



QUEER CAFÉ | LGBTQ INFORMATION

ETHICAL TREATMENT

ETHICAL GUIDELINES FOR PROFESSIONALS WORKING WITH LGBTQ CLIENTS

HELPING PROFESSIONALS

Practitioners in the helping professions are obligated to adhere to ethical guidelines and a variety of professional standards when working with students, clients, and patients. When working with the LGBTQ community in particular, ethical behavior is expected at all times for counselors, therapists, psychologists, social workers, teachers, nurses, physicians, and other medical and mental health professionals.

DEFINITION OF ETHICS

System of moral principles. Recognized rules of conduct in respect to a particular group. Accepted actions of a particular group or culture. Values relating to human conduct. Rightness and wrongness of certain actions and motives. Rules and principles that govern actions, conduct and behavior. Code of behavior considered correct by a particular group or profession. Moral fitness of a decision or course of action. Motivation based on ideas of right and wrong. Responsibilities held in common by a specific group. Rules for appropriate conduct adopted by an individual or group. Moral behavior both behaviorally and attitudinally. Science of moral duty. Character of a community.

CODE OF ETHICS

“Counselors’ actions should be consistent with the spirit as well as the letter of these ethical standards.”
-ACA Code of Ethics

“Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior.”
-APA Code of Ethics

“Ethical behavior of professional practitioners must meet four criteria: (a) The practitioner must have sufficient knowledge, skill, and judgment to use efficacious interventions; (b) the practitioner must respect the human dignity and freedom of the client; (c) the practitioner must responsibly use the power inherent in his or her role; and (d) the practitioner must act in ways that promote public confidence in the profession.”
-Welfel, 1998

CORE VALUES

- Enhancing Human Development
- Honoring Diversity in Support of the Person’s Worth, Dignity, Potential, and Uniqueness
- Promoting Social Justice
- Safeguarding the Integrity of the Relationship
- Practicing in a Competent and Ethical Manner

COMMON THEMES

- Do No Harm
- Informed Consent
- Diversity Awareness and Multicultural Skills
- Social Justice and Advocacy
- Dignity and Worth of the Person
- Integrity and Trustworthiness
- Competence and Congruence of Practitioner
- Not Imposing Personal Values
- Avoiding Dual Relationships and Conflicts of Interest
- Research Based Treatments
- Client Privacy and Confidentiality

DIVERSITY CONSIDERATIONS

Ethical practitioners respect diversity. They have a broad multicultural awareness and understanding. They focus on cultural sensitivity and cultural competence. They work to minimize bias. They recognize historical and social prejudices. And they promote social justice.

Most professional codes of ethics ensure that multicultural and diversity issues were incorporated into key aspects of professional practice. Multiculturalism and diversity should be infused throughout the ongoing practice of any helping professional.

Developmental and Cultural Sensitivity: Practitioners communicate in a way that can be understood by clients developmentally and culturally.

Non-Discrimination: Practitioners do not condone or engage in discrimination against prospective or current clients, students, employees, supervisees, or research participants based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital/partnership status, language preference, socioeconomic status, immigration status, or any basis proscribed by law.

Labeling Clients with a Pathology: Practitioners must recognize the historical and social prejudices in the misdiagnosis and pathologizing of some individuals/groups and not perpetuate these prejudices through diagnosis and treatment.

Education: Educators must infuse multicultural and diversity material into all courses and workshops.

PROFESSIONAL CONGRUENCE

Avoid Imposing Values:

“Counselors should be aware of their own values, attitudes, beliefs and behaviors and avoid imposing values that are inconsistent with counseling goals.”

-ACA Code of Ethics

The responsibility of helping professionals is to help clients make the most appropriate choices for themselves without the practitioner imposing his/her values. The focus of ethical practice is always on the client’s own feelings and thoughts, not on those of the practitioner.

Practitioners are expected to give unconditional positive regard. Practitioners are expected to be non-judgmental. Practitioners are expected to be empathetic. The helper accepts the client unconditionally and non-judgmentally. The client is free to explore all thoughts and feelings, positive or negative, without danger of rejection or condemnation.

Impairment:

“Therapeutic impairment occurs when there is a significant negative impact on a counselor’s professional functioning which compromises client care or poses the potential for harm to the client.”

-ACA Code of Ethics

Practitioners may be impaired due to:

- Substance abuse or chemical dependency
- Mental illness
- Personal crisis or trauma
- Insufficient knowledge, skill, or training regarding the client's particular issue
- Burnout from the stress of a heavy or demanding workload
- Vicarious trauma or counter transference
- Discomfort with client's background, values, attitudes, and lifestyle
- Unresolved emotional or attitudinal issues

Referrals:

"If counselors determine an inability to be of professional assistance to clients, they avoid entering or continuing counseling relationships. Counselors are knowledgeable about culturally and clinically appropriate referral resources and suggest these alternatives."

-ACA Code of Ethics

"When counselors transfer or refer clients to other practitioners, they ensure that appropriate clinical and administrative processes are completed and open communication is maintained with both clients and practitioners."

-ACA Code of Ethics

While making a referral, practitioners must avoid communicating... Judgment, Abandonment, Neglect, Rejection, Disdain, Disgust, Condemnation.

Competency:

Practitioners also have a professional obligation to monitor their effectiveness and ensure their competency through continuing education. Practitioners must be intentional about gaining new knowledge, personal awareness, sensitivity, and skills pertaining to working with diverse populations. Therefore, helping professionals should be especially cognizant of those areas for which they repeatedly make referrals as an indication of an area or issue requiring the practitioner's further education and expanded competency.

Case Study: Two graduate counseling students who refused to provide services to LGBTQ clients: Julea Ward (East Michigan State University) and Jennifer Keaton (Augusta State University).

"We are grateful to the court for recognizing how potentially dangerous it would be for a counselor to allow her personal beliefs to get in the way of her ethical obligation to promote the well-being of all students, including LGBTQ youth. If a counselor cannot respect the dignity and promote the welfare of her LGBTQ clients and uphold the ACA Code of Ethics, she is not a competent counselor. While we are all free to hold our personal beliefs, a counselor must practice according to professional ethics that require her not to impose her beliefs on her clients. When LGBTQ youth are being bullied or thinking about committing suicide, we want them to be speaking with trained counselors who will help them, not harm them."

-American Counseling Association (Commenting on the outcome of the Keaton case)

TREATMENT MODALITIES

Scientific Basis:

"Counselors use techniques, procedures, and modalities that are grounded in theory and have an empirical or scientific foundation."

-ACA Code of Ethics

“Counselors who use non-scientific methods must label their techniques or procedures as “unproven” or “developing” and explain the potential risks and ethical considerations of using such techniques or procedures and take steps to protect clients from possible harm.”

-ACA Code of Ethics

Unethical Therapy:

ACA, NASW, APA, AMA and others have addressed the questionable practices regarding treatment for homosexual clients and the attempt by some unethical practitioners to change a client’s sexual orientation. These techniques are called: Reparative Therapy or Conversion Therapy or Re-Orientation Therapy or Transformational Therapy

These types of behavior modification therapies (sometimes called ministries) are not effective. There exists no empirical scientific support for this approach. And they can be harmful to clients. Practitioners who conduct this type of therapy view same-sex attractions and behaviors as abnormal and unnatural and, therefore, in need of “curing.” The belief that same-sex attraction and behavior is abnormal and in need of treatment is in opposition to the position taken by national mental health and medical organizations.

All professional counseling, social work, psychology, mental health, and medical groups oppose portrayals of lesbian, gay and bisexual individuals as mentally ill due to their sexual orientation. Homosexuality is not a mental disorder in need of being changed. The ethical codes of all helping professionals oppose the promotion of reparative therapy as a cure for individuals who are homosexual.

No scientific evidence published in psychological peer-reviewed journals that conversion therapy is effective in changing an individual's sexual orientation from same-sex attractions to opposite-sex attractions. Research published in peer-reviewed journals indicates that conversion therapies may harm clients.

"I owe the gay community an apology for my study making unproven claims of the efficacy of reparative therapy. I apologize to any gay person who wasted time and energy undergoing some form of reparative therapy because they believed that I had proven that reparative therapy works with some individuals."

- Dr. Robert Spitzer, Psychiatrist (Commenting on his rejection of reparative therapy)

CLIENT CONFIDENTIALITY

Clients are guaranteed the protection of confidentiality within the boundaries of the therapeutic relationship. Any disclosure will be made with full written, informed consent and will be limited to a specific period of time. The only limitations to confidentiality occur when a practitioner feels that there is the possibility of serious and foreseeable harm to the client or to others, or when legal requirements demand that confidential information be disclosed such as a court case. Whenever possible, clients will be informed before confidential information is revealed.

Coming Out Process: “Coming out of the closet” is a term used to describe the moment that an LGBTQ person reveals his or her identity to others. They regard it as a moment of authenticity. They regard it as an act of trust in which they are comfortable, confident, and courageous enough to be their true self without compromise. At the same time, it is an act that is filled with stress, apprehension, anguish, and fear. It can be terrifying and intense. What if someone comes out to you? What if someone trusts you enough to select you as the person they want to confide in regarding their orientation? What would you do? What would you say? What if someone tells you they are gay? How should you respond?

To respond effectively... Don’t judge. Keep in mind that the person has made him or herself vulnerable. Don’t express shock or dismay. Don’t act awkward or uncomfortable. Simply listen to the person. Offer support, acceptance, understanding, and comfort. Acknowledge them. Let them know that you heard what they said. Show that you are interested and that you care about them. Recognize the trust. If someone voluntarily comes out to you, he or she is putting a lot of trust in you and has displayed a lot of courage. Acknowledge their courage and trust. Be trustworthy. Keep confidentiality. Protect your client’s privacy. Do not reveal your client’s sexual orientation to anyone.

LGBTQ Affirming: Are you an LGBTQ advocate? Is your professional practice LGBTQ affirming? Are you an LGBTQ friendly service provider? Do you offer a safe, affirming, and supportive space for your LGBTQ clients?

What do LGBTQ advocates want their LGBTQ clients to know? Their message to their LGBTQ clients is... You will be accepted and affirmed. You will be treated with dignity and respect. You will not be judged or condemned. You can trust me. You can be yourself with me. You can talk about personal issues without guarding or editing your language. You can speak freely about aspects of your life. You do not have to hide who you are.

ETHICAL PROFILE

All helping professionals are bound by their code of ethics. Practitioners are expected to represent their profession with integrity and in a manner that fully reflects their code of ethics. Skilled helpers are role models who are held to a high standard of ethical behavior and should take the lead in setting a good example, enforcing the ethical behavior of their colleagues, and confronting unethical actions.

As expressed by the values in the typical code of ethics, ethical behavior is exemplified when practitioners encourage growth and development, foster the welfare of others, and promote the formation of healthy relationships.

Practitioners are expected to actively attempt to understand the diverse cultural backgrounds of others. They are expected to explore their own cultural identities and how they affect their values and beliefs as they interact with others.

The primary responsibility of a helping professional is to respect the dignity and worth of others and to promote the welfare of others. Helping professionals are expected to put the needs of others ahead of their own needs, contribute to society, and defend and advocate for the rights of the disenfranchised.

Helping professionals are sensitive to the differences in others. They should be aware of the diversity that exists around them and communicate information in ways that are developmentally and culturally appropriate.

They should recognize, respect, and affirm the variety of experiences represented in the people they interact with. They should attempt to understand the pluralistic society they live in and the diversity of backgrounds and perspectives expressed through such elements as age, race, color, ethnicity, culture, nationality, language, sexual orientation, gender identity, gender expression, religion, politics, socioeconomic status, mental disability, and physical disability.

Helping professionals are aware of their own values, attitudes, and beliefs and avoid imposing them on others. They should examine their biases and avoid causing harm to another person through intolerant, prejudicial, racist, sexist, chauvinist, ethnocentric, homophobic, and heterosexist language or behavior.

Helping professionals should never act in a way that demeans, belittles, minimizes, or marginalizes another person. They should intervene in situations and confront behavior that fosters oppression.

Helping professionals are inclusive, non-judgmental, compassionate, empathetic, reliable, trustworthy, and honest.

RE:

American Counseling Association
American Psychological Association
American Medical Association
National Association of Social Workers