

EDITED BY

Randolph K. Sanders

Christian Counseling Ethics

A Handbook for Psychologists,
Therapists and Pastors



SECOND EDITION

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Therapists and Pastors

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Randolph K. Sanders, Ph.D.

 IVP Academic
An imprint of InterVarsity Press
Downers Grove, Illinois

InterVarsity Press

P.O. Box 1400, Downers Grove, IL 60515-1426

World Wide Web: www.ivpress.com

Email: email@ivpress.com

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While all stories in this book are true, some names and identifying information in this book have been changed to protect the privacy of the individuals involved.

Cover design by Cindy Kiple

Images: abstract stream: © Oghphoto/iStockphoto

ISBN 978-0-8308-9598-4 (digital)

ISBN 978-0-8308-3994-0 (print)

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Embracing Our Ethical Mandate

Randolph K. Sanders

As a newly graduated Ph.D., I was, like most new psychologists, concerned with finding my first full-time position in the field. I discussed jobs with supervisors, made phone calls and sent résumés.

One day, I received a call from the executive director of one of the Christian counseling centers to which I had sent my résumé. This man's agency was an established center, well known and well liked by many in the lay community.

After some preliminary discussion of my qualifications, I asked the director for more details about the programs at his center. "Just a minute," he replied. I could hear him rustling through some papers. "Take down these names and numbers," he said rather brusquely once he returned to the phone. I complied, but after taking down several listings, I felt myself becoming vaguely uncomfortable. "Dr. _____, exactly who are these people?" I asked.

"They're my clients," he replied. "I want you to call them, and they'll tell you what we do here and how they like what we do. If you like what you hear, you can call me back."

After pausing for a moment, and certainly not wanting to question an older, ostensibly wiser, colleague, I ventured rather carefully, "Ah, Dr. _____, I just wondered, have these clients given you permission to release their names and numbers?"

"Sure," he replied flippantly and with a lack of sincerity. And with a hint of sarcasm he asked, "Why is that so important to you?"

“Well,” I began. “I was trained in the APA [American Psychological Association] Code of Ethics, which says . . .”

He cut me off abruptly. “APA Ethics Code? Well Dr. Sanders, that tells me something about you. We live by a higher standard of ethics here—Christian ethics—*not* APA ethics!”

“You know, Dr. Sanders,” he continued, “I don’t think we would need your services at our center after all. Goodbye!” And with that, he abruptly hung up the phone. Several years later, this man’s counseling center closed after serious allegations of misconduct and improprieties arose.

Whatever the counseling director meant by Christian ethics as a higher form of ethics, it is clear that his concept of professional ethics was different from that which most therapists hold. The case illustrates the dangers of deciding, for whatever reason, to practice without benefit of the basic rules agreed on by most others in one’s profession. By placing his counselees’ rights to privacy and confidentiality below his desire to promote his counseling center, this counseling center director had placed them in a potentially embarrassing and possibly harmful position. Further, the case demonstrates rather dramatically why Christians should never presume that their faith perspective inoculates them against the ethical or moral failures that afflict others in society. Finally, the embarrassing closure of the man’s counseling center several years later illustrates the far-reaching and harmful consequences that ethical or moral failures can have.

CHRISTIAN COUNSELING AND ETHICS

When Christians who are mental health professionals speak of Christian counseling, the conversation usually turns rather rapidly to matters of theology. Discussion often centers on the compatibility (or incompatibility) of various counseling interventions with accepted Christian tradition(s), or on what constitutes distinctively Christian interventions in counseling. To be sure, such questions are not just discussed among mental health professionals. They are also a topic of conversation among the clergy and others in positions of leadership in the wider Christian community. Much time and effort is spent theorizing, discussing, writing and arguing about these topics.

Concerns about the theological orthodoxy of Christian counseling are important. Yet as important as these concerns may be, this singleness of

focus sometimes sidetracks professionals from attending to an equally valid concern: the ethical integrity of the Christian counseling profession in everyday praxis (practice).

Counseling and psychotherapy are deeply personal endeavors. When people come to counseling they are often immensely troubled and confused. In therapy they express feelings, concerns and secrets they might not feel comfortable sharing with anyone else, even personal confidantes, family or clergy. At times, the counseling room becomes an intimate interpersonal environment, even a sacred space. Life-changing experiences sometimes occur. I believe that God is deeply concerned about these encounters.

As professionals and as Christian people, we frequently have the opportunity to reflect the caring love and concern of God to the people we encounter in therapy. The empathic and deeply caring therapist, enriched with knowledge, wisdom and skill can touch lives and facilitate change. Our primary aspirational desires should be to do our best to help our clients and to make our actions pleasing to God. Our ongoing quest is to understand what God is calling us to be and to do (Jones, 1994) and to live in keeping with that calling personally and vocationally. We have a responsibility as people that God loves and redeems to reach out in agape love to others. Part of reaching out in love is endeavoring to practice ethically. For the clients who see us in counseling and the professionals who work with us daily, theological purity will make little difference if we do not practice with ethical integrity. It is at the point of practice that our clients best see our faith at work. Thus, good ethics are basic to good Christian counseling.

Whether the client (or the counselor) realizes it, I suspect that ethics are also of central importance to the average person who seeks out a Christian counselor. Clients want to know

- Will my therapist have the skills to help me?
- Will my therapist keep what I say confidential?
- Will I be able to trust my therapist to treat me with the same respect, care and attention the therapist would want for him- or herself?
- Will my therapist uphold moral values that I believe are important?

The purpose of this book is to create greater understanding regarding the

kinds of ethical dilemmas that Christian practitioners face, help practitioners better understand and apply ethical rules and moral thinking to practice, and develop good decision-making strategies for navigating through ethical dilemmas and landmines.

ETHICAL ISSUES AND THE PROFESSIONAL CODES OF CONDUCT

Ethical dilemmas occur in mental health work. They are a given. Some are more common than others.

- A therapist is seeing an adolescent for therapy. After several sessions, the client reveals that he is taking drugs. Should the therapist tell the boy's parents?
- A psychologist teaches part-time at a college in addition to providing private practice services. A student at the college begins seeing her for therapy, but is not a student in any of her classes. A year later the student enrolls in one of her classes. What should she do?
- A therapist lives in a small town where there are few mental health professionals. A woman enters treatment for depression, but after several sessions, it becomes evident that she is suffering from an eating disorder also. The therapist has had no experience in treating eating disorders, but neither have any of the other therapists in the town, and the closest other referral is miles away. What should the therapist do?
- A therapist holds a Ph.D. in psychology but is licensed as a mental health counselor rather than a psychologist. The therapist tells clients at the Christian counseling center where he works that he is a psychologist. Has he acted unethically?

These are just a few of the many examples of the ethical issues and dilemmas that mental health professionals face. In response to these dilemmas, various entities have devised rules, codes and guidelines to help practitioners handle these problems. In addition to state and federal laws (Ohlschlager & Mosgofian, 1992), professional groups such as the American Psychological Association (2010), the American Association of Marriage and Family Therapists (2012), the American Counseling Association (2005), American Psychiatric Association (2006), National Association of Social

Workers (2008) and several other organizations maintain codes of ethical conduct that their members are sworn to live by.

Several religious groups have also developed codes or ethical guideline statements. The Christian Association for Psychological Studies (CAPS), a nonprofit organization comprising primarily mental health professionals and behavioral scientists, approved a statement of ethical guidelines in 1993 that its members are required to agree to. The latest rendition of that statement was approved in 2005 (CAPS, 2005). The American Association of Pastoral Counselors (AAPC) is a religiously pluralistic organization that credentials pastoral counselors. As Beck (1997) noted, “members are not just pastors who counsel; they are women and men who have carved out for themselves a distinct form of psychotherapy called pastoral counseling” (p. 315). This group first published an ethics code in 1991, with the latest version published in 2010. The American Association of Christian Counselors (AACC) addresses itself to “the entire ‘community of care,’ licensed professionals, pastors, and lay church members with little or no formal training” (AACC Mission, n.d.). The AACC published an ethics code in 2004 (AACC Code of Ethics, 2004) (see appendix 1 for information on codes of conduct of various groups). Many state boards also have rules of practice for all individuals licensed or certified by that board.

Underlying the ethics codes are philosophical bases for determining what constitutes ethical behavior. A number of these exist. For our purposes, I will point to at least two. One, the *deontological* approach, focuses on the essence of the act itself and defines some acts as good and others as bad. Defining what is good or bad might be based on the notion of the fundamental importance of respect for persons, a view that was advanced by Immanuel Kant. It might be based on convention(s) or on divine authority as revealed in Scripture or by religious tradition.

A *teleological* or *utilitarian* approach determines whether an act is ethical based on its outcome. If the action tends to create more good than harm, it is defined as ethical. We shall have more to say about these things later in this volume. However, I can say here that most mental health ethics codes as well as most interpretations of Christian ethics have elements of both deontological and teleological/utilitarian approaches embedded in them. For example, a Christian ethic refers to relevant Scripture for authority, but

it also usually encourages adherents to follow “the spirit of the law,” adapting principles to produce the greatest good or that which represents the most loving response to those concerned.

Most ethics codes include at least two levels of principles that they place on the clinician; aspirational ideals and mandatory obligations. *Aspirational ideals* are the ideal moral principles and overarching visions the ethical therapist should aspire to. It is recognized that the realities and the complex nature of life and of human beings make the realization of these aspirational ideals impossible to achieve perfectly. However, the ideals provide a lofty standard that therapists can aim for.

Kitchener (1984) identified five moral ideals that are foundational to many mental health codes: (1) autonomy, (2) nonmaleficence, (3) beneficence, (4) justice and (5) fidelity. One can see these ideals clearly embedded in the aspirational principles of the APA Code (2010).

Principle A: Beneficence and nonmaleficence. Following a mandate laid down originally in the Hippocratic Oath, the ethical therapist seeks to benefit clients and strives not to do things that would harm them. The therapist seeks to advance and refine his or her professional skills and generally avoids areas in which he or she is not knowledgeable. The therapist tries to be sensitive to and avoid those things that would harm the client. In unusual circumstances where harm is unavoidable, as when the therapist must break confidentiality to protect someone, the therapist does everything possible to minimize the harm.

Principle B: Fidelity and responsibility. Ethical therapists strive to be trustworthy. Clients should be able to trust that their therapists will do the best they can to uphold essential standards of clinical care and professional conduct. Therapists are sensitive to their responsibilities to the wider community and to society.

Principle C: Integrity. Therapists seek to be honest and consistent in the way they represent themselves and their professional activities. This is important when the therapist is involved in direct clinical service, but it is just as true when the therapist is engaged in research, teaching or in representing the profession and its knowledge base to the general public.

Principle D: Justice. Justice has to do with the therapist’s responsibility to treat people fairly, to avoid prejudice and bias, and to be particularly sen-

sitive to protecting the rights of the vulnerable among us.

Principle E: Respect for people's rights and dignity. This principle charges that therapists should seek to respect the worth of the people with whom they work, including the person's right "to privacy, confidentiality and self-determination" (APA, 2010). Again, the principle places special emphasis on remembering to respect the rights and dignity of those who are particularly vulnerable and whose ability to make autonomous decisions is compromised by physical, mental or other factors.

Many of these aspirational ideals are rooted at least in part in a Judeo-Christian tradition, though this may not always be self-evident. For Christians in the mental health professions, it may also be useful to consider some explicitly Christian ideals that seem pertinent to the ethical practice of psychotherapy and counseling. These principles may add further meaning and depth to the aspirational ideals set forth in the ethics codes. A number of these are set forth below.

1. Counseling as a calling. Historically in Western society many professions were at one time viewed as forms of ministry (Campbell, 1982). Many Christian therapists carry this tradition forward, experiencing their involvement in the work of counseling as a *calling*, and seeing their work not as a job but as a vocation of service.

2. Stewardship of talents. In addition to viewing counseling as a calling, a Christian perspective views one's talents, including professional talents, as a gift from God to be used in service to others (1 Pet 4:10). As such, the gift is a sacred trust, and the recipient is expected to prove faithful to that trust (1 Cor 4:2). Thus, in training and service the professional is called to the highest standards of preparation, competence and practice. In a real sense the work of counseling can be seen as an extension of Christ's healing ministry.

3. The comprehensive nature of the reign of God. "For Christians, the kingdom of God constitutes the primary ethical community" (Anderson, 1990, p. 204). The Christian faith makes the bold assertion that God's reign extends into all aspects of life (Christian Life Commission, 1981). This includes the professional life. God is as present with us in the therapy room as when we are at church. He is present when we make business decisions about our professional practice. He is concerned with the philosophies that inform our therapies and our ethical decisions.

This is a source of great comfort. It makes clear God's desire to be involved in our present realities, encouraging and supporting us, and it affirms God's care and love for us in the midst of the difficult, stressful decisions we face. It also confronts us with the fact that we cannot separate our faith from our vocation when it is convenient for us to do so. God challenges us to make our decisions with more than ourselves in mind. We must avoid the temptation to live as if God's standards are fine for ecclesiastical circles but impractical for the world of complicated client issues or the competitive world of the counseling business. To do so is to live as if our faith is impotent in the world we live in, and it leaves us open to hypocrisy in our thinking and our behavior.

4. Humility. Sin is a very real presence in our world (Rom 3:23). Generally forgotten in most professional codes, it is nevertheless an extremely important reality to which we are all prone (CAPS, 2005). Though traditional codes have done little to remind us of the presence of sin, psychology has certainly documented some of its characteristic patterns (McMinn, 2004). Attribution theory, for example, recognizes that human beings tend to make excuses and find extenuating circumstances for their own mistakes, while blaming other people for theirs. We readily take responsibility for success even when it isn't justified, but we tend to blame our failures on others (Myers, 1980). Rationalization, one of a number of psychodynamic defense mechanisms, illuminates our tendency to justify our unacceptable behaviors, attitudes and beliefs.

The reality of sin calls professionals to practice the art and science of therapy with humility. Ethical therapists remain vigilant to their own human limitations and avoid the notion that their professional standing, knowledge or their religious beliefs ever fully inoculate them from error.

5. The image of God in humanity. The Bible states that each person is created in the image of God (Gen 1:27). As such, human beings have a special quality, a uniqueness among creatures. The message of Scripture is that each person is of inestimable value to God, and by extension to us as therapists. These understandings undergird our responsibility to practice *beneficence* and *nonmaleficence* toward the people we serve (Kitchener, 1984), and a special obligation to respect the dignity and worth of our clients (APA, 2010, Principle E), no matter their condition or social standing. In

fact, in the narrative of the New Testament, Jesus Christ explicitly identifies himself with those who are weak or in need, and proclaims also that those who care for people like that have, in fact, cared for him (Mt 25:31-46).

As Christian mental health professionals, we are concerned about the dignity and needs of each individual, whether they are clients, colleagues, employees, students, research subjects or others we work with. A client is far more than a diagnostic label. An employee is more than a “hired hand.” An employer is not just a boss. A professional colleague is not to be viewed solely as a competitor. All are people created in God’s image. All are people of worth in God’s eyes and in ours as well (Christian Life Commission, 1981).

6. *Autonomy.* Autonomy (Kitchener, 1984) refers to the therapist’s responsibility to ensure clients’ rights to make their own informed decisions and actions. Part of the task of the therapist is to help clients learn how to consider various options and make their own decisions. Obviously there are limits to this principle, as when the client is a child or is someone who is unable to make competent choices.

Though autonomy is a principle developed mostly out of the emergence of democratic societies, it is not without foundation in Christian thought, so long as by *autonomy* one means the ability to self-manage, self-control or self-discipline rather than to be self-willed (Tit 1:7-8). An important aspect of disciplined autonomy is recognizing how one’s own actions affect others.

7. *Concern for community.* We are called to recognize the larger community in which we and those we counsel live (McCloughry, 1995). The New Testament emphasis on *koinōnia* (κοινωνία) fellowship illustrates God’s concern with healthy community. Our counselees live as part of larger communities: nuclear family, extended family, church, neighborhood, God’s world. Decisions that are made affect others as well as oneself. When a client ends a marriage, for example, it has repercussions that reach far beyond just the individual and the spouse. Children are affected, of course, but so are extended family, friends and associates. The therapist should be sensitive to the needs of the larger body in which the person lives (Eberlein, 1987, pp. 356-57), and though encouraging individual autonomy, should also assist the client in understanding how his or her behavior may or may not affect others. A sensitivity to community also has implications for the therapist. It implies that therapists should not practice in isolation but in

the context of the larger community. This community provides support and accountability. For the professional, the wider community is both a source of sustenance and a group to which one is responsible (Reeck, 1982).

8. *Covenantal relationships.* The Old Testament concept of covenant is more than a contract. It establishes a trustworthy *relationship* between humankind and God. It forms the basis of the Old Testament ethic (Dumbrell, 1995). Likewise trust and *fidelity* are essential to the therapeutic relationship. Without them the relationship is unlikely to be beneficial. Trustworthiness encompasses keeping promises, being faithful and remaining loyal.

9. *Concern for honesty.* The ninth commandment says, “Thou shall not give false testimony,” and with good reason. Lying destroys relationships, both individual and communal. Honesty and integrity are fundamental to good mental health practice. Clients have a right to expect it of us. Therapists who conduct themselves in this way set a tone of honesty and reasonableness for the therapeutic relationship, modeling these behaviors themselves and thus encouraging clients to do likewise. Being forthright is not the same as being brutally honest, however. Christian counselors are called to “speak the truth in love” (Eph 4:15), sharing information in a caring, understanding manner that reflects empathy for the listener.

10. *Christian love.* Love is the bedrock of the New Testament ethic (1 Cor 13). We are to love others with the love that God has bestowed upon us (2 Cor 1:3-7) and that is rooted in Christ’s sacrifice for us. Jesus is our model of love in action (Smedes, 1983). In the context of therapy, it means that we are called to express a Christlike love toward those with whom we work.

Obviously the principle of love can be rationalized into a self-seeking focus. Therapists having affairs with clients frequently insist that they are in love. Nevertheless, the truth is that Christlike or *agapē* (ἀγάπη) love is love that is for the other’s sake, both now and in the future.

11. *Justice.* Justice has to do with treating others fairly. It does not necessarily mean treating everyone exactly alike: “equals must be treated as equals and unequals must be treated in a way most beneficial to their own circumstances” (Gladding, Remley & Huber, 2000). Justice and love belong together, and in a sense, justice gives “backbone” to the concept of love (Tillich, cited in Field, 1995). Justice can also include trying to remedy unfair situations where they exist without creating greater harm.

In addition to aspirational ideals, codes of ethics also include what are called *mandatory obligations*. These are the rules and regulations that are sufficiently focused and specific to use as standards of practice, and that can be enforced when a clinician is judged to have broken them. We shall have much more to say about the content and application of these rules later in the book, but for now I can outline several of the fundamental obligations as follows:

- Competence—Are you qualified professionally and personally to provide the services you are offering (APA, 2010, Sect. 2.00)?
- Confidentiality—Do you understand the importance of holding information you receive in confidence? Do you recognize circumstances that could endanger your ability to be confidential? Do you know when it is appropriate to break a confidence (APA, 2010, Sect. 4.00)?
- Multiple relationships—Do you understand the potential problems in working with people in professional relationships at the same time you are relating to them in other contexts, such as at church, in business or at school? Most especially, do you understand why sexual intimacies with clients, students and so forth are always wrong and are clear examples of unethical multiple relationships (APA, 2010, Sects. 3.02, 3.05, 10.05-10.08)?
- Public statements—Do you avoid making deceptive, false or manipulative statements about the services, products or activities you provide? Do you avoid making public statements that cannot be supported by evidence? Do you discourage public relations people, book publishers and others who represent you from making inappropriate statements on your behalf (APA, 2010, Sect. 5.00)?
- Third-party requests for services—When a third party (a court, a parent, a business, a school, etc.) requests that you provide services for them (assessing an alleged criminal or victim, seeing a child, evaluating an employee or student, etc.), do you clarify with all parties the nature of the relationship with each of them? For example, if you assess an accused individual for the court, do you make sure the person understands that the information they give you will not be confidential and in addition, will be provided to the court (APA, 2010, Sects. 3.05, 3.07, 4.02)?

While the mandatory obligations are considered more specific and enforceable, it needs to be said that the wording of some of these rules acknowledges that in the real world of everyday practice individual judgment sometimes comes into play and that at times the clinician must formulate decisions based on a reasoned judgment rather than on a clear and unbending application of a rule. For example, when deciding whether to engage in a nonsexual multiple relationship, the APA code gives the clinician some latitude in estimating whether participating in the multiple relationship will help or harm the client.

These are some of the issues the codes and the law attempt to cover. We shall see in the chapters that follow how the various rules apply specifically to different issues and areas of mental health work. We shall also see that as important as the codes and the laws are, it is increasingly understood that they represent at best a foundation for the ethical practice of psychotherapy. They are absolutely necessary but insufficient in and of themselves for ethical practice.

RESPONSES TO CODES OF ETHICS

Confronted with a professional code of ethics, people respond in different ways. In some ways, their reactions mirror those of people confronted by an authority figure.

Some people largely resist the code of ethics. Faced with the constraints that ethical systems impose, they ignore the constraints and forge their own paths. In some cases, they carry on a passive-resistant relationship with ethical codes, verbally assenting to the codes while quietly disobeying them. Less commonly, they openly defy the rules. For these individuals, the codes represent restraints that stand in the way of their own self-serving motivations and impulses. These therapists often consciously or unconsciously use the therapeutic relationship as a place to meet their own personal needs and desires rather than to serve the best interests of the client. In the case that opened this chapter, one can only speculate about the personal reasons why a therapist who knew better would be willing to share so freely the names and addresses of “satisfied clients,” showing little concern for the potential problems his hasty action might cause them. Disturbances in a therapist’s character such as narcissism, impulsivity or sociopathy may all be under-

lying factors that affect the therapist's ethical thinking and result in his or her forging a path outside the parameters of the ethical code.

Others faced with the authority of ethical codes react with anxiety. For these people, ethical codes are to be feared. One is always in danger of making a mistake, and the person who fears the codes often worries about the gray areas in practicing psychology and ruminates excessively about risk management. As a result, anxious practitioners are sometimes less effective as therapists because they resist making any decision that might remotely be questioned ethically or legally. At times, in their failure to be decisive, they behave unethically anyway. For example, the anxious practitioner might delay acting to protect someone who had seriously discussed a plan to commit suicide, fearing that he or she might make a mistake and would be seen later as having violated the patient's rights.

Some therapists tend to avoid their ethical codes. When the codes are revised, they don't read them and seldom consult them for help when questions arise. Unlike therapists who feel themselves above the codes, the "avoider" is more phobic than rebellious and avoids the code in order to escape dealing with difficult issues. These individuals hope they will do the right thing, and they may feel guilty about not staying abreast with their field's ethical code, but when all is said, they do not consult the code because the gain in understanding hardly seems worth the discomfort in studying the code carefully.

Thankfully, most mental health professionals neither fear their ethical code nor rebel against it, but instead have a healthy respect for it. For these practitioners the code guides them and challenges them as they do their daily work, yet they don't deify the code. Such people recognize that there are gray areas that do not always fit the rules well and that part of behaving ethically is learning how to respond with ethical concern even when the rules are unclear or contradictory. Later in this chapter, we will discuss the means by which the Christian practitioner can approach this goal.

Yet even when there is basic respect for the ethics code, Koocher and Keith-Spiegel (2008, pp. 9-18) point out that there are still a number of reasons why a therapist might behave unethically. Inexperience and ignorance are common causes of unethical behavior in otherwise sincere professionals. Some counselors may be naive, believing that being a dedicated

Christian professional automatically insures against ethical problems. Still others act unethically because they have not anticipated a potential problem in advance. For example, a therapist may promise confidentiality to a couple in marriage counseling, but later finds him- or herself in a dilemma when the couple later divorces and one spouse wants to use the records from counseling in a child custody dispute. Or, as sometimes occurs when controversial treatment techniques are used, a therapist may not have been able to anticipate adequately the problems that might arise from using a controversial intervention. One must proceed with great care when considering unusual treatment techniques.

Therapists may encounter situations in which the possibility of behaving unethically was foreseen but was unavoidable. Or therapists can end up in situations in which they must choose between various less-than-fully-ethical responses. For example, if you the therapist receive a subpoena to release confidential information and do not have permission from the client to do so, you may find yourself in contempt of court if you do not release the information and guilty of a breach of confidentiality if you do. Finally, therapists may act unethically because there are no ethical guidelines or laws which precisely apply to the issue in question, or the guidelines or laws that do exist are ambiguous or conflict with each other. Haas, Malouf and Mayerson (1986), for example, collected data suggesting that despite awareness of ethics codes, it is not unusual for psychotherapists to disagree about the proper course of action in particular real-world, ethical situations.

CHRISTIAN MENTAL HEALTH CARE TODAY

Fortunately, most Christian therapists today are trained, service-oriented professionals who honestly try to behave ethically in their daily work. Most Christian practitioners hold advanced degrees in the helping disciplines. Many are state licensed and are bound by professional codes of ethics and state laws that regulate their practice in the community. Those who are state licensed seem at least as well-trained and sensitive to basic ethical obligations as their secular counterparts (Schneller, Swenson & Sanders, 2010).

Professional “Christian counseling” has become a major movement within the larger Christian community and has had an impact for good. Hurting people whose personal problems went largely unnoticed and un-

cared for in years past are now receiving hope and help, all in the context of caring Christian community. People who in the past would have been avoided, blamed or ostracized, even by the church, are now receiving understanding and intervention.

Yet, like any other widespread movement, ethical infractions are bound to occur at times, and as our earlier example illustrated, Christians are certainly not immune to ethical misconduct. Christian mental health professionals are confronted with all the same ethical dilemmas as their secular counterparts. Confidentiality, multiple relationships, competence and all the other fundamental issues of ethical practice will arise.

CULTURAL AND RELIGIOUS TRENDS

Christian practitioners also work in a larger cultural context, and for better or worse, are affected by cultural trends and values. For example, moral and ethical *relativism*, a position held by many, assumes that there are no universal standards, that what is right and wrong varies according to many factors including the situation, the culture and one's own personal point of view (MacKinnon, 2007).

The mental health professions have clearly been affected by this thinking. Indeed, perhaps due to the complex nature of people's problems and the gray areas which inevitably arise in practice, we are tempted to say that there are no absolutes, that all standards are relative. Once we have done that though, we run the risk of raising the exceptions to the rules to the same level as the rules themselves. For example, we might decide that because some parents abuse their children, traditional admonitions to respect and honor elders have little value for these times.

Absolutism, the position that there are no exceptions to moral rules or ethical principles and that rules are "context-independent" (MacKinnon, 2007), is another view prevalent in segments of the culture. In this view the rules or principles provide an answer for every situation (Pojman, 1995). Therapists who work in Christian settings sometimes find themselves confronted by ministers, board members or parishioners who hold to such a view. For example, consider the minister who believes that the marital contract is absolutely binding no matter the circumstances. He becomes incensed after he refers a married couple for counseling and finds out that the

Christian therapist has recommended at least a temporary separation because one of the spouses is abusing the other.

The emphasis on *individualism and the self* may also affect therapists' ethical decisions, particularly in Western culture. Popular culture teaches us that the healthy person takes care of him- or herself and his or her "needs" first, is independent, values personal happiness over obligation, is assertive, avoids stress and enjoys leisure. Where this emphasis on individualism is extreme, it brings with it a decreased emphasis on the importance of community, interpersonal connectedness, family and God. Martin Seligman, the eminent psychologist, has called this the "waning of the commons" (1990). As he put it

The life committed to nothing larger than itself is a meager life indeed. Human beings require a context of meaning and hope. We used to have ample context, and when we encountered failure, we could pause and take our rest in that setting—our spiritual furniture—and revive our sense of who we were. I call the larger setting the commons. It consists of a belief in the nation, in God, in one's family, or in a purpose that transcends our lives. In the past quarter-century, events occurred that so weakened our commitment to larger entities as to leave us almost naked before the ordinary assaults of life. (p. 284)

Seligman, an expert on depression, believes that "a society that exalts the individual to the extent ours does will be riddled with depression" (p. 287). Such a society might be overrun by people who, in their emphasis on the self, ignore the personal and communal benefits of empathizing with others and behaving ethically toward their fellows. What purpose is there in following the rules if it's "every man or woman for him- or herself?"

For the therapist, the current cultural and to some extent the mental health emphasis on individualism raises deeper ethical questions about the proper goals of therapeutic intervention. Is treatment always and only about self-actualization and personal happiness? If so, does therapy then degenerate into a narcissistic exercise that idolizes the desires of the self (Vitz, 1994)?

Economic factors also affect ethical decision making. Prior to the 1980s, Christian psychotherapy was a helping profession provided by a relatively small number of practitioners, most of whom made a reasonable living, but often had to defend their work to a sometimes skeptical church community. In the 1980s that changed. Christian counseling was "in" and the market soon

flooded with practitioners, authors and speakers. Most were sincere, but a few were attracted to the field by the promise of fame and fortune in this, the latest Christian fad. For the latter, the importance of truth in advertising, competency in counseling and interprofessional cooperation took a back seat to inflated claims, average standards of care and unbridled competition.

Now, new economic challenges are affecting the mental health community. With the advent of managed care, insurance companies are actively restricting access to health care in general and mental health care in particular. Insurance reimbursement for mental health care is decreasing. Nevertheless insurers demand more and more written justification for whatever care is provided. Ethical therapists find themselves with the dilemma of trying to provide optimal care for their clients, while dealing with increased overhead and administrative demands, and decreased reimbursement.

Religious factors also play a role in ethical decision making. During the latter part of the twentieth century, a period in which psychology gained great popularity, much of the emphasis in secular culture was on permissiveness and in the Christian church on grace. Much of this grace emphasis developed as a reaction to the legalism and prejudices all too prevalent during periods of church history. Consequently, the prevailing message of many within the church has been “God is love.” Having seen the problems of rules without grace, many called for a return to a higher ethic based upon love (Stott, 1994).

Yet some who stress this emphasis on grace convince themselves that they are following a higher ethic of love when in fact they are ignoring basic rules of human conduct and interpreting Christian love to mean whatever fits their own sentiments and impulses, like the counselor in the vignette at the beginning of this chapter. Indeed, by ignoring the APA code, the counselor in that story had not lived above an inferior, secular code but had instead denied some fundamental rules of professional conduct and practice (the APA code) that were not at all inconsistent with a Christian ethic.

The shift of the Christian culture toward grace was a needed corrective to the legalism of previous days. However, as has been true from the beginnings of Christianity, there have always been those who would shift the balance of grace and law too far in one direction or the other with detrimental consequences on moral and ethical decision making.

THE CHRISTIAN MENTAL HEALTH PROFESSIONAL

Christian mental health professionals are confronted with all the same ethical dilemmas as their secular counterparts. Confidentiality, multiple relationships, competence and other fundamental issues of ethical practice will arise. Christian practitioners also work in the larger cultural context and for better or worse are affected by cultural trends and values.

The ethics codes that have been created by various secular professional guilds are fundamental rules of practice hammered out through years of common experience. For the most part, these codes are straightforward and place most of their emphasis on the patient's welfare. Recognizing that professional intervention can have negative as well as positive outcomes, the codes encourage practitioners to take all reasonable steps to "do no harm" to their patients (Fernhoff, 1993). As documents devised in a pluralistic culture, the codes usually avoid issues that would undoubtedly offend a particular cultural or religious group. In general, they represent the minimum that a licensed professional therapist should do to behave ethically and they do not frequently contradict a Christian ethic.

It is essential for every licensed professional to be familiar with the codes and laws that govern his or her own professional group. It is probably also wise for licensed therapists to be at least somewhat familiar with the codes of allied mental health professionals. For example, the APA Code is the oldest of the codes (Ford, 2006) and one of the most respected (Haas, 2000), and Cruse and Russell (1994) have suggested that nonpsychologists would do well to have at least some familiarity with its standards if for no other reason than they might someday face an opposing attorney in court who expects them to be familiar with it.

Though technically not held to the same standards as professional therapists, noncertified pastoral counselors and lay counselors have a responsibility to know as much as they can about the ethics of counseling. At a minimum they should be aware of common ethical pitfalls in counseling. In this way, they will be more likely to recognize potential problems and consult with supervisors, and know when to refer to others with more training.

Having asserted the importance of knowing and following the secular codes, Christian therapists must consider how these codes relate to the

special kinds of ethical dilemmas they face because of the settings in which they work or the beliefs that they hold. Consider these examples.

- A young couple with two children comes to a Christian marriage counselor insisting at the outset that she help them negotiate an end to their marriage. What responsibility does the counselor have to the sanctity of the marriage and family as well as to the individuals involved?
- A pastor, who counsels regularly, questions whether or not to gain further formal training in counseling, knowing that in his state “religious counselors” are given an exemption from the strict training requirements facing other counselors.
- A Christian therapist works in a government agency. During the course of therapy with one client, material is revealed that suggests the client has serious concerns of a spiritual nature. Should the therapist talk about faith issues in the therapy despite the fact that he works for a nonpartisan, governmental agency?
- A licensed professional counselor joins the staff of a church as its minister of counseling. Soon after arriving, the senior pastor refers the church’s youth minister for counseling. Is it appropriate for the counselor to provide therapy for the youth minister?

Beyond specific ethical dilemmas, Christians must also consider whether they are called to more than a mere practice of the “rules ethics” established by professional guilds. Surely those who live under grace are called to “mature in Christ” and develop higher-order decision-making abilities.

As Christians, we want to not only practice doing right but also being moral people. Morality is a state of *being* as much as it is *doing*. Ideally, if we are to truly follow a higher ethic, we must be growing in virtue as well as in principles (see Jordan & Meara, 1990, and Tjeltveit later in this volume for a discussion of virtue ethics and principle ethics). Character traits such as trustworthiness, wisdom, humility and integrity must have developed and be developing alongside knowledge of the rules of conduct. Otherwise, we run the risk of becoming legalistic, applying rules arbitrarily to situations where the spirit of the law—the internal law—might tell us to intervene more carefully. Conversely, we may rationalize away the rules we are called

to uphold. Growing in virtue broadens the ability to see through to the essence of all good law: promoting justice and love (Smedes, 1983).

ETHICS AND SCRIPTURE

During his earthly ministry, Jesus frequently confronted prominent religious factions who had become excessively legalistic in their attempts to make the “letter” of religious law determinative in every situation. Jesus argued that these leaders had become so obsessed with the ceremonial law and with tradition that they had missed the essence of the law (Maston, 1964, p. 146). He summed up all law in a positive frame by asserting that the two greatest commandments were to love God with all one’s being and to love one’s neighbor as oneself (Mt 22:36-39).

Yet Jesus was not a libertarian in the theological sense of that term. He clearly stated that his mission on earth was not to abolish the Old Testament law but rather to fulfill it (Mt 5:17) “by bringing its essential teaching to its full development” (Maston, 1964, p. 147). To Jesus, the commandments were not rigid moralisms passed down from an outmoded civilization. They were basic truths for living and conduct that would be given new life and humanized in a pervasive ethic of love.

Jesus’ ethic of love, far from being relativistic or anemic, sometimes went beyond the ethical legalisms of the day. For example, he argued that there was little advantage in following the letter of the law if one harbored such things as bitterness or lust or greed in one’s heart (Mt 5:28). He called his followers to grow deeper in virtue.

The New Testament message proclaims a balance between grace and law. Nowhere is this balance better explained than in the book of Romans. Here Paul says that God’s law functions to define what sin is and condemn the sinner (Rom 3:27-28). No one, no matter how good or how moral or how much he or she follows the rules, can or will measure up to the level of the divine. But God in his mercy provides a means for forgiveness and a way to peace and eternal relationship with him. It is through faith in God’s Son, Jesus Christ, that people receive this gift of God (Rom 5:2). Followers of Christ do not live under law but under grace (Rom 6:14), which may be defined as the unmerited favor that God has bestowed on sinful humankind.

Paul does not stop here. He argues that through the sacrifice of Jesus

Christ on the cross and the assistance of the Holy Spirit, believers are empowered to fulfill the law and live righteous and loving lives (Rom 8:4; 13:8). They are free from the condemnation of the law yet free to keep the law in response to the loving grace of God and the ongoing care of his Spirit. The new covenant ushered in by Christ is one in which “the Holy Spirit writes God’s law in our hearts” (Stott, 1994, p. 196).

Ideally, then, being a person of virtue follows naturally from a close, intimate relationship with God. Such a relationship, like all excellent relationships, must be marked by warmth, love, accountability and responsibility. The Bible is the unfolding drama of God’s desire for this kind of relationship with his people. In the beginning he created man and woman in his image and desired fellowship with them. In the Old Testament he sought a covenantal relationship with his people that was much more than a mere contract; it was a deeply personal commitment one to the other. The New Testament reveals God’s ultimate endeavor toward intimacy with humankind: God became human in the person of Jesus Christ and walked as a human being, with all the blood, sweat and tears that accompany that. While here, he became intimately familiar with people from all walks of life, not just the “good” people but the outcasts and the sinners as well. He was persecuted by those who did not understand him, and he experienced the hurts, anguish and negative emotions common to those who live in this world. He suffered a cruel and hideous death that he did not deserve.

The God of the Bible is not a distant figure, completely removed from his people. He is not a foreign figure who shouts impossible edicts from afar and then leaves his subjects alone to grapple with the pronouncements. In the Christian faith the rule of law takes place within the context of personal relationship, of covenant, of love. It is in this relationship of covenantal love that we are empowered to follow a Christian ethic.

To be sure, this is not an easy task. There can be no doubt that as leaders in the Christian community, Christian mental health professionals are called to a higher ethic. It is not out of context to argue that the qualities of the elder and overseer in the early church are some of the same qualities that Christian therapists should aspire to. These qualities enumerated by Paul in 1 Timothy 3:1-7 and Titus 1:5-9 include self-control, gentleness, temperance, respectability and avoiding greed.

ETHICS AND GOD'S CALL

The calling to be a Christian counselor is a high calling with exceptional expectations and responsibilities. Certainly it reflects a standard all should aspire to but none will fully attain (Rom 7:21-25). The good news is that the Christian process of being and becoming ethical is done in the context of supportive relationship—with God, the Holy Spirit and fellow Christians.

Earlier in this chapter we looked at the different responses that people have to ethics codes. Those who are fearful of the codes are often fearful of the code's power to "condemn" them, so they follow the codes legalistically in an effort to avoid judgment. In contrast, those who reject ethics codes sometimes take an antinomian position that the codes are of no value, and they rebel against these codes. Following Paul and assuming that the codes are in the main consistent with a Christian ethic, a Christian might face the codes secure in the grace of Christ, yet determined to fulfill the codes with God's help.

The message of Scripture is that God is with us at all times, but most especially in life's hard places, much in the same way a close personal friend is. He is there when we seek to help our clients in psychotherapy, when we struggle to teach others and when faced with tough ethical decisions. As a truly intimate friend, God is there to inspire, support and encourage us, and to hold us accountable and correct us. He walks with us and encourages us to embrace our ethical mandate.

Likewise the call to be ethical takes place best within the context of a Christian community in which we participate with other Christian people who are seeking as we are to fulfill God's will and ministry. Christianity takes place in *koinōnia* (κοινωνία), in close fellowship with one another. In fellowship with one another we benefit from the shared love, support, wisdom, accountability and obligation to each other.

OUTLINE AND ACKNOWLEDGMENTS

The chapters that follow cover pertinent issues related to ethics and the Christian mental health professional. Chapter two reviews the fundamental relationship between Christian ethics and psychotherapy. Chapter three considers the issue of competence and what qualifies one to be a Christian mental health professional. The next chapter focuses on some of the es-

sential rules common to most ethical codes and how they apply practically to the daily work of therapy. Chapters then address the issues of sexual misconduct and nonsexual multiple relationships.

The following chapters deal with some challenging issues in therapy. Included among the areas covered are issues unique to couples therapy and child therapy. We also take up the ethics of addressing spiritual or moral values issues in therapy. Specific client populations such as sexual minorities and clients with chronic conditions are considered. Cultural diversity issues in therapy are discussed as well as ethical issues related to psychotherapy as a business.

The next chapters address specific counseling settings and the ethical issues peculiar to them. The first chapter looks at the pastor as counselor, focusing not on professional pastoral counselors but rather on the typical parish minister. We consider the ethics of lay or paraprofessional counseling. Then we consider Christian mental health professionals who work in military or government agencies, university counseling centers, missionary care agencies and psychological first aid.

Finally, we consider current trends in teaching ethics to Christian mental health professionals and offer a model for ethical decision making. Appendix 1 includes some examples of ethics codes that are presently available, and appendix 2 contains examples of the types of consent and other forms that are used in counseling today.

The case studies in this book are representative of the kinds of cases faced by clinicians in practice. The cases are totally fictitious, are composites of a number of cases or have been altered to ensure anonymity and confidentiality. All names used for characters are fictitious, and any resemblance to persons living or dead is purely coincidental.

I am appreciative of the many colleagues who have helped in some way with the revision of this book. I am also thankful to those who have sponsored my continuing education workshops on ethical issues during the past several years as well as those individuals who have participated in the workshops and shared their experiences in dealing with ethical issues.

To act ethically can be difficult, to be ethical can be even more so. Our hope of approaching these ideals is found in God, who first loved us, who in his love encourages us to love others, and in the Holy Spirit and the com-

munity of friends who encourage us as we seek to live righteously in the world. God does not wish for us to run from his law in fear but to embrace and fulfill his law with confidence—confidence in our inestimable worth before him, in his power to be with us in the midst of Christian community and in his ultimate control of our destiny.

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