to some degree changed the profession into a business. With slashed budgets, even community agencies are being forced to participate in these programs.

All of a sudden, what is best for clients is no longer the only concern; now counselors must consider the realities of what third parties mandate in terms of counseling plans and even length of treatment. Nowhere is this ethical dilemma more prominent than when it is time to fill in a diagnosis on the appropriate forms.

Assume, for example, that a client presents symptoms that resemble what is known as a personality disorder. In the interests of accuracy, if you should enter a diagnosis of "narcissistic personality disorder," two things are likely to occur: (1) Your client will not likely have treatment approved because this challenging condition typically requires long-term counseling, and (2) your client will be stigmatized for life with a label in the file that can be accessed by any number of sources in the future. This client is also feeling depressed about his condition, so

perhaps you might legitimately call the problem "adjustment disorder with depressed mood." Sure, it is a bit of a stretch—but aren't you doing this to protect the client's rights?

Ethical dilemmas such as this one have become a part of the ways counselors function. Managed care organizations, whether associated with hospitals or government health-care agencies, have required many veteran counselors to amend the ways they are used to working and novice counselors to begin their careers with a thorough appreciation of the limitations managed care can frequently impose on the therapeutic process. In some cases this is a good thing, because counselors are now required more and more to demonstrate their effectiveness and to operate more efficiently. Yet sacred therapeutic relationships can be intruded on by administrators and review boards, who are telling counselors what they may do and how long they may do it. If they don't follow their instructions, the organization may decide to cut off all support entirely.

CONFRONTING COUNSELOR IMPAIRMENT In spite of best intentions and training, almost all clinicians experience some type of impairment or dysfunction in their lives. These lapses of conduct occur because of drug addictions, life transitions, traumas, poor training, pathological personalities, burnout, or, stated more directly: "holes" in one's conscience.

Even as a beginner you have an obligation not only to uphold ethical conduct but also to help other professionals who might be experiencing degrees of impairment. Although initially compassion and empathy should be employed to help an impaired counselor get needed help, at times you may be forced to take more proactive steps that include reporting the ethical breach to licensing boards and professional organizations or even protecting clients who might be in jeopardy.

RESOLVING ETHICAL CONFLICTS Most ethical codes specify that if you become aware of a colleague who is engaging in unethical or unprofessional conduct you must take appropriate steps to intervene and protect the safety of others who may be harmed by this behavior. That guideline seems relatively clear but is, in fact, quite difficult to execute effectively.

VOICE FROM THE FIELD

I know a lot of counselors hate managed care and HMOs. I've even heard them talked about at conferences as "the enemy." I can appreciate their feelings—after all, having a faceless organization telling you how many sessions your clients need can sometimes be a serious interference with our goal of providing the best possible care. But I think there really is another point of view to consider. Let's be honest—a lot of counselors will drag therapy on for as long as they can, so the money keeps coming in. And some clients are there for personal growth, which is terrific, but should their employers have to pay for that? I tell my clients that if you are using your managed care insurance to pay for counseling, the goal is to get you back to working as productively as possible; that's why your company is paying for your health care. Once we reach that point, the counseling can stop. And if you want to continue our work to look at deeper issues, I'll support that 100%, but you will have to pay for it out of pocket.

Let's say you find out from a client that a former counselor did some things in session that were strange at best, and highly unprofessional at the very least. Do you report this behavior to the local licensing board and the practitioner's professional ethics board? The first step is usually to informally resolve the suspected violation by contacting the colleague and communicating your concerns. But in order to do so, you would first need the permission of your client to breach confidentiality (and often clients do not want to do that). Once you have attempted this informal resolution, then you may report the violation directly to the proper authorities. They will then investigate the case and make a determination about whether some sort of action need be taken.

MAKING ETHICAL DECISIONS

You will be confronted on a regular basis with the necessity of making ethical decisions. When an ethical issue emerges, you will have to make a virtually instantaneous decision; little opportunity will exist for careful analysis and thoughtful reflection. Thus, the first recommendation in making ethical decisions is to anticipate. It is essential to develop a reasonably clear ethical style based on analysis and reflection that will guide decision making and to develop a capacity for making sound moral decisions that are compatible with the consensual standards created by the profession and consistent with your own professional identity, sense of personal virtue, and cultural factors (Cottone & Tarvydas, 2007; Remley & Herlihy, 2014).

One of the reasons that practitioners are often broadsided by difficult ethical dilemmas is because they fall into one of several traps (Steinman, Richardson, & McEnroe, 1998):

1. *The common sense trap*. This naïve orientation is based on the idea that if you merely study the ethical codes you will be well prepared to handle anything that comes up. In truth, while the codes provide guidance, most difficulties arise because of personal interpretations of rules and laws that are not necessarily based on consensual standards.
2. *The values trap*. Some counselors confuse ethical standards with their own values and religious and moral convictions. Under the myth that they are being ethical, they attempt to impose their own strong beliefs on their clients, without respect or sensitivity to their clients' unique cultural values.
3. *The circumstantiality trap*. "You have to understand the situation before you judge whether I was right or wrong." Ah, the old excuse that the reason you ran the red light is that you were.... There is always some good excuse. Making sound ethical decisions is certainly based on contextual circumstances but never to the point where a client's rights or safety are compromised.

Keeping these traps in mind, the ethical decision-making process involves a number of sequential steps that would be most helpful for you to study (Corey, Corey, & Callanan, 2011; Grosso, 2013; Welfel, 2013).

1. *Recognize that there is an ethical conflict*. In order to make a decision about something you must first be aware that a decision needs to made. Studying ethical issues helps sensitize you to those situations that qualify as a legitimate dilemma in need of some resolution.

2. *Describe the problem.* After recognizing that an ethical decision needs to be made, it is useful to specify the parameters of the issue, figure out what is at stake, consider what harm can result to whom, and anticipate consequences. Gathering and organizing this information will give you some sense of the time parameters involved before a decision must be made and action taken.
3. *Identify appropriate ethical standards involved.* Consult the ethical codes for guidance. If there is clear and definitive instruction, act accordingly. If the ethical guidelines are ambiguous or unclear, consult with peers and supervisors. If the particular ethical standards fit the situation but the mandated actions seem "wrong," get further supervision and reflect on whether any ethical traps apply.
4. *Review professional literature.* Another source of information, if not wisdom, that you will wish to check out is the scholarship that has been undertaken in relation to your ethical conflict. It is highly likely that many others before you have struggled with similar issues and have chosen to research various alternatives and their consequences.
5. *Reflect on personal morals and values.* Is your ethical decision in the best interests of your clients, or is it to meet your own needs? Often breaches of ethical conduct—and poor decisions—are made when counselors fail to recognize the extent to which they are attempting to meet their own needs in the guise of helping others.
6. *Deliberate and decide.* Frame a preliminary course of action. Document the process you followed. Consult with peers and supervisors for feedback. Consider the consequences of your actions and alternative plans if things do not proceed as anticipated.
7. *Take action.* This is where you follow through on the informed, intentional decision that you have made through careful research and planning.
8. *Reflect.* Ethical dilemmas are opportunities for systematic growth and moral development. Review the situation as it developed. Consider other ways you

VOICE FROM THE FIELD

There's just so little time to think about things when a situation comes up. You're taken by surprise a lot, just not expecting to face some ethical issue. Or at least that's true with me. I've read the codes through and through. I've gone to mandatory refresher courses required for keeping my license. I've read books and articles on the subject. Sure, I talk to people about it all the time. Really, I think that's what counselors talk about the most—beside complaining, I mean. But still, I get caught by surprise. You're just kind of in a comfortable position, listening, nodding your head, thinking hard about stuff, then before you know it, there it is: Your client just confessed something, or just told you something, and bells start going off in your head. Like you know you're supposed to do something, but for the life of me, I can't figure out what that should be. I think to myself, "Damn—why me again?"

I usually try to stall for time because I don't do well under pressure like that. I want to buy some time. Then as soon as the client leaves I talk to as many people as I can to find out what I should do or how I should handle the situation. Sometimes that even makes things worse, because everyone has a different answer. But eventually I'm able to sort things out and respond decisively the next time the client comes in.

could have responded. Identify what you learned from the situation and what you resolve to do differently in the future. If indicated, "publish" the results by informing others (verbally or in writing) what they might learn from your experience.

In addition to the introspective analysis that leads a person to select a defensible moral choice, the decision-making process should also take into account the guidelines established by professional organizations and the legal system. Most of these sources mandate the following actions:

1. *Don't attempt any therapeutic intervention without sufficient knowledge, skills, training, and supervision.* You should never attempt helping actions that are outside the bounds of your qualifications and competence. Workshops, certification programs, postgraduate training, internships, and intensive supervision are the means by which you can legitimately augment your therapeutic skills and continue to grow as a professional. Make referrals to specialists and other helping professionals when appropriate.
2. *You should be free of all biases and prejudices that might interfere with the capacity for objectivity, neutrality, and positive regard in the therapeutic relationship.* This includes sexual and racial biases, as well as those directed toward any ethnic or religious group, special population, or belief system.
3. *Sexual involvement with clients is strictly prohibited.* Under no circumstances should you as a counselor ever engage in erotic contact, act seductively, or respond to overtures made by those who have offered their trust in your professional integrity.
4. *The rights of all participants in research projects should be carefully protected.* All experimental procedures that could conceivably produce side effects must be thoroughly described and informed consent obtained from all subjects.
5. *You are responsible for protecting the privacy and confidentiality of all sessions.* Except in those circumstances wherein human life is endangered, you must preserve the sanctity of the therapeutic encounter. Information regarding a case may be released only with proper client authorization or under legal compulsion.
6. *The focus of counseling is on helping the client to reach self-determined goals.* Except in those instances in which goals appear to be destructive, self-defeating, or in violation of principles of reality, you are committed to working toward the client's greater autonomy and independence. You should therefore avoid manipulating clients, as well as creating dependencies or meeting your own needs in the session.
7. *You are committed to continuing professional training and growth after completing your formal education.* The knowledge and research in the field change so rapidly that practitioners must continually update their expertise. For this reason, many professional organizations and certification/licensing boards require annual continuing-education credits of members.
8. *You have an obligation to confront colleagues engaged in unethical, illegal, or incompetent practices.* As a professional, you have a responsibility to your profession, your community, and the safety of those who seek counseling services. Your duty is to challenge directly the behavior of those who are

transcending the bounds of generally accepted principles. If the problem is not sufficiently resolved, you are then required to report such behavior to appropriate authorities.

9. *You are committed to maintaining high standards of integrity, honesty, and moral fiber.* Counselors accept their responsibilities as professional helpers, recognize their powerful influence, and work toward functioning as effective models for their clients.
10. *As a counselor, you act for the general welfare of clients and society.* You attempt to prevent discrimination, to help the needy and disadvantaged, to promote social justice, and to help all persons become more fully functioning.

As a counselor you must be sensitive to the cultural, ethnic, religious, gender, and philosophical differences among people of diverse backgrounds, all of whom operate by rules, values, and customs that may not be familiar to you. Recognize that, whenever you are dealing with moral issues (and counseling is most certainly a value-laden discipline), there are many different paths to "truth" and many different standards of what is "right."

LEGAL ISSUES IN COUNSELING

As if it is not complicated enough that you must be familiar with and accountable to the ethical standards of the profession and the standards of professional competence in your work setting, you must also be familiar with how your work intersects with the legal system. In situations like the following, you will be expected to apply legal principles and make difficult decisions that may conflict with your own values, the ethical principles of your profession, or the policies of your institution:

- When a client's civil rights are violated, such as in cases involving sex, age, or racial discrimination
- When clients are involved in custody battles or divorce action
- When clients are seeking eligibility for disability or unemployment compensation
- When you believe a client is a danger to himself or herself or to others
- When you receive a court referral
- When you suspect that child abuse has taken place
- When a client you are seeing is engaged in planning or carrying out criminal acts
- When you serve as an expert witness in a case
- When you are subjected to malpractice litigation because of claims that you caused harm or injury to a client or acted negligently

As frightening as these examples might appear, there are several other situations in which counselors may find themselves embroiled in legal disputes: (1) There is a charge of sexual misconduct, (2) there is a breach of confidentiality, (3) a client has committed suicide, (4) there is a violation of civil rights, (5) there are accusations of libel or slander, (6) there has been a failure to diagnose properly, (7) there is a breach of contract, (8) client abandonment is alleged, (9) the counselor has exerted undue influence, and (10) there has been an accident on the premises.

9. If you believe you might be engaging in some ethical or legal violation, get some help for yourself. Often remedial therapy alone is not enough and other forms of rehabilitation may be required to counteract the chronic boundary violation, especially in the case of sexual contact.
10. Make yourself more knowledgeable about the differences and commonalities between ethical codes, the legal system, and the realities of everyday practice.

Keep in mind that this is an introductory course so it is only appropriate to cover general principles of ethical and legal conduct. As you gain more experience and work in more specialized areas, you will be expected to apply sound ethical decision making to particular kinds of situations and cases. There are, for instance, more detailed guidelines for practitioners working with: (1) minors in the mental health system (Isaacs & Stone, 2001), (2) older adults (Schwiebert, Myers, & Dice, 2000), (3) gay and lesbian clients (Greene, 2006), (4) family counseling modalities (Wilcoxon et al., 2012), (5) Internet-based treatments (Sommers-Flanagan & Sommers-Flanagan, 2012), (6) addictions (Cottone & Tarvydas, 2007), and (7) managed care settings (Sommers-Flanagan & Sommers-Flanagan, 2007). In each case, and in every setting, you will be required to assess the potential ethical and legal risks that could occur as a result of your actions—or inaction (Falvey, 2002). If you are ever called on to appear in court, seek legal counsel as well as sources that prepare you for depositions and appearances as a witness (see Barsky & Gould, 2012).

Remember, as a beginner to this field you are not expected to know everything and be able to do everything perfectly. Making mistakes is part of your growth and crucial to your learning. You are, however, responsible for making certain that you find the best possible training and supervision so that you can become the most proficient and responsible professional possible.

THE FUTURE IS NOW: NEW ISSUES IN COUNSELING

Ethical Issues in Technology and Telehealth

Communicating with clients via the Internet and smartphones has become as integrated into the field of counseling as it has in most other professions. Whether it involves online counseling, telephone sessions, texting, or e-mailing, the field of telehealth is requiring counseling ethicists to keep pace with emerging technologies and how counselors are using them. All of these methods of interaction raise critical ethical issues, in some cases of such weight that the risks may outweigh the benefits. Let's start with the extreme end—video-based counseling, where the counselor communicates with clients using Skype or a similar application. Video-based interaction certainly has its benefits: clients afraid to leave home, living in isolated areas, or unable to make face-to-face sessions because of travel or health issues will have access to your counseling services. On the other hand, Remley and Herlihy (2014) and Wilcoxon, Remley, Huber, and Gladding (2012) note a number of ethical concerns "cybercounselors" must contend with. For example, can you provide competent counseling if you can't carefully observe your clients' nonverbal cues?

This may seem like a clinical issue, but competent counseling is an ethical issue as well: it is our ethical responsibility to our clients to provide the best counseling we can, using the varied skills of our profession, and good counselors note clients' posture and hand movements, as well as their facial expressions. Seeing the client's full body on screen and simultaneously making the facial image large enough to note subtle eye and facial movements is virtually impossible (not to mention the fact that a perfectly clear video communication for 45–50 minutes cannot be assured) and so it is more likely the counselor will see primarily the client's face. What may be unnoticed are the anxious, tapping hands, the slumped shoulders, the arms across the chest—all signs of a client in distress. As we noted in Chapter 3, this becomes especially critical when assessing whether a client is suicidal or homicidal. Moreover, if the counselor determines that a client truly is a danger to self or to others, an additional ethical issue looms—the challenge of successfully intervening in preventing harm when the clinician may be hundreds or thousands of miles away.

Confidentiality is another issue. The risk that your video communication can be hacked may be small but is certainly ever-present. Counselors need to be sufficiently familiar with the technology they are using in order to ensure maximum confidentiality, as well as make it clear in their informed consent agreements with clients that their confidentiality cannot be fully protected. Another issue related to informed consent is whether your clients are stating their correct name and age: these are issues in face-to-face counseling as well, but it is all the more difficult to know whether you are speaking to an adult or a minor (in which case you would most likely need a parent's permission to conduct counseling) when you are dependent on Internet visual and voice communications. A final issue is your right to practice counseling with a client residing in another state. State laws vary on whether you need to be licensed in the state where your client lives or where you live. The ethical counselor would need to be familiar with the statutes of both the state where the counselor is conducting the session and the state in which the client on the other end of the wireless connection is sitting. To practice ethically, cybercounselors may need to be licensed in several if not many states.

While you may choose not to engage in cybercounseling, you will certainly interact with clients via e-mail and texting, for many of us, the preferred method for brief communications. Because texts and e-mails are vulnerable to being seen by others (e.g., employers; partners or friends who borrow your phone), many counselors restrict their clients to only communicating about appointment scheduling. Using encryption technologies has been suggested as a method to protect confidentiality, but they are not foolproof (Welfel, 2013). Encryption technology also may be prohibitively expensive for both independent practitioners and community counseling agencies.

Do you have a Facebook page? Is there anything on your page that you wouldn't like your clients to see? Social networking sites present clinical risks for the counseling relationship if clients discover your Facebook page or information about you on other social networking sites. Many clients are curious about the private lives of their counselors, and during your training you will be taught how to maintain boundaries in a face-to-face session if asked by clients to self-disclose