

## Accepting Fallibility: A Model for Personal Responsibility for Nonnegotiable Ethics Infractions

*Elizabeth Reynolds Welfel*

The profession's ethics standards require counselors to self-monitor their professional actions and take responsibility for misconduct. However, the professional literature has focused on preventing misconduct and on response to serious violations and has offered little guidance regarding the minor infractions that all professionals are vulnerable to committing during their careers. The author presents a 4-element model to guide counselors in ethically repairing damage when they recognize they have violated ethics codes or ethical principles in minor ways. The model uses the ethical principles that underlie the American Counseling Association's (1995) *Code of Ethics and Standards of Practice* and J. R. Rest's (1983, 1994) model of moral behavior as a foundation.

**E**thical standards require counselors to monitor their professional actions and to take responsibility for those actions, including those that are considered minor infractions. Consider the behavior and circumstances of the counselors in the following situations.

Thomas, a clinical counselor at a mental health agency, is highly regarded by colleagues and clients alike as a skilled, compassionate, and committed professional whose work focuses on adolescents with conduct and substance-abuse problems. Thomas's 15-year-old daughter was recently assaulted by a boy she knew from school; she successfully fought off his attempt to rape her but suffered two broken ribs and several other minor injuries. Needless to say, Thomas has been distraught about his daughter's victimization. He has found it difficult to concentrate during counseling sessions and has felt negative emotions toward his clients on many occasions. These emotions have ranged from a loss of empathy (a feeling that his clients were merely whining about trivial issues) to experiences of rage at teenagers who fail to see the harm they cause with illegal and risky behavior. In sessions since the assault, he has been "going through the motions" and has at times been harsh, judgmental, and sarcastic. About 6 weeks after the assault, Thomas realizes that much of his recent work with clients has been mediocre, at best, and substandard, at worst. He recognizes that with at least one adolescent boy he may have acted in ways that deepened that boy's alienation and isolation. So he asks himself, "Now what do I do? I can't simply erase the last 6 weeks."

---

*Elizabeth Reynolds Welfel, Department of Counseling, Administration, Supervision, and Adult Learning, Cleveland State University. Correspondence concerning this article should be addressed to Elizabeth Reynolds Welfel, 1419 Rhodes Tower, Cleveland State University, 2121 Euclid Avenue, Cleveland, OH 44115 (e-mail: e.welfel@csuohio.edu).*

Marianne, a high school counselor, is widely respected as a knowledgeable professional whom students and parents can trust. Each month she has breakfast in a nearby restaurant with an old friend from college who is a partner in an accounting firm. They sometimes swap stories about their frustrations and successes at work. In one recent conversation after a particularly difficult week, Marianne began discussing her concerns about some of her students. She was careful not to disclose identifying information, but she did reveal several specifics about the painful issues that brought these students to counseling. By the end of the meal, she was feeling that this discussion had helped her gain perspective and energy for the week ahead. However, as a man seated close to Marianne was getting up from his table, he gave her a disgusted stare and mumbled that he was right not to trust that marriage counselor with information about his personal life—she would have ended up gossiping too. Marianne felt shocked and chastised but did not know what to do next.

Burton, a successful career counselor in private practice, was divorced 8 months ago and has just begun to feel ready to initiate a social life. Recently, he found himself attracted to one of his clients, and because of this attraction, he self-disclosed more than usual, allowed the sessions to extend beyond the typical time limit, and offered the client reduced-fee sessions on several occasions. He did not seek contact with the client outside of the counseling relationship and did not disclose his attraction to the client. At termination, the client was satisfied with the course of counseling and was unaware that Burton had treated her any differently than he did other clients. Soon after this termination, Burton attended a continuing education workshop on professional ethics that made him start to wonder whether he violated any of the profession's prohibitions about dual relationships. He is undecided about whether he did anything improper because the client was not negatively affected because of his actions and because he did not seek contact with this woman outside of counseling. Is Burton's analysis justified? Can he invoke the sport cliché of *no harm, no foul*?

Each of these scenarios presents an otherwise competent and responsible counselor who has engaged in an ethically questionable practice, although none of the practices represent an egregious violation of the American Counseling Association's (1995) *Code of Ethics and Standards of Practice*. In varying degrees, all three counselors compromised the values and principles of the profession by placing their personal needs ahead of the welfare and dignity of the client. Their actions were at least partly noncompliant with the first section of ACA's *Code of Ethics and Standards of Practice* that reads, "The primary responsibility of counselors is to respect the dignity and promote the welfare of clients" (Section A.1.a). Thomas failed to recognize the extent to which his personal pain was interfering with his capacity to foster client welfare, Marianne was insensitive to both the students' reasonable expectations for privacy and the public nature of the forum in which she was discussing their personal issues, and Burton was derelict in his duty to keep boundaries even though he restrained himself from asking the client on a date. However, none of these ethical missteps are likely to become known by other professionals or to be reported to a disciplinary body unless the counselors volunteer such information. Data from disciplinary boards demonstrate that few incidents of misconduct are reported and even fewer complaints result in discipline (Biaggio, Duffy, & Staffelbach, 1998; Hubert & Freeman, 2004; Van Horne, 2004). The facts in these cases illustrate why complaints are so rare. The man in the restaurant does not know who Marianne is, Burton's client is satis-

fied and unaware of any differential treatment, and the adolescents whom Thomas serves probably are not equipped either to file a complaint with the board or his employer or interested in doing so. The only individuals with the ability to address this kind of misconduct are the counselors themselves. What responsibilities do counselors have when they believe they have violated professional ethics but are relatively sure that the misconduct is not egregious? What resources are available to help them sort out their next steps? What support does the profession provide in offering them a "safe place" in which to wrestle with such worrisome issues?

In this article, I describe a principle-based model for an individual counselor to use in addressing minor ethical missteps in a productive and honest way, using the cases of Thomas, Marianne, and Burton to elucidate the application of the model in specific situations. This model has been designed with two major goals: to provide counselors with a map for navigating territory that is largely unexplored in the professional literature and to encourage more open discussion in the profession of the ordinary fallibility of all counselors and their power to recover from their mistakes. This issue is important for several reasons. First, no professional career is free of ethical missteps. Research by Pope, Tabachnick, and Keith-Spiegel (1987) and Sherry, Teschendorf, Anderson, and Guzman, (1991) revealed that nearly all mental health professionals admit an unintentional or intentional ethical violation in their experience. Second, evidence from disciplinary bodies suggests that a "slippery slope" toward more serious violations occurs in some circumstances: Minor boundary crossings (such as those in which Burton engaged) are sometimes precursors to the initiation of egregious dual relationships in the future (Guntheil & Gabbard, 1993; Lamb & Catanzaro, 1998; Pope, 1994). Counselors' emotional distress is another risk factor for unethical practice, because if it persists, distress can degenerate into impairment, a major cause of many serious forms of misconduct (Katsavdakakis, Gabbard, & Athey, 2004; Sherman & Thelen, 1998). Finally, at its core, professional ethics is not about avoiding discipline or learning rules but rather about acting in ways that are consistent with the fundamental ethical values of the profession. The definition of a profession includes the notions that professions are self-regulating and that individual professionals exhibit self-control, have internalized the code of ethics and accepted the values of that profession, and act in the interest of the community (Pryzwansky & Wendt, 1999). By taking minor violations seriously and conscientiously seeking fair and honest ways to remediate them, counselors can demonstrate their professionalism and personal commitment to benefiting those they serve. Such a stance is also consistent with scholars who emphasize the importance of the counselor's internalization of the virtues that the profession values (Jordan & Meara, 1990; Meara, Schmidt, & Day, 1996). In a virtue ethics framework, the focus is not so much on how professionals behave as it is on who they ought to be (May, 1984). This scholarship centers on the qualities that professionals should develop and the habits of character they need to reach the profession's goals (Cohen & Cohen, 1999; Jordan & Meara, 1990; Meara et al., 1996). The process of recovery described in this

article relies on the specific virtues of integrity, moral courage, and respectfulness as well as on the virtues of compassion and prudence. Steadfastness in confronting and resolving ethical missteps is a moral as well as an emotional and intellectual task.

## The Process of Recovery

The metaphor that best applies to the process of responding to one's own ethical violations is recovery: An injury, albeit minor, has occurred to either the client or counselor or to the reputation of the profession, and it requires attention to fully heal, just as an abrasion usually requires cleaning and antiseptic to mend completely without scarring. When counselors confront the problem and constructively address it, they can restore the quality of their functioning and minimize the negative effects on clients and themselves. This process of recovery from an ethical misstep is grounded in Rest's (1983, 1994) model of moral behavior. Rest identified four elements essential to the completion of a moral action (i.e., an action that affects the welfare of another in a positive way). These are (a) moral sensitivity, the awareness that one's action may affect the welfare of another; (b) moral reasoning, the weighing of the moral value of various actions; (c) moral decision making, the choice of the most moral alternative over other options; and (d) moral character, the capacity to implement a moral decision in spite of hardships. In parallel fashion, the process of recovery proposed in this article includes four components to the ethical redress of infractions. Although the model is being applied to minor violations here, it is equally relevant to recovery from more severe forms of misconduct. The elements in this model also progress from awareness through reflection and a plan of action; however, the recovery process from misconduct in this model gives more explicit attention to the emotions of the process than does Rest's conceptualization.

### *Element 1: Recognition of an Error*

The first element in recovery is recognition that one has acted in ways likely to be ethically problematic. The initial awareness of a problem may be triggered by the individual's internal review of events, as happened with Thomas, or by external circumstances, as occurred with Marianne and Burton, but must be owned and not rejected if recovery is to be achieved. The experience of realizing that one has violated professional ethics even in a relatively minor way can be uncomfortable. Because most professionals want to think of themselves as good and ethical, information inconsistent with that self-appraisal is painful to acknowledge and tends to provoke cognitive dissonance. Some may be tempted to trivialize the violation (as Burton may be doing) or to classify the incident as an anomaly that will not be repeated. Minimization or denial of the import of the event not only halts recovery but does nothing to prevent recurrence of the misstep with other clients. At the other end of the continuum are professionals who make a catastrophe out of each variation in attention during a session or each countertransference feel-

ing. Feeling distracted by a passing illness during a session, making an interpretation that is inaccurate and uncomfortable for the client and then correcting it, or realizing that a client reminds one of a sibling is not an ethics violation except in the most unusual circumstances. The standard for responsible practice is competence, not excellence. The ethical obligation is to strive for excellence; no profession requires its constant presence. Ultimately, then, the counselor aims for a proportionate response to minor missteps, becoming aware of the infraction without exaggerating its importance, and understanding the misbehavior in the broader context of a career of generally responsible practice.

The element of recognition also includes the analysis of the specific ways in which the action was unethical through reference to ACA's (1995) *Code of Ethics and Standards of Practice* and the ethical principles underlying the code. At this point, the counselor reviews the code and attempts to make an ethical judgment about the particular sections of the code that apply to the situation. The parallel here is to Rest's (1983) moral reasoning component. For example, before Thomas can answer his question about what he should do next, he needs to identify more fully the ways in which his actions were inconsistent with the code. The analysis would lead Thomas to learn that he was substantially noncompliant with Sections C.2.d and C.2.g of the ACA (1995) *Code of Ethics*. He failed to monitor his effectiveness with appropriate regularity, was not sufficiently alert to signs of impairment, did not seek assistance for problems in a situation with a relatively high probability to compromise his work with adolescents, and neglected to limit his practice until he regained his equilibrium.

Because many sections of ACA's (1995) *Code of Ethics and Standards of Practice* are broadly written and offer a threshold of acceptable ethical behaviors rather than a set of ethical ideals, a prudent counselor also needs to explore the applicability of the ethical principles to the questionable behavior. In Burton's case, for example, he needs to read carefully to discover that he violated Section A.6.a because he did not breach most parts of that section: He did not exploit the client or undertake a professional relationship with someone with whom he had a prior personal connection. His provision of special service to this client simply because he was attracted to her, however, was noncompliant with the statement that he should avoid dual relationships that "could impair professional judgment or increase the risk of harm to clients" (ACA, 1995, A.6.A). The more time he spent with her and the more varied were the ways that he treated her differently than he did other clients put him at greater risk for treating the relationship as a personal and not a professional one. Codes of ethics can only be fully internalized, as Pryzwansky and Wendt (1999) advised, when counselors appreciate the principles underlying the code and the rationale for the profession's inclusion of those provisions in the code.

The ethical principles that are most relevant to the issue of accountability for self are nonmaleficence, beneficence, and fidelity. As Beauchamp and Childress (2001) and Kitchener (1984) so aptly described, nonmaleficence refers to the responsibility of counselors to avoid harm or the risk of preventable harm to clients. Often this principle is invoked when discussing the use of high-risk interventions such as para-

doxical therapy or dialectical behavior therapy (Welfel, 2002), but it is equally applicable to counselors' actions or inactions within the counseling relationship. Beneficence refers to the obligation of the counselor to do good. Because counselors represent themselves as professional helpers and are paid for helping, they have an affirmative obligation not only to avoid harm but also to act in ways that are most likely to make the client's situation better than when the client began counseling. Counselors are not obliged to guarantee positive outcomes because many factors outside of the counseling experience can negatively affect outcome, but they are duty bound to make reasonable efforts to help and not hurt clients. The third principle, fidelity, is best defined as the duty of counselors to be loyal to the promises they make to clients. These promises can be explicit (such as meeting at a specified time for a set fee) or implied (such as placing the client's needs above personal considerations or refusing to lie to the client about important issues). The ethical principles of justice, the obligation to treat clients in a fair and unbiased fashion, respect for the client's autonomy, and respect for the client's power to make decisions for him- or herself and to determine with whom personal information is shared are also at the core of issues that can be involved when counselors make missteps.

In the three cases presented at the beginning of this article, it is clear that each counselor violated at least one ethical principle. Thomas was deficient in his responsibility to be helpful to his clients (beneficence) and, in at least one case, may have been caused temporary harm (nonmaleficence). Marianne violated the principle of fidelity insofar as she was unfaithful to her promise to respect clients' dignity and privacy and to her implied promise of loyalty to the profession. After all, the man in the restaurant is now convinced that all counselors gossip and are not worth talking to. She also violated the principle of respect for autonomy by sharing private information in ways that clients would find undignified even though their names were not used. Burton's minor boundary crossings and special treatment of his client breached the principle of nonmaleficence because they placed him at higher risk of crossing other boundaries both with this client and with future clients. In contrast to a legal definition of malpractice (Welfel, 2002), the ethical value is not decided on the basis of whether harm occurred but on whether the actions of the counselor placed the client (and future clients) at risk for harm. Burton also violated the principle of justice because his attraction to this client led him to offer her benefits not fairly available to other clients simply because he found her attractive. Had she needed extra financial assistance to pay for services, it would not have been unjust to allow for that as long as the criteria he used to assess her financial need were fairly available to all clients.

Emotion also plays a role in recognition of a problem. In the moment after that man made the comment in the restaurant, Marianne felt strong emotions; she felt embarrassed and scolded. To cope with these emotions, she could have externalized the problem to some neurotic or hostile dynamic in the man, or she could have attributed the problem to a misjudgment on her part for which she may have deserved criticism. If she had deflected responsibility for the situation to the man's unwarranted hostility or inappropriate eavesdropping, she would be jeopardiz-

ing her ability to progress through the recovery process. She could have also tried to defend herself by justifying the action: In this uncomfortable emotional state, she could have rationalized that by keeping the names of clients confidential, she honored professional ethics. Such a rationalization represents a selective and legalistic reading of the code that may commonly occur when professionals are pushed to confront minor infractions. If, on the other hand, she was open to the possibility that her comments over breakfast may have been inappropriate for the audience and the setting, she could cope with the emotion by reflecting on whether she acted in ways that conflicted with codes of ethics and the ethical principles. In other words, the emotional power of recognition acts either as a motivator to sort out what the personal responsibility is or a provocation of untenable anxiety that must be resisted. To the extent that counselors recognize that an ethical error is a mistake from which they can recover, they will be more willing to look honestly at the lapses in their professional actions.

### *Element 2: The Experience of Regret and Remorse*

Recovery from an ethical misstep so that the chance of a recurrence is minimized is not limited to admitting that a violation occurred and feeling embarrassed by it. It also depends on the experience of regret and remorse for one's actions and the steps that follow. Counselors who understand why what they did was problematic and feel sorrow about their mistake are better positioned to be motivated to change behavior and make amends in some way. On the other hand, counselors who cut themselves off from these emotions may have insufficient commitment to ethical values and the welfare and dignity of the client or may misunderstand how common minor ethical missteps probably are. Allowing these feelings to spring up can be facilitated by the recognition that experiencing regret and remorse does not necessarily imply that one needs to turn oneself in to a licensing board or suffer other public embarrassment for the misstep. Even the *Code of Ethics and Standards of Practice* (ACA, 1995) allows for informal resolution of less severe ethical violations. It is important to note that some state regulations governing mental health practice are written to require reporting of even minor violations to the appropriate board, although formal disciplinary measures may not be invoked.

Regret and remorse are distinct from self-punishment and shame. Counselors who castigate themselves for minor misconduct are losing sight of the overall quality of their work, the importance of their own self-awareness of the error, and their power to address the current deficiency and prevent its recurrence. Remorse mobilizes counselors to address the problem; self-punishment and shame paralyze the counselor from focusing on repairing the damage.

### *Element 3: Evaluation of the Possibilities of Restitution*

Restitution is a concept, borrowed from the legal system, that is most typically used when a person who has been convicted of a crime is required to take steps to give back what was taken from victims. People convicted of theft

or embezzlement are routinely ordered to reimburse the money they stole to the fullest degree possible. Restitution is also applied, for example, when individuals are guilty of property damage and are mandated to repair the property as part of their punishment. In the context of ethical misbehavior, restitution is defined more broadly and refers to the duty of the counselor to assess whether there is a way to compensate for the substandard or harmful service provided. Restitution can be direct, given to the person poorly served, or indirect, given to benefit the profession or other clients. Indirect restitution occurs when direct restitution is not possible or advisable. In Thomas's case, for instance, his task at this point is to determine whether there is any reasonable way for him to make direct restitution for his distracted service in the period following his daughter's victimization. His first step is to evaluate the extent of the substandard service offered to each client through a review of the records and perhaps a frank discussion with the client. Thomas might start the conversation with a comment such as "I'm aware that I haven't felt as focused with you over the last few sessions and I want to spend a few minutes hearing whether you noticed any problem or felt shortchanged in any way." Depending on the client's response and Thomas's independent assessment, he may wish to compensate by providing the client with extra time without fee. If clients have not felt poorly served, then Thomas may want to make restitution by offering pro bono service to a new client or volunteering time in some other way. Regarding the boy to whom Thomas acted most inappropriately, he may need to take more aggressive action: apologizing directly for harsh and sarcastic comments, assessing the degree of harm those actions caused, and implementing specific therapeutic steps to help the boy continue to make progress.

For Marianne, the task of restitution is more complicated, and she may need to consider a form of indirect restitution. Revealing to students that she shared their personal information in a restaurant may cause substantial pain unnecessarily, because no identifying information was disclosed. If direct restitution causes more distress than the original infraction, direct approaches should be avoided because they can be a violation of the principle of nonmaleficence. Because promoting the well-being of clients is the highest priority of the profession, Marianne cannot allay her own guilt at the expense of her clients. She needs to evaluate the costs and benefits of her alternatives at this point and make a judgment about the risk of harm in disclosing the infraction to them or keeping it secret. One factor she needs to address is the likelihood that the gentleman in the restaurant knows who she is or is connected to one of the students she is counseling. Clearly, if there is a reasonable chance that clients will learn of her misstep from someone else, then she ought to disclose to them so that she has the opportunity to repair any possible damage. If the risk that the man recognized her or knew her clients is quite small, she may need to elect indirect restitution, by doing such things as volunteering for extra duties at school or in her professional association.

Burton has little need to make restitution to the client in question because no evidence exists that she was in any way worse off for her contact with Burton,

although he would be well advised to assess whether other cases have occurred in which he also crossed boundaries because of personal attraction. For Burton, as well, some form of indirect restitution, for example extra pro bono work, may be a helpful reminder that he teetered on the edge of causing this client harm, although it is not required because the client felt well served.

#### *Element 4: Rehabilitation to Prevent Recurrence*

Once the counselor has accepted responsibility for the violation and addressed the damage to the extent possible, the final step in recovery involves self-examination and action to reduce the possibility that this problem will recur. The particulars of rehabilitation vary with the misbehavior and the dynamics and work context of the counselor. One of the central tasks of this step is the determination of the causes of the misbehavior. Was it caused by severe external stress, as happened with Thomas; by a neediness for support that temporarily compromised judgment, as occurred with Marianne; or by a sexual attraction complicated by a recent divorce that resulted in boundary crossings, as Burton exemplified? It is clear that multiple causes may exist in any particular case. Consultation with another professional can be useful in assisting counselors in sorting out the possible causes of any infraction.

Once the counselor has a basic comprehension of the causes of the violation, he or she is equipped to examine the options for redress. For example, knowing that extreme stress precipitated the marginal service, Thomas may decide that his best course of action is to enter counseling himself to help him cope more effectively with his daughter's trauma, or he may conclude that he needs a vacation or a reduced work schedule, or all of the above, to regain his effectiveness with his clients. Thomas may also choose to begin a supervision or consultation arrangement with another professional whom he informs about his personal pain as a preventative for recurrence. What Thomas most needs to learn is how to cope with emotional distress so that it does not compromise service and so that the distress does not deteriorate into impairment.

For Marianne, the path to rehabilitation may be quite different. She may determine that she needs professional colleagues with whom she can more safely discuss cases and may decide to establish a network of school counselors in her area who wish to consult about cases and share frustrations with the complex demands of their work. Such a network would give Marianne the release and feedback she requires to continue to be effective with her students but would not jeopardize the dignity of the clients or the reputation of the profession because the people with whom she is speaking understand the confidentiality of counseling disclosures. If she determines that she feels lonely and has been relying too heavily on this one friend from college to meet her needs for affiliation, then perhaps another solution is to take proactive steps to expand her social connections.

For Burton, rehabilitation is more likely to entail counseling—to help him both cope better with the loneliness after divorce and address any longstanding issues that may have become apparent during his current life transition—and peer supervision so that he more consistently maintains boundaries. Additional ethics education may be advisable so that he more fully appreciates the reasons that his actions were problematic and, more important, so that he becomes sensitive to the harm that dual relationships cause clients. A self-initiated program of reading the abundant literature on the negative effects of sexual misconduct, starting with Pope (1994), may foster such sensitivity. He may also benefit from a clearer understanding of the difference between legal standards for practice and ethical duties. Burton will not achieve full rehabilitation until he appreciates that the criterion for determining the ethics of practice is not evidence of harm but evidence that the counselor placed the client at risk for harm.

The length of the period of rehabilitation will vary widely with the particulars of the misconduct, and no formulaic approach to the duration is possible. Rehabilitation is completed when the individual is at substantially lower risk of committing that infraction again. Risk is lowered by fuller knowledge of the reasons the behavior is unethical, deepened commitment to the ethics code and principles of the profession, stronger emotional stability, and better support systems to prevent recurrence. For Thomas's infraction, the rehabilitation process may be relatively brief. A small number of counseling sessions, a brief vacation, a temporarily restructured caseload, and a short period of supervision may allow him to regain his equilibrium. For Burton, on the other hand, a lengthier process of counseling or supervision may be needed, because the type of boundary crossing that he was at risk of committing is so serious and because the loneliness after divorce is not always quickly resolved.

### The Role of Professional Associations and Licensing Boards

---

Grappling with an ethical dilemma is often a lonely experience, even when a professional acts responsibly to resolve the dilemma (Welfel, 2002). When a counselor is looking back at a prior action and judges it to be even partly unethical, the loneliness of the experience is magnified and the worry about repercussions unavoidable. When counselors are sufficiently self-aware to identify an ethical dilemma during the process, they can rely on colleagues and formal resources such as ethics committees and ethics investigators at licensing boards to help them resolve the dilemma responsibly. However, when a counselor has already acted in ways that they realize are minor violations of ethical standards, what support is offered? Because the mandate of most licensing boards is to protect the public from harmful service, these bodies tend to have little choice but to focus on discipline and public records of misconduct. Most can respond to the anonymous inquiry from a licensee about whether a particular behavior represents a violation of the ethics of practice in that jurisdiction, but if they believe the behavior may be problematic, they

are obligated to advise the anonymous professional to self-report the violation. This type of regulation is logical and reasonable, given the mission of a licensing board, but it does not encourage the lonely and worried counselor to make contact with the board.

The ethics offices of ACA and other professions are positioned to offer more support. These organizations encourage members to consult with them during a dilemma and immediately afterward. They offer anonymous and confidential consultation about whether a violation occurred based on the information communicated to them. They advise members about whether a self-report is advisable and offer suggestions about next steps. These services are important resources for counselors who may be uncomfortable discussing these sensitive matters with colleagues or supervisors or licensing boards. The ACA Office of Ethics and Professional Standards makes its consultation services known on the organization's Web site and in its annual report of activities. Data from the most recent annual report (Hubert & Freeman, 2004) indicate that the office received 1,236 inquires in the 2002–2003 fiscal year and 798 inquires for 2001–2002 (Sanders & Freeman, 2003). Nearly half of these inquiries focused on confidentiality questions, and one quarter focused on questions related to the counseling relationship. Although this number of inquires sounds substantial, it represents 1 to 2% of more than 50,000 members of the association at that time and includes inquires by non-members as well. Research on the frequency with which professionals encounter ethical dilemmas and commit violations supports the conclusion that many who are unsure of the ethics of their actions or who have breached standards in minor ways are not using this service. Given these data, the next important task of the professional associations is to encourage greater use of this resource for recovering from minor levels of misconduct.

## Conclusion

---

The emphasis of the ethics codes and licensing bodies on prevention of misconduct and discipline for serious misconduct is entirely appropriate. The goal of the profession is to avoid unethical practice whenever possible and to educate members about acceptable and unacceptable behaviors. Because unwavering compliance with the ethical standards is not likely to be achieved by fallible humans no matter how clear and exhaustive the codes and guidelines or how committed the professional, counselors must be prepared to respond when they breach the code of ethics and provide substandard or potentially substandard service to clients, however rare those breaches may be. The four-element model of recovery presented in this article represents a structure for responding that empowers counselors to accept responsibility, address the damage done to clients and themselves, and reduce the likelihood of recurrence. Such an approach fosters personal accountability without excessive blame and moves the ethical missteps to which we all have been vulnerable from the shadows and into the light of rational and compassionate examination.

## References

---

- American Counseling Association. (1995). *Code of ethics and standards of practice*. Alexandria, VA: Author.
- Beauchamp, T. L., & Childress, J. F. (2001). *Principles of biomedical ethics* (5th ed.). Oxford, England: Oxford University Press.
- Biaggio, M., Duffy, R., & Staffelbach, D. F. (1998). Obstacles to addressing professional misconduct. *Clinical Psychology Review, 18*, 273–285.
- Cohen, E. D., & Cohen, G. S. (1999). *The virtuous therapist: Ethical practice of counseling and psychotherapy*. Pacific Grove, CA: Brooks/Cole.
- Guntheil, T., & Gabbard, G. (1993). The concept of boundaries in a clinical practice: Theoretical and risk management dimensions. *American Journal of Psychiatry, 150*, 188–196.
- Hubert, R. M., & Freeman, L. T. (2004). Report of the ACA Ethics Committee: 2002–2003. *Journal of Counseling & Development, 82*, 248–251.
- Jordan, A. E., & Meara, N. M. (1990). Ethics and the professional practice of psychologists: The role of virtues and principles. *Professional Psychology: Research and Practice, 21*, 107–114.
- Katsavdakakis, K. A., Gabbard, G. O., & Athey, G. E. (2004). Profiles of impaired mental health professionals. *Bulletin of the Menninger Clinic, 68*, 60–72.
- Kitchener, K. S. (1984). Intuition, critical evaluation and ethical principles: The foundation for ethical decisions in counseling psychology. *The Counseling Psychologist, 12*, 43–55.
- Lamb, D., & Catanzaro, S. (1998). Sexual and nonsexual boundary violations involving psychologists, clients, supervisees, and students. *Professional Psychology: Research and Practice, 29*, 498–503.
- May, W. F. (1984). The virtues in a professional setting. *Soundings, 67*, 245–266.
- Meara, N. M., Schmidt, L. D., & Day, J. D. (1996). Principles and virtues: A foundation for ethical decisions, policies and character. *The Counseling Psychologist, 24*, 4–77.
- Pope, K. S. (1994). *Sexual involvement with therapists: Patient assessment, subsequent therapy, forensics*. Washington, DC: American Psychological Association.
- Pope, K. S., Tabachnick, B. G., & Keith-Spiegel, P. S. (1987). Ethics of practice: The beliefs and behaviors of psychologists as therapists. *American Psychologist, 42*, 993–1006.
- Pryzwansky, W. B., & Wendt, R. N. (1999). *Professional and ethical issues in psychology: Foundations of practice*. New York: Norton.
- Rest, J. R. (1983). Morality. In J. Flavell & E. Markman (Eds.), *Cognitive development: Vol. 4. Manual of child psychology* (P. Mussen, General Ed., pp. 550–629). New York: Wiley.
- Rest, J. R. (1994). Background: Theory and research. In J. R. Rest & D. Navarez (Eds.), *Moral development in the professions: Psychology and applied ethics* (pp. 1–26). Hillsdale, NJ: Erlbaum.
- Sanders, J. L., & Freeman, L. T. (2003). Report of the ACA Ethics Committee: 2001–2002. *Journal of Counseling & Development, 81*, 251–254.
- Sherman, M. D., & Thelen, M. H. (1998). Distress and professional impairment among psychologists in clinical practice. *Professional Psychology: Research and Practice, 29*, 79–85.
- Sherry, P., Teschendorf, R., Anderson, S., & Guzman, F. (1991). Ethical beliefs and behaviors of counseling center professionals. *Journal of College Student Development, 32*, 350–358.
- Van Horne, B. A. (2004). Psychology board disciplinary actions: The realities. *Professional Psychology: Research and Practice, 35*, 170–178.
- Welfel, E. R. (2002). *Ethics in counseling and psychotherapy: Standards, research, and emerging issues* (2nd ed.). Pacific Grove, CA: Brooks/Cole.

Copyright of Counseling & Values is the property of American Counseling Association and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.