Counseling Ethics
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This book is dedicated to all students who strive to embody ethical practices in professional counseling.

May you embrace for a lifetime the journey toward becoming virtuous and admirable helpers and persons.
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Cicero tells the story of Damocles, a courtier of a fourth-century-BCE tyrant named Dionysius. By all appearances, Dionysius was very rich, and he had all the luxuries money could buy, including tasteful clothing, jewelry, and delectable food. Seeing the king’s wealth, Damocles commented regularly to the leader about his power and luxurious lifestyle, saying how truly fortunate the latter must be. One day, the king offered to switch places with Damocles so he could taste power and fortune first hand. Damocles readily agreed and immensely enjoyed being waited upon like a king. In the evening, a banquet was held for Damocles, but during the meal he looked up and noticed a sharpened sword hanging directly above his head that was dangling by a single horse-hair. Immediately, he lost all taste for the fine foods and beautiful girls and asked to take leave of the tyrant, saying he no longer wanted to be so fortunate.

For a number of years, we, the editors of this book, have been sharing conversations with one another, our students, and our colleagues about the place of philosophy in counseling. Sometimes these conversations have brought us to talk about how philosophy can inform our understanding of and approach to counseling techniques. At other times, it got us thinking about what philosophy has to teach counselors about the importance of coming to a shared anthropology of the human person and how this might benefit the development of counseling theories. In the spring of 2010, we engaged a discussion with a group of doctoral students at Duquesne University about the place of philosophy in counseling ethics. The excitement generated from that discussion eventually led us to write this book, which is aimed at offering readers a look at counseling ethics from positive and philosophical points of view. In our opinion, these perspectives go hand in hand and help counselors not to get stuck in fear-based or reactive approaches to ethics in which they might feel as if the sword of Damocles is dangling above them, ready to drop if they do not make the right ethical judgments. Unfortunately, the study of counseling ethics and the practice of working through ethical dilemmas can sometimes be experienced only as an exercise in learning one’s ethical obligations and making sure one knows what not to do. Making good, ethical decisions is a stressful process, made even more so if counselors are concerned primarily about how to avoid lawsuits or sanctions (i.e., the Damocles sword). What we hope to do with this book instead is to introduce varying philosophical points of view that will stretch the reader’s mind to an appreciation for the fact that there are many approaches to determining what is good and ethical. Indeed, philosophical ethics tend to push us to think beyond the minimum set of actions that keep us in compliance with codes of ethics or laws and invite us to look deeply at what constitutes good
and professional behavior. There are many schools of philosophical ethics—some are well known and regularly used by counselors in decision making, such as ethical principles and social contracts (e.g., the codes of ethics and laws). Others are less well known or underutilized, such as existential phenomenology, care ethics, and virtues. Throughout this book, the various contributing authors describe these and other philosophical frameworks to give readers the chance to come to know how their philosophical leanings get implemented in ethical decision making.

In this book we also hope to emphasize the importance of counselors becoming ethically autonomous. Ethical autonomy is formed when each of us (counselors, educators, supervisors, researchers, and students) develops an appreciation for our own preferred set of philosophical ethics, embraces reflective and thoughtful decision-making processes, and has a sense of ownership for our ethical decisions. As counselor educators and practitioners, we are both very aware that becoming an autonomous and ethical practitioner is a journey of personal and professional discovery that begins in the classroom and continues throughout a counselor’s professional career and personal life. We do not come to ethical autonomy overnight—it is forged by encountering a series of experiences (both hypothetical and real) that give us the opportunity to reflect on what being ethical means and what constitutes ethical choices. To help emphasize the developmental and discovery aspects of becoming an ethical counselor, we invited the various experienced counselors and counselor educators who contributed to this book to share not only their expertise about ethical issues, but also their insight into how they have become highly ethical decision makers. We hope you will take away some tidbits of wisdom from their sharing.

ORGANIZATION OF THE TEXT AND CHAPTERS

This book is the work of the editors and 16 contributing authors who have written about counseling ethics by drawing on their unique areas of interest and expertise. It is organized into three sections. The first section provides a philosophical context for understanding counseling ethics; the second addresses best practices with regard to ethical standards and obligations; and the third deals with ethical issues in various practice settings and counseling specialties. In keeping with our appreciation for the personal and professional discovery elements involved in becoming ethical counselors, each chapter is structured around the same “map”—or a set of similar headings that reflect the journey inherent to becoming virtuous practitioners. These are: (a) the foreseen destination (chapter objectives); (b) getting on the road (introduction); (c) exploring the territory (an examination of the chapter’s content); (d) signposts for future treks (summary); (e) insights gained from the journey (an author’s personal reflection on an ethical issues); and (f) moving forward (case study reflection and questions). Each chapter also contains example boxes, or landmarks, with mini case studies, points of professional reflection, or additional information that the reader might find of interest. Readers who would like to test their comprehension of the chapter content can do so by completing learning check questions that are available as an online tool from Springer Publishing Company at textbook@springerpub.com. Each chapter further offers suggested activities that
can be used to help readers incorporate and interact with the content more personally. These activities are also available online in the Instruactor’s Manual at the same web address.

The prominent place of ethical, legal, and moral issues in mental health counseling, school counseling, marriage and family counseling, and related professions demands that practitioners be able not only to negotiate a maze of ethical codes and standards of care, but also to use good clinical judgment in decision making. We view this text as a resource that reminds readers about the most important fibers of the counseling profession: critical thinking, clinical integrity, client care, moral behavior, reflective practices, and a desire to do good for clients in all situations. Finally, we hope that readers will integrate the journey model of this book into their own understanding of how professional growth unfolds. In our experience, practicing ethically goes beyond figuring out the occasional ethical dilemma and is better described as the day-to-day way of being, living, and interacting with others that sets the course for counselors to develop, over time, into upstanding and admirable practitioners.
We first would like to express our sincere gratitude to each of the contributors to this text who, through their contributions, have added to its quality. Without their hard work, dedication, insight, and personal reflections this book would not have met its aim to be a resource that helps readers learn about and reflect on the process of becoming an ethically competent counselor. Their cooperation and conscientiousness helped to ensure that the whole editing process unfolded smoothly and in a timely fashion.

We would like to extend a special thanks to Stan Wakefield, who helped to connect us to the wonderful team at Springer Publishing. We are grateful to Jennifer Perillo, who first appreciated our vision for this book and who helped us to form and shape that vision into this book’s final product. We also could not have completed this text without the support of Nancy Hale, our Editor at Springer, and Kathryn Corsaniti, our Associate Editor, who was always at the ready to answer our questions.

We are grateful to our colleagues in the counseling programs at Duquesne University and Franciscan University who have given us support and encouragement as we worked toward completing this book, and to the students with whom we have had countless discussions about ethics quandaries and what it means to be a virtuous counselor. Finally, we are both grateful to our friends and family, especially our parents, who were our cheerleaders throughout the process. Thank you many times over!
PART I

TOURING A PHILOSOPHICAL LANDSCAPE OF COUNSELING ETHICS
THE FORESEEN DESTINATION

This chapter aims to provide a short review of some key thinkers in the evolution of Western philosophical ethics and also attempts to draw connections between schools of moral philosophy and the practice of counseling. In addition, the chapter offers practical (clinical) points of consideration for counselors meant to help them think about their own ethical leanings. After reviewing this chapter, readers will:

- Be familiar with historical periods in the development of philosophical ethics.
- Be able to identify numerous important thinkers in the evolution of Western philosophical ethics.
- Be able to describe the four most influential schools of contemporary philosophy to influence the formation of the American Counseling Association (ACA) Code of Ethics.
- Understand the importance of coming to an individualized approach to using a set of philosophical ideas in counseling practice.
- Be able to apply various schools of philosophical ethics in the decision-making process surrounding counseling cases.

GETTING ON THE ROAD

It has been approximately 50 years since the counseling profession, under the guidance of the American Counseling Association, produced its first set of ethical standards in 1961. Creating the inaugural standard of practice in the form of an ethical code was important for counselors because it put a stamp of credibility on their profession when it was still in its infancy (Remley & Herlihy, 2010). Today, counselors look to the ACA Code of Ethics (2005) to give them some sense of the shared identity
and values of the profession. Equally important, the code serves the express purpose of outlining guidelines for ethical behavior that assist counselors in making the best possible decisions in uncertain or compromising situations. In many ways, the ethical code fills the very pragmatic role of setting aspirational guidelines for the behavior of those who identify with and use the title “counselor.” Indeed, we suspect that for many counselors and trainees the words “ethics in counseling” are closely linked to—if not synonymous with—the term “ethical code.” In this introductory chapter, however, we want to take a step back from the practical guidelines outlined in the code and ask you to consider a more fundamental question: Where exactly are the ethical standards to which counselors adhere philosophically grounded?

To answer this question we will have to look much farther than 50 years into the past when our professional ethical code formally emerged, and we have to be willing to approach the question of ethics in counseling from a rather broad perspective, because, whether we think about it or not, every counseling interaction has a philosophical and ethical dimension. For example, consider the case of a counselor whose client invites her out for a cup of coffee after a session. To begin understanding and judging the counselor’s ultimate decision, we have to ask some expansive questions, such as, How does the counselor use philosophy in making all kinds of clinical decisions, especially those that are not obvious dilemmas? How does the counselor use philosophy to form a personal and professional self concept?, and, How does the counselor’s understanding of ethics contribute to her growth as a person and professional over time? In fact, the study of ethics as a philosophical discipline is concerned with much more than clinical dilemmas such as the one posed above; it is concerned with how to live a good life, how to become a moral and upright or virtuous person, and how to discern between lesser and greater goods (Betan, 1997; Jordan & Meara, 1990; Meara, Schmidt, & Day, 1996).

The big questions about what constitutes a good life and how one discerns between good and bad have been pondered by philosophers for several centuries. The amazing thing is these ponderings continue to have relevance for counselors today—in part because the ponderings form schools of thought that act as frameworks for making decisions about clinical situations (e.g., the coffee invitation) and in everyday moments. Perhaps more importantly, though, the ancient and contemporary philosophy greats help us not to take for granted the process of critical, informed thinking (and ultimately judging and acting) that is at the heart of ethics.

One of the most important reflections we believe you will have over the course of your professional career revolves around how you will deepen your practice of being. Many philosophers and religious figures have contemplated the being-ness of humanity with the hope of jump starting others to ponder seriously the state of their most important relationships and the ways in which they make decisions about how to live life. Although the question of human-being may seem abstract or even secondary to the concerns of counseling ethics, we believe it must be the central point of reflection for discussions surrounding ethics.

With all this in mind, the goals of this chapter are: (a) to situate the development of counselor ethics (including its most tangible product—the ethical code) inside a history of philosophical thought about morality that has been unfolding for centuries and (b) to help you think broadly about your own counselor professionalism from the point of view of various philosophical perspectives. Given these goals, we begin the
chapter by providing a brief sketch of the evolution of philosophical ethics from ancient Greece to the 20th century. We then will examine more closely contemporary understandings of several major ethical theories, such as deontology, teleology, and virtue ethics, that have had the most profound effects on our current understanding of counselor ethics and professionalism. Finally, we will look at ethical principles. These are probably the most well-known backdrop to thinking about obligations related to client well-being, in part because the principles provide a bridge between ethical theory and the practical guidance counselors need to make decisions in the ambiguous situations that often arise in clinical work. The day-to-day ethical decisions you make emanate ultimately from the perspective, or balance of perspectives, you use to evaluate what is right, wrong, good, or moral with respect to your clinical work and your personal life.

EXPLORING THE TERRITORY

PHILOSOPHICAL ETHICS: A SHORT HISTORICAL OVERVIEW

Over the millennia, an untold amount of ink has flowed in an effort to capture the insights of great ancients, as well as contemporary philosophers, who have tried to provide a plausible answer to the questions, What is good and evil?, and, What makes a person good? Folktales, mythologies, legends, and even theological and philosophical treatises have attempted to solve the problem of good and evil for their own ages. Our aim in this section is to provide a short overview of the problem of good and evil, to which we refer as “ethics” or “the ethical problem,” as it has evolved throughout Western history. Ethical thought, of course, has marked human development cross-culturally, and there is an expansive body of literature outside of the Western realm that addresses the big questions of life. We encourage you to study works by Eastern, Native American, Middle Eastern, and African philosophers. However, because the counseling profession was born and eventually grew up in a Western context, it tends to have been influenced by this context to a greater extent than others, and for that reason we delimit our discussion here to Western philosophical thought. Other chapters in this book will address areas of multiculturalism in ethics.

Landmark 1

ETHICS OUTSIDE OF THE WESTERN POINT OF VIEW

A story for your consideration . . .

The Buddha is credited with the parable of the arrow, a story that indicates a philosopher’s right duty, which is to be occupied less with unanswerable questions and more with relieving suffering in the world.

A man was attacked with a poison arrow and was seriously wounded. When his friends and family offered to get a doctor to remove the arrow and help heal him,
the man replied that he would not accept the doctor’s assistance until he knew who
shot the arrow, the physical characteristics of the attacker and where he came from,
what material the arrow was made from, and so on. In the process of making such
insistences, however, the hurt man died.

The lesson of this folktale is that doing philosophy has to have an element
of moral reasoning, as well as an element of action for it to be relevant to
day-to-day life (Boss, 1998).

A few non-Western moral philosophers:

- **Confucius (551 BCE–479 BCE)**: Chinese philosopher who taught that the
  pathway to a harmonious life comes through instilling in people a sense of
duty to ancient Chinese elders. He also believed that duty to elders’ values
should be translated into public policy. Confucius’ philosophy reflects a
blend of virtue ethics and deontology.

- **Mo Tzu (about 470 BCE–391 BCE)**: Chinese philosopher who, like Confu-
cius, lived during China’s golden age of philosophy. Tzu’s approach
strongly de-emphasizes the adherence to tradition found in Confucius’
teaching. Instead, he taught that people must seek good that benefits
all—a somewhat utilitarian view on ethics.

- **Buddha**: proposed an intricate philosophy with many applications to con-
temporary ethics. In particular, Buddhism teaches that people and all
elements of the earth are One and as such are interconnected and should
live in harmony.

**Ancient and Medieval Thought**

We have referred several times already to “ancient greats” whose writings form a foun-
dation for Western philosophical thought that informs how many people define the
good life both in the private and public realms. Some of the most well-known of the
early philosophers are the Greeks—Socrates (469 BCE–399 BCE), Plato (428/427
BCE–348/347 BCE), and Aristotle (384 BCE–322 BCE). Other influential figures
include Heraclitus, Democritus, and Epicurus; a brief description of their thought is
found in Landmark 2. Although each of these men expressed his unique ideas about
ethics, several themes consistently mark the philosophy of Greek thinkers and stand
as assumptions upon which they base their ethics. One such assumption was that
one can discern right from wrong (morality) outside of the influences of religion by
using human nature and reason (Johnson, 1999). In contrast, the influential ancient
and medieval Christian thinkers, St. Augustine (354–430) and Thomas Aquinas
(1225–1274), situated their ideas within the framework of Christian theology.

**Early Greek Philosophers**

One pair of concepts Greek philosophers generally embraced are harmony and mod-
eration (Fox & Demarco, 2002). Harmony suggests that a well-ordered life is pre-
ferred over a chaotic existence, while moderation is the practice of avoiding
extremes or excess. The good, harmonious life, therefore, is one that is ordered
according to reason (primarily because reason is a uniquely human faculty). Plato, in particular, believed reason was the highest good because he saw the sensory world (think emotions, physical desires, etc.) as transitory and prone to change. The good world, conversely, is one of pure, fixed ideas, and, from Plato’s point of view, it is the attainment of this world that ought to focus and direct the human life (Boss, 1998). Ultimately, Plato concluded that it is only when reason becomes the master of the appetites and the will that a person is able to live a good life. Likewise, the good life of the ancient Greek philosophers also is the life of moderation, an idea that is reflected in Aristotle’s famous “golden mean.” Living in moderation means that one balances the time and space for all necessary activities (e.g., eating, sleeping, spending time with family and friends, working, etc.) and in so doing develops a virtuous character (Fox & Demarco, 2002).

A second set of notable themes that emerges in the works of early Greek philosophers, though they are not uniquely embraced by the Greeks, are self-realization and the hierarchy of goods. Aristotle, for instance, believed self-realization or the obligation to improve oneself and embrace one’s human potentiality is the highest good and should be the goal that is served by all other action. Because the human person is the only being in the universe with the ability to reason, the proper function or end toward which the person aims is the development of the intellectual capacity. Aristotle also recognized that people have physical needs and desires, though he believed that these must be balanced with reason. By developing a rational attitude, people are able to temper their desires and feelings and live according to the golden mean. Living according to the golden mean and aiming toward attaining a high level of self-realization (i.e., rationality) generally is considered virtuous by Aristotle. Living a virtuous life, moreover, involves the practice of developing habits that are guided by moderation. We will return to Aristotle’s work and writings later in the chapter because they are particularly relevant to the modern field of virtue or character ethics, which encourages counselors to think about the importance of self-development to ethical and professional practice.

Early Christian Philosophers (About 354–1274)
The rise of Christianity strongly influenced ancient and medieval philosophy because it introduced a shift in conceptualizing ethics from a secular to a religious point of view. Like their Greek predecessors, Augustine and Aquinas affirmed the use of reason to discern differences between good and evil. Aquinas, moreover, incorporated the Greeks’ ideas about human nature into his ethical stance in that he saw morality as grounded in human nature. However, both Augustine and Aquinas also believed that it is only within a theological framework that one can truly understand human nature and core ethical and human values. While the Greeks emphasized naturalism (human nature as emerging from and part of natural forces), Christian philosophers stressed the supernatural aspect of the human person because of their belief that the person is made in the image of a supernatural, spiritual God (Swindal & Gensler, 2005). The Christian philosophers, then, saw the person as fundamentally more than a natural being. A second major differentiation between philosophers such as Augustine and Aquinas and the Greeks is their proposition that the good life is not completed in this world; rather, they believed the life that
begins after death is the one of most importance and highest value (Boss, 1998; Johnson, 1999).

**Landmark 2**

**OTHER INFLUENTIAL EARLY GREEK PHILOSOPHERS**

- **Heraclitus of Ephesus (535 BCE–475 BCE):** considered the concepts of good and evil as a pair of opposites that work in harmony with one another. He also considered life to always be changing and in motion such that one is not able to have the same experience more than once.

- **Democritus of Abdera (about 460 BCE–about 370 BCE):** happiness and cheerfulness are the key to a good life, and happiness is more about the pursuits of the mind than about physical appetites or material possessions.

- **Epicurus (341 BCE–270 BCE):** as an ethical egoist, Epicurus proposed that people ought always to do what brings them the most pleasure, because pleasure for the self ranks highest in the hierarchy of values. Epicurus believed, however, that it is not physical pleasure that brings the most happiness, but, rather, it is rationality that brings happiness (Boss, 1998).

**Modern Philosophical Ethics**

The long period of modernity begins somewhere in the 15th and 16th centuries and extends to the 20th century. It is tied to a number of important historical events, including the Renaissance in northern Italy, the Reformation ignited by Martin Luther, and the discovery of the Americas (Johnson, 1999). Philosophers who lived during this span of time contributed a diversity of ideas on ethics and include such figures as Thomas Hobbes, David Hume, Immanuel Kant, Jeremy Bentham, John Stuart Mill, Soren Kierkegaard, Karl Marx, and John Locke. The works of Kant, Bentham, and Mill will be explored further in the next section, as they represent two significant schools of ethical thought that have influenced the development of counselor ethics (i.e., deontology and teleology). Kierkegaard’s philosophy prefigured the work of an influential body of thinkers known as existentialists and phenomenologists. Marx, though he did not consider himself an ethicist, nonetheless shaped the way numerous political leaders thought about the good life, and his ideas ultimately affected the quality of life for vast numbers of people (Boss, 1998; Johnson, 1999).

**Social Contracts and Human Rights**

One implicit assumption underlying much philosophical theorizing is that questions about what constitutes the good life are best considered with the *individual* person and his or her own needs in mind. By contrast, two figures in the modern world, Thomas Hobbes (1588–1679) and John Locke (1632–1704), grappled with the question of why men and women should be concerned with others’ needs, as well as
their own; they ultimately came to think of morality as closely tied to human rights and social obligations, which are concretized in the rules, regulations, or laws that help communities function well. Hobbes reasoned for the necessity of sovereign law. Largely because of what some would call his pessimistic outlook on human nature (Graham, 2004; Gould & Mulvaney, 2007; Johnson, 1999), Hobbes purported that in their natural state (i.e., without a governing body), people are fundamentally egoistic and will act only for their own good. To avoid the chaos and debauchery associated with basic human nature, he believed people agree to enter into social contracts in the form of laws. Laws ensure enough order to allow people to pursue their interests without being impeded by others’ individual pursuits (Graham, 2004). Finally, Hobbes saw social contracts as necessary to protecting one fundamental human right—the right to life.

Locke also emphasized the social realm in his writings on ethics and morality; however, unlike Hobbes, Locke reasoned that human nature is fundamentally good and that people have inherent rights not only to life, but also to freedom and property. He also believed that civil law is put in place to protect and uphold, not limit, natural rights (Boss, 1998). Therefore, he argued for democracy over sovereign law as the preferred social contract.

Landmark 3

LICENSING BOARDS: OUR PROFESSION’S SOCIAL CONTRACT

The counseling license that most counselor trainees eventually seek after finishing a graduate degree and after completing several thousand hours of supervised clinical experience is, in fact, a privilege granted to trainees by a governing body: a state licensing board. State licensing boards create sets of rules and regulations that its licensees agree to follow in order not to lose the privilege of licensure. Hobbes believed that governing bodies help to keep order by promulgating laws that protect people from one another’s self-centered acts.

1. Whose rights do you believe are being guarded by state licensure boards?
2. Do you believe that it is necessary for counselors to be regulated by a governing body such as a licensure board?
3. What potential good or bad outcomes might be tied to the regulation of counselors by legal bodies known as licensure boards?

Ethics in the 20th Century

One way of broadly characterizing ethics of the 20th century is to say that a certain skepticism is reflected in this era’s thinking about what constitutes right and wrong (Johnson, 1999). Although early Greek and Christian philosophers and the multitude of thinkers in the modern world embraced a position of skepticism in order not to take their ideas about right and wrong for granted, they also supposed that one, indeed, can discern knowable truths about morality and immorality. A
number of 20th-century philosophers have challenged this idea or at least limited what is defined as knowable. For example, anthropologist William Graham Sumner studied various tribal societies and concluded that the answer to the question of right and wrong depends largely on one’s social context. His line of thought is associated with the ideas of cultural relativism, or the premise that what is knowable is discerned only through a cultural context, and, thus, it is impossible to make sweeping or absolute ethical statements (Sommers-Flanagan & Sommers-Flanagan, 2006). Another group of 20th-century philosopher-skeptics known as logical positivists see the knowable as that which is limited to its ability to be tested through scientific inquiry and verified through observable evidence.

Existentialism

Existentialism is not classified uniquely as a school of moral philosophy, yet, it finds a place in our discussion and comes into its own in the early and mid-1900s with the work of individuals such as Frederich Nietchze (1844–1900), Jean-Paul Sartre (1905–1980), and Martin Heidegger (1889–1976). Sartre proposed that the human person is condemned to a life of radical freedom in which he is responsible for every decision and choice he makes. It is choice, Sartre suggested, and not human nature or any type of essential quality to being human or essential quality of an act that belies what is of value. By choosing to engage in a particular act or behavior we give value to that act or behavior through our choice. A counselor, for example, who, though tired, sees her last client of the day and consciously chooses to set aside her desire to go home or “tune out” during the session communicates to herself, the client, and by extension all of her clients, that the clinical relationship is important, as is the sharing that will take place between counselor and client. Existentialists deepen the reflection on the relationship between choice and value by proposing that the attitude we take toward choice adds to or detracts from a well-lived human experience. According to Heidegger, the good life is the life that is lived authentically (Macquarrie, 1968) with an appreciation for the responsibility we have toward our freedom and with a sincere desire to do what is right for its own sake. Each choice we make, from the point of view of existentialists, is a participation in the creation of the world—a global statement about what is or is not valuable (Graham, 2004).

Care Ethics

Care ethics as a philosophical approach to understanding moral rightness and wrongness has been developed primarily in the 20th century, although the writings of Scottish philosopher, David Hume (1711–1776), foreshadowed the work of care ethicists. Philosophers who lean toward the ethics of care as a framework for making ethical decisions believe that the highest moral good is found in loving and being loved (cared for) by another person, and not in rationality as deemed by Plato, Aristotle, and many natural law ethicists, such as Aquinas (Sperry, 2007). Hume suggested that rationality is needed to discern the differences between right and wrong, but that sentimentiality (emotion), especially sympathy, is required for people to be moved to act on what is deemed good or right (Boss, 1998). Philosopher Nel Noddings (b. 1929) views ethics as an active endeavor and believes that people are at their most human when they are actively engaged in caring for another
person. She drew on the work of another well-recognized researcher and ethicist, Carol Gilligan (1993), who proposed that moral development is relational at its core, and not just rational or intellectual.

Landmark 4
CASE EXAMPLE

Terence, a community-based counselor, offers probono services from time to time to clients in need. Recently, he had a second session with a young woman who revealed that she had a history of abuse from a family member and had severed ties with her family due to the trauma. She was living with her fiancé in Terence’s town but, apart from her fiancé, had few social support resources. Unexpectedly, Terence received a call from his client’s boss who told him that his client was at work saying “odd things” and seemed to be in a state of mania. The boss, who was given Terence’s phone number by his client, was concerned for the client’s safety and asked him to come to the workplace to aid the client. Knowing that his client had few friends and no family in the area, and, upon learning from the client’s boss that her fiancé was out of town, Terence pondered his options in this situation.

1. How does accurate empathy or emotional astuteness potentially play a role in your understanding of the ethical elements of this clinical situation?
2. How does taking an ethic of care approach inform the decision-making process in this instance? Grounded in an ethic of care, what might you recommend that Terence do?

CONTEMPORARY ETHICS AND THE COUNSELING PROFESSION

In this section, we examine four approaches to ethical study—deontology, teleology, virtue ethics, and principle ethics—that have their roots in the long history of philosophical thought that we briefly described above. Because these approaches are particularly influential in contemporary ethical study and in counseling ethics, we will spend more time considering how they might be applied in clinical practice. As you review this segment of the chapter, we encourage you, again, to consider which of these ethical theories, or balance of theories, best fits your approach to living a good life and practicing as an ethical clinician.

Deontology: Emphasis on Intrinsic Good

Deontology is a division of philosophical study that focuses on issues of morality, duty or obligation, and right action. It is commonly referred to as law ethics. Most often associated with the German philosopher, Immanuel Kant (1724–1804), deontological (or Kantian) ethics first adhere to the assumption that certain acts are, in
themselves, either right and good or immoral and wrong (Meara et al., 1996). In describing how one would go about determining the rightness or wrongness of an act, Kantian ethics propose that the moral judgment one makes should be the very judgment that all other people who find themselves in the same circumstances would make. Thus, there is a quality to the deontological ethic that is universal in nature. Moreover, in the Kantian tradition, true moral judgments do not allow for human persons to be treated as a means to an end, but, rather, on principle, reflect the view that people are a good in and of themselves. This second precept for evaluating moral dilemmas points toward the virtue of justice that is both central to Kantian ethics and that gives it an other-oriented characteristic. Moral decision making requires that one considers the needs and the good of others to an equal extent that one thinks of his or her own needs.

To begin imagining how the deontological ethic might be put into practice, think about a counselor who is trying to decide the ethical merit of disclosing personal information to a client. Initially, that counselor would have to consider whether or not colleagues in the same situation also would make the decision to self-disclose. The counselor, additionally, would have to weigh the decision with a balanced consideration for the potential good that might be done for the client with regard to the self-disclosure and the potential good that would result for the counselor herself.

A second important component of deontological ethics has to do with obligation. Once a person has determined what is the morally right thing to do in a given situation that person has a duty to act on what is right. In Kantian ethics, the truly good act is the act that is intended. Although several different people may be faced with the same decision in the same circumstance, and although they may reach the same outcome, it is only the person who purposefully intended for the act to happen who has behaved most ethically. Using our earlier clinical example, once the counselor has decided about the moral rightness or wrongness of self-disclosure in a counseling session, she has an obligation to act on the decision. Moreover, by intending the decision she makes (given that it is one that is universally confirmed), the counselor truly acts ethically and to a greater degree than other clinicians who may have come to the same outcome simply by accident.

Because deontological ethics operate from the perspective that actions can be considered as basically right or wrong, there is a universalism that is communicated in this perspective. Thus, in determining how to make a decision or choose a course of action, this branch of ethical study tends to de-emphasize how situational factors affect outcomes. It is not the circumstances surrounding the decision, nor the consequences of the action taken that determine its ethical or moral quality—it is the act itself that is of most importance. For this reason, the deontological approach to ethics is said to support the idea that there are universal, moral principles (one might even say truths or, in Kant’s words, *categorical imperatives*) that can be known, and once known, oblige one to act according to the principle.

If we return to our clinical example, we must consider what it is about self-disclosure that is essential; that is, what makes this act either moral or not in the counseling setting. Because of its emphasis on universalism over context, deontology as a framework for ethical decision making would not be overly interested in questions such as: What is the counselor’s self-disclosure about?, How long has the counselor
known the client and what is their level of mutual trust?, or What is the counselor’s goal in making a personal disclosure?

As it may be becoming clear to you, there are ways in which the deontological approach to ethics is particularly applicable to counseling practice, and there are numerous situations in which counselors (at least in theory) would agree about the intrinsic rightness or wrongness of an act. Some of the most obvious that are outlined in the ACA Code of Ethics (2005) are: counselors do not have sexual relationships with their clients (A.5.a); counselors uphold clients’ confidentiality (B.1.b, B.1.c.); and counselors disclose to clients the potential benefits and risks of participating in a counseling relationship (A.2.a). Deontological ethics is extremely relevant to these examples because they tend to have a high degree of social confirmability surrounding their moral rightness or wrongness. For instance, most counselors would agree that to initiate, pursue, or allow oneself to succumb to a sexual relationship with a client is a misuse of the power ascribed to the counselor role and a threat to a client’s well-being. Very likely, you also can think of many situations from your own day-to-day life in which the concepts of intrinsic rightness or wrongness come into play (e.g., it is immoral to kill another person; it is immoral to cheat on a test; or it is immoral to betray a friend for one’s own gain).

On the other hand, critics of a strictly deontological approach to ethics (e.g., Kitchener, 1984; Meara et al., 1996) point out that people often face conflicting obligations to moral judgments. In such instances, deontology may not go far enough in helping people in the decision-making process. Kitchener, who is well known for her work in the area of principle ethics, acknowledged this limitation of deontology through the description of numerous possible scenarios a counselor might face that raise questions as to what action is required. For example, counselors have a responsibility to protect the client’s trust in the therapeutic relationship by keeping confidentiality. Yet, they also have a duty not to do harm to others by being complicit in a client’s decision to intentionally harm another person. Keeping confidence and doing no harm, Kitchener points out, are both intrinsic goods to which a counselor is obligated. The split obligation seems to point toward a very real limitation of Kantian ethics in the area of its practical application.

Meara and her colleagues (1996), as well as numerous other virtue ethicists (e.g., Cohen & Cohen, 1999; Hill, 2004; Stewart-Sicking, 2008), raise another critique of deontology in that they suggest that it artificially pushes counselors into thinking about ethics primarily from the point of view of the quandary. These authors have suggested that being ethical is more about the personal virtues that guide and direct one’s everyday decisions, whether or not those decisions are experienced as challenging dilemmas. Thus, every successive decision the developing counselor makes is important because it is formative of his or her character. Similarly, Betan (1997) pointed out that there is a wide gap between knowing what is the right thing to do and actually acting on it. A quick review of licensing board websites will reveal the names of clinicians who have been sanctioned due to unethical practice, and a browse of research findings related to unethical practice in counseling suggests that clinicians do, indeed, engage in unethical behaviors. Given these circumstances, we might say that virtue ethicists are concerned that in the branch of philosophy known as deontology, the person can too easily get lost inside of the problem.
Landmark 5
CASE EXAMPLE

Michelle is a counselor who runs her own private practice. For the past year, she has been counseling a woman whose daughter was killed in an automobile accident when a teen driver ran a stop sign while texting in the car. The client was devastated by her daughter’s death and has been using counseling as a support network during her grieving process. In the most recent session, the client told Michelle that she has started to think about ways to turn her suffering into meaning and wants to write a book about the hazards of texting while driving and about her own story of loss and recovery. The client then tells Michelle that she would like her to co-author the book because of her expertise as a counselor and her understanding of the grief process. The client does not intend to terminate counseling at this time.

As you think about the counselor’s options in this case, use the following questions, which reflect a deontological approach to determining ethical behavior:

1. What would other people in Michelle’s same situation decide to do if they also faced a similar dilemma?
2. In making this decision, how does the counselor consider the balance of needs of all people involved in the decision and its outcome?
3. What does the counselor need to do in order not to take any person for granted in this decision?
4. What is the counselor’s obligation to act in this situation?

Landmark 6
DEONTOLOGY AND THE ACA CODE OF ETHICS

The ACA Code of Ethics (2005) outlines both the minimal and aspirational requirements for counselor practice from a legal and ethical standpoint. Remley and Herlihy (2009) described the Code as the document to which licensing boards and ethics review committees will refer when making a determination regarding the ethical quality of a counselor’s behavior. One important question review bodies will ask themselves is, What would other similarly educated and experienced counselors do in a similar situation? It becomes strikingly clear, in this instance, how deontological ethics affects judgments about the morality and legality of counselor behavior.

Teleology: Emphasis on Consequences

Teleology, or the study of the “final things,” is another major branch of philosophical ethics in the Western tradition and is most closely associated with the writings
and work of two figures, Jeremy Bentham (1748–1832) and John Stuart Mill (1806–
1873). Teleological ethics, often known as utilitarianism, proposes that an act is not, in itself, moral or immoral. Rather, a moral quality is assigned to an act based on its outcomes. Teleological ethics, thus, is distinguished from deontological ethics in its emphasis on consequences rather than intrinsic moral values and obligations.

Bentham sought to develop an approach to morality that was scientific rather than religious. His ideas about how to determine what is good can be understood, to some extent, as a reaction against organized religions that placed value on suffering and self-sacrifice and, in part, as a response to injustices against his contemporaries who were poor and downtrodden (Boss, 1998). As a member of the hedonistic tradition, Bentham subscribed to the idea that pleasure is a natural good, while pain is a natural evil (Graham, 2004). He believed an act’s utility, or usefulness, was based on its ability to bring forth happiness or to prevent pain.

Using his scientific leanings, Bentham proposed a concrete method of identifying an act’s utility known as the Hedonistic calculus—a set of pains and pleasures against which an act was measured in order to determine its morality. The more happiness produced by the outcomes of an act, the more Bentham considered it to be good, moral, and worthy of endorsement. Utilitarianism, therefore, contends that something is morally good to the extent that it produces a greater balance of pleasure over pain for the largest number of people.

John Stuart Mill, a student of Bentham, was aware that utilitarianism was unpalatable to many people because it sanctioned actions that most people believed of be wrong simply because they produced pleasure—even if at another’s expense. Therefore, Mill proposed that the good life, and the actions that uphold such a life, be evaluated by the quality (rather than just the quantity) of pleasures they produced. He acknowledged that some actions, though they may lead to happiness for some, still can be classified as immoral. In making distinctions between good and immoral acts, Mill contended that actions that produce high-quality pleasures, such as those that come from intellectual pursuits, being empathetic toward others, and maintaining a healthy lifestyle are of greater good than things that lead to low-quality pleasure, such as selfishness or ignorance (Graham, 2004).

Considering how utilitarianism might get applied to a counseling setting, we return to our earlier example about self-disclosure. From a deontological point of view, we determined that a counselor would have to imagine how other counselors also would decide to resolve the dilemma, mentally posit a universal statement about self-disclosure, and then resolve to act according to the obligation. Utilitarianism, however, demands that the counselor think about the potential benefits of self-disclosure: How likely is it that self-disclosure will result in some good for the client rather than harm? How intense will the good effects of self-disclosure be, and are the potentially beneficial effects likely to last over time? Will the self-disclosure in this instance be likely or not to lead to other, future benefits for the client? What decision surrounding self-disclosure will lead to the greatest number of benefits for all who are involved—both client and counselor? The preceding questions all tend to encourage the counselor to think not about the essential qualities of self-disclosure that merit it as a good or an evil, but about the outcomes and the effects of self disclosure for the client.
Interestingly, utilitarianism seems to be increasingly influential in the counseling field as clinicians grapple with the intersection of diverse sets of values in counseling. Recent changes in the ACA Code of Ethics (2005) reflect a re-visioning of earlier standards of practice in a number of areas that traditionally were interpreted from a deontological point of view. For example, prior to 2005, the code strongly discouraged dual relationships between counselors and their clients because dual relationships were cast as something of an intrinsic wrong. The latest revision of the Code of Ethics, however, prompts counselors to consider the potential benefits for clients and clinicians of having contact outside of the clinical setting (A.5.d). In asking counselors to think about benefits, the code essentially invites counselors to reflect on the possible outcomes or consequences of their decisions and actions with regard to having limited, multiple relationships with a client—a reflection that is at the heart of utilitarianism.

Chad is a counselor at a community center that serves teenage boys who have a history of delinquency, drug use, and, to some extent, criminal behavior. In order to form an alliance with his male clients, Chad has begun thinking about selectively inviting the boys to accompany him to local diners or parks to play basketball. He hopes that by interacting with the boys outside of the center, the boys will open up to him more than they do when they talk in his office. Another counselor at the center expressed concern that Chad would be overstepping his boundaries and acting in an unprofessional manner. Putting yourself in Chad’s position, consider the benefits or costs of engaging in this way with clients by using these questions that reflect a teleological approach to determining ethical behavior:

1. What are some potential outcomes of Chad’s decision to invite the boys to a park or diner?
2. How likely is it that escorting and interacting with clients outside of the center will result in some good for those involved rather than harm?
3. How intense will the good effects be, and are the potentially beneficial effects of the act likely to last over time?
4. Will Chad’s clinical decision to interact with the boys outside of the center be likely or not to lead to other, future benefits for those involved?
5. What factors surrounding Chad’s decision will lead to the greatest number of benefits for all who are involved?
Virtue Ethics: Emphasis on Being and Character

The field of virtue ethics has a significantly different feel to it than deontological or teleological ethics in that the person takes center stage, while action and behavior are de-emphasized (Hill, 2004; Punzo & Meara, 1993; Stewart-Sicking, 2008). When considering the question of what constitutes the good life and how one makes moral decisions, virtue ethicists are interested in the qualities that comprise an individual’s personhood, such as personal desires and goals and developed traits that sensitize one to others’ needs (Punzo & Meara, 1993). Personal qualities are important to virtue ethics because they answer the central question of ethical inquiry that concerns virtue ethicists, namely, What qualities of the person’s character make him or her good? Deontology and teleology seek to answer another question, What is the right thing to do? One can see the influence of the question of inquiry on the outcomes for ethics, with deontology and teleology’s emphasis on duty, right behavior, and action, and virtue ethics’ emphasis on personal characteristics (Rachels, 1993).

The connection between virtuous and ethical behavior is part of ancient Greek thinking, including that of Socrates, Plato, and Aristotle. Aristotle provided one definition of virtues when he suggested that a virtue is a habitual behavior that becomes a trait of one’s character (Rachels, 1993). A more contemporary philosopher, Alasdair Maclntyre (1984), used a similar concept of practices to propose that virtue emerges from involvement in a variety of interactions and human activities in which a person consistently strives for excellence. Aristotle also drew on the concept of moderation to speak about virtue, suggesting that virtues are the mean between two extreme behaviors. Generosity, for instance is the mean between selfishness and unbounded self-sacrifice.

Because people can and often do develop habitual, destructive character traits, it is important to define more specifically examples of behaviors that are desirable for humans to develop. Some virtues include: benevolence, compassion, civility, dependability, fairness, honesty, justice, loyalty, self-control, and tolerance. Virtues commonly recognized as being central to the work of counselors are: prudence (or thoughtfulness), integrity, respectfulness, and benevolence (Meara et al., 1996). Meara and colleagues (1996) also described the virtuous counselor as:

- Motivated to do good
- Discerning as to ethical elements of clinical situations
- Tolerant of ambiguity.
- Self-aware and desirous of personal and professional development
- Willing to face one’s biases
- Open to using knowledge about clients’ cultural context in the counseling process

Given virtue ethicists’ interest in the personal development of the individual, they tend to look broadly at ethical behavior, not limiting their understanding of ethics, for example, to the dilemma (Punzo & Meara, 1993). Virtue ethicists are concerned with how day-to-day decisions and habits form one’s character because they believe a good character will help one to make ethical decisions that reflect
the good life. Ultimately, virtue ethicists propose that counselors who are virtuous will be able to draw on their own internal qualities and motivation to do right in all kinds of clinical situations, even those that are not explicitly a dilemma.

**Landmark 9**

**CASE EXAMPLE**

Eduardo is a counselor who works at a drug and alcohol rehabilitation center. In a typical day, he has to make countless decisions related to his clinical work and the development of his personal and professional identity. For example, when he arrives in the morning, he finds five voicemail messages awaiting him from clients and family members of clients. He sighs as he thinks about when he will listen to the messages and return the calls. He then turns to his desk and notices a stack of client files from the past several days for which he has not entered notes. He wonders when he will make time for updating his client records. Eduardo then remembers that he is leading a new process therapy group today for a set of clients from the medical profession. This group is highly confidential due to the nature of the clients’ medical work, but as he looks at the stack of files that need notes, he considers asking a colleague who is not involved in the group to help make reminder calls to the new members. At midday, Eduardo wanders into the staff lunchroom and overhears a couple of his coworkers remarking with hostility that the newly admitted clients are “so manipulative that it’s unbelievable. They’re just a bunch of druggies that will never change.” Eduardo has also interacted with the new clients and opens his mouth to comment . . .

If you were in Eduardo’s position, what series of decisions might you make as you face a seemingly endless set of choices related to professional practice and personal being?

Virtue ethicists point out that we are faced with countless decisions each day, and the choices we make with regard to the small, seemingly mundane decisions are as important as the choices we make in more critical situations. Although virtue ethics tend not to provide concrete guidelines for action—a critique of virtue ethics made by those who lean toward the use of principle ethics or deontology—this school of philosophical thought suggests that the mannerisms and attitudes we develop as clinicians provide guidance that makes use of human relationships, care, and subjectivity.

**Ethical Principles: Emphasis on Standards of Practice**

Ethical principles in counseling are the most often referenced point of reflection when clinicians are trying to reason through a clinical dilemma (Kitchener, 1984; Urofsky, Engles, & Engebretson, 2008). The principles on which most ethical behavior is
understood to rest were appropriated from Beauchamp and Childress’s (1979) work on medical ethics and currently form the backbone for professional counselors’ understanding about the minimal standard of practice required of licensed counselors (Corey, Corey, & Callanan, 2011; Remley & Herlihy, 2010). The five ethical principles to which counselors adhere (described here and elsewhere in the text) are:

- **Nonmaleficence**: the duty to do no harm to clients
- **Beneficence**: the duty to do something good for clients and to add to their overall welfare
- **Autonomy**: the duty to protect a client’s right to live a free and self-directed life
- **Fidelity**: the duty to act with faithfulness in the relationship with a client
- **Justice**: the duty to treat all clients fairly and with the same level of goodwill

As Kitchener (1984) pointed out, drawing on intuition about good and bad is an excellent starting point for a clinician who is trying to make a decision in an ethical quandary. However, intuition does not always help counselors to reason through the many facets of a dilemma. She proposed that ethical principles are, therefore, useful tools to help weigh alternate options and decisions in ambiguous situations. For example, counselors can consider to what extent they are able to uphold (or would have to sacrifice) the basic principles of nonmaleficence, beneficence, autonomy, fidelity, and justice when making a decision of an ethical nature. In themselves, the principles that Kitchener described are equally important to maintaining and adding to client welfare. Thus, a challenge in using the principles as a guide for decision making is that in complex situations, one decision may help a counselor uphold a given principle while forcing him or her to sacrifice another.

**Landmark 10**

**CASE EXAMPLE**

Raj is a counselor who has been contracted to work at a large, multifacility long-term residential care center. The center provides housing for and meets the needs of older adults who are mobile and independent, as well as those who demand constant and critical care. Raj meets with older adults who request his counseling services, but he also frequently meets with the family members of residents when their loved one experiences a significant health problem (i.e., a fall, a medical problem, or rapid onset of dementia). Recently, Raj has been reflecting on a recurring struggle he faces in working with his clients and their families at points of crisis intervention. During a crisis, Raj sees family members who often demand to know what he has been talking about in counseling with their loved one. Moreover, the family members often overlook the desires of their loved one and instead ask his advice about the next appropriate level of care if their loved one suffered what

(continued)
appears to be a significant health problem. Raj often feels torn by the genuine concern he feels from family members to do good for their loved one and what he sees as his client’s right to make her or his own decisions at all points of life.

Considering Raj’s situation and his role as counselor:

1. What ethical principles are at play in his situation?
2. What principles do you believe are most critical in this situation to follow?
3. What rationale do you give for reasoning through your decision?

THE MEANING OF PHILOSOPHY TO COUNSELORS

At the beginning of this chapter, we asked you to step back from the ethical codes of our profession in order to take a look at their philosophical underpinnings. Our goal in asking you to engage in this exercise was not to devalue the codes, but, rather, to make two points. First, the codes of ethics that frame the various branches of professional practices (e.g., ACA, American School Counselor Association [ASCA], American Association for Marriage and Family Therapy [AAMFT], Association of Counselor Education and Supervision [ACES], etc.) emerge from schools of philosophical thought about what constitutes good action and what characteristics mark the virtuous person. As a profession, we have translated these broad philosophical questions into more specific inquiries: What are the right things for professional counselors to do?, and What qualities mark the admirable or upstanding clinician? In many regards, the codes provide concise and tangible answers to these two questions. Making reference to the role of personal characteristics (virtues) in ethical decision-making, the ACA Code of Ethics (2005, p. 3) states, for example, that “Inherently held values that guide our behaviors or exceed prescribed behaviors are deeply ingrained in the counselor and develop out of personal dedication, rather than the mandatory requirement of an external organization.”

Practicing clinicians know, too, that the codes’ answers to the above-mentioned philosophical questions are often experienced as incomplete (Corey et al., 2011; Welfel, 2010). Indeed, we might say that the codes’ responses to common dilemmas of clinical practice invite as many questions as they answer. Most counselors with some clinical experience can share a story about a situation in which they needed guidance with decision making and found the code of ethics wanting. As Welfel said, the codes are not recipe books for how to make clinical decisions. This brings us to our second point. Counselors’ professional interactions with one another, clients, and other key stakeholders in the systems within which they operate must assume responsibility for the day-to-day decisions they face, whether those decisions seem mundane and ordinary or are challenging and not fully addressed by the guidelines of the codes. It is here—the place of assuming one’s own ethical autonomy—that one’s philosophical leanings become evident. When facing either an ethical quandary
or common, day-to-day decisions, for example, a counselor has to consider, first, her or his own value system and practices of living life well.

- Does the counselor, motivated by empathy, usually try to discern what action constitutes the most profound way to care for another (care ethics)?
- Does the counselor usually think it is important to determine the right thing to make in the situation, believing that there is an inherently right decision that can be made (deontology)?
- Does the counselor usually try to consider what will lead to the greatest happiness or benefit for all people involved by taking into account the relevant situational factors (teleology)?
- Does the counselor draw on her own set of habitually created virtues to guide her in decision making (virtue ethics)?
- Does the counselor consider ethical principles of doing good, doing no harm, protecting autonomy, and acting with justice and fairness toward clients (ethical principles)?
- Does the counselor refer to one of the profession’s social contracts in the form of the ethical guidelines to offer guidance in decision making (ethical code)?

In practice, it may turn out that it is a balance of ethical perspectives, as well as one’s intuition and way of living out relationships that provides the counselor with the most clarity in the area of ethical decision making. Most important, though, is that we counselors neither hide from our responsibility to think critically about our clinical decisions nor (as Hume would remind us) fail to draw on emotional intelligence in the forms of empathy and our subjective knowledge about human relationships in making ethical decisions. The ancient greats and contemporary philosophers, as well as many mentors within our own counseling profession, stand as reminders to us that we ought not take our clinical decisions for granted and that a little reflectivity always enhances our decision-making ability when it comes to the mundane or the dilemma.

**SIGNPOSTS FOR FUTURE TREKS**

This chapter was not devised to tell you which philosophical approach or approaches best fit the work of professional counselors and, certainly, it only skims the surface in presenting concepts of various schools of philosophical ethics. The concern, however, that we believe should be important to all counselors is: How do the insights of the ancient and contemporary philosophical thinkers factor into day-to-day decision making? With the emphasis in today’s clinical environment on how to avoid legal wrong-doing, it is all too easy for clinicians to forget to ask the big questions about themselves, their professional development, and what it means to live the good life. The work and writings of Western, as well as non-Western thinkers, remind us to look critically and broadly at our work. As Aristotle proposed, our daily decisions create in us habits that put us on the path toward or away from living a truly human life. Every decision we make as professionals and personally has merit because it is
part of the development of our personhood. To be an ethical helper is to enter into the practice of asking ourselves, What is the good life for ourselves and for our clients? Philosophy holds many insights for how we can answer this question, and reminds us that the personal and professional life are not far apart—rather they are different stages on which we play out our ethical leanings.

INSIGHTS GAINED FROM THE JOURNEY

One of the primary aims of this book is to help you, the reader, to appreciate the importance of taking a positive (i.e., generally a nonlegalistic) approach to ethical applications in clinical practice. We hope to highlight our point of view by inviting you to consider the role of philosophy in ethical decision making. We also hope to foster an appreciation for the ways in which the process of professional identity development interacts with one’s ethical perspectives. As counselors and counselor educators, we both can attest to a noticeable transition that we have undergone in the past decades with respect to our relationship to counseling and ethics. Most notably, we both now appreciate more deeply our own responsibility to the ethical decision-making process in a way that we did not as novice counselors. Tangibly, this means that we are able to use our own critical reflections to make ethical judgments; we see ourselves at the center of the ethical decision or judgment. We contrast this current “lived experience” with the early years of our clinical practice during which we blindly (and most often out of fear and uncertainty) turned quickly to the code to tell us what to do! This is not to say that we do not now use the profession’s codes of ethics as an important point of reference in challenging situations or that we do not consult with trusted colleagues before taking action in uncertain circumstances. The primary difference, it seems, is that as counselors, we realize we must own our decisions and not take for granted the opportunity that each ordinary and extraordinary decision holds for growth toward wisdom. Experience is a useful teacher and one that played a big part in the transition we are describing. Likewise, the study of philosophy, especially the existentialists, reminds us that we are always in the process of becoming—personally and professionally. We can embrace the opportunities that come our way or let them slip away. We both strive not to let them slip away and encourage you to do the same!

MOVING FORWARD: CASE STUDY AND REFLECTION QUESTIONS

Liselle is a second-year counseling student who is in the last half of her counseling internship at a site that services teen girls and boys who have a history of criminal behavior. Up to this point in her academic career, Liselle has performed well, and according to evaluations from her professors and her site supervisors at her internship placement, Liselle appears to be a good fit for the profession. She is capable of creating rapport with clients, she shows a genuine sense of empathy in her clinical interactions, and she makes the effort to research client issues with which she is unfamiliar.

Unfortunately, Liselle recently received news from her parents that her younger sister was beaten and raped by members of a local gang. Although she
survived the attack, Liselle’s sister was in critical condition due to severe trauma to the head. The police are considering it as a potential hate crime that was racially motivated. After learning this news, Liselle sought support from her family and friends, and then she shared the information with her internship-site supervisor. The site supervisor inquired about Liselle’s emotional, physical, and spiritual well-being, and Liselle admitted that she was having a difficult time “holding it all together.” Over the course of the next several weeks, Liselle’s supervisor carefully observed Liselle’s work, and became increasingly concerned with how she interacted with the clients. Whereas Liselle had formerly interacted in an upbeat, yet challenging and respectful manner with clients, she now seemed constantly lethargic and unresponsive to the teens. Moreover, on several occasions, the supervisor noticed that Liselle was verbally critical of clients in group interactions and judgmental toward them during what seemed like angry outbursts. At their next supervisory meeting, the supervisor decided to bring her concerns to Liselle. After sharing her recent observations, the supervisor told Liselle that she was very concerned that she was potentially operating as an impaired practitioner and recommended that she either reduces her client load or takes a leave of absence from her internship to allow her to be healed from her sister’s trauma. Liselle appeared to listen to her supervisor but protested that she did not want to take time off from her internship, telling the supervisor, “I’m almost done with this internship, and I’ve performed well up to this point.” She appeared distraught, even, when she told the supervisor that she had invested a lot of money and time into her program and did not want to jeopardize her investment by taking a leave of absence. Liselle adamantly insisted that she would be capable of not doing harm to any more clients and that she could put her own issues aside during clinical interactions.

**REFLECTION QUESTIONS**

- Describe the key ethical issues in this case.
- What are the primary ethical dilemmas faced by the counselor and her supervisor?
- What decisions might you make to resolve the ethical dilemma’s faced by Liselle and her supervisor?
- What did you learn from reflecting on this case?
- How did your response to the case exemplify a positive approach to ethics?

**REFERENCES**


