

ETHICS
FOR
PROFESSIONAL COUNSELORS, SOCIAL WORKERS, AND CERTIFIED ALCOHOL AND
OTHER DRUG COUNSELORS

IABH

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Doing the same thing over and over again expecting different results is a definition of Insanity.

But; Doing the same thing over and over again expecting different results is also a definition of Practice.

Doing something that you know is going to hurt is a definition of Courage.

But; Doing something that you know is going to hurt is also a definition of stupidity.

The National Association of Social Workers Code of Ethics

The *NASW Code of Ethics* serves six purposes:

1. The Code identifies core values on which social work's mission is based.
2. The Code summarizes broad ethical principles that reflect the profession's core values and establishes a set of specific ethical standards that should be used to guide social work practice.
3. The Code is designed to help social workers identify relevant considerations when professional obligations conflict or ethical uncertainties arise.
4. The Code provides ethical standards to which the general public can hold the social work profession accountable.
5. The Code socializes practitioners new to the field to social work's mission, values, ethical principles, and ethical standards.
6. The Code articulates standards that the social work profession itself can use to assess whether social workers have engaged in unethical conduct. NASW has formal procedures to adjudicate ethics complaints filed against its members.* In subscribing to this Code, social workers are required to cooperate in its implementation, participate in NASW adjudication proceedings, and abide by any NASW disciplinary rulings or sanctions based on it.

The American Counseling Association Code of Ethics

The *ACA Code of Ethics* serves six main purposes:

1. The *Code* sets forth the ethical obligations of ACA members and provides guidance intended to inform the ethical practice of professional counselors.
2. The *Code* identifies ethical considerations relevant to professional counselors and counselors-in-training.
3. The *Code* enables the association to clarify for current and prospective members, and for those served by members, the nature of the ethical responsibilities held in common by its members.
4. The *Code* serves as an ethical guide designed to assist members in constructing a course of action that best serves those utilizing counseling services and establishes expectations of conduct with a primary emphasis on the role of the professional counselor.
5. The *Code* helps to support the mission of ACA.
6. The standards contained in this *Code* serve as the basis for processing inquiries and ethics complaints concerning ACA members.

Illinois Certification Board's (ICB) Code of Ethics for Certified Alcohol and other Drug Abuse (AODA) Professionals

ICB's mission is to protect the public by providing competency based credentialing of Human Service Professionals. An essential element of this protection is the requirement that Certified AODA Professionals maintain high ethical standards based on the principles of integrity, objectivity, professionalism, and respect. Consistent application of these standards protects the welfare and dignity of AODA clients, improves the outcome of AODA services, and advances the public standing of the AODA profession. Certified AODA Professionals shall adhere to the following ethical standards as a condition of attaining and maintaining ICB certification:

NASW Ethical Standards

The following ethical standards are relevant to the professional activities of all social workers. These standards concern

- (1) social workers' ethical responsibilities to clients,
- (2) social workers' ethical responsibilities to colleagues,
- (3) social workers' ethical responsibilities in practice settings,
- (4) social workers' ethical responsibilities as professionals,
- (5) social workers' ethical responsibilities to the social work profession, and
- (6) social workers' ethical responsibilities to the broader society.

Some of the standards that follow are enforceable guidelines for professional conduct, and some are aspirational. The extent to which each standard is enforceable is a matter of professional judgment to be exercised by those responsible for reviewing alleged violations of ethical standards.

The *ACA Code of Ethics* contains nine main sections that address the following areas:

Section A: The Counseling Relationship

Section B: Confidentiality and Privacy

Section C: Professional Responsibility

Section D: Relationships With Other Professionals

Section E: Evaluation, Assessment, and Interpretation

Section F: Supervision, Training, and Teaching

Section G: Research and Publication

Section H: Distance Counseling, Technology, and Social Media

Section I: Resolving Ethical Issues

ICB has Five Standards Categories

1. **Personal Conduct Standards:**
2. **Professional Conduct Standards**
3. **Confidentiality Standards**
4. **Service Delivery Standards**
5. **Ethics Violation Reporting Standards**

NASW

Responsibility to:

1. Clients
2. Colleges
3. In practice settings
4. As professionals
5. To social work profession
6. To the broader society

ACA

Regarding:

1. Counseling Relationship
2. Confidentiality & Privacy
3. Professional Responsibility
4. Relationships With Other Professionals
5. Evaluation, Assessment, and Interpretation
6. Supervision, Training, and Teaching
7. Research and Publication
8. Distance Counseling, Technology, and Social Media
9. Resolving Ethical Issues

ICB

Standards for:

1. Personal Conduct
2. Professional Conduct
3. Confidentiality
4. Service Delivery
5. Ethics Violation Reporting

The relationship with clients:

NSW – Social workers' primary responsibility is to promote the well-being of clients. However, social workers' responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients, and clients should be so advised (1.01).

ACA – The primary responsibility of counselors is to respect the dignity and promote the welfare of clients (A.1.a.).

ICB – (does not specifically specify the primary responsibility to clients) Certified AODA Professionals shall inform clients at the beginning of the counseling relationship the limits of confidentiality laws and the foreseeable uses of information generated through counseling (2.03.02), and Certified AODA professionals shall maintain confidentiality unless it is in the best interest of the clients, the welfare of others, an obligation to society, or legal requirements demand that confidential material be revealed (2.03.03).

Informed Consent:

NSW – Social workers should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent (1.03a). In instances when clients are receiving services involuntarily, social workers should provide information about the nature and extent of services and about the extent of clients' right to refuse service (1.03d).

ACA – Clients have the freedom to choose whether to enter into or remain in a counseling relationship and need adequate information about the counseling process and the counselor. Counselors have an obligation to review in writing and verbally with clients the rights and responsibilities of both counselors and clients. Informed consent is an ongoing part of the counseling process, and counselors appropriately document discussions on informed consent throughout the counseling relationship (A.2.a).

ICB - Certified AODA Professionals shall inform clients at the beginning of the counseling relationship the limits of confidentiality laws and the foreseeable uses of information generated through counseling (2.03.02)

Competence:

NSW – Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience (1.04a).

ACA – Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience (C.2.a).

ICB – Certified AODA Professionals shall not misrepresent their professional qualifications (2.02.01). Certified AODA Professionals shall submit accurate information to ICB for the purposes of obtaining and maintaining certification (2.02.02). Certified AODA Professionals shall not offer services outside their range of competency (2.04.07). Certified AODA Professionals shall not offer services outside the boundaries of the AODA profession unless otherwise qualified through education, training, licensure, or certification (2.04.08).

Conflicts of Interest:

NSW - Social workers should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. Social workers should inform clients when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the clients' interests primary and protects clients' interests to the greatest extent possible. In some cases, protecting clients' interests may require termination of the professional relationship with proper referral of the client (1.06a).

ACA – There is no specific section on conflicts of interest but has multiple sections regarding conflicts such as: A.5.d Friends or Family Members, A.6 Managing and Maintaining Boundaries and Professional Relationships and A.6.e Nonprofessional Interactions or Relationships (Other Than Sexual or Romantic Interactions or Relationships).

ICB – There is no specific section on conflicts of interest but has sections regarding conflicts such as: 2.02.08 Relationship to promote personal gain and 2.04.02 enter into counseling relationships with members of own family, etc.

Sexual Relationships

NSW – 1.09

(a) Social workers should under no circumstances engage in sexual activities or sexual contact with current clients, whether such contact is consensual or forced.

(b) Social workers should not engage in sexual activities or sexual contact with clients' relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation or potential harm to the client. Sexual activity or sexual contact with clients' relatives or other individuals with whom clients maintain a personal relationship has the potential to be harmful to the client and may make it difficult for the social worker and client to maintain appropriate professional boundaries. **Social workers—not their clients, their clients' relatives, or other individuals with whom the client maintains a personal relationship—assume the full burden for setting clear, appropriate, and culturally sensitive boundaries.**

(c) Social workers should not engage in sexual activities or sexual contact with former clients because of the potential for harm to the client. If social workers engage in conduct contrary to this prohibition or claim that an exception to this prohibition is warranted because of extraordinary circumstances, **it is social workers—not their clients—who assume the full burden of demonstrating that the former client has not been exploited, coerced, or manipulated, intentionally or unintentionally.**

(d) Social workers should not provide clinical services to individuals with whom they have had a prior sexual relationship. Providing clinical services to a former sexual partner has the potential to be harmful to the individual and is likely to make it difficult for the social worker and individual to maintain appropriate professional boundaries.

Sexual Relationships

ACA – A.5.

(a) Sexual and/or Romantic Relationships Prohibited

Sexual and/or romantic counselor-client interactions or relationships with current clients, their romantic partners, or their family members are prohibited. This prohibition applies to both in-person and electronic interactions or relationships.

(b) Previous Sexual and/or Romantic Relationships

Counselors are prohibited from engaging in counseling relationships with persons with whom they have had a previous sexual and/or romantic relationship.

(c) Sexual and/or Romantic Relationships With Former Clients

Sexual and/or romantic counselor– client interactions or relationships with former clients, their romantic partners, or their family members are prohibited for a period of 5 years following the last professional contact. This prohibition applies to both in-person and electronic interactions or relationships. **Counselors, before engaging in sexual and/or romantic interactions or relationships with former clients, their romantic partners, or their family members, demonstrate forethought and document (in written form) whether the interaction or relationship can be viewed as exploitive in any way and/or whether there is still potential to harm the former client; in cases of potential exploitation and/or harm, the counselor avoids entering into such an interaction or relationship.**

Sexual Relationships

ICB – 2.02.09

Certified AODA Professionals shall not engage in any sexual relationship, conduct, contact, exploitation, or harassment with clients, former clients, clients' partners, clients' relatives, or any active client of any Office as defined in Section 2.16 of the Code of Procedure. **This prohibition is in effect during the time of any active counseling relationship and in perpetuity once the counseling relationship has ended.**

Sexual Harassment

NSW - Social workers should not sexually harass clients. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature (1.11).

ACA – Nothing specific to sexual harassment.

ICB – Certified AODA Professionals shall not engage in any sexual relationship, conduct, contact, exploitation, or harassment with students or supervisees (2.02.10)

Termination of Services

NSW - Social workers should terminate services to clients and professional relationships with them when such services and relationships are no longer required or no longer serve the clients' needs or interests (1.16a). Social workers should take reasonable steps to avoid abandoning clients who are still in need of services. Social workers should withdraw services precipitously only under unusual circumstances, giving careful consideration to all factors in the situation and taking care to minimize possible adverse effects. Social workers should assist in making appropriate arrangements for continuation of services when necessary (1.16b).

ACA - If counselors lack the competence to be of professional assistance to clients, they avoid entering or continuing counseling relationships (A.11.a). Counselors terminate a counseling relationship when it becomes reasonably apparent that the client no longer needs assistance, is not likely to benefit or is being harmed by continued counseling (A.22.c).

ICB - Certified AODA Professionals shall not initiate a counseling relationship and shall terminate any active counseling relationship when the client no longer needs services, the client is not benefiting from services, other services are more appropriate . . . (2.04.03)

Bill is a 50-year-old man coming to you due to having several DUIs and wanting to quit drinking. He has had some periods of abstinence in the past but none lasting more than a few months. He completed a DUI evaluation by a licensed DUI Treatment Provider and was evaluated as Significant Risk, order to attend Risk Education, 20 hours of Counseling, and 6 months of Continuing Care. He is doing that with the same provider that did his evaluation. He is seeing you because he believes that he is an alcoholic but doesn't want the court or Secretary of State to know because it is not how he was evaluated. During one of his sessions, he admits that he is driving despite not having a valid license and that he is not completely abstinent drinking on occasions after work before driving home.

You have been working with Susan, a 29-year-old single lady. Part of her concern is her relationship with her boyfriend who she reports is somewhat verbally abusive with her. He is a “good man,” and she really likes him but is just bothers her that he doesn’t appreciate her more. She has spent a lot of time talking about the way he acts and things he does that makes her feel put down. After working with Susan for about 4 months, you discover that her boyfriend is another client of yours that you have been working with for several years unrelated to Susan.

A client that you have been working with for over a year informs you that they are having fantasies about you.

A client informs you that they are a member of an extremist organization and tries to engage you in conversation about their values.

One of your colleges has a picture hanging on their office wall that shows the back of a naked woman sitting on a beach. All you can see is her bare back.

What if it was a picture of a man's bare back?

Client Sally, who is a 'mature minor' recently disclosed that there was considerable domestic violence within her family; that her father physically hurt her 14-year-old brother causing bruising. Sally shared that her father plans to move out; she also did not want to bring any outside agencies as she wanted to avoid extra violence from her father. The limits of confidentiality have not been discussed with Sally.

Tara has been working as a therapist for the past two years in a local community mental health center that primarily treats middle-aged adults who suffer from depression. Tara was offered this position after successfully completing both her practicum and her internship at the center. While Tara is regarded as an excellent counselor by her clients and colleagues, she realizes that her skills are limited by the lack of variety in her training and experience. One afternoon Tara's supervisor approached her and asked her if she would be interested in facilitating a group therapy session once a week at one of the center's other branches. The group is for newly diagnosed schizophrenic clients and is meant to help them cope specifically with their auditory or visual hallucinations. Tara was excited about the possibility of doing something new and accepted the invitation to facilitate the group.

A fourteen-year-old middle school student reports to you that Sarah, a counselee of your colleague Mr. Barnes, is involved in Satanism and has entered a murder-suicide pact with another student. You and Mr. Barnes call Sarah in and she vehemently denies the allegations and even scoffs at the idea that she would ever be involved in a cult. She convinces you. Do you have any further obligations in this case?

Cynthia, a counselor who had been successfully working as an AIDS and substance abuse counselor in a large city for several years, recently moved to a very affluent suburb and decided to open a private practice. She was surprised to find that most of the clients who came to see her were young women who suffered primarily from eating disorders and relationship problems. Cynthia had already invested quite a bit of money into her private practice, and was determined to make it work, regardless of the type of clients she had to treat. Furthermore, she felt that because she was now in private practice, she could treat whoever she chose to, regardless of the specific needs of her clients. However, Cynthia also realized that she didn't have much training or experience working with clients with eating disorders, so she decided to attend a week-long seminar on the treatment of eating disorders offered by the local community mental health center. She was pleased to find that by attending the seminar, she could earn 20 CEUs that would count towards maintaining her licensure, and also gain the knowledge needed to successfully treat her new clients.

A seventeen-year-old woman tells you she is pregnant and asks for your advice as to whether she should have an abortion. What should you do?

The above minor is thirteen years old?

You are vehemently opposed to abortion. What do you do?

You are working with a young woman who reveals she is a victim of incest that ended five years ago. You are already working with another young woman who is dealing with the same issue. After several months you decide it would be in the best interest of these two girls to bring them together. You also include 2 other young women who are incest victims, have been through years of counseling and are progressing well. You bring these four students together for weekly group counseling. You spend a great deal of time on the issue of confidentiality at the first meeting. You are comfortable that the students all understand the imperative to keep all revelations confidential. Is there an ethical dilemma here?

You are a school counselor, school psychologist, social worker, or licensed mental health therapist employed by a local school district or community agency. You are counseling a young woman who is 15 and sexually active. Should you notify her parents that their daughter is sexually active?

Suzanne has worked in a primary care counseling agency for years and has become good friends with a colleague there, Michelle. Michelle is a highly respected and liked member of the team. Suzanne discovered recently that Michelle has been drinking heavily, and for some time. While she appears to be sober at work, Suzanne's fearfulness for Michelle's clients and her capacity to work professionally. Michelle became distressed when asked about this and begs Suzanne not to say anything to her management – "I will lose my job and become unemployable". Suzanne feels torn between trying to support her friend to turn things around personally, and the well-being of her clients, which increasingly seem to be compromised.

During supervision, your new supervisee informs you that he is unable to attend the next session as he or a member of an organization, the American Patriots, that is holding a conference the same time as his scheduled appointment. Upon research, you discover the American Patriots are a white supremacist group.

You work as an independent practitioner in your own home seeing clients for counseling. You've been seeing Joy for three months. She initially made contact with you on the recommendation of the infertility support group she was attempting. She and her partner had been trying for children but have been told that in all likelihood this is not going to be successful. The counseling appeared to be progressing well Joy was beginning to process of talking about grief. The last time you met with choice she was angry and distress. She had noticed a photograph of you and your children on the wall. She felt that this was an inappropriate self-disclosure and did not feel able to talk to you anymore. She walked out of the session halfway.

Emma is a qualified counselor. Recently she received messages from a client via her Facebook account. Emma assumed her count was private and wasn't aware that clients would be up to contact via this for. Her client, Sam client sent messages to her privately and made comments about her profile picture. Although Emma and Sam contracted clear boundaries at the start of the working relationship this is an area that wasn't discussed. Emma is unsure how to deal with this issue as she is still working with Sam and is due to see him this week.