The Judgment of Solomon refers to a story from the Hebrew Bible in which King Solomon of Israel ruled between two women both claiming to be the mother of a child by tricking the parties into revealing their true feelings. It has become an archetypal example of a judge displaying wisdom in an Ethical Decision making process.
It is expected that, in the management of, or delivery of services to, individuals with criminal justice involvement, recipients of CCJP certification will:

- **General Respect and Caring**
  - Perform duties with the attitude that change can occur, and accept responsibility for facilitating that change.
  - Demonstrate appropriate respect for the dignity, worth, knowledge, insight, experience, and areas of expertise of others.
  - Accept responsibility for the consequences of their actions.
  - Make every reasonable effort to ensure that psychological knowledge is not misused, intentionally or unintentionally, to harm others.
  - Encourage others, if appropriate, to relate with integrity, to respect the dignity of persons, and to expect respect for their own dignity.
• Assume overall responsibility for the scientific and professional activities of assistants, students, supervisees, and employees with regard to respect for the dignity of persons, all of whom, however, incur similar obligations.

• **Conflict of Interest**
  • Avoid relationships (e.g., with students, employees, or clients) and other situations which might present a conflict of interest or which might reduce their ability to be objective and unbiased in their determinations of what might be in the best interests of others.

• **Do No Harm**
  • If making a referral to a colleague or other professional, maintain appropriate contact, support, and responsibility until other service begins.
  • Do everything reasonably possible to stop or offset the consequences of actions by others when these actions are likely to cause serious physical harm or death, as allowed by Texas law.
• **Confidentiality**
  · Embrace, as a primary obligation, the duty not to disclose confidential information acquired in teaching, practice or investigation without appropriately executed consent within the standards and guidelines of Federal and state regulations.
  · Adhere strictly to established rules of confidentiality of all records, materials, and knowledge concerning persons served in accordance with all current government and program regulations.

• **Informed Consent**
  · Seek as full and active participation as possible from others in decisions, which affect them.
  · Practice within the guidelines and standards of Federal and state regulations regarding informed consent and human subjects protocols.
Competence and Self-Knowledge

- Espouse objectivity and integrity, and maintain the highest standards in the services offered.
- Conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance. Accurately represent their own and their associates' qualifications, education, experience, competence, and affiliations, in all spoken, written, or printed communications, being careful not to use descriptions or information which could be misinterpreted.
- Take immediate steps to obtain consultation or to refer a client to a colleague or other appropriate professional, whichever is more likely to result in providing the client with competent service, if it becomes apparent that a client's problems are beyond their competence.
- Keep themselves up to date with relevant knowledge, research methods, and techniques, through the reading of relevant literature, peer consultation, and continuing education activities, in order that their service or research activities and conclusions will benefit and not harm others.
- **Develop and utilize strategies to maintain one's own physical and mental health.**
• **Reliance on the Discipline**
  Seek consultation from colleagues and/or appropriate groups and committees, and give due regard to their advice in arriving at a responsible decision, if faced with difficult situations.

• **Resolving Ethical Issues**
  · TCBAP certified professionals shall take appropriate action when they possess information that raises doubts as to whether another professional is acting in an ethical manner.
  · TCBAP certified professionals shall not initiate, participate in, or encourage the filing of ethics complaints that are frivolous or intend to harm a professional rather than to protect clients or the public.

• TCBAP certified professionals shall cooperate with investigations, proceedings, and requirements of a TCBAP ethics investigation or ethics committees of other duly constituted associations or boards having jurisdiction over those charged with a violation.
• **Disclaimer:**
  All content within this site is provided for general information only. It should not be treated as a substitute for the medical or legal advice of your own health care professional and attorney. The owners of this site are not responsible or liable for any diagnosis made by a user or any legal action by a user based on the content of the evagregorycounselingonline website. The owner is not liable for the contents of any external internet sites listed, nor does it endorse any commercial product or service mentioned or advised on in this or any linked site. Always consult your own attorney and professional associations' experts if you are concerned about an ethical decision making issue.
What types of Ethics are being Violated?
What has Happened to Our society’s mind-set on addiction?
What moral ethics are being violated?
1. Participant must read this entire course .pdf text file.
2. Participant must read your corresponding professional association’s Code of Ethics.
3. Then you may submit the required Course Evaluation/Quiz and make a score of 70, documentation and your Payment to evagregorycounselingonline, and receive your CEU Certificate.
6 ETHICS CEU TCBAP PROVIDER NO. 1844-13

Course Objectives:
1) Familiarize yourselves with your respective professional association’s Code of Ethics.
2) Understand the basic fundamentals of HIPAA law.
3) Use your respective association’s Code of Ethics to create a foundation for resolving ethical dilemmas.
HOW COUNSELORS VIEW DENIAL:

- *Denial must be broken before progress is made in treatment.
- The counselor must do something to break the denial of a client.
- **Believing that a client must break out of denial actually keeps the client stuck, and makes the therapist more important than he or she actually is.**
ETHICAL STANDARDS

I. ETHICAL STANDARDS FOR CHRISTIAN COUNSELORS

ES1-100 First, Do No Harm
Christian counselors acknowledge that the first rule of professional-ministerial ethical conduct is: do no harm to those served.

1-101 Affirming the God-given Dignity of All Persons
Affirmatively, Christian counselors recognize and uphold the inherent, God-given dignity of every human person, from the pre-born to those on death’s bed. Human beings are God’s creation—in fact, the crown of His creation—and are therefore due all the rights and respect and ordered logic that this fact of creation entails.

Therefore, regardless of how we respond to and challenge harmful attitudes and actions, Christian counselors will express a loving care to any client,
service-inquiring person, or anyone encountered in the course of practice or ministry, without regard to race, ethnicity, gender, sexual behavior or orientation, socio-economic status, education, denomination, belief system, values, or political affiliation. God’s love is unconditional and, at this level of concern, so must that of the Christian counselor.

1-102 No Harm or Exploitation Allowed

Prohibitively, then, Christian counselors avoid every manner of harm, exploitation, and unjust discrimination in all client-congregant relations. Christian counselors are also aware of their psychosocial and spiritual influence and the inherent power imbalance of helping relationships—power dynamics that can harm others even without harmful intent.

Clients against harm wherever it is found, taking care to honor and support client decision-making regarding curative action against violators.
1-113 Managing Problems with Managed Care

Managed care has greatly expanded its influence in health and mental health service delivery. Widespread problems in client-provider-managed care relations are now being reported: breach of confidentiality, client abandonment, failure to maintain continuity of care, incompetent care, restriction of therapist choice and access, and even infliction of emotional distress. Christian counselors acknowledge these legal-ethical problems, and will avoid and work to correct any unethical entanglement and unintended client harm due to managed care relations.

1-120 Refusal to Participate in the Harmful Actions of Clients

Christian counselors refuse to condone, advocate for, or assist the harmful actions of clients,
especially those that imperil human life from conception to death. We agree that the protection of human life is always a priority value in any professional or ministerial intervention. We will not abandon clients who do or intend harm, will terminate helping relations only in the most compelling circumstances, and will continue to serve clients in these troubles so far as it is humanly possible.

1-121 Application to Deadly and Threatening Behavior

Christian counselors refuse to condone, advocate for, or assist the suicidal, homicidal, or assaultive/abusive harm done to self or others by clients, including that which is threatened by verbal or other means. In fact, we are under an affirmative ethical duty to prudently intervene for the sake of protecting life, and under certain conditions, to report deadly threats to the proper authorities and those threatened by clients (see Code sections 1-430ff).

Case Study 1: Andy is 25, single and grew up in a Christian Home. His family are all members of the church. Andy comes to you and tells you he is on medication for major depression. He tells you he wants to kill himself because he can’t take it any longer. What is your legal, ethical, and moral responsibly as counselor? Do you owe any responsibilities to his family? Remember the confidentiality law.
threw bynt ynt (see Code sectons 1-430ff).

1-122 Application to Substance Abuse and Other Addictions

Christian counselors refuse to condone, advocate for, or assist substance abuse or other addictions and addictive behaviors by clients. We recognize and accept the distinction between drug dependence and addiction, and may support or assist clients in the use of necessary drugs—even those from which dependencies may develop for limited periods of time—when medically justified and under a physician’s supervision.

Case Study: Dan, age 32 is sent by probation for substance abuse counseling. Dan says he does not have a problem as he can manage his drinking. His current charge is DWI. Dan ask you to make him a treatment plan that allows him to cut-down on his drinking. He wants to have three beers a day for the next three weeks. What is the ethical, legal, and moral steps for you to take as a counselor?

1-123 Application to Abortion

Christian counselors refuse to condone or advocate for abortion and the abortion-related activities of clients. All counselors will consider and inform clients of alternative means to abortion and, as far as it is possible, will continue to serve clients and work compassionately with them through the abortion crisis.

Case Study 2: Christine comes to see you. She is in tears. She is a Junior in College and wants to go to Medical School. Her extended family are strict religious individuals. Christine is wanting to have an abortion. She is seeking your help. What is the ethical, legal, and moral steps for you as counselor?
1-124 Application to Divorce

Christian counselors refuse to assume the decision for client divorce. We may assist clients in analyzing and making the decision to divorce, insofar as it is biblically permissible, as God does allow for divorce in some cases. Therefore, we may assist clients through the divorce process without being a divorce advocate, as that divorce decision must always reside in and be owned by the client.

Case Study 3:

Mr. & Mrs. Morris have come to your office with relationship problems. Mrs. Morris has went through several strokes. During Mrs. Morris’s last hospital stay, Mr. Morris went online to Craig’s list classified ads to advertise wanting sexual favors “blow job”. What morally, ethically, and legally actions can be done by you as counselor for this couple?
Counselor will emphasize that working with the couple is not an endorsement of divorce, but rather a decision to offer a better choice than adversarial litigation and its destructive family impact when divorce is inevitable.

Case Study: Tom appears to have a sincere walk with Christ. He comes to you and tells you that God has told him to leave his wife and marry Sallie who happens to be one of the church members. What is your legal, moral and ethical responsibilities as a counselor?

1-125 Application to Premarital and Extramarital Sexual Behavior

Christian counselors refuse to condone or advocate for the pursuit of or active involvement in pre-marital and extra-marital sexual behavior by clients—promoting an affair is never proper counsel as a solution to marital problems. We acknowledge that sex is God’s good creation and a delightful gift when confined to one man and one woman in marriage. We may agree to and support the wish to work out issues of sexual behavior, identity, and attractions, but will encourage sexual celibacy or biblically proscribed sexual behavior while such issues are being addressed.

Case Study 4: Marcella and Ernesto have been coming to church and are asking to become members. You find out that they would be considered “common-law” marriage in the State of Texas. What would be your legal, ethical and moral responsibility as counselor with this couple?
1-126 Application to Homosexual and Transgendered Behavior

Christian counselors refuse to condone or advocate for the pursuit of or active involvement in homosexual, transgendered, and cross-dressing behavior, and in the adoption gay & lesbian & transgendered lifestyles by clients. We may agree to and support the wish to work out issues of homosexual and transgendered identity and attractions, but will refuse to describe or reduce human identity and nature to sexual reference or orientation, and will encourage sexual celibacy or biblically proscribed sexual behavior while such issues are being addressed.

Case Study: Dr. Tomblin from downtown Presbyterian church came to a counseling meeting. He tells you he is an ordained minister and has same-sex life partner. He wants to change to your church and be active in the church leadership. What is your moral, legal and ethical responsibilities as counselor?

Christian counselors differ, on biblical, ethical, and legal grounds homosexual, transgendered, and cross-dressing behavior, and in the adoption gay & lesbian & transgendered lifestyles by clients. We may agree to and support the wish to work out issues of homosexual and transgendered identity and attractions, but will refuse to describe or reduce human identity and nature to sexual reference or orientation, and will encourage sexual celibacy or biblically proscribed sexual behavior while such issues are being addressed.
• Christian counselors differ, on biblical, ethical, and legal grounds, with groups who abhor and condemn reparative therapy, willingly offering it to those who come into counseling with a genuine desire to be set free of homosexual attractions and leave homosexual behavior and lifestyles behind. Either goal of heterosexual relations and marriage or lifelong sexual celibacy is legitimate and a function of client choice in reparative therapy.

• It is acknowledged that some persons engaged in same-sex change or reparative therapy will be able to change and become free of all homo-erotic behavior and attraction, some will change but will still struggle with homosexual attraction from time to time, and some will not change away from homosexual practices.

• (Case Study 5: Mr. Stanley comes to you with his wife about relationship problems. During your interview with Mr. Stanley, he reveals that he likes to dress in women’s clothes and during his latter marriage, he had purchased dresses, underwear, wigs and make-up. He had glamour pictures made. Before marrying current wife, he gave all the clothes, wigs, make-up, shoes to a women’s shelter. He currently has urges to dress as a women. How do you handle this matter and follow the moral, ethic and legal code?)
1-127 Application to Euthanasia and Assisted Suicide

Christian counselors refuse to condone or advocate for active forms of euthanasia and assisted suicide. We may agree to and support the wish not to prolong life by artificial means, and will often advocate for hospice care, more effective application of medicine, and other reasonable means to reduce pain and suffering.

Regarding patients or clients who wish to die, we will not deliver, nor advocate for, nor support the use of drugs or devices to be utilized for the purpose of ending a patient’s life. We recognize that the death of a patient may occur as the unintended and secondary result of aggressive action to alleviate a terminally ill patient’s extreme pain and suffering.

So long as there are no other reasonable methods to alleviate such pain and suffering, the Christian counselor is free to support, advocate for, and participate in such aggressive pain management in accordance with sound medical practice, and with the informed consent of the patient or the patient’s authorized representative.
Case Study: Mrs. Gregory comes to your office about conflict with her sister. Her sister is an administration nurse at the major hospital in this small town. Mrs. Gregory’s mother has been ill for 5 years. Mrs. Gregory’s sister has been going to her mother’s home to give her the insulin shots and medicine and incurs many problems in the evening with the mother trying to wander away from home. Finally, the sister puts the mother into a nursing home as she had a stroke and has problems walking. Then the mother has an incident and went into a coma like state for several hours. The sister sets up a scheduled morphine drip to end the mother’s life. The sister tells Mrs. Gregory, “she’s tired and the mother is tired. It is time for life to end.” Mrs. Gregory has gone to an attorney for a restraint on her sister’s actions. It depends on time and if the attorney can get the restraint established. Staying within the guidelines of your moral, ethical and legal code of ethics, how can you help Mrs. Gregory? E-mail your answer to eva_gregory@ymail.com.

1-130 Sexual Misconduct Forbidden

All forms of sexual misconduct in pastoral, professional, or lay relationships are unethical. This includes every kind of sexual exploitation, deception, manipulation, abuse, harassment, relations where the sexual involvement is initiated, and relations where informed consent presumably exists. Due to the inherent power imbalance of helping relationships and the immoral nature of sexual behavior outside of marriage, such apparent consent is illusory and illegitimate.

Forbidden sexual activities and deceptions include, but are not limited to, direct sexual touch or contact; seductive sexual speech or non-verbal behavior; solicitation of sexual or romantic relations; erotic contact or behavior as a response to the sexual invitation or seductive behavior of clients; unnecessary. Case Study 6: Ms. Jackson is a 57 year old lady and her husband has been dead for 18 months. She is very lonely and has been counseling with her pastor. She comes to you crying. She states that she has been having sex with pastor, but after each session, they ask God to forgive them. What is your moral, ethical and legal responsibilities as a counselor?
questioning and/or excessive probing into the client's sexual history and practices; inappropriate counselor disclosures of client attractiveness, sexual opinions, or sexual humor; advocacy of the healing value of counselor-client sexual relations; secretive sexual communications and anonymous virtual interaction via the Internet or other electronic and informational means; sexual harassment by comments, touch, or promises/threats of special action; and sexual misconduct as defined by all applicable laws, ethics, and church, organizational, or practice policies.

1-131 Sexual Relations with Former Clients Forbidden

All sexual relations as defined in 1-130 above with former clients are unethical. Furthermore we do not terminate and refer clients or parishioners, even at first contact, in order to pursue sexual or romantic relations.

1-132 Counseling with Marital/Sexual Partners

Christian counselors do not counsel, but make appropriate referral, with current or former sexual and/or marital partners.
1-133 Marriage with Former Clients/Patients

Since marriage is honorable before God, the lone exception to this rule against marriage to a former client, is a case anticipating marriage, so long as (1) counseling relations were properly terminated, and not for the purpose of pursuing marriage or romantic relations, (2) the client is fully informed that any further counseling must be done by another, (3) there is no harm or exploitation of the client or the client’s family as a result of different relations with the counselor, and (4) the marriage takes place two years or more after the conclusion of a counseling or helping relationship.
1-140 Dual and Multiple Relationships

Dual relationships involve the breakdown of proper professional or ministerial boundaries. A dual relationship is where two or more roles are mixed in a manner that can harm the counseling relationship. Examples include counseling plus personal, fraternal, business, financial, or sexual and romantic relations.

Some dual relationships are not unethical—it is client exploitation that is wrong, not the dual relationship itself. Based on an absolute application that harms membership bonds in the Body of Christ, we oppose the ethical-legal view that all dual relationships are per se harmful and therefore invalid on their face. Many dual relations are wrong and indefensible, but some dual relationships are worthwhile and defensible (per section 1-142 below).

1-141 The Rule of Dual Relationships

While in therapy, or when counseling relations are imminent, or for an appropriate time after termination of counseling, Christian counselors do not engage in dual relations with counselees. Some
dual relationships are always avoided—sexual or romantic relations, and counseling close friends, family members, employees, or supervisees. Other dual relationships should be presumed troublesome and avoided wherever possible.

Case Study: (Sam comes to you about where can he complete his 30 community service hours that was mandated by the court system. Sam is a professional house painter. Your living room and bedroom need to be painted and you have been trying to get the money together. Ethically, morally and legally, what do tell Sam and how do you help Sam). E-mail answer to eva_gregory@ymail.com

1-142 Proving an Exception to the Rule

The Christian counselor has the burden of proving a justified dual relationship by showing (1) informed consent, including discussion of how the counseling relationship might be harmed as other relations proceed, and (2) lack of harm or exploitation to the client.

As a general rule, all close relations are unethical if they become counselor-client or formal lay helping relations. Dual relations may be allowable, requiring justification by the foregoing rule, if the client is an arms-length acquaintance—if the relationship is not a close one. This distinction is crucial in the applications below.

Case Study 7: Margaret comes to you for counseling. She tells you she is homeless at this time and can you let her stay with you for six months. She is on probation as she took food from Wal-Mart and has been out of work for 6 months. What is your ethical, moral and legal responsibilities as counselor?
1-143 Counseling with Family, Friends, and Acquaintances

Christian counselors do not provide counseling to close family or friends. We presume that dual relations with other family members, acquaintances, and fraternal, club, association, or group members are potentially troublesome and best avoided, otherwise requiring justification.

1-144 Business and Economic Relations

Christian counselors avoid partnerships, employment relations, and close business associations with clients. Barter relations are normally avoided as potentially troublesome, and require justification; therefore if done, barter is a rare and not a common occurrence. Unless justified by compelling necessity, customer relations with clients are normally avoided.

1-145 Counseling with Fellow Church Members

Christian counselors do not provide counseling to fellow church members with whom they have close personal, business, or shared ministry relations. We presume that dual relations with any other church members who are clients are potentially troublesome and best avoided, otherwise requiring justification. Pastors and church staff helpers will take all reasonable precautions to limit
- impact of any dual relationships.
- 1-146 Termination to Engage in Dual Relations Prohibited
- Christian counselors do not terminate counseling to engage in dual relationships of any kind. Some counselors and their former clients will agree that any future counseling will be done by someone else if, after legitimate termination, they decide to pursue another form of relationship.
- ES1-200 Competence in Christian Counseling
- 1-210 Honoring the Call to Competent Christian Counseling
- Christian counselors maintain the highest standards of competence with integrity. We know and respect the boundaries of competence in ourselves and others, especially those under our supervision. We make only truthful, realistic statements about our identity, education, experience, credentials, and about counseling goals and process, avoiding exaggerated and sensational claims. We do not offer services or work beyond the limits of our competence and do not aid or abet the work of Christian counseling by untrained, unqualified, or unethical helpers. (Google: American Christian Association–Liberty University and Read Entire Ethics Code).
Both law and ethics provide the boundaries through which to consider the many potential conflicts that may occur in a therapeutic relationship. You have a responsibility to the clients that you serve. The type of services may vary, the fundamental need to protect a clients' interests does not. Ethical dilemmas occur frequently, ethical problems also occur but can be reduced through vigilance on the part of the counselor and knowledge of ethical, moral and legal codes. Some of these situations are in your control and some are not. There are pitfalls and the intersections among moral, legal and ethical issues are a point of interest.

Ethical problems occur for many reasons. The counselor is inexperienced and lacks knowledge about a certain situation. Guidelines are not adequate for the situation. Ethics in this situation conflict with the law. Foreseen pitfalls; however no way to avoid them. Clients misreport, probation officers misreport defining information concerning the situation. And finally, we are all human and make mistakes without intentions.
Ethical Decision Making

- A conflict arises when there is a distinction to be made about facts and values. This implies a situation where a manager confronts ‘what is’ and weighs the same against ‘what ought to be’. For example an organization may spend lots of resources upon developing, researching or upgrading a certain product and service, which gets reflected in the final price of the latter. This increase in price may be looked upon as exploitative by the end users!

- Yet another difficulty arises in cases when there is a fine line dividing the good from the bad or the evil and in situations when there is a difference of opinion on what is morally permissible and what is not. Undoubtedly, in our society the good and the evil exist side by side. Example in case, Nestle infant formula lead to many deaths in Kenya because the formula was prepared in contaminated water. The same formula proved life saving in other countries. The challenge lies in minimizing the evil and trying to arrive upon a consensus.
Ethics are principles adopted by an individual or group, such as, a profession or organization, to provide rules/guidelines for right conduct. Those rules are called codes of ethics. Whereas morals apply to any member of the culture or community, a code of ethics applies only to those members of the specific group. In some cultures, what is moral is determined by religious values. Ethics are based on a standard of behavior that is nonreligious. Virtues are desirable personal characteristics. They are not related to skill or behaviors so much as character, desire and motivation. Virtues are about who a person is rather than how that person may act. Virtues cannot be regulated. Some codes of ethics do include mention of virtues expected of members, such as personal self-awareness, but in general codes refer to behaviors.
Values are entities or ideas that have worth and are seen as promoting the good life or the good of society. Some philosopher's use the term moral values to refer to humanity caused benefits that we provide to one another.

Counselors and their clients center on issues of value and the meaning of life as they search out solutions for problems, goals and strategies related to this meaning. They use their own interpretation of what is good, bad, right, wrong and painful in their experiences and realities to guide them. 'These understandings are called values.' (Cottone and Tarvydas, p. 121).

Laws are rules developed under the authority of a state, court or federal body. Statutes are the laws passed by a legislative body. An example of this is the law that requires the reporting of child abuse. Case law is laws that are prescribed by a court. An example of this is Tarasoff v. Regents of the University of California. Liability is a legal term and refers to a professional's responsibility to clients to perform competently.
IMPORTANT...

- Four criteria must exist in order for the court to support the liability charge:
  - The professional had a duty to the client
  - The professional breached a duty to the client
  - Evidence proves that the client was injured or damaged
  - Proof that the injury was caused by the professional's breach of duty.
• Regulations are guidelines prescribed by a governing authority for a specific group. Regulations can be promulgated by private groups, like counselor certification boards or a professional association, and have no statutory authority. Regulations can also be promulgated by state and federal boards and agencies that do have statutory authority. The regulations only apply to the group for which they are promulgated. For example, the regulations for marriage and family counselors do not apply to someone who does not identify with this profession or hold this license. Christian Life Coach or Certified Christian would be identified under the American Christian Counselors Association Code of Ethics. The most recent federal regulations that impact counseling are the Health Insurance Portability and Accountability Act (HIPPA).
The Health Insurance Portability and Accountability Act (HIPAA) ensures that health practitioners keep their patients' medical information confidential. It obliges practitioners to explain to clients both their rights and limits to privacy. It guides practitioners to communicate with clients in ways sufficiently discrete to protect confidentiality. Patients may file complaints against health care professionals who do not uphold HIPAA regulations. HIPAA gives patients rights to obtain copies of their records and to request changes to be made to them.

Access to Medical Records. Patients generally should be able to see and obtain copies of their medical records and request corrections if they identify errors and mistakes. Health plans, doctors, hospitals, clinics, nursing homes and other covered entities generally should provide access these records within 30 days and may charge patients for the cost of copying and sending the records.
Notice of Privacy Practices. Covered health plans, doctors and other health care providers must provide a notice to their patients how they may use personal medical information and their rights under the new privacy regulation. Doctors, hospitals and other direct-care providers generally will provide the notice on the patient's first visit following the April 14, 2003, compliance date and upon request. Patients generally will be asked to sign, initial or otherwise acknowledge that they received this notice. Health plans generally must mail the notice to their enrollees by April 14 and again if the notice changes significantly. Patients also may ask covered entities to restrict the use or disclosure of their information beyond the practices included in the notice, but the covered entities would not have to agree to the changes.
Limits on Use of Personal Medical Information. The privacy rule sets limits on how health plans and covered providers may use individually identifiable health information. To promote the best quality care for patients, the rule does not restrict the ability of doctors, nurses and other providers to share information needed to treat their patients. In other situations, though, personal health information generally may not be used for purposes not related to health care, and covered entities may use or share only the minimum amount of protected information needed for a particular purpose. In addition, patients would have to sign a specific authorization before a covered entity could release their medical information to a life insurer, a bank, a marketing firm or another outside business for purposes not related to their health care.
Prohibition on Marketing. The final privacy rule sets new restrictions and limits on the use of patient information for marketing purposes. Pharmacies, health plans and other covered entities must first obtain an individual's specific authorization before disclosing their patient information for marketing. At the same time, the rule permits doctors and other covered entities to communicate freely with patients about treatment options and other health-related information, including disease-management programs.

Stronger State Laws. The new federal privacy standards do not affect state laws that provide additional privacy protections for patients. The confidentiality protections are cumulative; the privacy rule will set a national "floor" of privacy standards that protect all Americans, and any state law providing additional protections would continue to apply.

When a state law requires a certain disclosure -- such as reporting an infectious disease outbreak to the public health authorities -- the federal privacy regulations would not preempt the state law.

Confidential communications. Under the privacy rule, patients can request that their doctors, health plans and other covered entities take reasonable steps to ensure that their communications with the patient are confidential.
For example, a patient could ask a doctor to call his or her office rather than home, and the doctor’s office should comply with that request if it can be reasonably accommodated.

Complaints.
Consumers may file a formal complaint regarding the privacy practices of a covered health plan or provider. Such complaints can be made directly to the covered provider or health plan or to HHS' Office for Civil Rights (OCR), which is charged with investigating complaints and enforcing the privacy regulation. Information about filing complaints should be included in each covered entity's notice of privacy practices. Consumers can find out more information about filing a complaint at http://www.hhs.gov/ocr/hipaa or by calling (866) 627-7748.
Written Privacy Procedures. The rule requires covered entities to have written privacy procedures, including a description of staff that has access to protected information, how it will be used and when it may be disclosed. Covered entities generally must take steps to ensure that any business associates who have access to protected information agree to the same limitations on the use and disclosure of that information.

Employee Training and Privacy Officer.
Covered entities must train their employees in their privacy procedures and must designate an individual to be responsible for ensuring the procedures are followed. If covered entities learn an employee failed to follow these procedures, they must take appropriate disciplinary action.

Confidentiality is a leading cause of ethical complaints. The breach of confidentiality is a leading cause of litigation. This is the confidentiality that must be maintained while developing a trusting and productive therapeutic relationship. Counselors need to keep information confidential to prevent serious, foreseeable, and imminent harm to a client. This is open to some degree of discretion on the part of the counselor. For example, a counselor could disclose concerns to a person’s parents or spouse and seek their help in arranging hospitalization of prevent possible suicide.
• It is important to define the degree of confidentiality that can be promised. It is helpful to have clients sign a written statement that includes circumstance under which the counselor is allowed to disclose information.

• When doing family or groups, it is important for the counselor to be specific with regard to confidentiality issues and to seek agreement among the parties involved concerning each individual’s right to confidentiality. No cell phones in group so pictures of group members cannot be taken. Do not address another group member at the grocery store as “this is Jim, and he is in my SOP group”.

• Make sure the client is aware that the counselor can break confidentiality concerning harm to self or others.

• Case Study 8: Mel is in Cypress Creek Hospital. His diagnosis is Bio-Polar Disorder/Post Traumatic Stress Disorder. Mel orders a Lexus from one dealership and a Escalate from another dealership. The dealerships show up at the hospital asking for Mel. While Mel is in the hospital, he has signed an admittance agreement to not conduct business. The two salesmen are in the front lobby and the receptionist has called you to come meet with them. As Mel’s counselor, what is your ethical, moral, legal duty?
STANDARDS OF PRACTICE

- Standards of practice are the minimal standard of behavior that is expected from a professional. In a liability suit, the standard of practice will be used to evaluate the counselor’s professional judgment and conduct. The standards of practice are established through testimony of professionals who are considered experts in their field. Standards of practice are also influenced by ethical standards, state laws, cultural factors, and interpretations of case law. Standards of Practice for Texas are under Chapter 448, Standard of Care, Department of State Health Services.

- ETHICAL THEORIES

- Helping professionals would not attempt to practice their profession without a good grounding in psychological and/or counseling theories. However, many professionals engage in ethical decision making without any knowledge of ethical theories. Theories give a foundation to why we may think or act in a particular way with clients. For example, if you believe the good of the many clients is more important than the good of one, that belief is based on a theory. How this theory might look in practice is when a professional or agency sets limits on a set number of sessions for a client; resources are scare and need to be distributed equally.
We will take a brief overview of ethical theories to increase your awareness of how these theories may impact your practice.

UTLITARIANISM

Jeremy Bentham (1748-1832) and John Stuart Mill (1806-1873) are the authors of this theory. The main principle of utilitarianism is that humans should act in ways that will produce the most benefit to humanity; however, the greatest good was defined differently by each philosopher. Bentham thought the greatest good for humans is pleasure, defined as when a state of deprivation is replaced by fulfillment. Bentham proposed that we tally the consequences of each action we perform and thereby determine on a case by case basis whether an action is morally right or wrong. Pleasure and pain are the only consequences that matter in determining whether our conduct is moral. The Word would view this as walking in the flesh.
Mill believed that happiness is the greatest good and defined this as the realization of goals. His form of utilitarianism is known as rule-oriented. Utilitarianism proposes that humans are responsible for all the consequences of their choices. Therefore, ethical decision-making would involve an examination of the good vs. bad outcomes.

Questions:

1. What are some examples in your practice where you can act for the greater good of society in conflict with an individual client’s good?
2. Name some situations where you think you might act this way.
3. Identify your own values in deciding which situations you would act this way or not.
In Europe, a woman was near death from a special kind of cancer. There was one drug that the doctors thought might save her. It was a form of radium that a druggist in the same town had recently discovered. The drug was expensive to make. He paid $200 for the radium and charged $2,000 for a small dose of the drug. The sick woman’s husband Heinz went to everyone that he knew to borrow the money, but he could only get together $1,000. He told the druggist that his wife was dying and could he sell the drug for $1,000.
The druggist say no, he had discovered the drug and he was going to make money from it. So Heinz became desperate and broke into the man’s store to steal the drug. Should he have done that? (Kohlberg, 1963, p. 19).

Using Piaget’s constructive requirements for a stage model per his theory of cognitive development, Kohlberg developed six stages of moral development. It is extremely rare that a person will regress in these stages; in other words to loose the use of higher stage abilities. Stages cannot be skipped; each provides a new and necessary perspective, more comprehensive and differentiated that its predecessors but integrated with them.
Recently a young male client, age 17, with a newborn in San Antonio was in a theft class. He was laid off from his job. He moved in with his parents. His baby need diapers and formula and he did not have any money. He went to Wal-Mart and stole the diapers and formula. Using the stages of moral development, explain his choices.

Later we will explain Heinz’s choices per stages of moral development.
- Level 1 (Pre-Conventional)
  - 1. Obedience and punishment orientation. How can I avoid punishment?
  - 2. Self-interest orientation
  - What is in it for me?
  - Paying for a benefit.
- Level 2 (Conventional)
  - 3. Interpersonal accord and conformity
  - Social norms
  - The good boy/girl attitude.
4. Authority and social-order maintaining orientation

- Law and Order morality
- Level 3 (Post-Conventional)

5. Social Contract orientation

6. Universal ethical principles

(Principled conscience)
The pre-conventional level of moral reasoning is especially common in children, although adults can also exhibit this level of reasoning. Reasoners at this level judge the morality of an action by its direct consequences. The pre-conventional level consists of first and second stages of moral development, and is solely concerned with the self in an egocentric manner. A child in the pre-conventional morality has not yet adopted or internalized society’s conventions regarding what is right or wrong, but instead focuses largely on external consequences that certain actions may bring.
Stage One

- In stage one, obedience and punishment driven, individuals focus on the direct consequences of their actions on themselves. For example, an action is perceived as morally wrong because the perpetrator is punished. “The last time I did that, I got spanked so I will not do that again.” The rise to an inference that even innocent victims are guilt in proportion to their suffering. It is “egocentric”, lacking recognition that others’ points of view are different from one’s own. There is “deference to superior power or prestige”.

Stage Two -- Moral Development

- Stage two self-interest driven espouses the “what is in it for me” position, in which right behavior is defined by whatever the individual believes to be in their best interest but understood in a narrow way which does not consider one’s reputation or relationships to groups of people.

- Stage two reasoning shows a limited interest in the needs of others, but only to a point where it might further the individual’s own interests. As a result, concern for others is not based on loyalty or intrinsic respect, but you scratch my back, and I will scratch yours. The lack of a societal perspective in the pre-conventional level is quite different from the social contract (stage five), as all actions have the purpose of serving the individual’s own needs or interests. For the stage two theorist, the world’s perspective is often see as morally relative.
Stage three --- moral development

- Conventional

The conventional level of moral reasoning is typical of adolescents and adults. Those who reason in a conventional way judge the morality of actions by comparing them to society’s views and expectations. The conventional level consists of the third and fourth stages of moral development. Conventional morality is characterized by an acceptance of society’s conventions concerning right and wrong. At this level an individual obeys rules and follows society’s norms even when there are no consequences for obedience or disobedience.

- In Stage three (interpersonal accord and conformity driven), the self enters society by filling social roles. Individuals are receptive to approval or disapproval from others as it reflects society’s accordance with the perceived role. They try to be a “good boy/girl” to live up to these expectations. Stage three reasoning may judge the morality of an action by evaluating its consequences in terms of a person’s relations, which now begin to include such things like respect, gratitude and the “golden rule”.
Stage Four --- Moral Development

- In stage four (authority and social order obedience driven) it is important to obey laws, dictums and social conventions because of their importance in maintaining a functioning society.

- **Stage 4. Maintaining the Social Order.** Stage 3 reasoning works best in two-person relationships with family members or close friends, where one can make a real effort to get to know the other's feelings and needs and try to help. At stage 4, in contrast, the respondent becomes more broadly concerned with *society as a whole*. Now the emphasis is on obeying laws, respecting authority, and performing one's duties so that the social order is maintained. In response to the Heinz story, many subjects say they understand that Heinz's motives were good, but they cannot condone the theft. What would happen if we all started breaking the laws whenever we felt we had a good reason? The result would be chaos; society couldn't function. As one subject explained,

  - I don't want to sound like Spiro Agnew, law and order and wave the flag, but if everybody did as he wanted to do, set up his own beliefs as to right and wrong, then I think you would have chaos. The only thing I think we have in civilization nowadays is some sort of legal structure which people are sort of bound to follow. [Society needs] a centralizing framework. (Gibbs et al., 1983, pp. 140-41)

- Because stage 4, subjects make moral decisions from the perspective of society as a whole, they think from a full-fledged member-of-society perspective (Colby and Kohlberg, 1983, p. 27).

- You will recall that stage 1 children also generally oppose stealing because it breaks the law.
Superficially, stage 1 and stage 4 subjects are giving the same response, so we see here why Kohlberg insists that we must probe into the reasoning behind the overt response. Stage 1 children say, "It's wrong to steal" and "It's against the law," but they cannot elaborate any further, except to say that stealing can get a person jailed. Stage 4 respondents, in contrast, have a conception of the function of laws for society as a whole—a conception which far exceeds the grasp of the younger child.

**Level III. Post-conventional Morality**

**Stage 5. Social Contract and Individual Rights.** At stage 4, people want to keep society functioning. However, a smoothly functioning society is not necessarily a good one. A totalitarian society might be well-organized, but it is hardly the moral ideal. At stage 5, people begin to ask, "What makes for a good society?" They begin to think about society in a very theoretical way, stepping back from their own society and considering the rights and values that a society ought to uphold. They then evaluate existing societies in terms of these prior considerations. They are said to take a "prior-to-society" perspective (Colby and Kohlberg, 1983, p. 22).
Stage 5 respondents basically believe that a good society is best conceived as a social contract into which people freely enter to work toward the benefit of all. They recognize that different social groups within a society will have different values, but they believe that all rational people would agree on two points. First, they would all want certain basic rights, such as liberty and life, to be protected. Second, they would want some democratic procedures for changing unfair law and for improving society.

In response to the Heinz dilemma, stage 5 respondents make it clear that they do not generally favor breaking laws; laws are social contracts that we agree to uphold until we can change them by democratic means. Nevertheless, the wife's right to live is a moral right that must be protected. Thus, stage 5 respondent sometimes defend Heinz's theft in strong language:

- It is the husband's duty to save his wife. The fact that her life is in danger transcends every other standard you might use to judge his action. Life is more important than property.
This young man went on to say that "from a moral standpoint" Heinz should save the life of even a stranger, since to be consistent, the value of a life means any life. When asked if the judge should punish Heinz, he replied:

- Usually the moral and legal standpoints coincide. Here they conflict. The judge should weight the moral standpoint more heavily but preserve the legal law in punishing Heinz lightly. (Kohlberg, 1976, p. 38)

- Stage 5 subjects, then, talk about "morality" and "rights" that take some priority over particular laws. Kohlberg insists, however, that we do not judge people to be at stage 5 merely from their verbal labels. We need to look at their social perspective and mode of reasoning. At stage 4, too, subjects frequently talk about the "right to life," but for them this right is legitimized by the authority of their social or religious group (e.g., by the Bible). Presumably, if their group valued property over life, they would too. At stage 5, in contrast, people are making more of an independent effort to think out what any society ought to value. They often reason, for example, that property has little meaning without life. They are trying to determine logically what a society ought to be like (Kohlberg, 1981, pp. 21-22; Gibbs et al., 1983, p. 83).
• **Stage 6: Universal Principles.** Stage 5 respondents are working toward a conception of the good society. They suggest that we need to (a) protect certain individual rights and (b) settle disputes through democratic processes. However, democratic processes alone do not always result in outcomes that we intuitively sense are just. A majority, for example, may vote for a law that hinders a minority. Thus, Kohlberg believes that there must be a higher stage--stage 6--which defines the principles by which we achieve justice.

• Kohlberg's conception of justice follows that of the philosophers Kant and Rawls, as well as great moral leaders such as Gandhi and Martin Luther King. According to these people, the principles of justice require us to treat the claims of all parties in an impartial manner, respecting the basic dignity, of all people as individuals. The principles of justice are therefore universal; they apply to all. Thus, for example, we would not vote for a law that aids some people but hurts others. The principles of justice guide us toward decisions based on an equal respect for all.
• Contract Theory  Kant (1724-1804) is the philosopher most known for this theory. The main premise of contract theory is that moral life is about duty and that any moral action is universal. To paraphrase, 'do unto others as you would have them do unto you'.

• Example: The counselor would advocate services for all clients regardless of the consequences.

• Questions to consider:
  1. What would you like to see practiced in the contract theory?
  2. How would you go about applying that?
Virtue Theory—Aristotle proposed that virtues are those strengths of character that promote human development. This theory proposes that a virtuous person is not interested in outcomes but instead, chooses actions because they have value. Plato described four virtues, which were later called cardinal virtues:

- Wisdom, courage, temperance and justice
- Also considered in this theory are fortitude, generosity, self-respect, good temper and sincerity.

The Virtue theory includes the importance of MORAL EDUCATION.

The Virtue theory became part of the Christianity; theological virtues: Faith, hope and charity.

Question to consider:

1. What virtue ethics do you plan to apply in your practice?
Helping professionals today are dealing with complex and diverse clients, fiscal accountability, legal mandates and shrinking resources. In 1982, Carol Gilligan proposed a model of moral development based on Kohlberg’s model of moral development that supported the ethical decision-making based on general principles and “moral logic.” This theory proposes that ethical decision-making should be done within the context of the relationships central to the ethical dilemma.

A counselor practicing care-based ethics might act in the following way. If served with a subpoena, the counselor would discuss the pros and cons of responding with the client. Even if the counselor and client disagreed, the client would understand the reasoning of the counselor’s decision and efforts are made to preserve the helping relationship.

Are there any ways that you will practiced this ethical theory?
Personal Values

- Values, assumptions, and practices are closely connected. The assumptions we make about people are influenced by our values. If we value self-determination very highly, we are likely to assume that in order to be psychologically healthy, most people should behave autonomously. This implies that the professional sets aside her/his own viewpoint and supports the client's autonomy and self-efficacy.

- **What is Self-efficacy?** According to Albert Bandura, self-efficacy is "the belief in one’s capabilities to organize and execute the courses of action required to manage prospective situations." In other words, self-efficacy is a person’s belief in his or her ability to succeed in a particular situation. Bandura described these beliefs as determinants of how people think, behave, and feel (1994).

- **If you were working with a client who held a value that was in conflict with your value system, how would you handle it?**
Case 9:

Donna, a sophomore, has been sent to you from the Dean’s office for an evaluation regarding her mental health status and whether she can make it through the academic year. She is currently on academic probation. Your evaluation reveals she has a diagnosis of major depression and post-traumatic because of a recent sexual assault. You discuss the evaluation with Donna and ask her to sign a release of information for the Dean. She becomes upset and refuses to sign the release. She says the Dean will call her parents and they will make her leave school.

1. What would your reaction be to this client?
2. How would you respond to her?
3. Would your response support the principle of autonomy?
Competency issues,

- What issues would you question about counseling Donna?
  - 1. Have you been trained in treating trauma? Depression?
  - 2. Do you work with this age group?
  - 3. What other areas do you identify?

Case Study 10: Rory and his wife Mia have been seeing you for marriage problems due to Rory’s drinking problems. The couple has now separated. Mia writes you that she wants copies of your progress notes for her new counselor. You feel that this would be detrimental to Rory and Mia for them to have the progress notes. What is your moral, legal, ethical responsibilities to this couple?
Issues Counselors must consider..

- In clarifying ethical behavior within the client/counselor relationship, it is helpful to discuss several issues.
- THE CONTRAST OF RELATIONSHIP VS. SOCIAL CONTACT
- THE CONTRAST BETWEEN PROFESSIONAL AND PERSON RELATIONSHIPS
- BOUNDARIES
- OBJECTIVITY
- CLIENTS’ NEEDS
- EXPLOITATION
- CONFIDENTIALITY

A relationship is not the same as social contact. Social contact is something that happens accidentally; for example going to a PTA conference and seeing the parent of a client or a client. Grocery shopping at HEB and seeing a client at the check-out counter. Do not speak to the client unless the client first speaks to you. Confidentiality states do not acknowledge client in public unless the client calls your name. Then, make the conversation short.

QUESTION; MRS. JONES SEES YOU IN KROGER. SHE COMES UP TO YOU AND STARTS ASKING ABOUT HER SON JOHN, WHO IS ONE OF YOUR CLIENTS. HOW DO YOU HANDLE THIS MATTER?
## GUIDELINES

<table>
<thead>
<tr>
<th>PERSONAL RELATIONSHIPS</th>
<th>THERAPEUTIC RELATIONSHIPS</th>
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<tbody>
<tr>
<td>Mutual needs met, mutual sharing of personal information.</td>
<td>Clients’ needs are primary.</td>
</tr>
<tr>
<td>Access to each other anytime.</td>
<td>Access within prescribed limits—office hours, appointments, etc.</td>
</tr>
<tr>
<td>Visit each others’ homes.</td>
<td>Visits occur in prescribed place—professional visits at office—never at client’s home.</td>
</tr>
<tr>
<td>No payment for listening to problems.</td>
<td>Payment involved.</td>
</tr>
<tr>
<td>No assessment process, treatment plan</td>
<td>Professional obligation to assess, diagnose, write goals, keep written records. NOT DOCUMENTED—NEVER OCCURRED.</td>
</tr>
<tr>
<td>No confidentiality obligations.</td>
<td>Ethical and legal obligations for confidentiality.</td>
</tr>
<tr>
<td>No obligation to report information disclosed.</td>
<td>Ethical and legal obligations to report certain information.</td>
</tr>
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</table>
# GUIDELINES

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<tr>
<th>PERSONAL RELATIONSHIPS</th>
<th>THERAPEUTIC RELATIONSHIPS</th>
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<tbody>
<tr>
<td>Limited objectivity</td>
<td>Objectivity expected</td>
</tr>
<tr>
<td>Physical touching, sexual needs met</td>
<td>Hand shake, high five</td>
</tr>
<tr>
<td>Helping each other financial</td>
<td>Do not lend money; Do not receive a loan.</td>
</tr>
<tr>
<td>Accepting and giving gifts.</td>
<td>Do not accept and do not give gifts.</td>
</tr>
<tr>
<td>Doing chores and projects</td>
<td>Do not pay client to paint, clean your house, babysit, mow lawn, fix car, etc.</td>
</tr>
<tr>
<td></td>
<td>Do not furnish transportation to client.</td>
</tr>
<tr>
<td></td>
<td>Do not rent or give lodging to client</td>
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<tr>
<td></td>
<td>Do not buy food for client.</td>
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Transference

- The surfacing of a psychotherapist's own repressed feelings through identification with the emotions, experiences, or problems of a person undergoing treatment.

What is Transference? During transference, people turn into a "biological time machine". A nerve is struck when someone says or does something that reminds you of your past. This creates an "emotional time warp" that transfers your emotional past and your psychological needs into the present. In less poetic terms, a transference reaction means that you are reacting to someone in terms of what you need to see, you are afraid of or what you see when you know very little about the person. This all happens without you knowing why you feel and react the way you do.
What Is Projection? Some people refer to transference as a "projection." In this case you are projecting your own feelings, emotions or motivations into another person without realizing your reaction is really more about you than it is about the other person. In a life filled with transference, your job may be "the family reunion you are avoiding and you are forced to go to each day." In other cases of projection, your girlfriend may remind you of all the irritating things your mother did when you were growing up. Love at first sight is usually a projection – especially if it ends in disaster and you could have seen it coming.
Harmful Patterns. Transference reactions are caused by unmet emotional needs, neglect, seductions and other abuses that transpired when you were a child. In some forms of psychotherapy, a therapist will intentionally create or allow transference to form. When done properly, this helps a therapist to understand and find a connection between the patient’s past and how the patient misreads the present and may react ineffectively. Once you discover a transference pattern, you can choose to respond in terms of what is really happening instead of what happened 20 or 30 years ago. People who don’t recognize the difference between past and present can end up in the same messed-up relationships over and over or with the same problem over and over.
• **Counter-Transference.** Therapists and other health care professionals can also have transference reactions while treating a patient. It’s a two way street. Counter-transference is basically a therapist’s "emotional time warp" around their patient’s transference. In other words, counter-transference is a therapist’s counter-reaction. That’s why some therapists think they are falling in love with their patients. That’s also why older guys become obsessed with younger female employees they barely know.
• **Unseen Dangers.** Transference can sometimes produce a powerful love or a destructive hatred based on a complete illusion. There can be a loud and painful thud when people act on their transference reactions and the bubble finally bursts. In addition to being embarrassed, it can also backfire. Sometimes people will end up stalking, assaulting or killing someone. If you think your therapist, or an employer for that matter, is seducing you, tell your therapist, or contact a licensed therapist to talk about it.
Should I or Shouldn’t I Risk Transference. Transference is really difficult to recognize, deal with and understand, but it is incredibly interesting. I tend to avoid people who are "oozing" with transference potential. Working with transference, or creating transference in therapy can make a therapist look mystical and brilliant. Cult therapies are based in part on generating positive transference to control and manipulate people. I avoid treatment approaches that artificially inflate my ego, would allow me to control anyone and make me feel powerful. But not everyone feels the way I do about transference. Some counselors and therapists love the power and think they can handle it. A therapist must face transference issues and encourage patients to deal with them as much as possible. In some cases a patient is not able to deal with transference issues and will terminate therapy. While it is regrettable and potentially a lost opportunity, it must be supported.
Ethics And The Law. A therapist, counselor and even a physician could possibly lose their license for seducing or sleeping with a patient they are treating. Trying to seduce an employee on the job may result in a successful lawsuit. You can also sue a licensed mental health professional for sleeping with you if you are their patient. And employers must follow the law. On the other hand, unlicensed therapist can do almost whatever they want and there may be nothing anyone can do about it. It’s hard to sue an employer and win. Unlicensed therapists do not have a "duty" to act within a standard of practice. Employers may not know the law.
American Association of Christian Counselors

• **Applicability of the Code**

• All members of the AACC, the IACC (International Association of Christian Counselors), and Christian counselors everywhere are invited to fully adopt this *AACC Code of Ethics* (Code) in their work as Christian counselors, ministers, and helpers as soon as they are able. This Code may inform and enlighten all Christian counselors and ministers, but is not strictly enforceable toward non-AACC persons, nor upon AACC members in their private lives apart from professional-ministerial roles.

• The Code will become a mandatory ethic for all AACC/IACC members who elect to become credential holders or members of either the American Board of Christian Counselors (ABCC) or the Christian Care Network (CCN).*
American Association of Christian Counselors

BIBLICAL-ETHICAL FOUNDATIONS OF THE AACC ETHICS CODE

1st FOUNDATION: Jesus Christ—and His revelation in the Old and New Testaments of the Bible—is the pre-eminent model for Christian counseling practice, ethics, and care giving activities.

2nd FOUNDATION: Christian counseling maintains a committed, intimate, and dedicated relationship with the worldwide church, and individual counselors with a local body of believers.

3rd FOUNDATION: Christian counseling, at its best, is a Spirit-led process of change and growth, geared to help others mature in Christ by the skillful synthesis of counselor-assisted spiritual, psycho-social, familial, bio-medical, and environmental interventions.

4th FOUNDATION: Christian counselors are dedicated to Jesus Christ as their ‘first love,’ to excellence in client service, to ethical integrity in practice, and to respect for everyone encountered.

5th FOUNDATION: Christian counselors accord the highest respect to the Biblical revelation regarding the defense of human life, the dignity of human personhood, and the sanctity of marriage and family life.

6th FOUNDATION: The biblical and constitutional rights to Religious Freedom, Free Speech, and Free Association protects Christian counselor public identity, and the explicit incorporation of spiritual practices into all forms of counseling and intervention.

7th FOUNDATION: Christian counselors are mindful of their representation of Christ and his church and are dedicated to honor their commitments and obligations in all social and professional relations.
CRISIS COUNSELING

- Scenario --What ethics are at risk in this situation?
- The day after a local hurricane, a counselor volunteers at a center housed in the school gymnasium. Many displaced residents were distressed about losing their homes and possessions. The counselor asks about using guided imagery about their hurricane experience.
- The conscious mind processes using language whereas the unconscious mind processes using images. Hence, language expresses our conscious “reality” whereas imagery expresses our unconscious feelings. Thus positive suggestion using imagery is often more powerful than just using words.
- As we hear language, we process it using our own imagery. This is based on our own previous experiences and culture. This adds our own frame to the word - and this may be very different from that of the speaker. For instance the word boat may elicit an image (and hence meaning) of a rowing boat to one person and a Mississippi river boat to another. This point is of paramount importance in communication as we must realize that what we say may be interpreted in a totally different way by someone else. Cancer may mean a medical condition or an astrological sign!!
- Images are created by all of our senses and are consequently not just visual. The technical terms are that imagery can be visual, auditory, kinesthetic, olfactory or gustatory. Different people process in a different manner and tend to favor the different systems in different proportions.
Scenario: What is the Ethical issue in this situation?

Two days after a violent hostage situation and deaths at a local business, a counselor conducts a debriefing for those present during the attack. One person becomes very distressed retelling the experience and runs out of the building.

The individual may also be experiencing issues with "Emotional Memory" which is the basis for Post-Traumatic Stress Disorder (PTSD). People with an abuse history often become overwhelmed with fear, incapacitation, and anxiety when confronted with a stress situation many years later. A stressful adult situation triggers Emotional Memory of our childhood abuse — flashing us back emotionally and psychologically to that abused and intimidated child again. When that childhood intimidation comes back, so does the same childhood strategy — run away. As a result of your childhood experiences, leaving the situation, running away, and avoiding confrontation has been your default or automatic reaction to situations.
In the case, Bruff v. North Mississippi Health Services, Incorporation, 2001, a counselor was terminated from her duties after requesting to be excused from rendering services to a lesbian client because it conflicted with her religious beliefs. This particular case is imperative because it pinpoints some relevant ethical and legal issues relating to counseling.

Ethics involves doing what is right. According to Hermann and Herlihy, an area in which counselors often struggle deals with this issue of when it is appropriate and inappropriate to refer a client to someone else.

According to the ACA Code of Ethics, which is the standards that counselors use as a guide, in section (C.2.a.) counselors should only practice within their boundaries of their competence. However, within those same lines, counselors should gain the knowledge, understanding, personal awareness and sensitivity skills needed to work with a diverse multicultural population. According to the ACA Code of Ethics, counselors have an ethical obligation to seek knowledge that will enhance their understanding of clients who are culturally different.
The legal barriers related to this case involve discrimination. Counselors cannot refuse to work with because of issues related to the client’s sexual orientation. This form of discrimination is not legal. According to Hermann and Herlihy, counselors who refuse to counsel a homosexual client on relationship issues can cause emotional harm to the client. Furthermore, this constitutes illegal discrimination. The ACA Code of Ethics would probably serve counselors well in helping them to overcome these legal, ethical, and multicultural barriers. Working towards being knowledgeable and also being aware of what the state and local laws are in the area in which you practice because state laws do vary from region to region. The goal of counselors is to respect and promote the welfare of our clients, and refusing to counsel a client on certain issues could have a negative impact on the client. Accepting clients despite of their beliefs, values, and culture is a vital component of being an effective counselor.
Ethical decision making for crisis counselors consists of ten steps:

- (1) identify the ethical concern within the context of the disaster,
- (2) consider personal (crisis counselor’s) beliefs and values, skills and knowledge,
- (3) identify the code(s) of ethics involved,
- (4) determine possible ethical traps,
- (5) frame a preliminary response,
- (6) consider the consequences,
- (7) prepare an ethical resolution,
- (8) get feedback/consultation from other crisis counselors,
- (9) take action,
- (10) review the outcome.
Step 1- Identify the ethical concern within the context of the disaster. During this step, the crisis counselor identifies an ethical dilemma that s/he is faced with, which might be unique to the disaster event (e.g., location, duration, magnitude). It also would involve providing crisis counseling in this or another country, with diverse cultures, religious/spiritual values, etc.

Example: A crisis counselor was deployed to Russia with two other crisis counselors from another relief organization, subsequent to a terrorist attack and the death of many Russian civilians (children, women, and men). She observed one of the other crisis counselors requesting that the survivors who received crisis counseling make themselves available to tell their story on video. According to this crisis counselor, the video tapes would be used by the relief organization to encourage donations for the people affected by the terrorist attack. One of the local women started crying and asked not to be video taped when telling her story.
Step 2- Consider personal (the crisis counselor’s) self, beliefs and values, skills and knowledge. During this stage, the crisis counselor needs to assess the (a) self - does s/he have the ability to deal with his/her own stress and internal conflict as well as his/her emotions so that s/he can be calm, and is able to focus and be action oriented, (b) beliefs and values - about him/herself, others, the world and religious/spiritual values to see that they do not interfere with their ethical decision making process, and (c) skills and knowledge - having the crisis counseling and crisis management skills needed to meet the needs of the disaster affected individual, family and community.
Example: The crisis counselor, being aware of the importance of relief organizations procuring donations, felt upset that these survivors were being used to get funding, rather than to meet their needs.

Step 3- Identify the code(s) of ethics involved. During this step, the crisis counselor identifies the code(s) that applies to this ethical dilemma. Familiarity with the ACA Code of Ethics is important in this step. If a copy of the ACA Code of Ethics is available, it might also serve as an additional resource to identify the codes impacted.
Example: the ACA Code of Ethics clearly states:

A.1.a. Primary Responsibility – The primary responsibility of counselors is to respect the dignity and to promote the welfare of clients (APA, p. 3).

B.1.b. Respect for Privacy – Counselors respect client rights to privacy. Counselors solicit private information from clients only when it is beneficial to the counseling process (ACA, p. 7).

C.1 Knowledge of Standards – Counselors have a responsibility to read, understand, and follow the ACA Code of Ethics and adhere to applicable laws and regulations (ACA, p. 9).

C.3.b. Testimonial – Counselors who use testimonials do not solicit them from current clients nor former clients nor any other persons who may be vulnerable to undue influence (ACA, p. 10).
Step 4- Determine possible ethical traps. There are several traps that crisis counselors might struggle with and need to assess, to assure that they are not interfering with ethical decision making: (a) the common objectivity trap - is s/he (the crisis counselor) over-identifying or over-invested with the trauma affected person, family, community?; (b) the value trap - the crisis counselor’s personal values about who should be served (e.g., children over adults, young adults over the elderly, etc.) how to provide services (using the same services regardless of the needs of the disaster affected individual, family, community); (c) the circumstantialities trap - the belief that crisis counseling is a unique circumstance (e.g., magnitude of the disaster, lack of resources and support services, functioning in another country, etc.) and traditional values and practices do not need to be followed; (d) the traditional trap.
- historically s/he (the crisis counselor) has not done it that way before (e.g., in previous disasters, or in the office, etc.); (e) the role trap - functioning outside their role as crisis counselor (e.g. I know how to do Eye Movement Desensitization and Reprocessing [EMDR], so I can do more than crisis counseling here, etc.) and beyond their skill level (e.g., I have never been trained in Critical Incident Stress Debriefing [CISD], but I have read about it, and I can learn as I go along, etc.); (f) the “that’s what we do in the USA” trap - providing services using American frame of reference rather than looking at the cultural, historical, ecological, etc., setting; (g) the who will benefit trap - limiting the services to those that the crisis counselor perceives as benefitting and being deserving of crisis counseling, such as women and children versus soldiers; and (h) the vicarious trauma trap - the perception that what s/he (crisis counselor) is doing is not making any difference, is not helpful.
Example: The crisis counselor assessed the different ethical traps and decided that providing crisis counseling in Russia does not justify video taping survivors who did not want to be video taped, and justifying such behavior with public donations allowing additional teams to be deployed in the future.

Step 5 - Frame a preliminary response. After having identified the crisis counselor’s personal self, skills, and knowledge as well as personal beliefs and values, in addition to having identified the ACA Code(s) of Ethics that apply to the ethical traps, s/he (crisis counselor) will develop a preliminary response for how to deal with the situation.

Example: The crisis counselor believed that it was her responsibility to talk with the other two crisis counselors and remind them that their expectations of survivors did not follow the ACA Code of Ethics.
Step 6 - Consider the consequences. During this step, the crisis counselor is to assess, using an eco-systemic view, what consequences the preliminary ethical decision might have, i.e., if there are any possible adverse reactions for the individual, family, and/or community affected by the disaster. Focus also needs to be upon determining what consequences the preliminary ethical decision might put upon the crisis counselor and/or other crisis counselors and/or first responders.

Example: The crisis counselor realized that addressing her ethical concerns with the other two crisis counselors might result in difficulty in working together and in delivering quality services.

Step 7 - Prepare an ethical resolution. After all consequences have been assessed.
• The crisis counselor has determined that the consequences from his/her ethical decision making are in the best interest of the disaster affected individual, family, and community, as well as within the skill and knowledge level of the crisis counselor and appropriate for the disaster affected country, s/he prepares the ethical resolution.

• Example: The crisis counselor concluded that her decision to talk with the other two crisis counselors was in the best interest of the terrorist affected Russian survivors.
Step 8 - Get feedback/consultation from other crisis counselor(s). Following the ethical resolution, the crisis counselor communicates his/her decision to his/her fellow crisis counselors and if appropriate, consults with local agencies/organizations that they are in partnership with. In addition, they might also choose to consult with the relief organization that deployed them to the disaster.

Example: Since no other crisis counselors were accessible to the crisis counselor other than the two who had engaged in the video taping for donation practice, she contacted her own relief organization, who agreed with her, and voiced concerns about the situation.
Step 9- Take action. If no concerns were raised after the crisis counselor’s consultation, s/he will act according to the ethical decision made.

Example: The crisis counselor requested a meeting with the other two crisis counselors, and reported her concern and the consultation she had engaged in before setting up this meeting. The crisis counselors’ response was to be open to the feedback, thanked the crisis counselor for reminding them of their code of ethics and then said: “We didn’t know, and we never would have done this in the USA, but it seems different in Russia, especially, since Russia has no established code of ethics for counselors/mental health professionals.”
Step 10- Review the outcome. After the crisis counselor has acted on the ethical decision, s/he needs to assess/review the outcome of the decision, with a desire to learn from the process and improve future ethical decision making. This process also includes getting feedback or reviewing the impact of the ethical decision on the disaster affected individuals, families and the community. Information should also be gathered from the local agencies/organizations they are in partnership with, as well as their relief organization. This review will be important to the crisis counselor, as well as other crisis counselors, allowing for lessons learned at the disaster site, and can be something passed on to other crisis counselors at their own and other relief organizations.

Example: The crisis counselor reported feeling good about the other two crisis counselors’ responses to her feedback. She was surprised that they chose not to use their ACA Code of Ethics to guide them in their work as crisis counselors in another country. She did report that she felt good about the process and outcome and will address ethical concerns in the future using the ethical decision making model.
Summary

It is important to remember that crisis counselors should be guided by the ACA Code of Ethics as they respond to disasters in and outside the United States, and often faced with complex and unique ethical challenges. However, the ACA Code of Ethics cannot guarantee ethical behavior. Moreover, the Code cannot resolve all ethical issues encountered by the crisis counselor or capture the complexity involved in doing crisis counseling during and immediately after disasters while striving to make responsible choices. Rather, the ACA Code of Ethics sets forth ethical principles, standards and values to which crisis counselors aspire and by which their actions while doing crisis counseling can be judged, making an ethical decision model for crisis counselors essential.
Different Adult Probation Departments view a counselor’s dynamics with an offender in different view points. Some Deputy Directors feel that to allow Probation Officers to deliver the outpatient treatment program lowers the recidivism rate. Some Deputy Directors are difficult people to work with for the best interest of the offender. Their world views of counselors are tainted and they are opinionated.

When auditing a counselor, the deputy director may have an officer sitting in a car outside the site and monitoring the time of each client’s arrival to the group session and when each client departs. Certain offenders will be chosen to audit their complete treatment program starting with the date of treatment and monitored to see if the counselor has the treatment for the length stated on the original treatment plan.
The content of your session will be monitored by having the offenders to complete a survey. Is there a licensed counselor with the offenders? How many times are the offenders left alone without the counselor? Are the offenders left unattended and without work to do? How many DVD’s are shown? What was the length of time for the DVD? How many group members come into the group late? How many group members leave early? What happens if you have to work overtime? What happens if you go to the doctor? What if your vehicle breaks down? Many times you will have an officer to make a surprise visit to your scheduled group meetings.

Counselors cannot work with an offender if he/she has a doctor’s appointment and has to come in late. Even if there is validation from the doctor. If the offender’s boss wants him/her to work overtime, the offender cannot come to a later session or make-up session. Those would be incidents that the counselor would be written up and the contract could be withdrawn.
• Be very cautious when working with a probation department. Certain Probation Departments will not furnish you with a copy of their policies and procedures; therefore, the guidelines are unknown to you.

• Some Adult Probation Departments will not furnish a counselor a copy of their policies and procedures. The Deputy Director will come to your office and inform you when he feels a situation has occurred. In other words, when an offender makes a complaint about your staff, the Deputy Director will write up the situation using his opinion and worldview concerning the incident.

• Another issue, the client is viewed as telling the “truth” about the situation that occurred. Now you are talking about an offender who is on probation for one or more offenses. How did the offender get on probation if he/she tells the “truth” about incidents?
Texas Substance Abuse Counselors must adhere to Chapter 448, Standard of Conduct which provides the guidelines for treatment for the offender. Probation appears not to recognize Chapter 448 as a mandate by the State for the Substance Abuse Counselor. In order to keep your license as a Substance Abuse Counselor, you must follow Chapter 448, Standard of Care.

So there is already an established ethical problem working with some Deputy Directors and Offenders. The counselor cannot follow Standard of Care Chapter 448, but to keep the contract, the Deputy Directors’ interpretation of the incident and probation’s unwritten standard of care must have been the followed process in the incident. The counselor is at a lacking of full knowledge.

Be very cautious when working with a probation department. Does the head Deputy Officer respect and appreciate counselors? After all, you are trying to rewire the offender’s brain to become a law abiding citizen.
Probation Dilemmas

- When working with certain probation departments, the Deputy Director's interpretation of the unwritten probation policy and procedures will be the answer. If you have not complied, you will be written up and possibly lose the contract. Several attorneys have stated it goes back to the contract law for the State of Texas and your contract for the referral of offenders can be pulled at any time for anything---as one attorney stated for “the color of your underwear”.

- This is an area that counselors should group together and petition for exact written policies and procedures for all counselors. Also, there should be a written due process for incidents reported by offenders that counselors can follow for a fair review of the problem.

- The Officers pull a referral list off the computer by zip code for the offenders to choose a counselor. Of all the list seen in my office, zip code 77090 and 77379, the staff has not seen any faith-based counselors. Does the county have the faith-based on the list? A Deputy Director stated to my staff, “we don't have control over them and it is not preferred that they do treatment”.

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• The counselor must never send an encouragement card or Christmas card to the officers. That is considered as advertising or seeking more clients for your facility. If you are going to visit a probation officer to discuss their client’s treatment progress, do not take any donuts for the staff.

• If you are not a faith-based counselor, do not use the “pray for you” or the word “God” in any way or your contract will be pulled. If a client ask you to pray for them and you are not a faith-based counselor, you have to say no.

• The following are some of the issues counselors have faced working with probation.
Probation Ethical Dilemma

Please state the ethical, moral and legal problems in these case studies:

1. **Case 11**: Anti-Theft classes were provided under Chapter 448 online rules to probation offenders. Probation did not provide a policy and procedure for the probation department. One director gave the okay for internet classes in writing and the other director had no contact with counselor. The counselor allowed the internet classes and the counselor’s contract was terminated. What are the ethical, moral and legal issues here? If you were the counselor, what would you do?

2. **Case 12**: Counselor’s E-mail was misrepresented by client to probation officer concerning trying to receive her completion certificate. The client would not come during scheduled office hours for the certificate. The counselor was written up for this incident. What are the ethical, moral and legal issues here?
3. **Case 13:** An offender is sent to you with a referral sheet for Supportive Outpatient treatment. The offender tells you he does not have a drinking or drug problem. He was charged with burglary. You complete an alcohol and drug evaluation and the report validates that the individual does not have any drug or alcohol problem and does not give the individual a DMS-IV diagnosis code. What is the ethical action should you take even if the Judge and Probation Officer are telling this offender to go to drug and alcohol treatment? According to the Chapter 448, Standard of Care, what should you the counselor do?

4. **Case 14:** Bubba is referred to your office for substance abuse treatment. The drug and alcohol evaluation states he has no problem; however, Bubba feels he has a gambling addiction. You become ill, and the interim counselor allows Bubba to continue in the SOP group even though Bubba will frequently arrive 30 minutes late and comes in yelling “I don’t have a drinking problem; I have a gambling problem”. After you get well, you visit Bubba’s probation officer.
After pulling the file, she states Bubba should not be in a substance abuse class. His charge is arson. You arrange an individual session with Bubba and tell him that the counselors are not certified for counseling those with the charge of arson. Your recommendation is for him to be assessed at Cypress Creek Hospital and follow their program. All your counselors can do is gambling addiction counseling. There would be additional charge for the gambling sessions and a workbook charge of $20.

Bubba at his next meeting with his probation officer, states that he needed more treatment and had to pay $200 for the workbook. The Deputy Director comes to your office and writes you a deficiency violation for this incident which is agreeing with the offender. What is the legal, moral and ethical issues here for the counselor? What would you do as counselor?
5. Case 15: While you are ill, the interim counselor has an offender to come into the office for an alcohol and drug evaluation. The counselor charged the offender $75.00. On the cost list that you provided probation, the cost for an evaluation is $55.00. Deputy Director comes to your office and writes you up for over charging the offender. The list that Probation has on file was three years old. No consideration was given the counselor for a possible price increase. What are the ethical, legal and moral issues here and what would you do as the owner counselor?

6. Case 16: An offender has not met the goal of his treatment plan by not attending all of his sessions. He tells his probation officer that you are withholding his completion certificate. You have notified his officer prior to this date of the “no shows” during his treatment period. The Deputy Director comes to your office and writes you up for withholding the offender’s certificate even though you have the correspondence regarding the “no shows” to the probation officer in the client’s folder. What are the ethical, moral and legal issues here for this counselor and what would you do?
May God be exalted, the Holy Spirit invited, and Jesus Christ be seen in all of our counseling and helping endeavors. If done, our clients and parishioners will be blessed and not harmed, their wounds will be healed, and they will be given hope for the future. If done, we will participate in a wonderful adventure—one that will likely never grow old or stale—and we will fulfill our call to excellence and ethical integrity in counseling.
Citations


Overview of HIPAA – General Information

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