

Ethics
IN
PSYCHOTHERAPY
AND
COUNSELING

4TH
EDITION

A PRACTICAL GUIDE

KENNETH S. POPE
MELBA J. T. VASQUEZ

Ethics in Psychotherapy and Counseling

A Practical Guide, Fourth Edition

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—Norman Farberow, PhD, ABPP, Co-Founder and
Co-Director, L.A. Suicide Prevention Center

DEDICATION

To those whose kindness, integrity, courage, ethics, and love
keep showing me and others that life can be more than we thought,
and inspire us to do something about it;
Especially to Hanna, Phil, Utah (who made it my best birthday ever, but
whose Golden Voice of the Great Southwest is now silent), Judy, Ed, Pete,
and Mary Ann,
for decades of making me laugh, cry, sing, and dream;
And most of all to Karen, who knows why.

—Ken Pope

To my friends, colleagues, clients, students, and family,
from whom I have learned tremendously;
Especially my spouse and best friend, Jim H. Miller;
And mother, Ofelia Vasquez Philo.

—Melba Vasquez

PREFACE

Welcome to those who are new to this book! To those who read the first, second, or third edition, welcome back!

The field of psychotherapy continues to evolve along with ethical theory, research, and practice. We updated all chapters to reflect those changes.

There are some new chapters. The first two chapters in the book are now “What Do I Do Now?” and “Ethics in Real Life.”

There is a new chapter on technologies: “Therapy in the Digital World: The Ethical Challenges of the New Technologies.”

Chapter 12, “Different Conclusions: Example from the Interrogation Controversy,” which is another new chapter, provides an example of how people of good faith can think through an ethical issue and reach different conclusions about the most ethical approach.

The Appendices include the ethics codes of the American Psychological Association and the Canadian Psychological Association, as well as a list of over 100 other ethics codes and professional guidelines for therapy, assessment, counseling, and forensics.

BASIC ASSUMPTIONS

Although much of the material is new, this book’s fundamental approach to ethics remains unchanged from the first edition. The approach is grounded in seven basic assumptions:

1. Ethical awareness is a continuous, active process that involves constant questioning and personal responsibility.

Conflicts with managed care companies, the urgency of patients’ needs, the lack of adequate support, the possibility of formal complaints, mind-deadening routines, endless paperwork, worrying about making ends meet,

exhaustion, and so much else can block our personal responsiveness and dull our sense of personal responsibility. They can overwhelm us, distract us, drain us, and lull us into ethical sleep. Our work requires constant alertness and mindful awareness of the ethical implications of what we choose to do and not do.

Ethical awareness includes taking into account our very human lack of perfection. All of us have weaknesses, vulnerabilities, and blind spots. The dramatic differences are not so much between those who have many human imperfections and those who have few but between those who are freely open—to themselves and others—about how their own shortcomings affect their work, and those who tend to see others as inferior versions of themselves. Chapter 6, “Competence and the Human Therapist,” explores some of these themes.

Ethical awareness also depends on our ability to take care of ourselves, to recognize when fear, anger, boredom, resentment, sadness, hopelessness, or anxiety hurt work, and to do something about it. Chapter 7, “Creating Strategies for Self-Care,” offers ideas on how we can recognize when our lack of enthusiasm, resilience, meaning, and joy makes us less effective and suggests the steps we can take to prevent that from happening or to turn things around it when it is happening.

2. Awareness of ethical codes is crucial, but formal codes cannot take the place of an active, thoughtful, creative approach to our ethical responsibilities.

Awareness of ethics codes is crucial to competence in the area of ethics, but the formal standards are no substitute for an active, deliberative, and creative approach to fulfilling our ethical responsibilities. Codes prompt, guide, and inform our ethical consideration; they do not shut it down or replace it.

Ethical practice never means following a code in a rote, thoughtless manner. Each new client, whatever his or her similarities to previous clients, is unique. Each situation is unique and constantly changing—time and events do not stand still. Our theoretical orientation, the nature of our community and the client’s community, our culture and the client’s culture, and so many other contexts shape what we see and how we see it. Every ethical decision must take these contexts into account. The codes may steer us away from some clearly unethical approaches. They may shine a light on important values and concern. But they cannot tell us what form these values and concerns will take. They may set forth essential tasks, but they cannot spell out the best way to accomplish those tasks with a unique client facing unique problems in a specific time and place with limited resources. Decisions about ethical behavior are the result of a process.

3. Awareness of relevant legislation, case law, and other legal standards is crucial, but legal standards should not be confused with ethical responsibilities.

A risk in the emphasis on legal standards is that adherence to minimal legal standards, which in some cases means finding ways around those standards, can become a substitute for ethical behavior. This trend has become increasingly prevalent in the political arena. A politician or political appointee holding a position of great public trust faces clear evidence that he or she betrayed that trust. When no other defense or justification is available, the politician insists that nothing wrong was done because no law was broken. (Even such desperate defenses hit a snag when it turns out that a law was broken; in those cases the individual stresses that there was a “technical violation of the law.”)

An overly exclusive focus on legal standards can discourage ethical awareness and sensitivity. It is crucial to realize that ethical behavior is more than simply avoiding violation of legal standards and that one’s ethical and legal duties may, in certain instances, be in conflict. Practicing “defensive therapy”—making risk management our main focus—can cause us to lose sight of our ethical responsibilities and the ethical consequences of what we say and do. Ethical awareness avoids the comfortable trap of aiming low, of striving only to get by without breaking any law.

Though often compatible, the legal framework is different from the ethical framework. Ethical awareness requires clearly distinguishing the two and alertness to when they stand in conflict. These conflicts are discussed in Chapters 9, “Codes and Complaints in Context,” and Chapter 12, “Different Conclusions.”

4. We believe that the overwhelming majority of therapists and counselors are conscientious, dedicated, caring individuals, committed to ethical behavior. But none of us is infallible.

All of us can—and do—make mistakes, overlook something important, work from a limited perspective, reach conclusions that are wrong, hold tight to a cherished belief that is misguided. We’re aware of many barriers between us and our best work, but we may underestimate or overlook some of those barriers. Part of our responsibility is to question ourselves: What if I’m wrong about this? Is there something I’m overlooking? Could there be another way of understanding this situation? Are there other possibilities? Can I come up with a more creative, more effective, better way of responding?

5. Many of us find it easier to question the ethics of others than to question our own beliefs, assumptions, and actions. It is worth noticing if we find ourselves preoccupied with how wrong others are in some area of ethics and certain that we are the ones to set them right, or at least to point out repeatedly how wrong they are.

It is a red flag if we spend more time trying to point out other people's weaknesses, flaws, mistakes, ethical blindness, destructive actions, or hopeless stupidity than we spend questioning and challenging ourselves in positive, effective, and productive ways that awaken us to new perspectives and possibilities. Questioning ourselves is at least as important as questioning others.

6. Most of us find it easier to question ourselves on those intriguing topics we know we don't understand, that we stumble onto with confusion, uncertainty, and doubt. The harder but more helpful work is to question ourselves about our casual certainties. What have we taken for granted and accepted without challenge? Nothing can be placed off-limits for this questioning.

Certainties are hard to give up, especially when they've grown to be part of us. They become landmarks, helping us make sense of the world, guiding our steps. But perhaps an always-reliable theoretical orientation begins distorting our view of a new patient, leading us to interventions that make things worse. Or having always prided ourselves on the soundness of our psychological evaluations, we keep rereading our draft report in a case in which an unbiased description of our findings may bring about a tragic injustice, harming many innocent people, and begin to wonder if our feelings for the client led us to shade the truth. Or the heart of our internship has been the supervision, and we've made it a point to tell the supervisor everything important about every patient, except about getting so aroused every time with that one patient, the one who is not very vulnerable at all and doesn't really need therapy, the one we keep having fantasies of asking out after waiting a reasonable time after termination and then, if all goes well, proposing to.

We must follow this questioning wherever it leads, even if we venture into territories that some might view as politically incorrect or—much more difficult for most of us—"psychologically incorrect" (Pope, Sonne, & Greene, 2006).

7. As psychologists, we often encounter ethical dilemmas without clear and easy answers.

As we try to help people who come to us because they are hurting and in need, we confront overwhelming needs unmatched by adequate resources, conflicting responsibilities that seem impossible to reconcile, frustrating limits to our understanding and interventions, and countless other challenges. We may be the only person a desperate client can turn to, and we may be pulled every which way by values, events, limited time, and limited options. Our best efforts to sort through such challenges may lead us to a thoughtful, informed conclusion about the most ethical path that is in stark contradiction to the thoughtful, informed conclusion of a best friend, a formal consultant, our attorney, or the professional groups we belong to. Chapter 12 explores the

ways in which a complex situation can lead people to very different conclusions about the most ethical response. In the midst of these limitations, conflicts, disagreements, and complexities, we must make the best choices we can. We must each answer the challenging question: What do I do now? And each of us must take responsibility for that decision. We cannot shift personal responsibility for our ethical decisions and acts to another person, group, law, code, or custom. *There is no legitimate way to avoid these ethical struggles. They are part of our work.*

A NOTE ON TERMINOLOGY

This book addresses ethical issues encountered by psychologists functioning as *psychotherapists*, other kinds of *therapists* (e.g., behavior therapists), and *counselors*. For the sake of brevity and convenience, we have often used just one of these terms—rather than some hyphenated form of all three—in a sentence. Similarly, some therapists identify those to whom they provide services as *clients*; others use the term *patients*. Again, for the sake of brevity and convenience, we have used these terms interchangeably throughout the book.

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We asked a number of prominent therapists with expertise in recognizing and responding to suicidal risk to discuss pitfalls of work in this area. Chapter 20 presents the advice that each of these experts gives to readers. We thank those who contributed discussions: David Barlow, Danny Brom, Marla Craig, Jessica Henderson Daniel, Norman Farberow, the late Erika Fromm, Rosa Garci-Peltoniemi, Jesse Geller, Don Hiroto, Nadine Kaslow, the late Helen

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| 1. Describe and follow steps in ethical decision-making | 1. Yes | No |
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| 3. Describe the fundamentals of the ethics codes of the American Psychological Association and Canadian Psychological Association--their basic approaches, how they are similar, and how they differ | 3. Yes | No |
| 4. Identify major causes of ethics complaints, licensing complaints, and malpractice complaints for psychologists in the United States and Canada | 4. Yes | No |
| 5. Knowledgeably discuss ethical issues in such aspects of clinical practice as informed consent, confidentiality, culture, assessment, suicide, multiple relationships and other boundary issues, and supervision | 5. Yes | No |
| 6. Create a plan for self-care | 6. Yes | No |
| 7. Create a professional will | 7. Yes | No |

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