

CHRISTIAN VOL. 27 NO. 1
counseling
TODAY



The Necessity of Christian Ethics in Counseling
Chuck Romig, Joe Cook, and Dawn Irons

Sexual Boundary Violations in Counseling: Avoiding Membership in the Three Percent
James Dalton and Mike Cravens

Managing Moral Differences and Distress in Clinical Practice
David King

Ethics: Challenges, Pitfalls, and Concerns

Ethics, Law, and Licensure: Changes and Challenges Facing Mental Health Professionals
Rachel Rouleau

Avoiding and Responding to Ethical Complaints and Lawsuits
Lynelle Buchanan

Top Ethical Concerns When Working with Children
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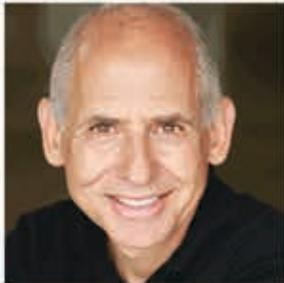
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... AND MORE!

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18 Sexual Boundary Violations in Counseling: Avoiding Membership in the Three Percent

by James Dalton and Mike Cravens. Every relevant ethical code prohibits sexual boundary violations in counseling. However, Licensed Professional Counselors, James Dalton and Mike Cravens, reveal that 3% of counselors have had a sexual relationship with a client or former client despite the explicit ethical prohibition. They disclose some remarkable data regarding the familiar path to these sexual boundary violations and offer safeguards so counselors can maintain professional boundaries for respectful relationships.



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30 Ethics, Law, and Licensure: Changes and Challenges Facing Mental Health Professionals by Rachel Rouleau. Attorney for the Center for Conscience Initiatives with Alliance Defending Freedom, Rachel Rouleau, conveys the increasing challenges mental health professionals face today from local, state, and federal government laws regarding what they are allowed to say to clients. She pinpoints where these threats come from and what therapists can do to protect their right to speak freely within the counselor-client relationship.

35 Avoiding and Responding to Ethical Complaints and Lawsuits by Lynelle Buchanan. Although ethical and malpractice complaints are rare, due to today's legal climate in the counseling field, Christian mental health practitioners should prioritize careful, ethical practice and remain above reproach. Lynelle Buchanan, professor and dean at Clarks Summit University, illustrates the principles in the passage of 1 Peter 2:11-25 to advise Christian counselors to do good regardless of the opposition and follow Jesus' example when criticized for following their faith.

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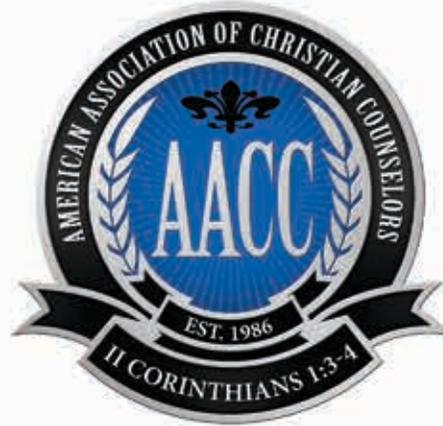
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The Road Forward: Religious Liberty and Mental Health Education and Services Issues, Challenges, and Opportunities



A review of the last two decades and the numerous cases, changes, and challenges toward counselors who hold sincerely held religious beliefs is staggering.

We are encouraged and excited to bring this issue of *Christian Counseling Today* to our readers. While there have been some challenging and dark days around mental health lately, it is incredibly uplifting to hear of some positive movements in our profession, and we have some to share.

Recently, I (Tim) had the opportunity to attend, along with several other Christian counselors, the “Right Help Right Now” Faith Leader Forum with Virginia Governor, Glenn Youngkin. The excite-

ment in the room was contagious as the governor took the initiative to engage the faith community in mental health. I believe this is the first time in Virginia history that a governor brought all faith groups together with a message declaring, “Your leadership matters; it matters in the specific area of mental health, and we want to help.”

Numerous individuals shared their concerns, issues, challenges, and successes in helping their respective faith communities press through the surging mental health needs. Some take-a-ways from the event



include the need for increased awareness, education and training, services, funding, and collaboration with the faith community. Governor Youngkin dedicated funds toward this end and committed to ongoing dialog on the road forward. A pressing subject, however, surfaced during our time of interaction—the issue of religious liberty infringement.

It is no secret that we have been, and are currently, in a fight for religious liberty in mental health education and services, which has weighed on our hearts. A review of the last two decades and the numerous cases, changes, and challenges toward counselors who hold sincerely held religious beliefs is staggering. Some of AACC’s own members have been threatened with revocation of licensure over religious liberty issues, and faith-based institutions with a loss of program accreditation.

As an organization, AACC has also felt the weight of it all. For example, even though faith is significantly tied to mental health, and therapeutic alignment is crucial in therapeutic outcomes, we have been fighting the battle to keep our voice in continuing education. Many of you have seen and heard how challenging our job

has become to keep our provider status with several entities that question the role of faith or find our content irrelevant or divergent from *their* idea of what is considered *best practices*. This resistance also stands true when considering that very few in the profession have any formal training in these areas but harbor negativity, or worse, animosity, toward faith and spirituality in mental healthcare and those who have sincerely held religious beliefs that *might be* directly opposed to their own beliefs and values.

Clinicians with sincerely held religious beliefs are being targeted at every level, just like the writer in Psalm 17 who talks about being surrounded by enemies and their desire to keep us from what God has called us to do. However, as Psalm 17 ends, there is good news. With the recent Supreme Court victories, Kelly Shackelford, President and CEO of First Liberty Institute, the largest legal firm in the nation exclusively dedicated to protecting religious freedoms, says, “We have more religious freedom protection than ever, and there continue to be more reasons to be hopeful for positive outcomes in the cases that are going through the courts” (K. Shackelford, personal communication, July

13, 2023). And because many of the continuing education arms are recognized by the government, they are bound by the Constitution.

Numerous legal experts are still waiting to see if the Supreme Court will hear Brian Tingley’s case on the speech bans that have significantly impacted our profession. A small victory came on October 23, 2023, when a mock trial was held as a competition for law students on this very issue. The result was that the speech bans were struck down due to laws violating free speech and freedom of exercise (read religion there) clauses in the United States Constitution. Based on this result, we believe the Supreme Court will take this case and rule in favor of Brian Tingley and freedom for all faith-based clinicians.

In addition, our team, led by Drs. Mercy Connors and Shannae Anderson, has been working hard for you and what we hold dear. The AACC Ethics and Advocacy Division has been tasked with creating opportunities for leaders in the legal, ethics, advocacy, education, mental health, and public relations fields to assemble and develop a strategy to protect our rights as clinicians with sincerely held religious beliefs during these challenging times. To date, we have brought together more than 100 leaders in these areas and produced a white paper that will offer guidance on the steps needed to advocate for and defend against the existential threats to our existence as faith-based professionals and ministry leaders in the mental health field.

For example, our leaders have determined that this is the time to call for competency standards in working with people who have sincerely held religious beliefs. Tragically, many in the faith community have been treated unjustly and even had their religious beliefs questioned or pathologized by unaware or incompetent mental health professionals who



According to the recent Supreme Court decision, your religious liberty protections are directly related to your clarity on who you are and what you believe as you offer care and counsel.

are engaging in forcing or imposing their views on their faith-based clients. This conduct contradicts the “supportive” and “affirming” rhetoric coming from various outlets and media empires.

In closing, here are a few guiding “take-a-ways” as we look to offer the best care possible:

- Always know and be attuned to your clients’ issues and needs.
- Understand the challenges and concerns around faith and mental health.
- Be clear about who you are and what you believe, not soft or hidden. According to the recent Supreme Court decision, your religious liberty protections are directly related to your clarity on who you are and what you believe as you offer care and counsel.
- Remember 2 Timothy 1:7 (NASB), *“For God has not given us a spirit of timidity, but of power and love and discipline.”* God is bringing together leaders who understand and defend the United States Constitution—groups like Alliance Defending Freedom, First Liberty Institute, and Liberty Counsel that are open and willing to help you if you have received a complaint. As an organization, we are pushing back against this tide of activism that seeks to scrub faith leaders from the profession that God has called us to and the people He has called us to help.
- Most importantly, pray that God will grant us all wisdom, guidance, humility, and more.

Thanks for being a member of the AACC. We hope you enjoy this edition of *Christian Counseling Today*. ✨



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Executive Director of the Global Center for Mental Health, Addiction, and Recovery and Professor Emeritus at Liberty University. Dr. Clinton served as co-host of Dr. James Dobson’s Family Talk, heard on more than 1,400 radio outlets daily, and now hosts a weekend television program, The Road Forward, seen on Real America’s Voice News streaming service and numerous platforms. He and his son, Zach, launched a new daily meditative prayer podcast on pray.com for mental health and relationships. Dr. Clinton has authored or edited 30 books. He has been married for 43 years to his wife, Julie, and they have two children and two granddaughters.



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THE NECESSITY OF CHRISTIAN ETHICS IN COUNSELING

Ethics codes are necessary to guide the practitioner to minimize harm and promote benefits for clients and all relevant stakeholders impacted by the counseling process. Ethics codes are also needed to evaluate when a practitioner is causing harm, particularly when working with vulnerable clients. Practitioners judged to have acted unethically face sanctions, even to the point of being prohibited from further practice. Devising a workable ethics code is no small endeavor, and any professional code can be critiqued for inherent limitations (O'Donohue, 2020).

Counseling is inherently a moral endeavor. However, the counseling profession prefers to use the term *values* when referring to ethical practice. Standards of practice are more than simply preferences and are better called morals. In that sense, ethics codes are inherently moral in nature. For example, the ethical obligations to prevent or minimize harm and promote well-being are moral goals. The very definitions of *harm* and *well-being* are morally informed concepts. One critique of ethics codes is the lack of transparency among those who create, interpret, and enforce a code by failing to articulate the moral visions of their definitions of *harm* and *benefit*.

Another critique is the failure to state the worldviews and metaphysical commitments that inform the understanding of ethics of those who create, interpret, and enforce the code. One can see a distinction when comparing the ACA and AACC ethics codes. When ACA created the current 2014 code, the process utilized the “collective wisdom of the profession” (Myers, 2014); yet, the metaphysical and worldview commitments of the individual members of the revision task force are unknown to the public. In contrast, the AACC code clearly states a foundational commitment to a biblical worldview, making known the metaphysical commitments of the authors of the code (AACC, 2023).

Ethics codes provide little guidance for resolving conflicts between ethical principles in specific case situations. For example, the call to respect client autonomy informs several explicit standards in the ACA code, most notably the prohibition against imposing values on the client. A challenge arises when the client desires affirmation of goals and actions deemed harmful by the counselor, whether that judgment is based on clinical evidence (such as research) or because the client’s choice fails to meet a moral standard adhered to by the counselor or the community within which the client lives.

Are counselors obligated to affirm choices that will harm a client or significant others in the client’s life out of the duty to respect the client’s autonomy? Such affirmation without considering the impact of the client’s choices could unjustly promote harm to others. The call to always bracket counselor values and work within the client’s value system overlooks the question of moral complicity (McWhorter, 2019). The counselor may have operated ethically according to an interpretation of the autonomy principle yet bear some degree of moral culpability for being complicit in the harm caused to the client or others (Christian Medical and Dental Associations, 2004; Mellema, 2008), leading to the counselor experiencing moral distress and possibly a fragmented identity (Scott, 2018, 2019).

Are counselors obligated to affirm choices that will harm a client or significant others in the client’s life out of the duty to respect the client’s autonomy?

CHUCK ROMIG, JOE COOK, AND DAWN IRONS



Professional counseling organizations also develop guidelines to inform interpretations and applications of an ethics code. For Christian counselors, this is particularly problematic in the area of sexual ethics. Are Christian counselors expected to endorse and follow guidelines that do not align with their understanding of Christian sexual ethics? If such parameters are ubiquitous, the profession is imposing a form of moral orthodoxy on all members. Pertinent to this situation, O'Donohue (2020) raises the question of whether an ethics code allows for moral dissent and conscientious objection on contentious ethical issues. If not, the profession has moved to a form of dogmatism that is enforced without discussion or debate by a "knowledge class" that controls the vocation (Adams et al., 2015; Hyers & Hyers, 2008; Irons, 2022; Ressler & Hodge, 2005; Rosik & Smith, 2009; Rothman et al., 2011; Yancey, 2011). In some training programs, students who dissent from the orthodoxy on sexual ethics experience pressure to remediate their views or risk being gatekept from the profession (Ward v. Wilbanks, 2012). Sanctions against students can occur even though court cases have opined this could violate a student's constitutional rights. Licensed practitioners may face similar threats in the future.

Part of what fosters the increasing influence of specific ideologies within the profession may be a growing hostility toward Christians and others who hold to more traditional, historical views of sexuality, sexual ethics, marriage and family life, and gender. Evidence is emerging that counseling students are experiencing pressure to self-censor while in their training programs for fear of marginalization, minoritization, and/or sanction (Giordano et al., 2018; Irons, 2022). Calls exist for denying accreditation to training programs within Christian universities that reject contemporary ideologies on matters related to sexual ethics (Smith & Okech, 2016). This assessment seems inconsistent with the commitments professional organizations have made to diversity and inclusion. Such calls reflect the imposition of a moral and ideological hegemony on the profession and show intolerance for moral diversity and dissent, illustrating another criticism of ethics codes (O'Donohue, 2020).

The devaluation of becoming competent in addressing spiritual and/or religious elements of a client's life by some counselor educators creates a context for disaffirming the value of that com-

Often, having a **sense of meaning** in life and a life **purpose** are central to the issues clients bring to counseling. Consequently, clients who wish to include that part of their identities in the counseling process will not be served well by counselors who are not competent in having dialog on these deeper matters of life.

ponent of a client's life (Adams et al., 2015; Brown & Pomerantz, 2011; Gorski & Goodman, 2011; Magaldi-Dopman, 2014). Such devaluation is contrary to cross-cultural research, indicating some cultures highly value a moral ethic of divinity and purity (Haidt et al., 2003; Koleva et al., 2012). What it means to be human and what constitutes human flourishing fall into this category. Often, having a sense of meaning in life and a life purpose are central to the issues clients bring to counseling. Consequently, clients who wish to include that part of their identities in the counseling process will not be served well by counselors who are not competent in having dialog on these deeper matters of life. Such counselors may not promote the client's well-being due to limited competencies and/or personal biases. Christian counselors should be able to competently address these topics with sensitivity to client needs, helping fill a void within the broader profession.

The combination of ideological orthodoxy, gatekeeping of dissenters, and inadequate training to develop competency on spiritual/religious matters will lead to a substantial number of clients not receiving adequate services. Further, clients deserve access to professionals who understand and respect their worldviews and moral beliefs. Research shows that many Christians will opt out of therapy altogether if they do not believe they can find a like-minded Christian therapist who understands the importance of their belief system as part of their identity and culture (Greenidge & Baker, 2012). Clients will not have that option if training programs, professional organizations, and licensing boards impose specific worldviews and moral hegemony on the profession. Additionally, the profession's credibility is harmed by selectively embracing elements of diversity. In a diverse, pluralistic society, there must be room for dissent to benefit clients, culture, and the profession.

In response, Christian counselors need to become better informed on these matters, particularly by networking with colleagues. Advocacy efforts are necessary to influence legislative and regulatory measures that impact the interpretation and application of ethics codes so that Christian voices are not excluded. Most importantly, individuals should pray for discernment and courage to know when and how to register dissent to applications of ethics codes on contentious moral and ethical matters. ✦



counselor's moral integrity.

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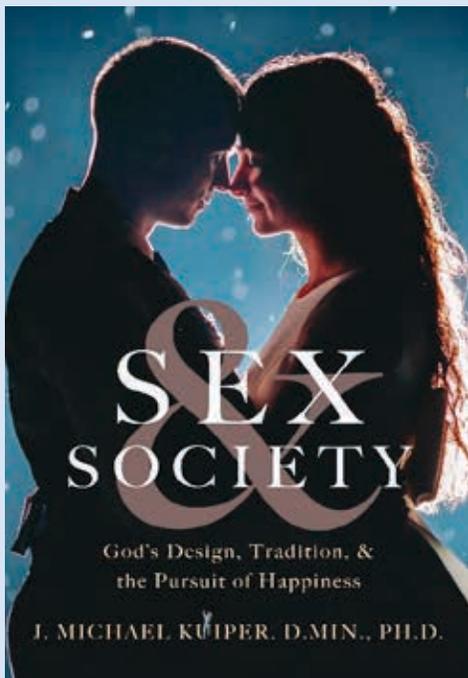


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References

- Adams, C.M., Puig, A., Baggs, A., & Wolf, C. (2015). Integrating religion and spirituality in counselor education: Barriers and strategies. *Counselor Education and Supervision* 54, 44-56.
- American Association of Christian Counselors. (2023). *AACC code of ethics*. <https://www.aacc.net/wp-content/uploads/2023/09/AACC-Y-2023-Code-of-Ethics-FINAL-Draft-ADF-Partial-review.pdf>.
- American Counseling Association. (2014). *2014 ACA code of ethics*. <http://www.counseling.org/knowledge-center>.
- Christian Medical and Dental Associations. (2004). *Moral complicity with evil*. Retrieved January 17, 2023 from <https://cmda.org/policy-issues-home/position-statements/>.
- Giordano, A.L., Bevil, C.M., Tucker, S., & Prosek, E.A. (2018). Psychological safety and appreciation of differences in counselor training programs: Examining religion, spirituality, and political beliefs. *Journal of Counseling & Development*, 96(3), 278-288. <https://doi.org/10.1002/jcad.12202>.
- Greenidge, S., & Baker, M. (2012). Why do Christian clients seek counselling with Christian therapists? *Counselling Psychology Quarterly*, 25(3), 211-221. <https://doi.org/10.1080/09515070.2012.673273>.

- Haidt, J., Rosenberg, E., & Hom, H. (2003). Differentiating diversities: Moral diversity is not like other kinds. *Journal of Applied Social Psychology, 33*(1), 1-36.
- Hyers, L.L., & Hyers, C. (2008). Everyday discrimination experienced by conservative Christians at the secular university. *Analyses of Social Issues and Public Policy, 8*(1), 113-137. <https://doi.org/10.1111/j.1530-2415.2008.00162.x>.
- Irons, D. (2022). *Psychological safety and an appreciation of differences: Examining religiosity, spirituality, and political beliefs in masters/doctoral counselor training programs*. Theological Research Exchange Network. <https://www.tren.com/e-docs/search.cfm?p150-0031>.
- Koleva, S., Graham, J., Iyer, R., Ditto, P., & Haidt, J. (2012). Tracing the threads: How five moral concerns (especially purity) help explain culture war attitudes. *Journal of Research in Personality, 46*, 184-194.
- Martz, E., & Kaplan, D. (2014). *New responsibilities when making referrals*. Retrieved from http://www.counseling.org/docs/default-source/ethics/ethics_ocober-2014.pdf.
- McWhorter, M. (2019). Balancing value bracketing with the integration of moral values in psychotherapy: Evaluation of a clinical practice from the perspective of Catholic moral theology. *The Linacre Quarterly, 86*(2-3), 207-224.
- Mellema, G. (2008). Professional ethics and complicity in wrongdoing. *Journal of Markets and Morality, 11*(1), 93-100.
- Myers, L. (2014). A living document of ethical guidance. *Counseling Today*, May 22, 2014.
- O'Donohue, W. (2020). Criticisms of the ethical principles for psychologists and code of conduct. *Ethics & Behavior, 30*(4), 275-293, DOI: 10.1080/10508422.2019.1679632.
- Ressler, L.E., & Hodge, D.R. (2005). Religious discrimination in social work: Preliminary evidence. *Journal of Religion & Spirituality in Social Work, 24*(4), 55-74. https://doi.org/10.1300/j377v24n04_05.
- Rosik, C.H., & Smith, L.L. (2009). Perceptions of religiously based discrimination among Christian students in secular and Christian university settings. *Psychology of Religion and Spirituality, 1*(4), 207-217. <https://doi.org/10.1037/a0017076>.
- Rothman, S., Kelly-Woessner, A., & Woessner, M. (2010). *The still divided academy* (2nd ed.). Rowman & Littlefield Publishing Group.
- Scott, S. (2018). Fractured therapists: The consequences of disintegrated functioning in faith and practice. *Journal of Psychology and Christianity, 37*(4), 305-312.
- Scott, S. (2019). Proclaiming hope: The critical role for faith-based schools in higher education. *Journal of Psychology and Christianity, 38*(2), 112-119.
- Ward v. Wilbanks, 10-2100/2145, (6th Cir., 2012).
- Yancey, G. (2011). *Compromising scholarship*. Baylor University Press.



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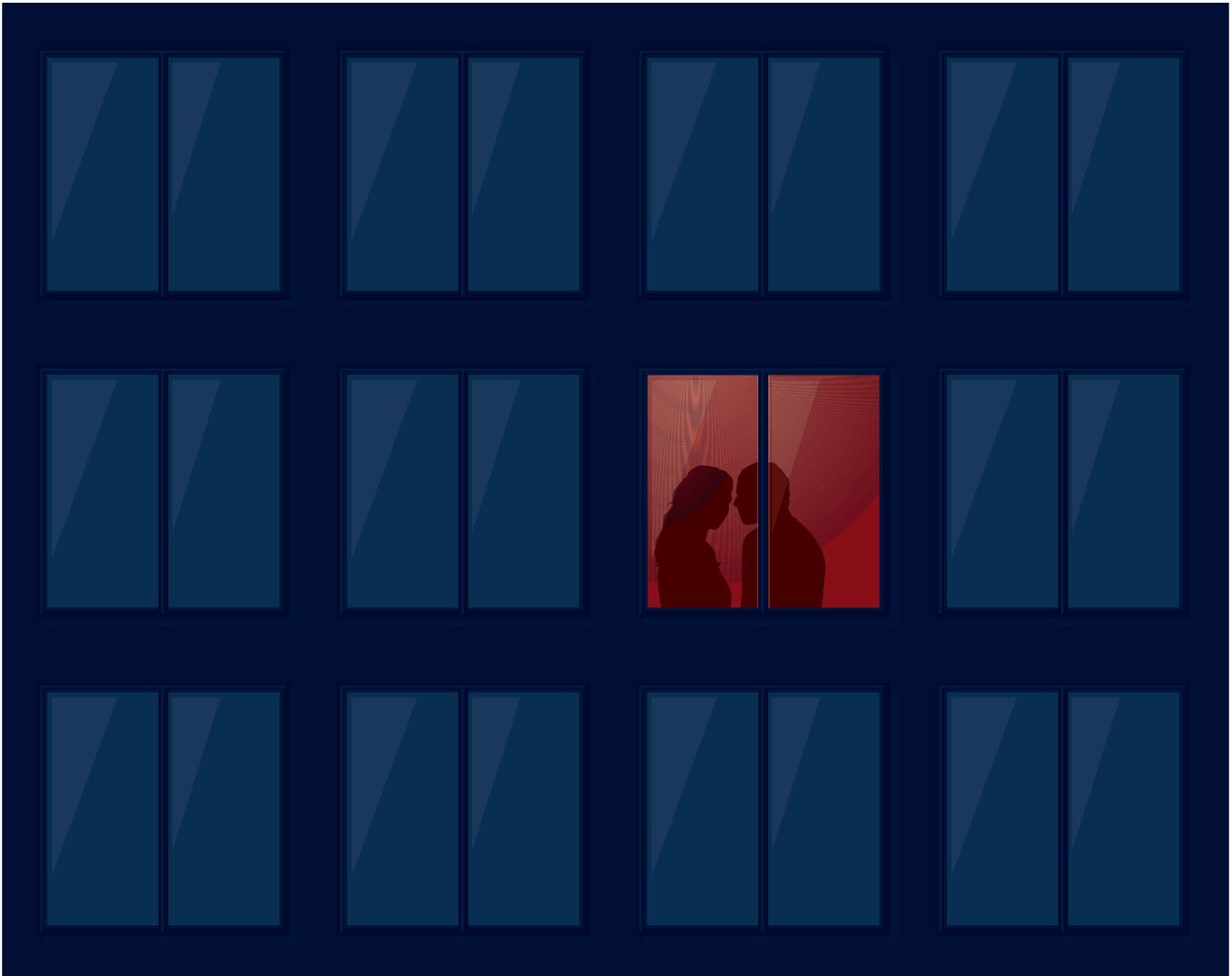
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SEXUAL BOUNDARY VIOLATIONS IN COUNSELING:

Avoiding Membership in the Three Percent

The Prince of Tides film debuted in 1991 and was nominated for seven Academy Awards (Streisand; Wikipedia contributors, 2023). Rave reviews highlighted many themes related to mental health, including domestic abuse, child

sexual abuse, childhood trauma, environmental degradation, and suicide. Yet, the sexual relationship violation between patient and therapist was not highlighted—almost as if it was acceptable or expected.

The Prince of Tides is hardly alone. Gharaibeh (2005) reviewed 106 commercial American films featuring mental health professionals and found 25 (23.6%) depicted sexual boundary violations. Notably, Richard Gere has portrayed a psychiatrist who sleeps with his client (Final Analysis; Joanou, 1992), and in a separate film, a client who sleeps with his psychiatrist (Mr. Jones; Figgis, 1993).

While sexual activity between counselor and client may be depicted as acceptable in media, such is clearly prohibited by every relevant ethical code (American Association of Christian Counselors, 2014; American Association of Marriage & Family Therapists, 2015; American Association of Sexuality Educators, Counselors and Therapists, 2020; American Counseling Association, 2014; American Mental Health Counselors Association, 2020; American Psychiatric Association, 2013; American Psychological Association, 2017; National Association of Social Work, 2021; National Board for Certified Counselors, 2023). Despite the explicit ethical prohibition noted previously, 3% or more of counselors have had a sexual relationship with a client or former client (Bajt & Pope, 1989; Pope, 1988; Pope, 2001; Vesentini et al., 2022).

When an ethical sexual violation occurs, the client and professional face negative consequences. The client may experience increased suicidality (ideation, risk, attempt, hospitalization, death); impaired ability to trust; sexual dysfunction; ambivalence; cognitive distortion; emotional impairment; isolation; feelings of being used or exploited, guilt, shame, fear, or despair; disruption to personal relationships; sexual dysfunction; and even leaving counseling never to seek professional help again (Celenza, 2007; Luepker, 1999; Pope & Tabachnick, 1994; Tschan, 2014; Wohlberg, 1999). Counselors who engage in sexual activity with a client may experience a damaged reputation, ethical complaints, fines, suspension or loss of license, loss of employment and income, revocation of professional memberships, relationship problems, loss of friends, civil lawsuits, and even criminal charges (Koocher & Keith-Spiegel, 2018). The negative consequences can extend to other professionals, associations, and the profession as a whole.

The vast majority of counselors who breach ethical obligations by crossing sexual boundaries seem dumbfounded at how they reached that point. These transgressors would have said they would never make that mistake. Therefore, the question arises: *How do competent counselors intent on ethical practice find themselves in a sexual relationship with a client?* They get there a step at a time, small concession by small concession, until they are far from where they started and right in the middle of where they never thought they would be.

How do competent counselors intent on ethical practice find themselves in a sexual relationship with a client? They get there a step at a time, small concession by small concession, until they are far from where they started and right in the middle of where they never thought they would be.

JAMES DALTON AND MIKE CRAVENS

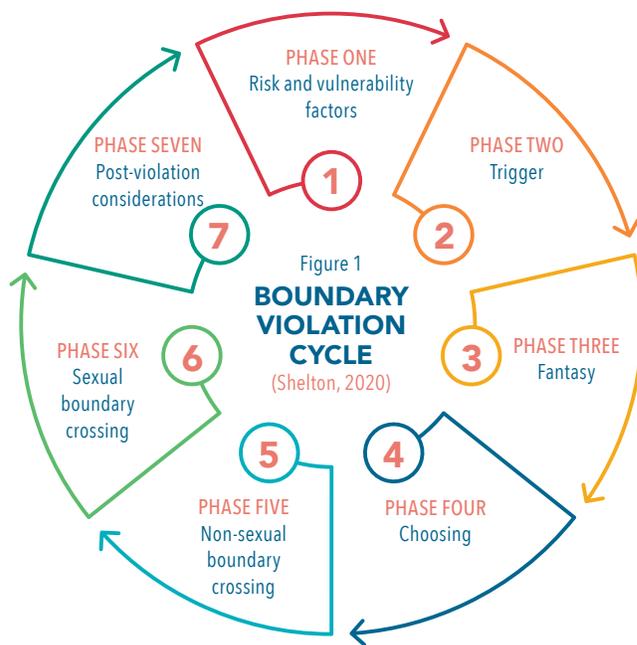
The Common Path to Sexual Boundary Violations

Shelton (2020) summarized the findings in this area and developed a “boundary violation cycle” model, which represents the common path that counselors who violate sexual boundaries follow (see Figure 1). From this model, several key points stand out.

First, it should be noted that before a sexual boundary violation occurs, attraction takes place. Attraction itself is neither unethical nor immoral. Most often, the attraction will lead nowhere close to a sexual boundary violation. Pope and Tabachnick found that 87% of therapists admitted to having experienced sexual attraction to clients (1993; see also Vesentini et al., 2022). Finding a client intellectually stimulating, emotionally fulfilling, humorous, charming, or possessing the traits of a good friend can all be attractions that, given the right circumstances and many poor choices, could develop into sexual attraction.

Typically, the next step taken by those who violate sexual boundaries is to engage in sexual fantasies about the client. Vesentini et al. (2022) found that 26.8% of counselors fantasized about sexual contact with clients. Shelton (2020) writes that certain fantasies are at higher risk of leading to sexual boundary violations. Higher-risk fantasies are ones that occur frequently, increase in intensity, are paired with masturbation or other sexual activity, or involve themes of how the behavior could be conducted without getting caught. Furthermore, sexual fantasies about clients are also of higher risk when the counselor is experiencing high stress, dissatisfaction in life, habitually utilizing pornographic media, or utilizing drugs or alcohol.

Typically, counselors who have violated sexual boundaries next feed the attraction that is present, or at least allow it to exist unchallenged. Shelton (2020) noted that some counselors make clearly unethical choices that should be considered predatory. These include sexualizing the counseling relationship (increasing discussion of sexual themes, use of sexual innuendo, or direct flirtation), increasing secrecy by actively discouraging the client from telling anyone what occurs in counseling, and increasing the client’s reliance upon the counselor. Other counselors make choices that unintentionally move them toward a boundary violation. One such choice is to engage in feeding the feelings of love, imagining such things as, “If only they were not a client, then I would probably really fall for them.” Vesentini et al. (2022) found that 22.8% of counselors fantasized about a romantic relationship with a client. Other counselors try a passive and avoidant approach, thinking they can ignore the attraction or fantasy because they would never act on it. These choices are dangerous



because the longer someone moves forward without actively moving away from a sexual boundary violation, the more likely they are to move toward other steps that lead further to the direction of a sexual boundary violation (Shelton, 2020).

The final step most counselors take before violating sexual boundaries with a client is to cross non-sexual boundaries (Shelton, 2020). Common boundary violations at this stage involve letting sessions drift to socialization where the relationship shifts toward friendship, inappropriate self-disclosure (such as the counselor’s personal relationship issues), unnecessary sexual questions, increased physical touch (hugs, shoulder pat, rubbing a knee), frequent between-session phone calls, text messaging, social media contact, exchanging gifts, lending money, dressing extra nice for the client’s sessions, going out of one’s way to cross paths with the client outside of counseling, or scheduling a lunch or dinner as a counseling session. When a counselor is dealing with attraction toward or fantasy about a client, crossing any of these boundaries is unwise and, we would suggest, unethical.

Counselors who violate sexual boundaries with clients typically experience attraction, which grows to fantasy, is fed emotionally, and is followed by boundary crossings. The conclusion was unintended, but as each way of escape passes, that violation becomes more likely.

Safeguarding Against Sexual Boundary Violations

First, counselors who cross sexual boundaries “are well represented among the most prominent and respected mental health professionals” (Pope, 1990b, p. 233). Accordingly,



each counselor should adopt a humble mindset, recognizing they could cross sexual boundaries and, therefore, take steps to safeguard themselves and their clients.

Additionally, counselors must address attraction and fantasy honestly when they occur. While the attraction is normal, counselors should be willing to address any fantasy in healthy ways (Shelton, 2020). This approach would include refusing to reinforce high-risk fantasies—avoiding rehearsal fantasies (how would I get away with this?) and pairing fantasy with sexual activity or pornography use. Counselors should also seek therapy, consultation, or supervision when attraction toward, or fantasies about, clients occur.

Finally, counselors should maintain boundaries consistently. Counselors should ensure the content of sessions is focused upon the client's goals, that self-disclosure is limited and purposeful, and that any sexual discussion is managed ethically and relevant to the client's goals. Also, counselors are advised to have no physical touch beyond a handshake with clients, not to text message clients (other than appointment reminders), and not to communicate via social media (American Counseling Association, 2014, H.6.). Where attraction exists, counselors should consider scheduling the client earlier in the day when other professionals will be present in the office and at a frequency based upon clinical need instead of desire or enjoyment. Counselors must maintain professional boundaries, ensuring the relationship remains respectful and does not drift into friendship and then a romantic or sexual relationship.

Conclusion

Three percent of counselors have crossed sexual boundaries at some point in their careers. Every counselor should realize they have at least some risk of crossing those boundaries and, therefore, take appropriate safeguards. When attraction or fantasizing occurs, the counselor

should address this directly within supervision or consultation. Additionally, counselors should work on their own mental health and satisfaction by maintaining appropriate self-care aspects, addressing relationship issues, and identifying health quality (mental, physical, emotional, and spiritual) across their lives. Finally, counselors should reinforce and maintain boundaries in counseling since, typically, crossing minor boundaries occurs before crossing major ones. Through humility and action, counselors can ensure they do not become a part of the 3%, and if enough counselors take wise steps, the frequency of these violations will decrease. ❖



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References

- American Association of Christian Counselors. (2014). *AACC code of ethics*. <https://www.aacc.net/code-of-ethics-2/>.
- American Association of Marriage and Family Therapists. (2015). *Code of ethics*. https://www.aamft.org/Legal_Ethics/Code_of_Ethics.aspx.
- American Association of Sexuality Educators, Counselors and Therapists. (2020). *Code of conduct for members* (2014, revised 2020). <https://www.aasect.org/ethics>.
- American Counseling Association. (2014). *2014 ACA code of ethics*. <https://www.counseling.org/docs/default-source/default-document-library/2014-code-of-ethics-finaladdress.pdf>.
- American Mental Health Counselors Association. (2020). *AMHCA code of ethics* (2015, revised 2020). <https://www.amhca.org/events/publications/ethics>.
- American Psychiatric Association. (2013). *The principles of medical ethics with annotations especially applicable to psychiatry*. <https://www.psychiatry.org/psychiatrists/practice/ethics>.
- American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct* (2002, amended effective June 1, 2010, and January 1, 2017). <https://www.apa.org/ethics/code/>.
- Bajt, T.R., & Pope, K.S. (1989). Therapist-patient sexual intimacy involving children and adolescents. *American Psychologist*, *44*(2), 455. <https://doi.org/10.1037/0003-066X.44.2.455>.
- Celenza, A. (2007). Sexual boundary violations: Therapeutic, supervisory, and academic contexts. *Jason Aronson*.
- Figgis, M. (Director). (1993). *Mr. Jones* [Film]. TriStar Pictures.
- Joanou, P. (Director). (1992). *Final analysis* [Film]. Warner Bros.
- Koocher, G.P., & Keith-Spiegel, P. (2008). *Ethics in psychology and the mental health professions: Standards and cases* (3rd ed.). New York: Oxford University Press.
- Luepker, E.T. (1999). Effects of practitioners' sexual misconduct: A follow-up study. *Journal of the American Academy of Psychiatry and the Law*, *27*(1), 51-63.
- National Association of Social Work. (2021). *Code of ethics of the National Association of Social Workers*. <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>.
- National Board for Certified Counselors. (2023). *Code of ethics*. <http://www.nbcc.org/Assets/Ethics/NBCCCodeofEthics.pdf>.
- Pope, K.S. (1988). How clients are harmed by sexual contact with mental health professionals: The syndrome and its prevalence. *Journal of Counseling and Development*, *67*(4), 222-226. <https://doi.org/10.1002/j.1556-6676.1988.tb02587.x>.
- Pope, K.S. (2001). Sex between therapists and clients. *Encyclopedia of women and gender: Sex similarities and differences and the impact of society on gender*, vol. 2, 955-962. Edited by J. Worell. Waltham, MA: Academic Press. Accessed at <https://kspope.com/sexiss/sexencyc.php>.
- Pope, K.S., & Tabachnick, B.G. (1993). Therapists' anger, hate, fear, and sexual feelings: National survey of therapist responses, client characteristics, critical events, formal complaints, and training. *Professional Psychology: Research and Practice*, *24*(2), 142-152. <https://doi.org/10.1037/0735-7028.24.2.142>.
- Pope, K.S., & Tabachnick, B.G. (1994) Therapists as patients: A national survey of psychologists' experiences, problems, and beliefs. *Professional Psychology: Research & Practice*, *25*, 247-258. <https://doi.org/10.1037/0735-7028.25.3.247>.
- Shelton, M. (2020). *Sexual attraction in therapy: Managing feelings of desire in clinical practice*. Routledge.
- Streisand, B. (Director). (1991). *The prince of tides* [Film]. Columbia Pictures.
- Tschan, W. (2014). *Professional sexual misconduct in institutions: Causes and consequences, prevention and intervention*. Hogrefe Publishing.
- Vesentini, L., Van Overmeire, R., Matthys, F., De Wachter, D., Van Puyenbroeck, H., & Bilsen, J. (2022). Intimacy in psychotherapy: An exploratory survey among therapists. *Archives of Sexual Behavior*, *51*(1), 453-463. <https://doi.org/10.1007/s10508-021-02190-7>.
- Wohlberg, J.W. (1999). Treatment subsequent to abuse by a mental health professional: The victim's perspective of what works and what doesn't. *Journal of Sex Education & Therapy*, *24*(4), 252-261. <https://doi.org/10.1037/0735-7028.35.3.255>.
- Wikipedia contributors. (2023, August 27). *The prince of tides*. In Wikipedia, The Free Encyclopedia. Retrieved 04:21, October 12, 2023, from https://en.wikipedia.org/w/index.php?title=The_Prince_of_Tides&oldid=1172482540.

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Managing Moral Differences and Distress in Clinical Practice

Cultural debates are raging over issues like abortion, sexuality and gender, legalization of drugs, global warming, government health mandates, and race, to name a few. As a result, Christian clinicians increasingly find themselves engaged with these issues or their impact in the context of their practices.

Indeed, within my own clinical practice over the last two years, a significant factor for many adults, both Christian and non-Christian, seeking help for anxiety or depression has included one or more of these issues either directly or indirectly as a component of their distress. Why? Because as culture becomes increasingly secular, relativistic, and unmoored from belief in objective truth and the transcendent God who built it into the intentional design of people and the world, morality and ethics lose their foundation, leading to uncertainty, insecurity and chaos both internally and externally.

Simultaneously, Christian clinicians are more frequently required by agencies, government policies, and accrediting bodies to incorporate ideas into practice rooted more in political ideologies or secular values than biblical principles, leading to increased moral distress defined as feeling compelled to do what they believe is wrong or unethical (Berlinger, 2016; Nuttgens, & Chang, 2013; Lamiani et al., 2017). In a post-truth world where personal preferences, rights, and autonomy are paramount and historic moral and ethical standards are consistently undermined, many feel lost at sea (Murray, 2018).

Why Morals Matter in Clinical Work

The study of ethics explores ideas of right, wrong, good, and evil and why and when they matter (Rae, 2018). Human services fields, such as counseling and social work, are inherently ethical because they assume the practitioner's role is to assist others toward the good (Pasini, 2016). All counselors are required to adhere to a code of ethics that seeks to identify and articulate moral and ethical standards intended to be prioritized in the best interest of clients.

Social work, for example, elevates social justice, service, dignity and worth, human relationships, competence, and self-determination among its highest values (NASW, 2021). However, Christian clinicians must evaluate all the world offers regarding ethical standards, guidelines, and definitions of good or evil against biblical principles and consider the ideas, frameworks, terminology, and descriptions from a biblical lens before determining their ethical response. The Apostle John tells believers to test the spirits, knowing that not all are of Christ (1 John 4:1)... and the Apostle Paul reminds believers to be on guard against "... *empty philosophies and high-sounding nonsense that come from human thinking and from the spiritual powers of this world, rather than from Christ*" (Colossians 2:8, NLT).

To serve ethically and stay true to Christ, Christian counselors must first remember that their primary identity/calling is that of a disciple, not a counselor. Jesus must always remain Lord and King. As professional counselors, this can be challenging when one faces tensions that arise between moral beliefs based on the Bible and the moral and ethical ideas of agencies, clients, or government entities while seeking to work effectively with others and navigate potential risks to career, reputation, or livelihood. As secular ideas increase, the risk of moral clashes with individuals or agencies also increases as moral philosophy differences regarding what is considered harmful and the universality of objective ethical standards are questioned (Donelson, 2020).

Morals matter because they define what good is and, therefore, provide the destination one seeks to pursue in helping others. Regardless of one's starting point, the question of what is moral, good, evil, right, or wrong is ultimately tied to one's assumptions and understanding of something's design, purpose, and value. Ethical decision-making is the process of how and when to prioritize moral ideas, while ethical practice seeks to apply moral frameworks to real-life situations (Pasini, 2016; Singer et al., 2019).

Regardless of one's starting point, the question of what is moral, good, evil, right, or wrong is ultimately tied to one's assumptions and understanding of something's design, purpose, and value.

DAVID KING



For Christians, behaviors and actions that defy the purpose, design, and intended value of people or creation are immoral because they violate the fundamental components of who they inherently are as created by God and reject the Creator, His nature, and His intended purpose. Further, Christian practitioners know that morals and ethics are also rooted in a biblical understanding of sin in that all immorality represents a rejection of God and His good intentions, purpose, and design for people in relationship to Him, each other, and the creation and that sin affects every part of a person, body, soul, and spirit (the doctrine of total depravity). Indeed, Christian practitioners understand that spiritually and morally, they are ambassadors for Christ, dwelling with others in grace and seeking to point them to truth and the One who is the truth to set them free (John 8:31-32).

However, being an ambassador for Christ and His truth does not mean that Christian clinicians seek to impose values on others as some would see it, but that they recognize that all counselors have moral and ethical beliefs and faith in specific ideas, theories, and values with which they communicate and influence clients. These beliefs include moral convictions regarding harm, justice, fairness, and care and assumed definitions and approaches to love, truth, freedom, rights, etc. (Garrigan, Adlam & Langdon, 2018; Haidt, 2012). Additionally, these beliefs, values, and definitions shape each counselor's approach to engagement, assessment, and choice of theories and interventions and affect both the client relationship and outcomes. No matter how person-centered counselors try to be, they cannot divorce themselves from their values or beliefs as they seek to help others.

The values and beliefs of the counselor are always at play and will operate in implicit and explicit ways. Indeed, all counselors seek to help others *because* they believe they have ideas, strategies, or methods to offer that can improve



their clients' lives and lead them toward good. Therefore, Christian counselors should not be afraid to work with others from their own moral framework as they seek to guide clients toward improved emotional, spiritual, and relational health. Impacting others with values is unavoidable and even necessary for change. Counseling inherently involves helping others explore, examine, and question their beliefs and values and the resulting consequences affecting their choices, behaviors, and relationships in some areas. Because one's underlying worldview, assumptions, and felt beliefs drive decisions, thoughts about what it means to be a good person, what is morally good to pursue, and what a good life looks like, they deeply matter to the outcomes others will follow and achieve (Rae, 2018).

In truth, all practitioners, not just Christians, integrate their beliefs, values, and faith in practice and prioritize some principles, truths, and ideas over others regardless of their background of faith or ideology. This is unavoidable but manageable. Ethically, all counselors, regardless of their beliefs, should avoid coercion (over threats of harm or intimidation), undue influence (use of excessive, unwarranted, inappropriate, or improper reward or other overtures to obtain compliance), and unjustifiable pressure (using a position of authority to apply pressure) when working with clients or coworkers (Belmont Report, 1979). Further, counselors must embrace the reality that moral and ethical decision-making with clients can be a complex process involving identifying the explicit and implicit moral rules and schemas at play for the counselor,

client, or constituency, but one that is vital and beneficial to working with others to achieve greater freedom and well-being (Garrigan, Adlam & Langdon, 2018; Gunia et al., 2012; Singer et al., 2021).

As Christian counselors engage in exploring and evaluating moral issues with clients, they should also recognize, as described in the social work code of ethics (NASW, 2021), that “a code of ethics cannot resolve all ethical issues or disputes or capture the richness and complexity involved in striving to make responsible choices within a moral community” (Preamble). Ethics and ethical practice will always involve process and disagreements; however, Christian counselors, now more than ever, should seek to critically assess moral ideas and frameworks that cause others harm and distress and be willing to propose the beauty of God's ethical standards, framework, purposes, and design for clients and communities to consider. ✨



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References

- Berlinger, N. (2016). When policy produces moral distress: Reclaiming conscience. *Hastings Center Report*, 46(2), 32-34.
- Donelson F. (2020). *Making moral judgments: Psychological perspectives on morality, ethics, and decision-making*. New York, NY: Routledge.
- Garrigan, B., Adlam, A.L., & Langdon, P.E. (2018). Moral decision-making and moral development: Toward an integrative framework. *Developmental review*, 49, 80-100.
- Gunia, B.C., Wang, L., Huang, L.I., Wang, J., & Murnighan, J.K. (2012). Contemplation and conversation: Subtle influences on moral decision making. *Academy of Management Journal*, 55(1), 13-33.
- Haidt, J. (2012). *The righteous mind: Why good people are divided by politics and religion*. Vintage.
- Lamiani, G., Borghi, L., & Argentero, P. (2017). When healthcare professionals cannot do the right thing: A systematic review of moral distress and its correlates. *Journal of Health Psychology*, 22(1), 51-67.
- NASW (2021). *Code of Ethics*. <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/CodeofEthics-English>.
- Nuttgens, S., & Chang, J. (2013). Moral distress within the supervisory relationship: Implications for practice and research. *Counselor Education and Supervision*, 52(4), 284-296.
- Pasini, A. (2016). How to make good choices? Ethical perspectives guiding social workers moral reasoning. *Social Work Education*, 35(4), 377-386.
- Rae, S. (2018). *Moral choices: An introduction to ethics*. Zondervan Academic.
- Singer, N., Kreuzpointner, L., Sommer, M., Wüst, S., & Kudielka, B.M. (2019). Decision making in everyday moral conflict situations: Development and validation of a new measure. *PLOS ONE*, 14(4), e0214747.
- Singer, N., Binapfl, J., Sommer, M., Wüst, S., & Kudielka, B.M. (2021). Everyday moral decision-making after acute stress exposure: Do social closeness and timing matter? *Stress*, 24(4), 468-473.
- United States. National Commission for the Protection of Human Subjects of Biomedical & Behavioral Research. (1978). *The Belmont report: Ethical principles and guidelines for the protection of human subjects of research* (Vol. 2). Department of Health, Education, and Welfare, National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. https://www.hhs.gov/ohrp/sites/default/files/the-belmont-report-508c_FINAL.pdf.

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STRATEGIES FOR NAVIGATING MORAL ISSUES

Given the realities described in this article regarding moral tensions between biblical and relativistic views, the inescapable and inherent intertwining of morals and ethics to change, and the call to ethical practice, what strategies can Christian counselors use to best navigate this space without compromising their convictions?

First, Christian counselors must allow for relationship and process wherever possible.

Understanding the client's worldview, values, and culture is essential to effectively engaging. Building rapport and trust takes time, and counselors who are seeing clients on a longer-term basis can take the time to shape the relationship as values are explored and shared. Personal change and growth happen in the context of a relationship with God or others, so the connection is vital whether the involvement is temporary or ongoing.

Second, counselors can ask worldview questions to explore clients' beliefs, values, underlying assumptions, feelings, and fears.

Worldview questions seek to understand a person's definitions, assumptions, and beliefs about underlying ideas regarding truth and life, such as what love is, the purpose and meaning of life, what is wrong with the world, what freedom is, what the role of power and authority is, whether there is an afterlife, where morals come from, what sex is for, and what is important for one's identity. Helping clients or agencies identify their underlying values and assumptions regarding worldview questions can open the door for self-reflection and critical thinking about important topics.

Third, counselors can propose ideas by framing them from a professional, ethical perspective, saying things like, "I am wondering how your belief in that area affects how you feel about life or how it impacts your symptoms," or from an addictions perspective, "I am concerned about how your value in that area

affects your desire to use or your recovery, what do you think?" Framing questions in this way helps clients see the counselor as honest, transparent, and concerned about their well-being without being authoritative.

Fourth, counselors can ask clients or coworkers to describe how they came to believe the view they are stating or what mental model or source of authority is behind it. For example, the counselor might say, "I'd like to understand more about how you came to believe the ideas you are sharing. Was there a source or person who influenced you most in your views? Tell me more." Understanding the client's framework or source can help the counselor navigate the conversation while assisting them in reflecting on the validity and value of their conclusion.

In addition to using questions to explore underlying meanings, identify and name values and beliefs, and explore assumptions and evidence, counselors can **help clients explicitly identify the benefits and consequences of their beliefs.** Counselors can say, "So, based on the values and beliefs you are stating here, let's take a moment to identify what it would mean for you in this specific situation over time. What benefits are your beliefs and the choices you are looking to make likely to have now and in the next few years? What consequences or pitfalls might also be likely?"

Similarly, counselors can **ask questions that highlight assumptions and logical conclusions.** For example, suppose a client tells you that they smoke marijuana daily before going to bed because

they believe it cannot cause any harm. In that case, the counselor might respond, "So, I am hearing that you assume marijuana is safe and does not pose any long-term physical or mental health risks. Is that right?" Another possibility for a counselor's response might include offering an alternate view and directly proposing ideas to consider. For example, the counselor might say, "Are you open to me sharing an alternative view? You may not be aware that multiple studies highlight the increased potency and risks of legalized marijuana. Would you be willing to let me send you some of that data and talk more about it next time?" Framing questions and alternatives honoring the client's free will while honestly examining values and proposing ideas can help them stay open to critical thinking.

Suppose as a Christian you are concerned about the risks of engaging in deeper conversations about values, morals, and ethics with your clients and the reactions of others around sensitive issues. In that case, you will also want to **follow good practice by consistently using the proper documentation** to demonstrate your ethical approach. First, if you are in private or individual practice, create a disclosure statement that clearly describes your approach and what clients can expect in treatment with you, including your style, preferred theoretical models, values, etc. Having clients review and sign an initial disclosure statement can help verify your transparency if you are questioned.

Also helpful is an ongoing verbal agreement in sessions

regarding any mutual methods or approaches. Checking in with clients and asking them how they feel about the treatment, methods, or information allows them to express concerns. Suppose a client expresses concern or hesitancy but is willing to continue. In that case, counselors can create an individualized informed consent agreement specific to an intervention or approach that outlines the process, ideas, and potential risks or benefits, allowing them time to reflect and sign before moving ahead. Demonstrating due diligence and full disclosure of risks can validate the counselor's strong ethical commitment.

Finally, counselors can **document agreements made by the client** and other decisions reached during client contacts, including treatment options offered and how they align with the client's choice, culture, or values. Further, counselors can include references to specific components of their code of ethics in their documentation to provide rationale and support for clinical decisions and interventions, demonstrating a commitment to ethical and professional practice. Documentation efforts such as these can also be used following treatment groups, staff meetings, community meetings, supervision meetings, and more to capture ethical practice in clinical notes, meeting minutes, supervision notes, or personal notes. If you are not the person writing the documentation, be sure to ask for information to be captured in the record highlighting the process, values, and ethical decision-making.



ETHICS, LAW, and LICENSURE:

Changes and Challenges Facing Mental Health Professionals

“I have told you these things, so that in me you may have peace. In this world you will have trouble. But take heart! I have overcome the world.”

– John 16:33, NIV

Like John’s first-century audience, we often face troubles — a global pandemic, political divisiveness, rising inflation, increased crime and violence, and a steep moral decline.¹ These troubles have taken their toll, causing record amounts of depression, anxiety, and loneliness.² Perhaps never before have people needed mental health professionals to work through their challenges.

Unfortunately, our government has built roadblocks to stop those in need from accessing help. Local, state, and even the federal government are censoring the speech of mental health professionals and their conversations with clients. Why? Because the government wants to silence those who disagree with them.

Counselors are Under Threat

Take the case of Brian Tingley, a licensed marriage and family therapist in Washington state. Brian is a skilled counselor and has been helping children and families work toward the goals they set, consistent with their own beliefs, for more than 20 years. Under Brian's guidance, clients have pursued meaningful and positive life changes.

However, Washington state passed a law censoring what Brian can say to his clients. Brian could violate this new law simply by having conversations with his clients on matters of gender, sexual orientation, sexual behaviors, or sexual attractions that Washington does not like. The law also threatens Brian with fines of up to \$5,000 per violation, suspension from practice, and even permanent revocation of his license.

That is wrong. The government should not censor a counselor's speech. Washington's censorship law violates freedom of speech, burdens counselors, and harms clients. As a result, Brian's attorneys at Alliance Defending Freedom have asked the U.S. Supreme Court to protect all counselors' right to free speech. Remarkably, this type of law is not unique to Washington—20 states and more than 100 municipalities have passed similar laws that censor what conversations counselors can have with their clients. And that is not the only legal threat either.

Threats to Counselors Come from Numerous Places

Higher Education. Students should be free to receive a degree without abandoning their religious beliefs. This right includes graduate counseling students. When counselors have a values-based conflict and cannot affirm a client's counseling goals, counselors should have the freedom to respectfully refer those clients to someone else... but that freedom is under attack.

Right now, counseling students across the country face hostility and harassment for their beliefs. Maggie DeJong, a former art therapy graduate student at Southern Illinois University Edwardsville, was silenced by the university for expressing her Christian perspective on current events with her classmates. In response to complaints claiming her views constituted "harassment" and were "harmful," the school issued three "no-contact orders" that prohibited her from having any contact—even "indirect communication"—with these classmates. You cannot easily graduate from school when you are forbidden from seeing your classmates.

Alliance Defending Freedom represented Maggie in her case against the school and won. After a federal district court rejected the university's attempt to dismiss the lawsuit, university officials agreed to settle the case. This was a big win for Maggie and free speech; however, her experience is not an isolated matter. Higher education is becoming increasingly hostile to those of faith.

State and Local Laws. From Washington state to New York City, state and local officials are implementing laws that violate counselors' constitutional rights.

First, look at state and local licensure requirements. The private organizations that regulate professions create ethics codes that must be followed to remain in good standing. For counseling, the American Counseling Association's (ACA) Code of Ethics bars counselors from making any *values-based referrals*. That means no referrals if a client steadfastly wants to seek an abortion or undergo dangerous sterilizing surgeries to change their bodies to match their perceived gender identity. Twenty-three states incorporate the ACA Code of Ethics in some form.

For example, the Pennsylvania State Board of Social Workers, Marriage and Family Therapists, and Professional Counselors have the authority to impose disciplinary sanctions on counselors who refer clients based on their values. If a marriage counselor in Pennsylvania refers a same-sex couple to another counselor because they believe encouraging them to continue living as a same-sex couple is hurtful and not helpful, they could face disciplinary action, including civil penalties and even a complete revocation of their license.

RACHEL ROULEAU



Second, state and local laws can be misused to force counselors to speak and act in a way that violates their religious beliefs on gender and sexuality. Public accommodation laws were created to eliminate discrimination. But now they are being leveraged to silence those opposing radical views on gender and sexuality topics.

Like the ACA’s Code of Ethics, these laws can be abused to force counselors to agree with or “affirm” a client’s gender confusion and encourage the client to take steps to identify and present as the opposite gender. States like New York even interpret these nondiscrimination laws to compel businesses (like counselors) to use inaccurate pronouns prioritizing gender ideology above biological realities.³ Failing to comply with a similar law in New York City could subject a business owner to a \$250,000 fine.

Laws open to this sort of abuse exist in at least 29 states and 330 municipalities. It is essential to know what the laws are in your area. Contact Alliance Defending Freedom at adflegal.org to learn more about these laws.

Third, as previously mentioned, censorship laws like the one in Washington state restrict counselors from having certain conversations with clients who are minors on matters of gender, sexual orientation, sexual behaviors, or sexual attractions. Laws like the one threatening Brian Tingley silence viewpoints the government disagrees with—specifically those held by clients and counselors of faith. These laws hinder a client’s ability to set and reach specific goals with a professional counselor’s help.

Federal Policy. Under the Biden administration, the U.S. Department of Health and Human Services reinterpreted the ban on sex discrimination in the Affordable Care Act to include gender identity. This radical rewrite requires healthcare professionals who receive federal funds to act against their judgment, religious beliefs, and conscience in performing controversial and often medically dangerous interventions on all patients—including children.

This rule could also be applied to counselors, social workers, psychologists, and psychiatrists regarding how they talk to clients and what they can say. Beginning in January 2024, mental health professionals will be permitted to accept Medicare and Medicaid for their services, implicating the nondiscrimination provision in the Affordable Care Act.

What Can You Do?

First and foremost, while we face trouble in this life, we can look to the Lord for the assurance that He has overcome the world.

Second, Alliance Defending Freedom stands ready to protect your right to speak freely—not just abstractly but within the confines of the counselor-client relationship. If you fear your rights have been violated or want more information about specific legal threats and how to protect yourself, contact us immediately. As a non-profit ministry, we offer free resources that may help. Contact Alliance Defending Freedom today. The troubles we face, we do not face alone. ✦



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Endnotes

- ¹ American Psychological Association. (2022, October). *Stress in America 2022: Concerned for the future, beset by inflation*. American Psychological Association. <https://www.apa.org/news/press/releases/stress/2022/concerned-future-inflation>.
- ² Witters, D. (2023, May 17). *U.S. depression rates reach new highs*. Gallup.com. <https://news.gallup.com/poll/505745/depression-rates-reach-new-highs.aspx>.
- ³ New York State Division of Human Rights. (2020, January 29). *Guidance on protections from gender identity discrimination under the New York State human rights law*, 6-7. <https://dhr.ny.gov/system/files/documents/2022/04/nysdhr-genda-guidance-2020.pdf>.

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AVOIDING AND RESPONDING TO ETHICAL COMPLAINTS AND LAWSUITS

In 1 Peter 2:11-25, Peter instructs believers to live Christ-centered lives in a secular society that does not share their values. This passage provides a couple of key principles that should guide our thinking regarding the issues of lawsuits and ethical complaints. The first principle found in this passage is the idea that we should be doing good, regardless of the opposition. Even when others outside the faith do not understand us, they should see righteousness when examining our lives. The second principle explains that when we face unfair persecution, we should follow the example of Jesus and put ourselves in the hands of the One *“who judges justly”* (1 Peter 2:23). Because of the counseling field’s current legal climate, these instructions are truly relevant to Christian counselors in 2023.

In the last several years, there have been numerous legal and board actions directed at Christians in the public space. In the counseling profession, religious liberty conflicts have emerged in educational environments and mental health practices, especially dealing with burgeoning conversion therapy laws. Several law firms specializing in religious liberty have advocated valiantly and won substantial victories in these areas,¹ building a precedent that should free the next generation of counselors to practice within their sincerely held religious convictions. However, these wins will likely be insufficient to stop the scrutiny of our work.

As a result, Peter’s first principle will be critical. When our work is tested, Christian counselors must be found doing the right things in the right ways. This appeal means that, unless there is a violation of Scripture, Christian practice should be competent, careful, and ethical.

LYNELLE BUCHANAN



Avoiding Complaints

The vast majority of issues that have prompted ethical complaints to licensure boards are unrelated to faith—they are simply a failure to practice correctly. Since ethical practice should be part of our integrity before God, a believing counselor should invest significant effort to align the details of counseling behaviors with required ethical guidelines.

Continuing Education

The most frequent concern acted on by licensure boards was a failure to acquire Continuing Education Units (CEUs), which accounted for 17% of board actions.² Continuing education is a necessity in the counseling profession, and even busy counselors must prioritize time to remain current on new research and trends in client care. It is a critical aspect of preparation to serve clients in a way that benefits and does no harm. Furthermore, it gives opportunities to broaden expertise into areas that may have been unexplored or weak.



Dual Relationships

Other licensure board disciplinary actions included dual relationship violations (12.5%) and sex with clients (9%).³ The issue of dual relationships is complex. The Code of Ethics that the American Counseling Association (ACA) released in late 2005 moved away from a complete ban on dual relationships to acknowledge that some are patently harmful, some are not harmful, and some may even be beneficial. What remains clearly unethical is a sexual or romantic relationship with a client. This restriction would seem to be an easy boundary to maintain, yet news organizations are regularly reporting therapist-client sexual relationships. Sex outside of the marital union would violate a biblical sexual ethic as well, so Christian mental health professionals should be committed to the strictest boundaries in this area.



As you progress toward responding to the allegations, make sure you are considering the impact that the process may have on you and your clients. You must continue to prioritize client care, even during personal challenges.

Other dual relationships may be appropriate and even beneficial, and this is not uncommon in Christian counseling applications since communities of believers tend to be close-knit and have overlapping interactions. AACC's 2023 Code of Ethics delineates some helpful guidelines in section 1-140,⁴ while reminding the practitioner that it falls on the counselor to ensure that clients are not harmed. The code (1-140-a) states, "... Some dual relationships are always avoided—sexual or romantic relations and counseling close friends, family members, employees, business partners/associates or supervisees..."⁵ Dual relationships founded in informed consent and preclude any potential for harm to the client may be ethically supportable. It is the counselor's responsibility to ensure that the client is protected, even from harm that they may not anticipate.

Other issues that were disciplined by licensure boards included improper notes (6.4%), billing fraud (5.5%), and privacy breaches (2.4%).⁶ These reflect problems that can be avoided by carefully managing our counseling practices.

Responding to Complaints

Should you receive formal communication that an ethical complaint or lawsuit has been filed against you, it is natural to feel concerned; however, there are proactive responses that can lead to the best outcome possible.

The first step is to calm your emotional responses and read the entire letter. Avoiding it will not help in the long run. Before responding in any form to the letter, you should contact your malpractice insurance carrier and consult with legal counsel. Your insurance carrier may give you a list of recommended attorneys, but you should research to ensure they are a good fit for your needs.

If the complaint revolves around any religious liberty concerns, you would be wise to contact a law firm specializing in those areas. Firms like the Alliance Defending Freedom, First Liberty, or Liberty Counsel have proven track records in defending the right to function in the public square in manners consistent with sincerely held religious beliefs.

As you progress toward responding to the allegations, make sure you are considering the impact that the process may have on you and your clients. You must continue

to prioritize client care, even during personal challenges. Regular assessment of individual capacities and appropriate self-care can ensure that clients are not harmed while a counselor is distracted.

Conclusion

Although ethical and malpractice complaints are rare, the potential that one may arise should not be taken lightly. Christian mental health practitioners should prioritize careful, ethical practice and remain above reproach. Should we be criticized for following our faith, we can respond with wisdom and discernment, follow Christ's example, and trust the One who *judges justly*. ✠



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Endnotes

- 1 See the case of *Otto and Hamilton v. City of Boca Raton & County of Palm Beach FL and Ward v. Wilbanks*. https://www.ca11.uscourts.gov/sites/default/files/enbanc_cases/201910604.1.pdf.
- 2 Wilkinson, T., Smith, D., & Wimberly, R. (2019). Trends in ethical complaints leading to professional counseling licensing boards disciplinary actions. *Journal of Counseling & Development*, 97(1), 98-104.
- 3 Wilkinson, T., Smith, D., & Wimberly, R. (2019).
- 4 American Association of Christian Counselors – Y-2023 Code of Ethics. (2023). 1-140: *Dual and multiple relationships*, 15. <https://www.aacc.net/wp-content/uploads/2023/02/AACC-Y-2023-Code-of-Ethics-FINAL-Draft.pdf>.
- 5 American Association of Christian Counselors – Y-2023 Code of Ethics. (2023). 1-140-a: *The rule of dual relationships*, 15. <https://www.aacc.net/wp-content/uploads/2023/02/AACC-Y-2023-Code-of-Ethics-FINAL-Draft.pdf>.
- 6 Wilkinson, T., Smith, D., & Wimberly, R. (2019).



Top Ethical Concerns When Working with Children

Within the professional counseling field, different modalities, therapeutic goals, therapeutic settings, and tools exist to help clients along the self-discovery process. The diversity and “particularness” of the profession are vital in assisting clients to choose the right counselor with the proper training to bring about the desired changes and goals in their lives. Amid all this diversity exists a universal commitment to a code of ethical and professional behavior that always seeks to do no harm and ensure all clients’ physical and emotional safety.

Depending on where you live in the United States, what licensure you hold, what population you work with, and in what setting you practice (e.g., inpatient, outpatient, etc.), the ethical challenges that can arise will look very different and require various considerations at times. This piece aims to address the specific and ongoing ethical challenges that can occur when working with children and adolescents.

When dealing with any ethical issue, there is no “one-size-fits-all” approach, and the purpose of this article is not to prescribe simple solutions to complex situations but rather to offer a framework for navigating certain ethical challenges. No client is the same, and no situation is a carbon copy of another. Each ethical challenge must be dealt with carefully and within the guidelines of the licensing code of ethics, state law, and the bylaws of the organization involved. The following are some of the top concerns to take into consideration with children and adolescents.

Limits of Confidentiality: Content vs. Process

With all clients, it is essential to address and cover the limits of confidentiality, especially with minors. A mentor shared with me once that there are always three people in the counseling session when working with a child: the counselor, the child (client), and the parent/guardian. The takeaway is that when counselors work with children, they have to consider what parents have a right to know and need to know and how to coordinate care with caregivers while protecting the confidentiality of their minor clients. This concern is why it is so imperative to clearly and regularly communicate with minor clients that their parents/legal guardians have a right to be informed of the counseling process (i.e., updates, treatment plans, the progress of specific symptoms, etc.), but not the *content* of the counseling (i.e., anything specific shared by the client during a counseling session that would be considered privileged) unless it falls under the limits of confidentiality (i.e., threat to self, threat to others, abuse/neglect).

Part of ensuring emotional safety while adhering to ethical guidelines is to set up a rhythm of checking in with parents. This rhythm can help clients anticipate these meetings and be a best practice when advocating for their emotional safety. Some providers may wish to meet with parents every third or fourth session, while others might set the first 10 minutes of the appointment to meet with both the parent(s) and child. Again, no “one-size-fits-all” approach is needed—just one that meets the child’s and parent’s needs and allows for best therapeutic practice.

SHERMAN D. BUCHER, JR.



Limits of Confidentiality: Duty to Warn

Another ethical concern that any counselor working with children will likely see at one point in their careers deals with the duty to warn when a client under 18 makes a suicidal threat or confesses plans or attempts to self-harm or end life. To an adult, parent, or counselor, the rationale for breaking the confidence to inform parents, teachers, or a physician is clear and understandable. However, to an adolescent or child, it can feel like a break in trust and challenge the therapeutic alliance.

One way to avoid this distrust involves giving the client some options about how the parent/guardian is informed. When children can have a voice in something beyond their control, it can help decrease the built-up anxiety about the situation. For example, a counselor who learns their client is having intrusive thoughts of suicide and plans to carry out an attempt could have a conversation and give the client choices on how to tell the parent/guardian. In these situations, some children prefer to tell their parents with the counselor in the room. Another vital factor for counselors to remember in these situations is to spend adequate time affirming and validating how difficult it was for their clients to share and be honest about the incident they have been contemplating. This affirmation can also aid in helping maintain the counselor/client relationship.

Custodial Care/Divorce Proceedings

A successful career in counseling children and adolescents will most likely intersect at some point with a client's parents divorcing. This matter involves yet another set of tricky hurdles regarding the code of ethics. Unfortunately, children and custody can sometimes be used as bargaining chips in litigious divorce cases, and counselors and therapists may likely find themselves in the middle, having to compile counseling records and/or appear to testify to the treatment and its significance regarding custodial care, etc. Unless a provider has had training, such as a forensic psychologist, most have little experience navigating this space, which can put another strain on the therapeutic alliance.

Regarding these legal hurdles, it can be helpful on the intake with a family to clearly state that it is in the best interest of the child for parents to not use his/her therapy as an opportunity to leverage custodial care. However, there are exceptions when it comes to protecting children in unsafe households or settings. In addition, it may serve providers well to have legal representation for their practice/organization to ensure they uphold legal and ethical standards in these circumstances.

Ethics are not simple or easy. Giving the best care to clients who are minors often comes with navigating complex circumstances. As providers continue to manage these situations, it is a good reminder for us all that on the other side is a child who needs a strong, safe adult to be their voice as they continue to develop their own. ✦



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ROCK OR SAND?

WHY THE AACC CODE OF ETHICS MATTERS

In Matthew 7:24-27 during the Sermon on the Mount, Jesus told the parable of two builders. One builder, whom Jesus described as “foolish,” built his house on the sand, and when rain, floods, and winds came, it fell greatly. Those who hear Jesus’ words but do not put them into action are like this foolish builder. By contrast, those who hear Jesus’ words and put them into action are like the wise builder who built his house on the rock. When the rain, floods, and wind came, it did not fall because it had been founded on the rock.

The sections just before this parable include the Golden Rule, trees and fruit, and Jesus declaring He did not know many who claimed to do mighty works in His name, describing them as “workers of lawlessness.” Just after the rock-sand parable, the people were astonished at Jesus’ teaching because He had the authority to do so, unlike their scribes. From there, Jesus healed a leper through personal touch, healed a centurion’s servant from a distance, and proceeded to heal Peter’s wife’s mother, cast out demons, and heal the sick.

It is important to remember that Jesus taught in a cultural context where worldview assumptions were deeply ingrained and subject to change. In essence, that is what “building on sand” is about. Jesus’ astonishing authority and miraculous demonstrations of that authority determine why “doing” His words based on foundational worldview assumptions is what “building on the rock” is about. Christian counselors do the words of Jesus while conducting their counseling activities in a cultural context where worldview assumptions are deeply ingrained and subject to change, whether built on sand or rock.

Three prominent codes of ethics that guide professional behavior within the mental health professions include those of the American Psychological Association (APA), the American Counseling Association (ACA), and the American Association of Christian Counselors (AACC). The preamble, introduction, purpose, and mission sections of the current and previous editions of these codes of ethics reveal something of the worldview assumptions upon

Table 1. CROSSWALKED AACC PRINCIPLES

APA	ACA	AACC	AACC STANDARDS
Benevolence & Nonmaleficence	Autonomy; Benevolence; Nonmaleficence	Service	Compassion
Fidelity & Responsibility; Justice	Veracity	Excellence	Competence
Integrity; Respect for People's Rights & Dignity	Veracity; Fidelity	Integrity	Consent
Fidelity & Responsibility	Fidelity	Trustworthiness	Confidentiality
Respect for People's Rights & Dignity	Justice	Dignity	Cultural Regard
Fidelity & Responsibility	Fidelity	Soundness	Case Management
Fidelity	Fidelity	Relationship	Collegiality
Integrity; Benevolence & Nonmaleficence	Veracity; Benevolence	Humility	Community Presence

which the aspirational principles and enforceable standards are based. Table 1 crosswalks the ethical principles of each code, with the far-right column indicating the AACC 2023 code's enforceable standards.

As you can see, significant areas of similarity and overlap should provoke mental health professionals to aspire to the highest ethical ideals of their professions.

Recent reviews (Anderson, Jenkins, Csutoros, & Connors, 2022; Jenkins & Rouleau, 2023) of how these have changed or not throughout updated editions over the years revealed some interesting findings that illustrate foundational worldview assumptions. In general, the APA and ACA codes, over the past three decades of updated editions, have moved from a decided valuing of individual practitioners' deeply held personal beliefs and values as foundational aspects of ethical decision-making and conduct to a valuing

of the social good, diversity/equity/inclusion, and compliant professional behavior. In contrast, since its first official code of ethics in 2004, the AACC code has upheld and clarified that all human beings (counselors and clients alike) are created in the image of the triune God and, as such, possess the self-determination to be free and responsible agents who choose their own course in life, accountable ultimately to the One whose image and likeness they bear. Could this be an example of the contrast in foundations Jesus had the authority to establish in the parable of the wise and foolish builders?

You may think you have never heard of these types of issues, but practical examples do exist. Before the ACA Code of Ethics changed in 2014, the Julea Ward and Jennifer Keeton cases made national news. Miss Ward and Miss Keeton were students at two different state universities

DAVID E. JENKINS AND MERCY CONNORS

studying to be counselors. In Miss Ward's situation, while in her internship, a homosexual client was placed on her caseload, but she had not yet met with him. She let her supervisor know her inability to work with the client based on his presenting relationship issues and asked that he be referred to another intern. The supervisor agreed and granted the request, and then the school stated that Miss Ward violated the ACA Code of Ethics by imposing her values on a client and engaging in discrimination. Miss Ward was expelled despite having only four remaining classes and a 3.91 GPA. With Alliance Defending Freedom's help, Miss Ward sued the school. She ultimately won the case on appeal, with the 6th Circuit Court noting the ACA allowed for values-based referrals in some areas and stating that "... tolerance is a two-way street."

In Miss Keeton's case, she stated in her classes that she had biblical beliefs that would inform her conduct with clients. The leadership of her university said that if she did not change her beliefs, she would not be able to graduate. A re-education plan was given to Miss Keeton, but when the university realized that this did not change Miss Keeton's beliefs, they kicked her out of the school. Unfortunately, the Courts did not protect Miss Keeton's basic rights of free speech and religious freedom.

These cases exposed the future bias of the ACA in which we currently live. The ACA changed its Code of Ethics in 2014 to no longer allow a values-based referral for anyone with any issue. Did the sand foundation just shift?

Enter the new laws on Sexual Orientation Change Efforts. All clinicians can agree that client safety and autonomy are of the highest importance. However, some clinicians do things that we would never agree with, promote, or condone in the name of trying to change a person's sexual orientation or preferences. Yet activists seized on the mistakes of others and were able to institute what is constituted as speech bans, impeding a clinician's ability to help those who are genuinely struggling with these issues.

These bans are not only unethical, as they go against client autonomy by not allowing clients to electively gain help for personal conflicts involving sexual issues, but they illegally go against the freedoms of speech and rights of conscience of the clinician. The Courts have split on this decision, with the 9th Circuit upholding the speech bans and the 11th Circuit striking them down. Clinicians wait with bated breath for the Supreme Court to take the case of Brian Tingley, which will hopefully determine that speech within the therapy context will not be simply considered professional conduct. The question of speech as only professional conduct for clinicians keeps us at the mercy of the ethical codes of other associations.

The AACC determined it was necessary to update its Code of Ethics (2023) to demonstrate its commitment to

allowing the clinician to do good work with the client's consent and permission in all areas of their life, but also allow for the clinician to refer based on values for client autonomy to be upheld as the most important aspect of the client-clinician relationship. The basic principle of client autonomy for the AACC Code of Ethics comes from the standard laid down by God to not pre-determine an outcome for people but allow them to choose with their God-given free will whether or not to engage in a relationship with God.

The AACC Code of Ethics' principles have stayed consistent, while other associations have changed theirs to coincide with, and perhaps alter, the cultural climate of the day. We now find ourselves on the road of being "ethical" according to the ACA, APA, National Association of Social Workers (NASW), and others, or to be consistent with our commitment to God and the principles He set in His Holy Word. Two significant questions to consider are: "Who will help clients who choose to live out the priority of their religious and spiritual beliefs over any other diversity area?" and "Which will you choose?" ❖



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References

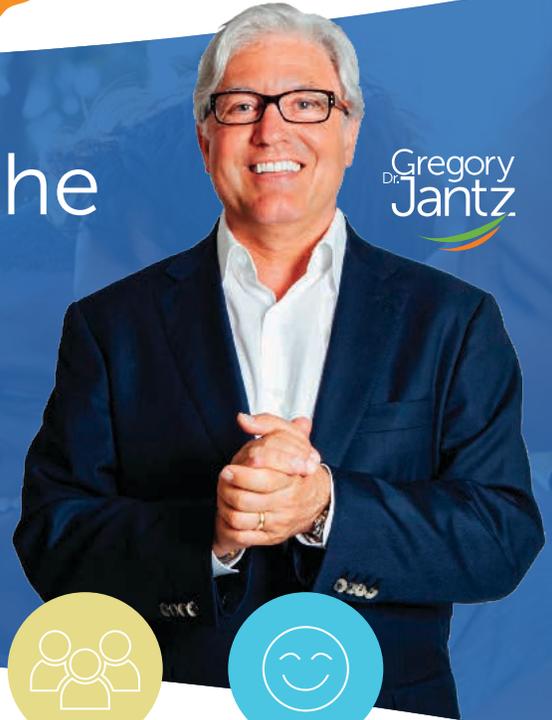
- American Association of Christian Counselors. (2023). *Y-2023 Code of Ethics*. <https://www.aacc.net/wp-content/uploads/2023/02/AACC-Y-2023-Code-of-Ethics-FINAL-Draft.pdf>.
- Anderson, S., Jenkins, D.E., Csutoros, R., & Connors, M. (2022, October 11). *Ethics and advocacy: Preparing Christians in mental health practice* [Webinar]. American Association of Christian Counselors. <https://aacc.net/courses/ethics-and-advocacy-preparing-christians-in-mental-health-practice-without-ces-tuesday-october-11-2022/>.
- Jenkins, D.E., & Rouleau, R. (2023, September 13-16). *Mental health, faith, and ethics: Current challenges and issues* [Pre-conference Workshop]. AACC 2023 Know Hope World Conference: Nashville, TN, United States.



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The Ethics of Being a Christian Counselor

At a meeting of pastors, German Lutheran pastor, Dietrich Bonhoeffer, stated,

“One man asks: ‘What is to come?’

The other: ‘What is right?’

And there is the difference

Between the free man and the slave”

(Burtness, 1985, p. 14).

We are accustomed to asking what the right thing is to do in a situation. However, Bonhoeffer argues that a Christian ethic is radically different, focusing not on the immediate circumstances as a starting point for ethical decision-making but on the consequences of such decisions and asking what is God’s will. While other

Christian ethicists present alternate decision-making approaches, Bonhoeffer reminds us of the importance of the centrality of God in all aspects of our lives.

“Whoever wishes to take up the problem of a Christian ethic must be confronted at once with a demand which is quite without parallel. He must from the outset discard as irrelevant the two questions which alone impel him to concern himself with the problem of ethics, ‘How can I be good?’ and ‘How can I do good?’ and instead of these, he must ask the utterly and totally different question, ‘What is the will of God?’” (Bonhoeffer, 1955, p. 188).

The consequence of shifting our priority away from seeking the will of God in all situations is enslavement to other authorities in the form of idolatrous selfism, worldly

We do not set the standards of right and wrong; God does... and the fullest expression of His character, including moral and ethical conduct, is seen in Jesus Christ.

(sometimes arbitrary) standards, and relativism—the inevitable outcome of secular worldviews.

Worldviews Matter

A worldview is a “set of assumptions or beliefs about reality and human nature.” These presuppositions are “generally unconsciously held but affect how we think and live” (Cosgrove, 2006, pp. 18, 20). Secular ethical codes generally rest on the worldview assumptions of naturalism. Naturalism assumes the only reality is the natural, material, and physical universe. Knowledge is gained primarily through the authoritative lens of scientism, or the observation, analysis, and interpretation of data gathered from the natural world (Samples, 2007, pp. 203, 205). In contrast, a Christian worldview “implies the objective existence of the trinitarian God whose essential character establishes the moral order of the universe and whose word, wisdom, and law define and govern all aspects of created existence” (Naugle, 2002, p. 260).

In the Christian worldview, “Ethics is transcendent and is based on the character of God as good (holy and loving)” (Sire, 2009, p. 42). Both the moral order and physical world have their origin and foundation in our Creator

God and His absolute standards and truth. We do not set the standards of right and wrong; God does... and the fullest expression of His character, including moral and ethical conduct, is seen in Jesus Christ. The diminishing influence of a Judeo-Christian worldview in our society has led to a fragmenting of life. The late author and professor of philosophy at Wheaton College, Arthur Holmes, has noted that Western culture has replaced: 1) a *focus on truth* with pragmatism and hedonism, 2) the *universality of truth* with relativism, and 3) the *unity of truth* with fragmented items and disciplines lacking ultimate coherence under the rule of one Creator-God (Holmes, 1977, pp. 4-8).

In counseling, we find that most ethical codes reflect this meta-ethical shift. Meta-ethics addresses the underlying origin of ethics and ethical statements, seeking to answer such questions as: “Are ethical commitments subjective preferences or objective?” and “Upon what basis do we ascertain what is morally good or bad, right or wrong?” Critics have pointed out that current counseling ethical codes often rest on unclear meta-ethical commitments, fail to articulate any underlying ethical principles, and do not address sincerely held alternative views or allow for dissent (O’Donohue, 2020).

In contrast, the American Association of Christian Counselors offers a clear worldview statement to secular ethical codes in the *AACC Code of Ethics* (Y-2023):

ES1-000: A Judeo-Christian Worldview – Practicing through Faith and Values

This *Code*, and all who follow it, incorporates a Judeo-Christian worldview and meta-ethic, one that is derived from both special revelation (recognizing that the Bible and Jesus Christ are God’s Word) and general revelation (acknowledging that science and the great arts of humanity also speak a certain measure of truth) as revealed in the 66 books of the Holy Bible and the created order (Romans 1:20). Christian counselors are rooted in this Revelation and consider the Bible to be the final authoritative basis for faith, values, and all ethics and interventions (p. 11).

IAN F. JONES



Ethical Codes Matter

Should Christian counselors ignore the ethical codes of other counseling organizations? Of course not. To do so would be foolish and unethical, particularly if you have a state license and are a member of one of these organizations. The Bible provides guidance for navigating the competing worldviews.

There is common ground. All counseling ethical codes share common goals, such as requiring the promotion of client welfare, growth, respect, right to confidentiality, avoidance of harm, professional boundaries, informed consent, and the use of proven and effective techniques and practices. While secular counselors may be hard-pressed to explain exactly *why* we should be motivated to help others or treat them in an ethical manner or *why* we should treat all people with equal value and respect, the biblical view of human nature gives us a clear mandate, telling us that every person is created in the image of God (Genesis 1:27) and that all

have sinned (Romans 3:23). Consequently, no person, including a Christian or Christian counselor, can ever claim superiority over or to be “better than” (or less than) any other person on the planet. We are all equally sinners needing salvation by grace (Ephesians 2:8-9). In addition, as Christians, we are called upon to love God with all our heart, soul, mind, and strength and to love our neighbor as ourselves (Mark 12:30-31). The radical nature of these commandments is found in the expectation that we are to love even our enemies, providing for their needs, since they, also, are created in the image of God (Matthew 5:43-48; Luke 6:27-28, 6:35; Romans 12:14; Proverbs 25:21-22).

Christian Counselors are expected to demonstrate dignity, humility, and collegiality. *The AACC Code of Ethics (Y-2023): ES1-800: Community Presence in Christian Counseling – A Call to Humility* (p. 35) acknowledges that we now live in a post-Christian, pluralistic culture and that Christian counselors must always present themselves as “Salt and Light” and “God’s Ambassadors.” Christians are ambassadors for Christ, assisting people to become reconciled to God (2 Corinthians 5:18), and seeking to live in harmony with others, showing compassion, kindness, gentleness, patience, and humility (1 Peter 3:8, Colossians 3:12). *“Do not repay evil with evil or insult with insult. On the contrary, repay evil with blessing, because to this you were called so that you may inherit a blessing”* (1 Peter 3:9, NIV).

In addition, Christian counselors are expected to maintain collegial professional and ministry relationships with representatives in the various fields associated with mental health, ministry, and counseling, recognizing the shared common ground and purposes—“... to the extent that these activities do not violate one’s conscience or constitute an egregious disregard for Judeo-Christian principles” (*AACC Code of Ethics (Y-2023): ES1-700: Collegiality in Christian Counseling – A Call to Relationship* (p. 29)).

Christian counselors maintain ethical relationships with the Church, state, and mental health professions and organizations. *The AACC Code of Ethics* (Y-2023): **1-870: Ethical Relationships with the State and Other Social Systems** (p. 36) requires Christian counselors to "... honor and preserve these relations, challenge value differences with respect, and build the best relations possible with all professions and institutions" (**1-870-a: Ethical Relationships to Other Professions and Institutions** (p. 36)). In addition, Christian counselors strive to build "... a more caring church, a more just government, and a better society in which to live" by obeying the laws and customs and challenging them "... when they threaten or abuse freedoms, dishonor God, or deny the rights of those most vulnerable and powerless." Christian counselors advocate for better or preferred alternative programs, laws, and policies and foster recognition of the value of Christian counseling in the Church, professions, and society (**1-870-b: Working for a Caring Church, a Just Government, and a Better Society** (p. 36)).

The Bible states that Christians must "... *be subject to the governing authorities, for there is no authority except that which God has established. The authorities that exist have been established by God. Consequently, whoever rebels against the authority is rebelling against what God has instituted, and those who do so will bring judgment on themselves*" (Romans 13:1-2, NIV). Obedience to authorities implies compliance with the laws and codes. Titus 3:1-2 (NIV) reminds us that, in obeying, we must also "... *be ready to do whatever is good, to slander no one, to be peaceable and considerate, and always to be gentle toward everyone,*" and 1 Peter 2:13-15 (NIV) adds that our submission to authority is "... *for the Lord's sake...*," and that "... *it is God's will that by doing good you should silence the ignorant talk of foolish people.*" There are times, however, when laws and codes run counter to the Word of God.

Christian counselors seek biblical resolution to ethical and legal conflicts. *The AACC Code of Ethics* (Y-2023): **ES7-000: Base Standards for Ethical Conflict Resolution** (p. 51) provides guidance for resolving ethical conflict by first attempting to harmonize the biblical, ethical, clinical, and legal interests, then setting the parameters for responsible action if successful resolution is not possible.

The Apostle Paul instructs Christians, "*If it is possible, as far as it depends on you, live at peace with everyone*" (Romans 12:18, NIV). His statement acknowledges that conflict is sometimes unavoidable; however, we should first seek a peaceful resolution if possible. In addition, we should apply to the fullest extent our personal, professional, and legal efforts. If we are unable to find a satisfactory solution, then we embrace biblical authority and must be

willing to accept any consequences in a Christlike manner. Such acceptance requires prayer, seeking godly peace (John 14:27), and the wisdom and support of the faith community. As Jesus reminds us, "*I am sending you out like sheep among wolves. Therefore be as shrewd as snakes and as innocent as doves*" (Matthew 10:16, NIV).

The challenges and decisions we face as Christians and counselors can be handled with confidence and comfort if we keep our focus on God (as Bonhoeffer reminds us) and the future hope set before us (Philippians 3:13-14). "Eschatology provides a motivation for ethics. Present difficulties are easier to go through because of bright prospects for the future, when '*... the eternal kingdom of our Lord and Savior Jesus Christ*' (2 Peter 1:11, NIV) will be inaugurated" (Blum, 1981, p. 271). ✦



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References

- American Association of Christian Counselors (2023). *AACC code of ethics: Y-2023 code of ethics. Developed by the AACC Law and Ethics Committee.*
- Blum, E.A. (1981). 2 Peter. In D.W. Gabelin (Ed.), *The expositor's Bible commentary: Hebrews through Revelation* (Vol. 12, pp. 209-289). Zondervan.
- Bonhoeffer, D. (1955). *Ethics* (E. Bethge, Ed.). The Macmillan Company.
- Burtness, J. (1985). *Shaping the future: The ethics of Dietrich Bonhoeffer*. Fortress Press.
- Cosgrove, M.P. (2006). *Foundations of Christian thought: Faith, learning, and the Christian worldview*. Kregel.
- Holmes, A.F. (1977). *All truth is God's truth*. William B. Eerdmans Publishing Company.
- Naugle, D.K. (2002). *Worldview: The history of a concept*. Eerdmans.
- O'Donohue, W. (2020). Criticisms of the ethical principles for psychologists and code of conduct. *Ethics & Behavior*, 30(4), 275-293. <https://doi.org/10.1080/10508422.2019.1679632>.
- Samples, K.R. (2007). *A world of difference: Putting Christian truth-claims to the worldview test*. Baker Books.
- Sire, J. (2009). *The universe next door: A basic worldview catalog*. MP academic.

THE BATTLE WITHIN: Excellence in Documentation



I felt “called” into the counseling profession because the Holy Spirit inside me had overwhelming compassion and empathy for the hurting and broken. The only means to alleviate the weight of that compassion and empathy was to help others in counseling. That is a very general way God funneled me toward His desire for my life. Even though there may be some similarities, we all have a unique story of what led us to pursue the profession of helping others clinically.

Throughout my career, I have yet to meet with a people-helper who went into the profession because they loved documentation. Inside every therapist is the internal struggle of timely documenting what happens in every counseling session. In contemplating documentation and my journey as a therapist, I reflected on how, early in my career, I had almost a visceral response to having to sit for what seemed like hours to document sessions and draft well-worded reports, treatment plans, and letters. I felt like someone was tying me to a chair, forcing me to document what I did (which felt redundant) when all I wanted to do was help people. Although I do not know when it occurred in my journey, I began to appreciate the importance of documentation. Hour by hour, session by session, progress note by progress note, it was like water passing over a stone to smooth out the rough edges of my practice. I have come to embrace the importance of exceptional record keeping, and I love the therapy and protections excellent documentation provides.

I am the Clinical Director at Light Counseling (lightcounseling.net), and our motto is “Clinically Excellent and Distinctly Christian.” This principle is embedded into the DNA of our practice and practitioners.

The late pastor, Jerry Falwell, Sr., would say, “If it’s Christian, it ought to be better!” We have incorporated that ideology into our culture at Light Counseling because if we are openly Christian, we expose ourselves to scrutiny. In my experience, the two circumstances where therapists begin to compromise their spirit of excellence most are through boundaries and record keeping. The conversation on appropriate boundaries and ethics in the clinical relationship is a different matter, but let’s unpack documentation a little further.

Hermann Ebbinghaus was one of the first researchers to perform prolonged experiments on human memory. In Ebbinghaus’ 1885 book, *Memory: A Contribution to Experimental Psychology*, his work summarized that repetition is the foundation for learning. As we dig into the discussion on excellent and ethical record keeping, there is an understanding that most therapists possess the knowledge either by training or experiential mistakes. Please consider this article as reaffirming what you already know or a helpful reminder to get back on track.

What is documentation? According to author Robert Mitchell’s book, *Documentation in Counseling Records: An Overview of Ethical, Legal, and Clinical Issues*,

One of the truths revealed to me after countless hours of working with therapists, in addition to knowing myself, is that practitioners overanalyze and overcomplicate many things by the nature of how we abstractly process information and creatively and emotionally view the world.

documentation is defined as "... any written, digital, audio, visual, or artistic recording of the work within the counseling relationship between counselor and client" (Mitchell, 2007, 3rd Edition, p. xxii). Mitchell's straightforward approach makes documentation sound simple and without stress. One of the truths revealed to me after countless hours of working with therapists, in addition to knowing myself, is that practitioners overanalyze and overcomplicate many things by the nature of how we abstractly process information and creatively and emotionally view the world. I suggest that a healthy balance of taking the emotions out of documentation and simplifying our process would help us be more efficient and view documentation differently. A fresh perspective would help us write better notes and set up systems to be more efficient.

Many therapists find themselves in the trap of running from session to session, hoping to have time to document those conversations later. Several studies have been conducted about memories fading over time and how they can get confused as new situations or variables are added. The longer a therapist waits to complete their progress notes, the more difficult it will be to log what took place during the session accurately. To have a high standard of record keeping, a clinician would need to set some form of reasonable time parameters for the completion and accuracy of those notes. At Light Counseling, we have a 24-hour policy from the time services are delivered for our practitioners to complete their progress notes. The primary reason is to resolve any failures in a therapist's memory, and the second is to make sure billing is done in a timely manner. Documentation is forever tethered to the billing process. Without timely documentation, practices are in jeopardy of losing significant revenue from potential claim denials or write-offs.

The importance of documentation not only involves logging what takes place in a therapeutic session, but

it also carries legal implications. Different states have varying laws on the length that records should be maintained, ranging from six years post the last service date to seven years past a child's 18th birthday. It is recommended that therapists stay updated on the laws and requirements of the licensing board they practice under. In addition, exceptional documentation protects the therapist and/or client when services are in question or records are brought into a court of law. I have had the privilege of speaking with several practitioners who were relieved that they kept excellent records when one of their client's charts was subpoenaed. I encourage therapists to document enough that they remember what was communicated so a colleague can pick up a client's file, understand what took place within the context of the session, and continue the work.

Documentation is never thrilling but is critical to the career of the practitioner. A counselor's practice will only be as healthy as their record keeping. Jesus said, *"If you are faithful in little things, you will be faithful in large ones. But if you are dishonest in little things, you won't be honest with greater responsibilities"* (Luke 16:10, NLT). ✨



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Reference

Mitchell, R.W. (2007). *Documentation in counseling records: An overview of ethical, legal, and clinical issues* (3rd ed., p. xxii). American Counseling Association.

JONATHAN D. DURST

Let Scripture Drive the Bus



While working my way through seminary, my side hustle included fixing and networking computers. On my first gig, an architect asked me to install software on 12 of his office computers; however, he only had one license.

I shared with him that his license allowed me to install it on one computer. In an exasperated voice, he said, “I’m not buying a license for each computer. Either make it work, or I will find someone who can.” I

handed him the box, gathered my belongings, and walked out the door. That was not easy, but it was right.

It was a gut punch because the gig paid well. Doing the right thing may cost you in the short term, but it pays off in the long term. I like my sleep... and doing the right thing always helps me sleep.

As a student at Liberty University, Roberston McQuilkin’s book, *Biblical Ethics*, was an assigned textbook. While attending Dallas Seminary, I left it by my commentaries and cited it often in papers. As a pastor, I keep

it in my office and regularly quote parts of it in sermons. God continues to use this great resource in my life and ministry.

In the introduction to the book, McQuilkin shares ethics as “... a system of moral values and duties. It has to do with ideal human character, actions, and ends. What ought a person do or refrain from doing? What attitudes and behavior should be viewed as good? And why should they be considered good? What is the highest good, ‘the chief end of man,’ the purpose of human existence?

The teachings of Jesus and the Spirit of God in us are like an athlete's muscle memory. When called to act at a moment's notice, we can make the right choice because we are ready.

These are the questions the study of ethics seeks to answer.”¹

Christians answer these weighty questions with the Bible. When it comes to life and practice, Scripture drives the bus. Tradition, reason, experience, and emotion are welcomed passengers and influence our decisions, but we leave Scripture in the driver's seat. We honor tradition and the collective wisdom of church fathers and denominational leaders. They ride shotgun, but they do not drive the bus.

God gave us brains to reason and work through difficult decisions, but we do not let them drive. Our experiences are valid. We can learn a lot from our stories, but they are not our authority and should not be the first place we turn when faced with an ethical decision. And, yes, emotion is allowed as a passenger. We can listen to our feelings, but they take a backseat and should never be handed the wheel.

All of these passengers have influence, but only the driver determines where we end up. In 2 Timothy 3:14-17 (NIV), The Apostle Paul challenged Timothy to keep Scripture in the driver's seat of his life and ministry: *“But as for you, continue in what you have learned and have become convinced of, because you know those from whom you learned it, and how from infancy you have known the Holy Scriptures, which are able to make you wise for salvation through faith in Christ Jesus. All Scripture is God-breathed and is useful for teaching, rebuking, correcting and training in righteousness, so that the*

servant of God may be thoroughly equipped for every good work.”

In Matthew 7:24-25 (NIV), Jesus shares a brief parable of the wise and foolish builders to establish a firm foundation for everything in one's life: *“Therefore everyone who hears these words of mine and puts them into practice is like a wise man who built his house on the rock. The rain came down, the streams rose, and the winds blew and beat against that house; yet it did not fall, because it had its foundation on the rock.”*

Jesus never points His followers to build their foundations on tradition, reason, experience, or emotion. He exhorts them to build a strong foundation on His teachings. We all face storms in life and do not get to choose everything that happens to us, but we do choose our foundation. Is your foundation built on living out the teachings of Jesus?

The foolish builder faced the same storm but fell with a great crash: *“But everyone who hears these words of mine and does not put them into practice is like a foolish man who built his house on sand. The rain came down, the streams rose, and the winds blew and beat against that house, and it fell with a great crash”* (Matthew 7:26-27, NIV).

Work on your foundation if you want your life, practice, and ministry to weather the storms. You notice in this story that both the wise and foolish builders heard the words of Jesus. The only difference is the wise builder lived out the teachings of Jesus and made it through the storm. The foolish builder heard the words

of Jesus but did nothing with them and “fell with a great crash.”

Jesus reminds us that we are called to be His followers, not just listeners. We need to stop asking, “What would Jesus do?” and start asking, “What *did* Jesus say?” and “What *did* Jesus do?” Those are better questions. The teachings of Jesus and the Spirit of God in us are like an athlete's muscle memory. When called to act at a moment's notice, we can make the right choice because we are ready.

Whenever I hear someone say, “I want to hear from God on this,” I think to myself, “When was the last time they opened and spent some serious time reading their Bible?” If you want to hear from God, open your Bible. Spend some time there. Let God teach, rebuke, correct, and train you.

Leading, counseling, and coaching require us to make gut-wrenching decisions. I get it. Let's make the right decisions even when they are difficult. Let's make decisions that honor God, His Word, and others. ✠



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Endnote

¹ McQuilkin, R. (1995). *An introduction to biblical ethics*. Wheaton, IL: Tyndale House Publishers, Inc.

Ethics: The Way of Living



Ethics... what are they? Anyone around me knows I like words and digging into their origins and use. “Ethics” comes from the Greek word *ethos*, which means “way of living.” We typically think of it as more specific, like a list of things that tell us what to do and not do. Our compliance enables us to have a license, get paid for our services, and be recognized as skilled in our field. We earn degrees, pass tests, maintain credit hours, and counsel and teach. Although those are good and important things to do, they are not a way of life. Our *way* of life as Christians is forged far more deeply and broadly,

shaping and nurturing who we are. This way of life is broader than simply governing our treatment of clients. Ethics also entails treating our colleagues with civility and kindness even when their views differ from our own. It is the way of our Lord.

We follow the One who tells us He *is* our way. He does not just know it... He does not just point to it... He *is* “It.” In essence, ethics are an offshoot of “The Way.” For eternity, the One who is *the way* has certainly called us to be ethical. That means that the way we run our professional lives, handle money, and care for wounded humans made in His image should all leave the imprint of Christ’s

character. He is the way to *live*. He is the way to *relate*. He is the way to *confront*. He is the way to *weep*.

Christ is also the truth. For us, that does not just mean our words are to speak the truth. It also means our character speaks truth and lives out the character of our Lord in the flesh. We hear much about people in power harming those who come to them for help and care. They are feeding off the lambs. Truth is covered up. The way of life our Lord has called us to has been trampled.

Our Lord also tells us He *is* the life, and life resembling His bears fruit. He is not seeking riches, fame, or a prominent position.

May we never forget the highest authority is not the institution under which we serve. Our highest authority is the moral standards of a holy God, and He has said we are *never* to cause a little one to stumble—by word, deed, or complicity.

He is pursuing the least of these. Christlikeness is what ethics look like. That likeness runs far deeper and broader than the ethical standards we are called to follow and should indeed obey.

You and I, who work in a profession that touches the brokenhearted, the least of these, the trampled and tossed-aside, have the great privilege of following in the steps of our Lord. We are children of the Most High God who bent down for the least of these. He gathered the little ones who were utterly safe in His presence. We, who have been safe in God's presence, are to live lives governed by Him. We are not to be governed by riches, status, politics, or fame. He was not.

Christ is to be our way of life... our ethic. Our lives and work are to spread His fragrance. He has privileged us to care for His sheep. We are His undershepherds. Do you know what that means? It means you and I are lower-ranking shepherds who work under another shepherd. Are our licenses, our ethical standards, another shepherd under whom we should operate? Yes, indeed they are, but they are not the Great Shepherd.

The Good and Great Shepherd would have us consecrate ourselves to Him in our work and do so as He did with the Father. When Isaiah writes about the servant of God consecrating him/herself, he uses two words to declare the method

of that consecration (Isaiah 50:4, NIV). He says God has given a "well-instructed" tongue to those who "sustain the weary." What a needed gift for those in the counseling field! The second gift is that the Lord God opened his ear "to listen like one being instructed." We could not help if we did not listen to both the suffering one and our God. So, God makes His servant ready to listen *and* hear. When Isaiah speaks of this, he is referring first and foremost to our Lord. He was the servant of God. We are the underservants.

The last thing Isaiah attributes to the servant of God is courage. Our High Servant had a ministry met with opposition. In a ministry amid opposition, it means there is a conflict with the adversary. We see that with many people—courage is needed by God's servants and those struggling. God's ultimate servant, our Lord Christ, walked the path of obedience, the path of suffering, and ultimately the path of triumph. May we, His children who care for others, follow behind Him, bearing His image and covering our ethics and perpetual way of living. May we never forget the highest authority is not the institution under which we serve. Our highest authority is the moral standards of a holy God, and He has said we are *never* to cause a little one to stumble—by word, deed, or complicity. We are all His little

ones, and His care for us is our standard rooted in God's character. It is never solely found in the regulations of some human institution, which at best is a bare glimmer of that beautiful character. He, and nothing less, is our ethic.

Conclusion

This "Looking Inward" column will be my final for *Christian Counseling Today* magazine. It has been my great privilege to belong to a body of Christian mental health professionals with whom I have shared my faith and the wisdom our God and my clients have graced me with over 50 years in clinical practice. At this stage, I feel the need to conserve my energies and devote my time to endeavors that have captured my heart. I hope each of you will enjoy a fulfilling and blessed career where the character of our Lord is demonstrated. ✠



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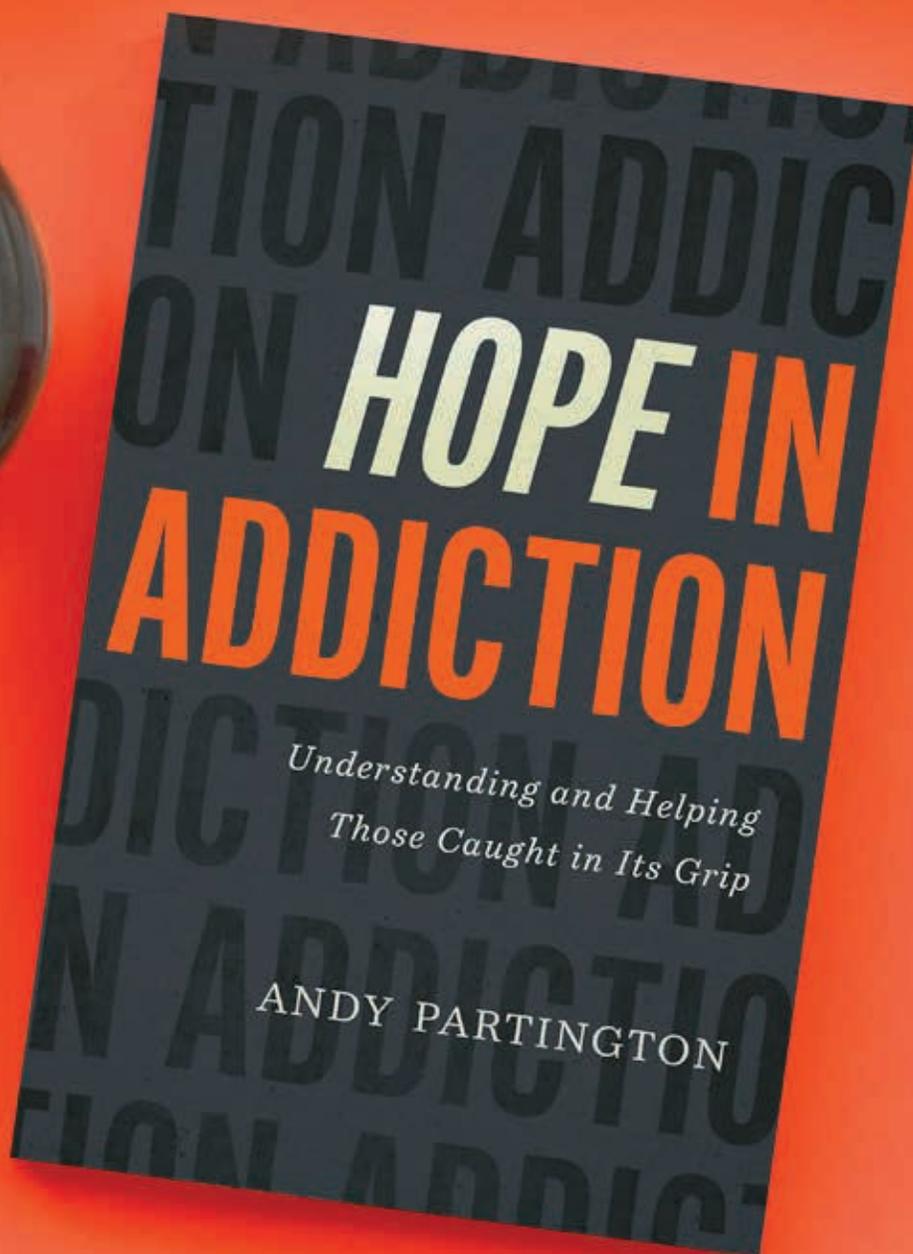
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Knowing Goodness and Love by Acquaintance



Do you have a favorite Gospel account, chapter, or verse of Scripture? I certainly do. The Gospel writer I most admire is John. If the purpose of the Synoptics is to teach readers how to play chess by describing the highlight reel of the moves of the best player in the universe, then John takes things a bit further, light-years further. He boldly claims that the game previously described was actually being played in Three Dimensions—maybe even 12—the whole time, and what it all means. You have to like that.

Not surprisingly, my favorite chapter is from John's Gospel, chapter 17. That's where you find the high-priestly prayer of Jesus. He offers this beautiful and loving consecration right after delivering the commencement address to His students in chapters 13 to 16. And it is all about abiding in love—both the address and the prayer.

My favorite verse? Also, easy: John 17:3 (GW)—the only place Jesus defines eternal life. *"This is eternal life: to know you, the only true God, and Jesus Christ, whom you sent."* We have not been formally introduced to the Holy Spirit just yet, but it seems fair to say that accepting the gift of eternal life involves *knowing* the Trinity. But what does *"to know"* mean here? This seems like a particularly important question to me. And, I suspect this is where the game of earth life gets all 12-dimensional. However, before explaining that strange statement, let me tell you a story.

Once upon a modern time, a young man decided he needed a job. It was the year between high school and the rest of his life, and he had no car and no girlfriend. His motivation was very high. It just so happened that the entrance to a large, recently built



winery was only a few hundred yards from his front door—within walking distance. Perhaps they are looking for workers in the vineyard or gift shop, he thought to himself. That evening, he ratcheted up his courage and asked his parents if they would object to him applying for a job at the winery. It was a fair question. After all, he had heard them softly grumble every time they drove past the entrance. “Why did our neighbors sell their farm? They should have known the new owner would turn it into a place selling sin in a bottle.”

After much pleading and many assurances that he would not sample the products, they finally relented and let him apply. When a job in the gift shop opened up, they begrudgingly offered their approval after repeating their one condition. “Do not drink any wine!”

On several afternoons each week for the next couple of years, the young man could be found in the winery’s gift shop. While faithful to his promise, he did learn a lot about wine. It was not long before he could identify the low-end from the

high-end products from their labels. He learned to recognize various types of wine from the colors and hues poured from the bottles at the tasting counter. And, while washing the glasses, he discovered a few additional secrets about wine that are only told by the specks of residue on the bottom of some of the glasses and the long “legs” clinging to the sides of others. He was learning a great deal about wine through his eyes alone.

The young man liked his job, and he was good at it. Eventually, he was offered a promotion. The new position involved being an assistant in the tasting room, where he would pour wine and interact with customers at the various stations. He was even told that he *might* be able to do this new job while keeping his promise to his parents if he would spend enough time reading about the many different types of wine before starting. For many months, he read everything he could find about the characteristics of wine. And he asked lots of questions. Finally, he began applying this new knowledge as he poured tiny tastes into glasses and listened to the

established employees as they talked with customers.

Surprisingly, he found that he could converse with clarity and conviction about whether a wine was dry or sweet or had high or low acidity, tannins, and alcohol content. He could even wax eloquently about how all of those factors worked together to produce what would be described as a “light,” “medium,” or “full” bodied wine. Eventually, he had read enough to be able to tell you about various regions of the world known for excellent climates needed for producing certain types of grapes. He knew how the timing of the removal of grape skins produces different effects known as rosé or blush. And you wouldn’t want to get him started on the best food pairings for each type of wine unless you had at least 30 minutes to invest.

He had filled his head with the knowledge of wine without one drop entering his body. After about four years of part-time work at the winery, the young man completed his business degree and decided he would like to work full-time for his employer as

It is the knowledge of intimate interaction that leads to eternal living, here and now, then and forever.

an enologist. At least that is the word he used with his parents. He thought using that term might be easier for them to swallow than “winemaker.” So, he became apprenticed to the vineyard’s head winemaker for the next few years. He shadowed the elderly expert everywhere he went. From him, he began to learn about planting, pruning, extraction, and storage, and his knowledge of wine expanded exponentially. He gained firsthand knowledge about optimum ripeness, proper harvesting of grapes, moisture monitoring, and diagnosing disease.

The young apprentice’s knowledge of wine had progressed from what could be learned by simply seeing (*oida*) to knowledge acquired through reading, reason, and propositions (*gnosis*). But as the winemaker’s apprentice, he had begun the process of knowing by acquaintance. However, there remained an essential level of familiarity with wine he had never experienced—which would prevent him from ever passing his final examination. He still had not experienced the type of knowledge gained only by intimate interaction—knowledge through acquaintance.

And that is precisely the type of *knowing* Jesus was referring to in John 17:3 (“ginosko”). It is knowing (“ginosko-ing”) the Trinity through the most transparent and intimate interactions; it is taking in and digesting the actual life and spirit of Jesus. This is the type of knowledge where to pray is to be a theologian, and to be a theologian is to pray. It is the knowledge of intimate interaction that leads to eternal living, here and now, then and forever.

To “ginosko” goes far beyond knowing by sight. It cannot be obtained by reading, reasoning, or arguing about off-center theological points and propositions. In fact, all theological points not concerned

with the two supreme commandments of love are off-center. To “ginosko” the Trinity means that a person is learning to be with Jesus in everyday life to acquire knowledge from Him so that he or she can become like Him. This knowledge progresses to a slow, savoring ingestion of the Trinity’s life, light, and energies until one can truly say of their dear friend, “I no longer live, but you are living in and through me.”

To underscore (and use an example my holiness parents would have more readily approved), an academician can describe and write about a peach after reading, researching, and examining little bits of it under a microscope. However, it is the small child beaming with delight as peach juice slides down her face who has the “ginosko” experience of the sweetness and flavor of the fruit. And she is the one who knows how satisfying it is to have it in the center of her body and being.

You may be wondering how this relates to the theme of this issue of *CCT* on ethics. The *only* pathway to eternal living is also the *best* course for professional ethics. Knowing integrity by sight, reading, and reason is not good enough. Mental health professionals must be on a journey of *knowing* the goodness and love of the Trinity through intimate acquaintance. ✦

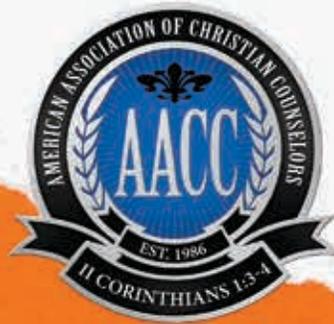


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Clinical Pearls of Wisdom and Practice: Part Two



In medical education, a clinical pearl is a nugget of practical information that better informs patient and practitioner care. It has been the aim of this column to provide such practical clinical wisdom for applied mental health practice. The following is the second of a two-part series sampling clinical pearls from two decades of writing this column.

Weight Gain

Medications may cause weight gain by increasing appetite, retaining fluids, or slowing metabolic burning of calories. Appetite increases can be remedied by eating smaller portions

(200-300 calories) five times a day. Fluid retention is reduced by controlling sodium (salt) intake. Most people need less than 2,300 mg of sodium per day. One fast food meal can easily have 1,500 mg of sodium. Learn to read menus for salt content, not just calories.

Calorie burning is an exercise issue. Aerobic exercise alone will only increase calorie burning for a few hours. A mixture of aerobic and resistance exercises is far more efficient in raising and maintaining calorie burning for extended periods. Resistance exercises involve fitness machines, resistance bands, or free weights. Free weights should be used under supervision for

the novice user to avoid injury. A basic diet tip is to avoid consuming calories by drinking water as your primary beverage. Aim for a colorful plate of fruits and vegetables when making food choices to reduce empty calories that are difficult to burn.

Vision

Many medications can cause vision changes, especially when reading. Do not get a new prescription for expensive eyeglasses if you have vision changes after starting a medication you will not be on for long. Instead, get a cheap pair of prescription glasses or over-the-counter reading glasses for a brief treatment.

Genetic Testing

Genetic testing best predicts how the liver will metabolize and empty medications from the body. This analysis yields valuable information on the dosage of drugs that should be used. If the person is eliminating medication slowly, a lower dosage will be needed to avoid high blood accumulation of the medicine. If eliminated in a rapid/fast manner, a higher dosage will be required. Patients should keep a photo of their “pharmacokinetic genes” report on their phones to show all their doctors, as these variables apply to all meds—not just psychiatric ones. A useful genetic predictor of response to medication is the family history. If several close relatives with the same diagnosis responded to a particular drug, then “play the genetic card” and consider that medication for the current patient.

In Case of Emergency

It is vital to have a mechanism to alert emergency staff to your medications if you are unconscious. Phone apps like Apple Health are designed to store this information in a manner that does not require a password to access. A medical I.D. necklace or bracelet is another strategy for specifying drug allergies and critical interactions in emergencies. A low-tech remedy is writing medications, allergies, next of kin, and doctors’ phone numbers on a card and storing it in a wallet or purse.

Coming Off Medications

There is a time when it is appropriate to come off medications and do a “drug vacation” to see if they are still needed. This process should be done gradually, one drug at a time. Depending on how long the patient has been on the medication, it may take weeks to months to taper off slowly. Coming off too quickly can trigger discontinuation reactions that

can look like a relapse—when it is not. The goal is to come off medications properly and let your body adjust—which can take several weeks after taking the last dosage. At that point, your body will vote to stay off or return to taking medication by showing certain symptoms. When deciding to go off medication, both doctor and patient must discuss what the signs of a relapse will and will not look like. There should be clear indicators for when the patient should contact the prescriber regarding potential relapses. Finally, coming off medications should be done to maximize the other variables that will promote a good outcome, such as diet, sleep, exercise, safe relationships, stress management, psychotherapy, and spiritual disciplines.

Storing and Disposing of Medications

Store controlled medications in a safe to avoid use or diversion by relatives in your household. *Never* dispose of drugs down the toilet or sink, as they can enter the local water supply. Empty the medication in the kitchen trash and mark out any identifying information on the bottle’s label before it is discarded.

Weather

Many medications will have heat and sun sensitivities as potential side effects in hot weather. It is essential to drink more water in hot weather; however, avoid caffeinated or alcoholic beverages as they will promote more urination and dehydration. The color of your urine will indicate if you are adequately hydrated. A light lemonade color is preferred, and dark yellow indicates less adequate hydration. A sunscreen with at least a 30 SPF strength is vital for skin protection from the sun, especially when around water, which reflects additional sun onto your skin.

When deciding to go off medication, both doctor and patient must discuss what the signs of a relapse will and will not look like. There should be clear indicators for when the patient should contact the prescriber regarding potential relapses.



Seasonality

Many patients routinely get more depressed in the winter. Psychological variables related to losing a loved one or a conflict with a relative are more intense during the “family holidays” of Thanksgiving and Christmas. Winter depression may reflect diagnostic issues as patients with bipolar disorder are more prone during this season. The decrease in the intensity of sunlight in the winter can promote Vitamin D deficiency. It can be demonstrated by a blood test and remedied by taking over-the-counter or prescription-strength Vitamin D—depending on the severity of the deficiency in lab testing. Full-spectrum sun boxes with ultraviolet (UV) light protection are another remedy for seasonal depression.

Travel

Keep medications in their bottles while traveling for easy identification. This advice is especially applicable for international travel, where customs officials can throw away unidentified drugs before allowing entry to the country. Do not place all your medications in checked bags. Place half in your carry-on in case your luggage is delayed and half in your

checked bag if your carry-on is stolen. To minimize jet lag, eat before boarding a long flight across multiple time zones. Be careful to get sleep on these types of flights when they dim the cabin lights. If you will be in another country for an extended period, check with the U.S. Embassy in that particular country about available medical services. Some patients take medications to reduce their fear of flying. Do not take these medications until after clearing the security line, as they can make you drowsy and act in a manner that draws the attention of security personnel. Never change to a new medication just before traveling out of the country. Allergic reactions or side effects can be disruptive and difficult to manage in another country.

Stigma

Many people define themselves by their diagnoses (e.g., “I am bipolar”). Please note that psychiatric diagnoses are adjectives, not nouns. They describe something a patient has, like the color of their hair, not their character. However, untreated psychiatric illness can cause behavioral changes that will tempt patients and others to change their definitions of the individual. Seeking treatment is not about

losing who you are on medication. Instead, it is about finding your true self without the distortions of untreated psychiatric illness.

Attitude

Many patients have mixed feelings about having a good response to a medication. On the one hand, they are happy to feel better but, on the other, sad that something was “wrong enough” with them to need medication. My response is to be grateful that they have a well-tolerated treatment that works. Many people suffer alone without access to treatment options that are well-tolerated and effective. Finding any medical treatment that works safely and effectively for a medical condition is a privilege and blessing. There is a time for lamenting when one must take medicine, but it also must be balanced with gratitude and thanksgiving for the opportunity to get well. ✦

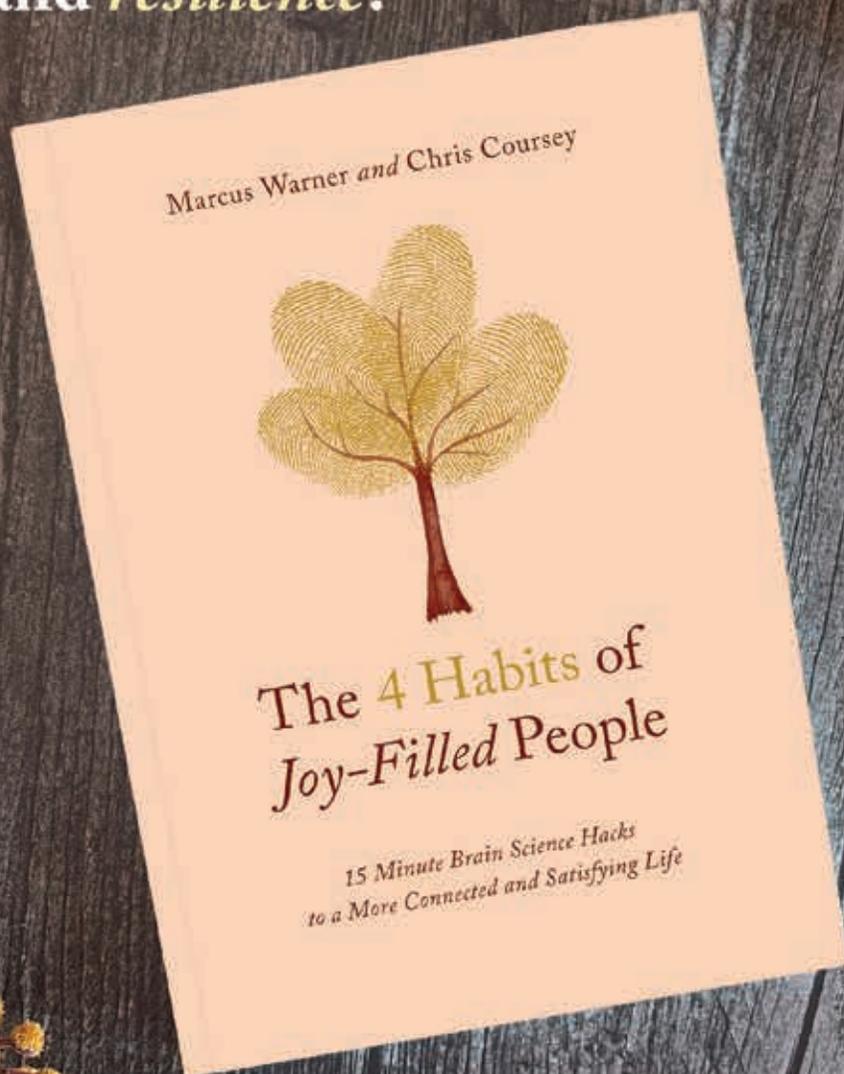


MICHAEL R. LYLES, M.D., is a board-certified psychiatrist and has a private practice with Lyles & Crawford Clinical Consulting in Roswell, Georgia.

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Understanding the Relationship Between Law and Ethics to Avoid Pitfalls



An average American has enough knowledge of laws to avoid trouble. Therapists and other licensed professionals are typically required to abide by both laws and professional ethical codes. Members of such occupations are under heightened scrutiny regarding being ethical. As a result, therapists must be mindful of abiding by the professional ethics codes to the extent that they do not conflict with their faith.¹

The Close Relationship between Ethics and Laws

Ethics can be both biblical (or other faith) principles and/or standards adopted by a profession. Mental health professionals, attorneys, and physicians are all governed by a code of ethics.

Laws can be viewed as *codified ethics*, which are deemed so important

by the state or federal government that they have attached civil and/or criminal penalties when these rules are violated. *Ethics* can inform decision-makers in *lawsuits and complaints* to licensing or other authoritative bodies, which may result in penalties and pitfalls for careless therapists.

Laws can be *criminal* or *civil*. *Criminal laws* typically are associated with a penalty imposed by the *government*—such as a fine or prison sentence—and require a higher burden of proof: guilt beyond a “reasonable doubt.”² *Civil laws* (often known as “*torts*”) typically give a *private party* the right to seek restitution (known as “damages”) through monetary compensation. Torts are litigated in civil courts, with a lower burden of proof: “Preponderance of the evidence,” which requires only a greater than 50% certainty.

One study evaluated the 30 most

common ethical violations committed by licensed professional counselors (LPCs), ranging from failure to complete Continuing Education (CE) requirements to more serious violations such as submitting fraudulent clinical information and reports. The three most common violations were failure to meet CE requirements, dual relationships, and unprofessional conduct. The study also surveyed 29 penalties for the violations, which ranged from mandatory CEs to license revocation.³

In addition to sanctions, LPCs must face the risk of civil lawsuits from clients, known as “liability.” *Liability* refers to situations where a person/entity may have a “private right of action” against another person/entity. Four conditions must be met to prove liability, and courts often rely on codes of ethics in evaluating each condition.⁴

A common pitfall is to fail to maintain enough coverage or notify your insurance provider as soon as you believe a claim may be filed against you.

1. Duty: Was a *duty* owed by the counselor to the client/third party? Here, LPCs will almost always have a duty to clients and former clients.⁵

2. Breach: Was the duty owed *breached*? To establish a breach, the plaintiff (person suing) must demonstrate that the defendant (person being sued) has violated the duty owed to them. For example, if an LPC negligently misdiagnoses a client, then that LPC may have breached his/her duty to properly diagnose the client.⁶

3. Causation: Is there a sufficient legal *causal connection* between the breach of duty and the client's injury?⁷ In cases involving LPCs, plaintiffs will typically need to demonstrate that the negative result of the alleged breach was *foreseeable* and the LPC took proper *precautions*. One example would be cases where clients commit suicide. If an LPC properly foresaw that a client would attempt suicide and took the appropriate precautions to prevent that action, then he/she will have a good defense for this condition.⁸

4. Damages: Was an injury or *damage* suffered by the client? Even if the three previous elements are met, the client must suffer injury or damages to have a case against the LPC. However, if the client suffered no damages, the LPC could still be sanctioned by his/her licensing board for violations of the ethics code.

Mitigating Risk and Avoiding Pitfalls

While the prospect of being sanctioned by a licensing board or being subjected to a civil lawsuit may be terrifying for many LPCs, there are certain recommendations every LPC should consider to mitigate risk and avoid common pitfalls.

1. To the extent possible, abide by the codes of ethics of your licensing board. Of course, this does not mean that you should feel compelled to engage in any practice that violates your religious beliefs and/or conscience (e.g., providing premarital counseling to a homosexual couple or providing a referral for abortion). Suppose you face a situation where you have a moral conflict with an ethical code. In that case, it is crucial that you consult with people or a group knowledgeable in defending those in your situation. Good options include the **Alliance Defending Freedom**⁹ and **Liberty Counsel**¹⁰ for advice and support.

2. Use clear language in your intake forms to help prevent accusations of ethical violations before they arise. This is particularly helpful in situations more prone to confusion, such as dual relationships and/or confidentiality exceptions. For help with adopting proper language, speaking with a knowledgeable attorney in your jurisdiction is beneficial.

3. Keep up to date on your CEs. Not only will this mitigate violations of the most common ethical infringements brought before ethics boards, but you will also be up to date on the changes to the ethics code and laws.

4. Carefully document decisions in your case notes. Courts often defer to the discretion of licensed professionals. However, they can only do so if they have documentation of the decisions of the professional and the professional properly evaluates the situation. A common pitfall is to rush to complete your case notes and leave out the necessary information.

5. Maintain sufficient malpractice insurance. Human error happens even with the best intentions,

and we live in a litigious society. The best protection against a costly lawsuit is maintaining proper insurance. At least in the case of psychiatrists, mental health professionals are often subject to lawsuits. Forty-one percent of psychiatrists report having been sued for malpractice at least once.¹¹ A common pitfall is to fail to maintain enough coverage or notify your insurance provider as soon as you believe a claim may be filed against you. To determine the appropriate amount of coverage needed for your practice, speak with a licensed insurance agent specializing in malpractice insurance.

Of course, there is never a 100% guarantee of escaping litigation, but adopting these practices and understanding how ethical codes impact laws and liability will help therapists avoid costly lawsuits. ✦

The information contained in this column is provided for educational purposes only. Nothing in this column should be construed as legal advice, and readers should seek advice from a qualified attorney within their jurisdiction for concerns/questions on specific matters. The law varies from jurisdiction to jurisdiction.

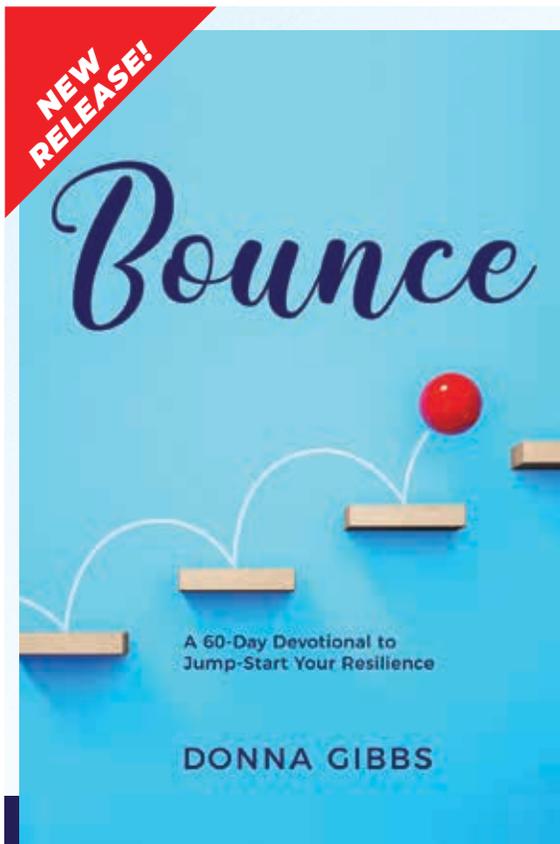


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Endnotes

- 1 See *Ward v. Polite*, <https://adflegal.org/case/ward-v-polite>, and *Stipulated Order of Dismissal*, <https://drupal-files-delivery.s3.amazonaws.com/public/2021-12/Ward-v-Polite-2012-12-10-Dismissal-Order.pdf> (accessed 22 Sept. 2023).
- 2 Legal Information Institute. (n.d.). Cornell Law School. *Beyond a Reasonable Doubt*. Available at: https://www.law.cornell.edu/wex/beyond_a_reasonable_doubt#:~:text=This%20means%20that%20the%20prosecution,to%20render%20a%20guilty%20verdict (accessed 22 Sept. 2023).
- 3 Ahia, C.E., & Boccone, P.J., Licensure board actions against professional counselors: Implications for counselor training and practice. (n.d.). ACA Knowledge Center. Available at: https://www.counseling.org/docs/default-source/vistas/article_396bce2bf16116603abcacff0000bee5e7.pdf?sfvrsn%A0=%A0f5d84b2c_4 (accessed 22 Sept. 2023).
- 4 Legal Information Institute. (n.d.) Cornell Law School. *Negligence*. Available at: <https://www.law.cornell.edu/wex/negligence> (accessed 22 Sept. 2023).
- 5 Legal Information Institute. (n.d.) Cornell Law School.
- 6 Legal Information Institute. (n.d.) Cornell Law School.
- 7 Legal Information Institute. (n.d.) Cornell Law School.
- 8 Pinals, D.A. (2019). Liability and Patient Suicide. *Focus (American Psychiatric Publishing)*, 17(4), 349-354. Published online 2019 Nov 6. doi: 10.1176/appi.focus.20190023 (accessed 22 Sept. 2023).
- 9 Alliance Defending Freedom can be reached at: <https://adflegal.org/contact-us>.
- 10 Liberty Counsel can be reached at: <https://lc.org/legal-help>.
- 11 Brooks, M. (2020, January 28). *Large percentage of psychiatrists sued for malpractice at least once*. Medscape. Available at: https://www.medscape.com/viewarticle/924388?0=reg=1#vp_1 (accessed 22 Sept. 2023).



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Make the Rules, Break the Rules



“When the righteous are in authority, the people rejoice; but when the wicked rule, the people mourn.”

– Proverbs 29:2, KJ21

“And masters, treat your slaves in the same way. Do not threaten them, since you know that he who is both their Master and yours is in heaven, and there is no favoritism with him.”

– Ephesians 6:9, NIV

The concept of ethics has been defined as moral principles that govern a person’s behavior or the conduct of an activity. Acting ethically certainly applies to all Christians, but I believe Christian leaders can be uniquely challenged in this area. Why? Because they are, by definition, leaders. From a position of power, leaders are those in charge of determining, establishing, and enforcing rules for those who follow. This power can be heady stuff, creating a tempting illusion of a two-tiered system, with the leader at the top and followers below. In such a scenario, what is good for the goose

does not necessarily apply to the gander. In short, I have found that those who make the rules can be the most tempted to break the rules.

Some break the rules outright, and when caught, we have all seen the headlines. But what happens in an organization when the one who makes the rules breaks the rules, and there’s no real reckoning? What happens when an organization operates under that two-tiered system of disparate outcomes, where followers are punished, and leaders get off?

When a leader who makes the rules breaks the rules routinely, there are enormous pitfalls. The cohesive structure of the organization erodes.

When Christian rule-makers become public rule-breakers, their testimony to the world is eviscerated.

Those under the leader begin to think, *why should I follow the rules?* Instead of working together as a team, each person begins to focus and act in their own self-interest to the organization's detriment. Morale plummets, productivity tanks, while pessimism and negativity soar. Proverbs 29:2 depicts this circumstance correctly when it says that ethical leaders create a celebration, while unethical leaders create a catastrophe.

Breaking the rules is not always immediately apparent. The one who makes the rules knows the rules inside and out. The one who makes the rules is often in the best position to modify, excuse, or disregard them in the most creative and subversive ways. After all, who will know? Who is accountable to whom? The erosion caused by this two-tiered system can create subtle damage over time. Key people leave, followers are disillusioned, and resentment builds.

When Christian rule-makers become public rule-breakers, their testimony to the world is eviscerated. Fellow believers cringe and are ashamed and apologetic. Non-believers crow and point to the "obvious" hypocrisy of those they believe practice, *"Do what I say, not what I do."* In the heart of the rule-maker/rule-breaker, there can be a crisis of faith. King David, when confronted by the prophet, Nathan, for his rule-breaking, lamented in Psalm 51, *"For I know my transgressions, and my sin is always before me"* (v. 3, NIV). A rule-maker/rule-breaker is double-minded, and James 1:8 (NIV) says such a person is *"unstable in all they do."* This instability wrecks lives, families, and businesses.

So, how can Christian leaders be aware of and confront ethical challenges, pitfalls, and concerns? How

can rule-makers fortify themselves against becoming rule-breakers?

- **Write down the rule.** When a rule is written, it is open to less subjective interpretation. People can go back and read it over again. Having the rule in "black-and-white" can grant it authority beyond whoever wrote it. Unwritten rules are the easiest to misinterpret, misuse, and outright break.

- **Know the reason for the rule.** The most effective rules come with an underlying reason or rationale. This reason should remain at the forefront, or the rule becomes meaningless. Meaningless rules are easier to dismiss or disregard.

- **Avoid establishing unrealistic and unworkable rules.** If a rule is, at the onset, unrealistic and unworkable, it will be ignored by those who follow. If followers are expected to adhere to unworkable rules while leaders ignore legitimate rules, the organizational erosion will be magnified.

- **Submit yourself to the authority of the rule.** Accept the authority of the rule exists outside of yourself, and you are not automatically an exception to the rule.

- **Accept your visibility where the rule is concerned.** Scripture is quite specific that deeds in the dark will be exposed, so do not assume others are not watching how you handle the rules. And even if others are not watching, there is One who is (Luke 12:2).

- **When in doubt (or temptation), reference the rule.** If you doubt or are tempted to circumvent the rule, remind yourself why it was established in the first place. What positive outcome does the rule strengthen? What negative outcome

will happen if you break the rule?

- **Remember, there is only one Rule Maker.** Ultimately, the rules of this world—be they physical or relational, cosmic or ethical—derive from the Master in heaven, as the Apostle Paul reminds us in Ephesians. God did not, nor does He, accept a two-tiered system of rules. On the contrary, He is so true to the rules He established about sin, forgiveness, and redemption that He offered up Jesus (Romans 6:23).

No leader is perfect, which means there will be times when, as a rule-maker, you will become a rule-breaker. What do you do then? Essentially, the answer is what you learned as a child—take responsibility for your actions, ask forgiveness wherever appropriate, and commit to doing better. And I would add, be aware of how you were tempted to break the rule and work to close that door. If you do not, it will become an open pathway to temptation in the future. Yes, we all make mistakes and show poor judgment, but as they say, *"forewarned is forearmed."* You could even make that a personal rule—do not be fooled by the same thing twice. ✦



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Reducing Ethical Violations, Enhancing Competency in Spirituality, and Promoting Cultural Humility



Today's mental health field exhibits the tensions seen in our polarized society. In this edition of Research Digest, we examine the ethical violation of microaggressions against religious clients, the call to enhance spiritual competencies among therapists, and the need for cultural humility to navigate controversies in the profession.

Reducing Ethical Violations Against Religious Clients

Trusty, W.T., Swift, J.K., Black, S.W., Dimmick, A.A., & Penix, E.A. (2022). Religious microaggressions in psychotherapy: A mixed methods examination of client perspectives. *Psychotherapy, 59*(3), 351-362. <https://doi.org/10.1037/pst0000408>.

Each mental health profession has

an ethics code that includes religious sensitivity. However, some clients complain of harmful experiences regarding how religion was handled in therapy. These experiences are tantamount to microaggressions described in other domains of multicultural literature. Microaggression harms the working alliance and results in poorer treatment outcomes for clients of many identities (e.g., ethnic minorities). Trusty and his colleagues wanted to examine the frequency of religious microaggressions in treatment and how they impact therapy.

The researchers' survey included just under 400 current or former therapy clients attending a Midwest university. The majority were Christian, female, and white and had experienced individual therapy.

Over one-third (39%) endorsed experiencing at least one religious microaggression in therapy. Participants reported that the therapeutic relationship and treatment outcome were damaged as a result.

Open-ended questions delved further into the participants' experiences. Seven themes were identified. The most prominent theme centered on therapists minimizing or avoiding religious topics or concerns in therapy (35%). The second and third most common microaggressions concerned clinicians making religiously stereotyped assumptions about the client (32%) and pathologizing the client's faith (30%). Less prominent themes involved "unhelpful/inappropriate interventions, pressure to embrace religion, prioritization of therapist's religious beliefs, and lack of expertise"



(p. 351). Limitations consistent with survey design research exist in the study. Nevertheless, the results highlight the importance of therapists developing spiritual competencies as a component of ethical care.

Enhancing Competency in Spirituality

Currier, J.M., Fox, J., Vieten, C., Pearce, M., & Oxhandler, H.K. (2023). Enhancing competencies for the ethical integration of religion and spirituality in psychological services. *Psychological Services, 20*(1), 40-50.

Mental health professionals often lack competency in addressing religious and spiritual (R/S) facets of their

clients' lives. In their examination of the literature, Currier and colleagues note that those wanting to develop competency in this area face significant systemic barriers. For example, most mental health training programs do not incorporate R/S factors adequately in their coursework and internship training. It is difficult for developing therapists to gain competency when an area is not sufficiently addressed in their programs. Further, spiritual competencies are in a developing phase in most mental health professions. The lack of consensus about such competencies limits clinicians' ability to confidently assess whether they are integrating such factors ethically in treatment. Finally,

the authors observe little research on R/S competencies exists in the field. "Research has not established a scientific basis for training in R/S competencies for graduate and post-graduate programs" (p. 48). The lack of sufficient empirical investigation on R/S competencies makes the assessment of how much curricular content should be devoted to this area difficult for professional programs.

In response to these barriers, the authors recently received a significant grant from the John Templeton Foundation to increase research in R/S competencies in four mental health professions (counseling, clinical psychology, marriage and family therapy, and social work). The research program will explore faculty views on R/S aspects of clinical care. It will seek to enhance training methods in graduate and doctoral training. Finally, it will pursue promoting systemic change in how R/S issues are assessed and treated in mental healthcare.

Promoting Cultural Humility in the Mental Health Profession

Davis, E.B., Plante, T.G., Grey, M.J., Kim, C.L., Freeman-Coppadge, D., Lefevor, G.T., Paulez, J.A., Giwa, S., Lasser, J., Stratton, S.P., Deneke, E., & Glowiak, K.J. (2021). The role of civility and cultural humility in navigating controversial areas in psychology. *Spirituality in Clinical Practice, 8*(2), 79-97.

The mental health field has substantially different viewpoints about the intersection of spirituality/religion and sexuality/gender. Sadly, the field "... has often engaged in divisive and uncivil dialogue, as people with diverse perspectives have criticized, derogated, or even demonized one another" (p. 79). In response to these challenges, Davis and colleagues argue that applying principles of civility and cultural humility can

shape the mental health field's dialog to become more mutually respectful, promoting "... effective multicultural training and clinical practice" (p. 80) within professionals with diverse opinions.

Civility focuses on interacting in a manner that includes politeness and respect for others. Cultural humility involves a learning, other-oriented perspective that contains respect and no sense of superiority when comparing one's culture to that of another person. The authors (from diverse perspectives themselves) recognize the promise and pitfalls of these constructs in navigating areas of tension noted at the intersection of religion/spirituality and sexuality/gender. Nevertheless, they propose a model integrating empathy, humility, and civility in the discourse. "Applying this approach requires taking others

seriously—and perhaps even treating others *sacredly*" (p. 92). This is especially important in areas of disagreement. The mental health profession can either feed the polarization in society or be a model for overcoming it. Research applying the authors' proposed model will be crucial to developing an empirically supported understanding of how to engage differences respectfully and productively.

Conclusion

This Research Digest has examined important ethical areas in the mental health field. Microaggressions are occurring against religious clients; however, the movement in our field to promote religious and spiritual competencies in clinical training contains a promise to reduce these occurrences. Further, the field

is increasingly recognizing the toxic influence of today's polarization on its ability to address controversial areas. The development of a model promoting empathy, humility, and civility as core foundations for handling these areas embraces promise to help the field move forward. ✦



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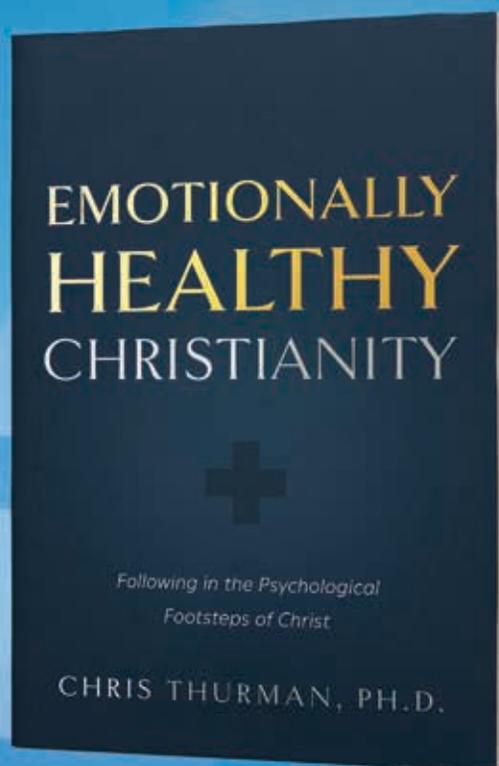
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Avoiding and Responding to Ethical Complaints and Lawsuits – Lynelle Buchanan

1. The first step to take if you receive an ethical complaint or lawsuit is
 - a. contact your malpractice insurance provider
 - b. call a lawyer for a consult
 - c. read the entire letter and calm your emotional responses
 - d. call a Christian legal defense firm

Ethics, Law, and Licensure: Changes and Challenges Facing Mental... – Rachel Rouleau

2. Pennsylvania counselors who refer clients based on conflict of values
 - a. are following the appropriate guidelines of the state board
 - b. could face disciplinary actions from the board
 - c. could have their license revoked
 - d. both b and c

Make the Rules, Break the Rules – Gregory L. Jantz

3. In the organization of the rule-maker/rule-breaker
 - a. there is a genuine concern for others
 - b. there is a two-tiered justice system
 - c. there is improved morale
 - d. the behavior is always immediately apparent

Managing Moral Differences and Distress in Clinical Practice – David King

4. Christian counselors must first remember that
 - a. their primary task is to follow current ethical standards
 - b. their primary identity/calling is that of a disciple
 - c. ethical practice is an evolving process
 - d. ethical practices should not involve disagreements

The Necessity of Christian Ethics in Counseling – Chuck Romig, Joe Cook, and Dawn Irons

5. Ideological orthodoxy and gatekeeping may result in
 - a. forms of enforced dogmatism by the "knowledge class"
 - b. the possibility of sanctions against Christian students
 - c. denying accreditation to programs that reject current ideologies
 - d. all of the above

Knowing Goodness and Love by Acquaintance – Gary W. Moon

6. The author says that to "ginosko" means
 - a. to go far beyond knowing by sight
 - b. to go far beyond the two supreme commandments
 - c. to acquire mystical knowledge experientially
 - d. all of the above

Sexual Boundary Violations in Counseling... – James Dalton and Mike Cravens

7. Which of the following is **NOT** true regarding sexual boundary violations in counseling?
 - a. most counselors who cross sexual boundaries with clients plan to do so in advance
 - b. typically, the errant counselor engages in sexual fantasies about the client
 - c. times of stress or dissatisfaction put counselors at higher risk for crossing sexual boundaries
 - d. unnecessary talk about sex, hugs, phone calls, and dinners out with clients is unwise and can lead to sexual violations

The Battle Within: Excellence in Documentation – Jonathan D. Durst

8. Which of the following is true regarding documentation in counseling?
 - a. documentation is forever tethered to the billing process
 - b. in most states, records are maintained for three years
 - c. having several days to process the session before writing notes can be helpful
 - d. counseling notes are not subject to being subpoenaed

The Ethics of Being a Christian Counselor – Ian F. Jones

9. A set of beliefs about the reality of human nature
 - a. is a form of naturalism
 - b. is the definition of a worldview
 - c. will generally not influence one's counseling
 - d. has little effect on what is regarded as truth

Top Ethical Concerns When Working with Children – Sherman D. Bucher, Jr.

10. The author notes the following regarding counseling children
 - a. parents/guardians have a right to be informed
 - b. counselors have a duty to warn when self-harm is an issue
 - c. in divorce situations, it is best that the child's therapy is not used to leverage custodial care
 - d. all of the above

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- Participants will:
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 2. Be able to articulate a more comprehensive understanding of this issue's core theme.
 3. Be able to integrate spirituality and faith-based constructs into the delivery of care.

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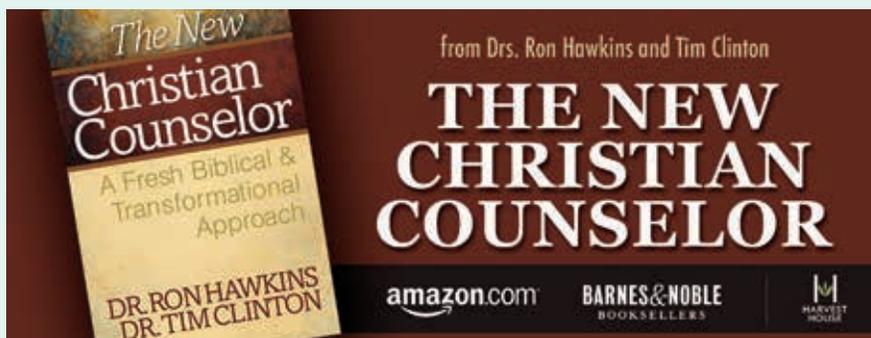
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Save the date! On June 22-29, 2024, we will set sail for a thrilling seven-day "Renew" Alaskan cruise in partnership with Inspiration Cruises & Tours. Join other mental health and ministry leaders to earn CEs, connect with other like-minded professionals, and enjoy some rest and relaxation on the incredible Holland America cruise liner.

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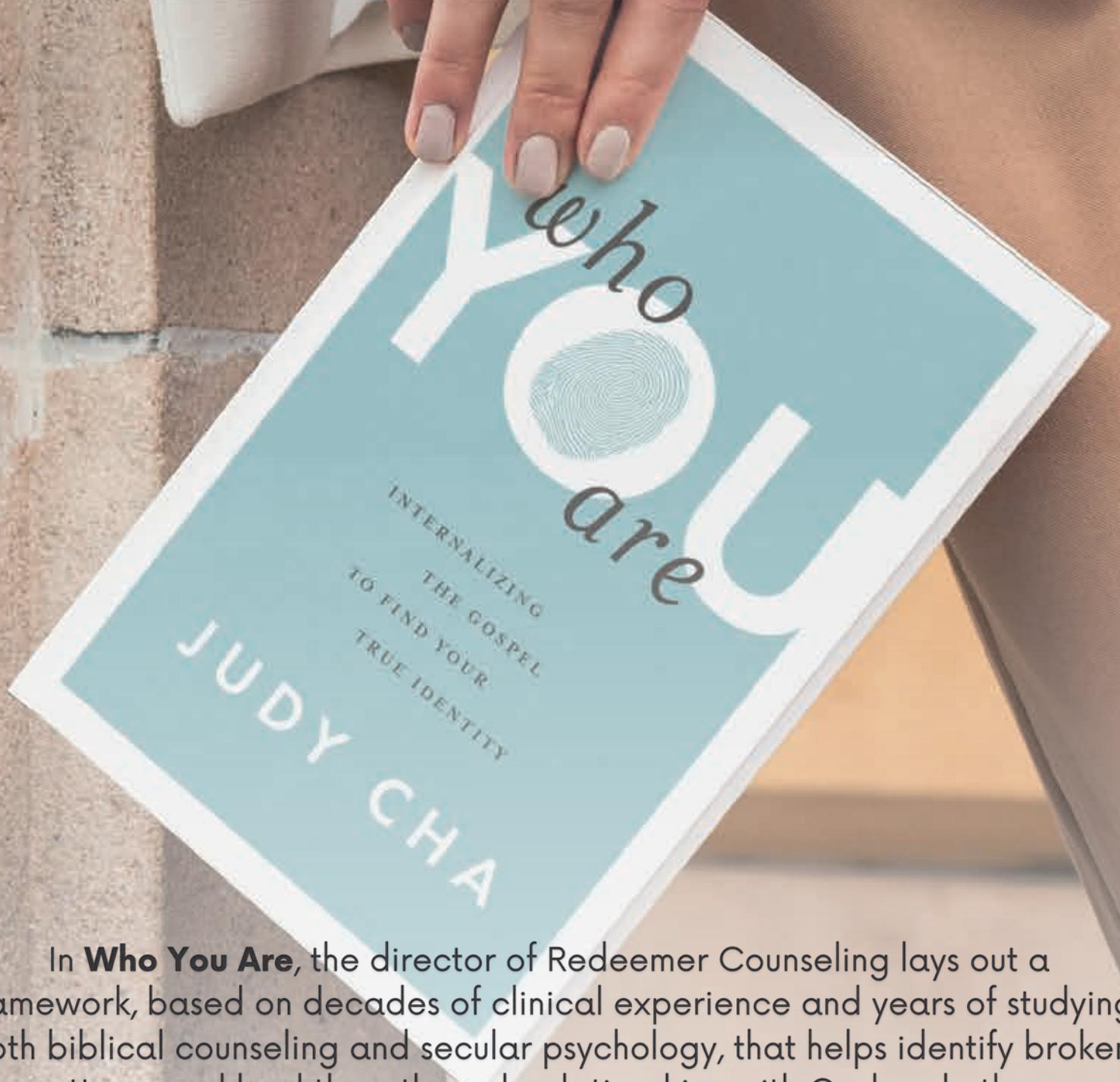



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