

Ethical Case Study **(20% of final grade)**

- For this assignment you will be presented with an ethical dilemma. In reviewing the case, you will write an 8 page (minimum) APA-formatted paper where you will:
 - (a) identify the ethical and/or legal issue(s),
 - (b) discuss the (ACCA) Code of Ethics and Standards of Practice that pertain to the case,
 - (c) apply other relevant sources
 - (d) draw a conclusion by applying an Ethical Decision Making Model, and
 - (e) defend your conclusions.

Ethical Case Study

- An excellent paper should have an introduction, a format that follows the seven headers suggested by the Ethical Decision Making Model, a conclusion, and a reference page.
- Each of the 7 steps should take *at least* a paragraph to address
- The case study is worth a maximum of 200 points and will be graded on the criteria offered within the *Scoring Rubric for Ethical Case Study*
- Similarly, please hand in the first page of each of the 4 referred articles that you used in your write-up.

Student's Name Jasmin

Scoring Rubric for Ethical Case Study

Assignment Component	Expectation	Points Awarded
Introduction	An introductory paragraph that 1) notes the thesis of the paper (what is the point of writing this?), 2) specifies the main topics that will be covered, and 3) hints at what you want the reader to know after completing your paper	___ / 5 max points
Identify the problem	Facts presented objectively and specifically (opinions, hypotheses, & assumptions removed). Identified the issue as an ethical, legal, professional, or clinical problem (or combination thereof).	___ / 10 max points ___ / 10 max points
Apply Code of Ethics	A review of the ACA or AAMFT/IAMFC Code of Ethics is presented (citing specific sections that were reviewed – e.g., "Section C.2 states that...") as well as a mention of any suggested course of action.	___ / 10 max points
Nature/dimensions of the dilemma	A review of the applicable moral principals, the counseling literature that address the case's topics, and evidence of consultation. Referred article #1 reviewed, critiqued, and incorporated. Referred article #2 reviewed, critiqued, and incorporated. Referred article #3 reviewed, critiqued, and incorporated. Referred article #4 reviewed, critiqued, and incorporated.	___ / 10 max points ___ / 10 max points ___ / 10 max points ___ / 10 max points
Generate potential courses of action	Evidence that a number of brain-stormed courses of action (e.g., 3-5) were generated (with appropriate supervision/consultation). Enough detail is provided to aid in the decision-making process.	___ / 10 max points
Consider potential consequences of all options and determine course of action	Evidence that each potential course of action was reviewed based on the information thus far gathered. Based on this information, a course of action is chosen. Implications for the client, for others who will be impacted, and for the counselor are presented.	___ / 10 max points ___ / 10 max points ___ / 10 max points
Evaluate course of action	A review of the chosen course of action, to include the three tests (justice, publicity, and universality).	___ / 5 max points ___ / 5 max points ___ / 5 max points
Implement course of action	Evidence of how the course of action is implemented, to include follow-up and documentation.	___ / 10 max points
Conclusion	A concluding paragraph that reiterates the main points of the paper and the one or two things that the reader REALLY must know about your subject matter.	___ / 5 max points
Reference Page	An APA (6 th Edition) formatted reference page noting the four (or more) sources cited in the paper.	___ / 10 max points
Writing Quality	A well-written paper that meets graduate-level expectations (spelling, grammar, APA format, title page, headings, etc.).	___ / 35 max points
TOTAL POINTS	Total points on this assignment: Percentage points toward final course grade:	___ / 200 max ___ / 20% max

I have abided by the Code of Academic Integrity on this assignment.

Signature/Date

Caught in the Middle

You are working as a mental health counselor in a large community mental health clinic where you primarily work with children and adolescents. Your primary duties include counseling individuals and small groups, conducting parenting lessons, and consulting with parents, psychiatrists, and school officials.

Shortly after the beginning of the current school year, a school counselor from the local elementary school calls you and explains that one of the fourth grade students, Nicholas, is experiencing difficulties in school where none had existed before. You take the referral and contact Nicholas' mother, Juanita, to schedule an initial session in your office to discuss the school counselor's specific concerns. During this initial consultation Juanita divulged that her husband, Russell, had recently moved out of the house. Nicholas, being the oldest of three siblings, was especially upset with the situation and had shown recent outbursts of anger, to include fighting, both at home and at school. Teachers had also notified Juanita that Nicholas' schoolwork was slipping badly. Juanita tearfully revealed that her husband had physically assaulted her, and that although he had never abused the children, they were certainly affected. You and Juanita decide that Nicholas should begin to see you for counseling on a twice-weekly basis to help him deal with his anger and failing grades.

You have seen Nicholas for 5 to 6 weeks. During this time Nicholas revealed a great deal to you about himself and his family. He also came to realize that his angry outbursts, fighting, and declining grades were related to the stress surrounding his family circumstances. At a follow-up meeting with Juanita, you are pleased to report that both Nicholas' grades and his school behavior had begun to improve (as reported by the school counselor, teacher, and the client's self-report). Additionally, Nicholas has demonstrated the ability to find healthier releases for his anger.

You receive an unexpected phone call from Nicholas' father. Although you are cordial and professional, you become increasingly uncomfortable with Russell's press for information about both Nicholas and his mother. According to Russell, Juanita had filed divorce papers and was seeking full custody of the children. Russell becomes increasingly insistent in his demand to learn the content of all your sessions with both Nicholas and Juanita. During the conversation Russell alludes several times to his attorney's involvement and threatens to file a complaint with the ACA Ethics Committee for your noncompliance with his request. Although you close the conversation by generally and vaguely recounting Nicholas' improved behavior and academic performance, Russell lets you know that he will continue to push you for more information as the divorce proceeds. You are concerned because you feel the information is confidential. A follow-up phone call to Juanita confirms that legal papers have been filed. Juanita also tells you that both she and Nicholas want to keep the counseling records confidential and out of Russell's possession.

In reviewing this case, write an eight (8) page (minimum) APA-formatted paper where you implement the Ethical Decision Making Model offered by Forester-Miller and Davis (1996). You will find a review of this and other decision making models in the textbook, your lecture notes, and in the current counseling literature. In following the 7-step model, discuss what actions you would take as you proceed through the steps (FYI: in step 3, be sure to find four referred articles from the counseling literature that address the case's topics and what these sources conclude). Throughout the paper, be sure to document and defend your courses of action and your final conclusions.

An excellent paper should have an introduction, a format that follows the seven headers suggested by the Ethical Decision Making Model, a conclusion, and a reference page. This case study is worth a maximum of 200 points (20% of your final grade) and will be graded on the criteria offered within the Scoring Rubric for Ethical Case Study (which is available on-line for review and is to be handed in with your final paper). Similarly, please hand in the first page of each referred article that you used in your write-up.



Practitioner's Guide to Ethical Decision Making

Holly Forester-Miller, Ph.D. and Thomas E. Davis, Ph.D.

Introduction

Counselors are often faced with situations that require sound ethical decision-making ability. Determining the appropriate course to take when faced with a difficult ethical dilemma can be a challenge. To assist American Counseling Association (ACA) members in meeting this challenge, the authors have developed the Practitioner's Guide to Ethical Decision Making as a framework for sound ethical decision making. This document addresses the guiding principles that are globally valuable in ethical decision making and presents a model that professionals can use as they address ethical questions and dilemmas in their work.

Foundational Principles

Several foundational principles are the underpinnings of best ethical practice and are viewed as central to the process of ethical decision making within the helping professions (Beauchamp & Childress, 2012; Coughlin, 2008; Kitchener, 1984; Kitchener & Anderson, 2011). Beauchamp and Childress (1979) identified four principles that are at the core of ethical reasoning in health care: autonomy, justice, beneficence, and nonmaleficence. Kitchener (1984) added a fifth principle—fidelity. She viewed these five principles as the cornerstone of ethical guidelines for counselors. Ethical guidelines cannot address all situations that a counselor is forced to confront. Reviewing these ethical principles, which serve as the foundation of the guidelines, often helps to clarify the issues involved in a given situation. The five bedrock principles of autonomy, justice, beneficence, nonmaleficence, and fidelity are each vital in and of themselves to a healthy counseling relationship. By exploring an ethical dilemma with regard to these principles, a counselor may come to a better understanding of the conflicting issues. A description of each of the five foundational principles follows.

Autonomy is the principle that addresses respect for independence, and self-determination. The essence of this principle is allowing an individual the freedom of choice and action. It addresses the responsibility of the counselor to encourage clients, when appropriate, to make their own decisions and to act on their own values. There are two important considerations in encouraging clients to be autonomous. First, helping clients to understand how their decisions and their values may be received within the context of the society in which they live, and how they may impinge on the rights of others. The second consideration is related to the client's ability to make sound and rational decisions. Persons not capable of making competent choices, such as children and some individuals with mental disabilities, should not be allowed to act on decisions that could harm themselves or others.



Justice, as Kitchener (1984) points out, is “treating equals equally and unequals unequally but in proportion to their relevant differences” (p. 49). Justice does not mean treating all individuals the same. If an individual is to be treated differently, the counselor needs to be able to offer a rationale that explains the necessity and appropriateness of treating the individual differently. An example of justice is that a counselor would give a person who is blind a form that is in braille, or would go through the form with that individual orally, instead of giving him or her a standard written form to fill out. But the counselor would treat him or her the same as any other client in all other regards.

Beneficence reflects the counselor’s responsibility to contribute to the welfare of the client. Simply stated, it means to do good, to be proactive, and also to prevent harm when possible (Forester-Miller & Rubenstein, 1992). Beneficence can come in many forms, such as prevention and early intervention actions that contribute to the betterment of clients.

Nonmaleficence is the concept of not causing harm to others. Often explained as “above all, do no harm,” this principle is considered by some to be the most critical of all the principles, even though theoretically they are all of equal weight (Kitchener, 1984; Rosenbaum, 1982; Stadler, 1986). This principle reflects both the idea of not inflicting intentional harm, and not engaging in actions that risk harming others (Forester-Miller & Rubenstein, 1992). Weighing potential harm against potential benefits is important in a counselor’s efforts toward ensuring “no harm.”

Fidelity involves the notions of loyalty, faithfulness, and honoring commitments. Clients must be able to trust the counselor and have faith in the therapeutic relationship if growth is to occur. Therefore, the counselor must take care not to threaten the therapeutic relationship or to leave obligations unfulfilled.

When exploring an ethical dilemma, the counselor needs to examine the situation and how each of the above principles may apply to that particular case. At times, this examination alone will clarify the issues so that the means for resolving the dilemma becomes clear. When an initial review of the five foundational principles does not provide direction, it is helpful to be able to work through the steps of an ethical decision-making model. The following sections describe the steps of the ethical decision-making model.

Ethical Decision-Making Model

We have incorporated the work of Forester-Miller and Rubenstein (1992), Haas and Malouf (1989), Kitchener (1984), Stadler (1986), and Van Hoose and Paradise (1979) into a practical, sequential, seven-step, ethical decision-making model. A description and discussion of the steps follow. We encourage counselors to consider the worldview of their clients and others who may be affected in each step of the decision-making model (Luke, Goodrich, & Gilbride, 2013).

1. Identify the problem.

Gather as much information as you can that will illuminate the situation. In doing so, it is important to be as specific and objective as possible. Writing ideas on paper often helps provide clarity. Outline the facts, separating out innuendos, assumptions, hypotheses, or suspicions. There are several questions to ask yourself: Is it an ethical, legal, professional, or clinical problem? Is it a combination of more than one of these? If a legal question exists, be sure to seek legal advice.

Other questions that may be useful to ask yourself are: Is the issue related to me and what I am or am not doing? Is it related to a client and/or the client’s significant others and what they are or are not doing? Is it related to technology in the provision of services or of storing

records? Is it related to the institution or agency and their policies and procedures? If the problem can be resolved by implementing a policy of an institution or agency, you can look to the agency's guidelines. It is important to remember that the dilemmas counselors face are often complex; therefore, a useful guideline is to examine the problem from several perspectives and avoid searching for an overly simplistic solution.

2. Apply the *ACA Code of Ethics*.

After having clarified the problem, refer to the *ACA Code of Ethics* (ACA, 2014) to see if the issue is addressed. Also consider any other state or professional codes that may apply to you (Bradley & Hendricks, 2008; Brennan, 2013). When reviewing the ethical codes, be sure to consider any multicultural perspectives of the particular case (Frame & Williams, 2005). Remember to examine all the nuisances that exist when technology is involved. If there is an applicable standard or several standards and they are specific and clear, following the course of action indicated should lead to a resolution of the problem. To be able to apply the ethical standards, it is essential that you have read them carefully and that you understand their implications.

If the problem is not resolved by reviewing the *ACA Code of Ethics*, then you have a complex ethical dilemma and need to proceed with further steps in the ethical decision-making process (Bradley & Hendricks, 2008; Forester-Miller & Davis, 1996). Levitt, Farry, and Mazzarella (2015) indicated that decision-making models can be time consuming. If it is a complex ethical dilemma, then you should take time to thoroughly analyze and assess all aspects of the situation and its potential solutions

3. Determine the nature and dimensions of the dilemma.

There are a few steps to follow to ensure that you have examined the problem in all of its various dimensions:

- Examine the dilemma's implications for each of the foundational principles: autonomy, justice, beneficence, nonmaleficence, and fidelity. Decide which of the principles apply to the specific situation, and determine which principle takes priority for you in this case. In theory, each principle is of equal value, which means that you will need to use your professional judgment to determine the priorities when two or more of them are in conflict.
- Review the relevant professional literature to ensure that you are using the most current professional thinking and are aware of the diversity issues involved in the particular situation.
- Consult with experienced professional counselors and/or supervisors who also abide by the *ACA Code of Ethics*. As they review with you the information you have gathered, they may help you to see other issues that are relevant or provide a perspective you have not considered. They may also be able to identify aspects of the dilemma that you are not viewing objectively.
- Consult your state or national professional associations to see if they can provide help with the dilemma.

4. Generate potential courses of action.

- Brainstorm as many potential courses of action as possible. Be creative and list all of the options you can think of, even ones that you are not sure will work.
- In this brainstorming phase, you want to generate as many potential solutions as possible. Do not worry about judging and eliminating solutions; you will evaluate them in the next step.
- Whenever possible, consult with at least one colleague who subscribes to the ACA Code of Ethics to help you generate options.

5. Consider the potential consequences of all options and determine a course of action.

- Considering the information you have gathered and the priorities you have set, evaluate each option, being sure to assess the potential consequences for all of the parties involved. Ponder the implications of each course of action for the client, for others who will be affected, and for yourself as a counselor.
- Eliminate the options that clearly do not give the desired results or that cause even more problematic consequences.
- Review the remaining options to determine which option or combination of options best fits the situation and addresses the priorities you have identified.

6. Evaluate the selected course of action.

- Review the selected course of action to see if it presents any new ethical considerations.
- Apply three simple tests to the selected course of action to ensure that it is appropriate: justice, publicity, and universality (Stadler, 1986).

Justice: In applying the test of justice, assess your own sense of fairness by determining whether you would treat others the same in this situation.

Publicity: For the test of publicity, ask yourself whether you would want your behavior reported in the press.

Universality: The test of universality asks you to assess whether you could recommend the same course of action to another counselor in the same situation.

- If the course of action you have selected causes any new ethical issues, then you'll need to go back to the beginning and reevaluate each step of the process. Perhaps you have chosen the wrong option or you might have identified the problem incorrectly.
- If you can answer in the affirmative to each of the questions suggested by Stadler (1986; thus passing the tests of justice, publicity, and universality) and you are satisfied that you have selected an appropriate course of action, then you are ready to move on to implementation.

7. Implement the course of action.

- Strengthen your resolve to allow you to carry out your plan. Just because it is the right decision does not mean it will be easy to implement. Taking the appropriate action in an ethical dilemma is often difficult.
- After implementing your course of action, it is good practice to follow up on the situation to assess whether your actions had the anticipated effect and consequences.

The Ethical Decision-Making Model at a Glance

1. Identify the problem.
2. Apply the *ACA Code of Ethics*.
3. Determine the nature and dimensions of the dilemma.
4. Generate potential courses of action.
5. Consider the potential consequences of all options and determine a course of action.
6. Evaluate the selected course of action.
7. Implement the course of action.

Conclusion

It is important to realize that different professionals may choose different courses of action for the same situation. There is rarely one right answer to a complex ethical dilemma. However, if you follow a systematic model, you can be assured that you will be able to give a professional explanation for the course of action you chose. You should always document your decision-making process in the client file (Brennan, 2013). Van Hoose and Paradise (1979) suggest that a counselor "is probably acting in an ethically responsible way concerning a client if (1) he or she has maintained personal and professional honesty, coupled with (2) the best interests of the client, (3) without malice or personal gain, and (4) can justify his or her actions as the best judgment of what should be done based upon the current state of the profession" (p. 58). Following this model will help to ensure that all four of these conditions have been met.

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2014 ACA Code of Ethics

As approved by the ACA Governing Council



AMERICAN COUNSELING
ASSOCIATION
counseling.org

Mission

The mission of the American Counseling Association is to enhance the quality of life in society by promoting the development of professional counselors, advancing the counseling profession, and using the profession and practice of counseling to promote respect for human dignity and diversity.

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ACA Code of Ethics Preamble

The American Counseling Association (ACA) is an educational, scientific, and professional organization whose members work in a variety of settings and serve in multiple capacities. Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.

Professional values are an important way of living out an ethical commitment. The following are core professional values of the counseling profession:

1. enhancing human development throughout the life span;
2. honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts;
3. promoting social justice;
4. safeguarding the integrity of the counselor–client relationship; and
5. practicing in a competent and ethical manner.

These professional values provide a conceptual basis for the ethical principles enumerated below. These principles are the foundation for ethical behavior and decision making. The fundamental principles of professional ethical behavior are

- *autonomy*, or fostering the right to control the direction of one's life;
- *nonmaleficence*, or avoiding actions that cause harm;
- *beneficence*, or working for the good of the individual and society by promoting mental health and well-being;
- *justice*, or treating individuals equitably and fostering fairness and equality;
- *fidelity*, or honoring commitments and keeping promises, including fulfilling one's responsibilities of trust in professional relationships; and
- *veracity*, or dealing truthfully with individuals with whom counselors come into professional contact.

ACA Code of Ethics Purpose

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

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

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

- Section A: The Counseling Relationship
- Section B: Confidentiality and Privacy
- Section C: Professional Responsibility
- Section D: Relationships With Other Professionals
- Section E: Evaluation, Assessment, and Interpretation
- Section F: Supervision, Training, and Teaching
- Section G: Research and Publication
- Section H: Distance Counseling, Technology, and Social Media
- Section I: Resolving Ethical Issues

Each section of the *ACA Code of Ethics* begins with an introduction. The introduction to each section describes the ethical behavior and responsibility to which counselors aspire. The introductions help set the tone for each particular section and provide a starting point that invites reflection on the ethical standards contained in each part of the *ACA Code of Ethics*. The standards outline professional responsibilities and provide direction for fulfilling those ethical responsibilities.

When counselors are faced with ethical dilemmas that are difficult to resolve, they are expected to engage in a carefully considered ethical decision-making process, consulting available resources as needed. Counselors acknowledge that resolving ethical issues is a process; ethical reasoning includes consideration of professional values, professional ethical principles, and ethical standards.

Counselors' actions should be consistent with the spirit as well as the letter of these ethical standards. No specific ethical decision-making model is always most effective, so counselors are expected to use a credible model of decision making that can bear public scrutiny of its application. Through a chosen ethical decision-making process and evaluation of the context of the situation, counselors work collaboratively with clients to make decisions that promote clients' growth and development. A breach of the standards and principles provided herein does not necessarily constitute legal liability or violation of the law; such action is established in legal and judicial proceedings.

The glossary at the end of the *Code* provides a concise description of some of the terms used in the *ACA Code of Ethics*.

Section A

The Counseling Relationship

• • •

Introduction

Counselors facilitate client growth and development in ways that foster the interest and welfare of clients and promote formation of healthy relationships. Trust is the cornerstone of the counseling relationship, and counselors have the responsibility to respect and safeguard the client's right to privacy and confidentiality. Counselors actively attempt to understand the diverse cultural backgrounds of the clients they serve. Counselors also explore their own cultural identities and how these affect their values and beliefs about the counseling process. Additionally, counselors are encouraged to contribute to society by devoting a portion of their professional activities for little or no financial return (*pro bono publico*).

A.1. Client Welfare

A.1.a. Primary Responsibility

The primary responsibility of counselors is to respect the dignity and promote the welfare of clients.

A.1.b. Records and Documentation

Counselors create, safeguard, and maintain documentation necessary for rendering professional services. Regardless of the medium, counselors include sufficient and timely documentation to facilitate the delivery and continuity of services. Counselors take reasonable steps to ensure that documentation accurately reflects client progress and services provided. If amendments are made to records and documentation, counselors take steps to properly note the amendments according to agency or institutional policies.

A.1.c. Counseling Plans

Counselors and their clients work jointly in devising counseling plans that offer reasonable promise of success and are consistent with the abilities, temperament, developmental level, and circumstances of clients. Counselors and clients regularly review and revise counseling plans to assess their continued viability and effectiveness, respecting clients' freedom of choice.

A.1.d. Support Network Involvement

Counselors recognize that support networks hold various meanings in the lives of clients and consider enlisting the support, understanding, and involvement of others (e.g., religious/spiritual/community leaders, family members, friends) as positive resources, when appropriate, with client consent.

A.2. Informed Consent in the Counseling Relationship

A.2.a. Informed Consent

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

A.2.b. Types of Information Needed

Counselors explicitly explain to clients the nature of all services provided. They inform clients about issues such as, but not limited to, the following: the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services; the counselor's qualifications, credentials, relevant experience, and approach to counseling; continuation of services upon the incapacitation or death of the counselor; the role of technology; and other pertinent information. Counselors take steps to ensure that clients understand the implications of diagnosis and the intended use of tests and reports. Additionally, counselors inform clients about fees and billing arrangements, including procedures for nonpayment of fees. Clients have the right to confidentiality and to be provided with an explanation of its limits (including how supervisors and/or treatment or interdisciplinary team professionals are involved), to obtain clear information about their records, to participate in the ongoing counseling plans, and to refuse any services or modality changes and to be advised of the consequences of such refusal.

A.2.c. Developmental and Cultural Sensitivity

Counselors communicate information in ways that are both developmentally and culturally appropriate. Counselors use clear and understandable language when discussing issues related to informed consent. When clients have difficulty understanding the language that counselors use, counselors provide necessary services (e.g., arranging for a qualified interpreter or translator) to ensure comprehension by clients. In collaboration with clients, counselors consider cultural implications of informed consent procedures and, where possible, counselors adjust their practices accordingly.

A.2.d. Inability to Give Consent

When counseling minors, incapacitated adults, or other persons unable to give voluntary consent, counselors seek the assent of clients to services and include them in decision making as appropriate. Counselors recognize the need to balance the ethical rights of clients to make choices, their capacity to give consent or assent to receive services, and parental or familial legal rights and responsibilities to protect these clients and make decisions on their behalf.

A.2.e. Mandated Clients

Counselors discuss the required limitations to confidentiality when working with clients who have been mandated for counseling services. Counselors also explain what type of information and with whom that information is shared prior to the beginning of counseling. The client may choose to refuse services. In this case, counselors will, to the best of their ability, discuss with the client the potential consequences of refusing counseling services.

A.3. Clients Served by Others

When counselors learn that their clients are in a professional relationship with other mental health professionals, they request release from clients to inform the other professionals and strive to establish positive and collaborative professional relationships.

A.4. Avoiding Harm and Imposing Values

A.4.a. Avoiding Harm

Counselors act to avoid harming their clients, trainees, and research participants and to minimize or to remedy unavoidable or unanticipated harm.

A.4.b. Personal Values

Counselors are aware of—and avoid imposing—their own values, attitudes, beliefs, and behaviors. Counselors respect the diversity of clients, trainees, and research participants and seek training in areas in which they are at risk of imposing their values onto clients, especially when the counselor's values are inconsistent with the client's goals or are discriminatory in nature.

A.5. Prohibited Noncounseling Roles and Relationships

A.5.a. Sexual and/or Romantic Relationships Prohibited

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

A.5.b. Previous Sexual and/or Romantic Relationships

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

A.5.c. Sexual and/or Romantic Relationships With Former Clients

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

A.5.d. Friends or Family Members

Counselors are prohibited from engaging in counseling relationships with friends or family members with whom they have an inability to remain objective.

A.5.e. Personal Virtual Relationships With Current Clients

Counselors are prohibited from engaging in a personal virtual relationship with individuals with whom they have a current counseling relationship (e.g., through social and other media).

A.6. Managing and Maintaining Boundaries and Professional Relationships

A.6.a. Previous Relationships

Counselors consider the risks and benefits of accepting as clients those with whom they have had a previous relationship. These potential clients may include individuals with whom the counselor has had a casual, distant, or past relationship. Examples include mutual or past membership in a professional association, organization, or community. When counselors accept these clients, they take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs.

A.6.b. Extending Counseling Boundaries

Counselors consider the risks and benefits of extending current counseling relationships beyond conventional parameters. Examples include attending a client's formal ceremony (e.g., a wedding/commitment ceremony or graduation), purchasing a service or product provided by a client (excepting unrestricted bartering), and visiting a client's ill family member in the hospital. In extending these boundaries, counselors take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no harm occurs.

A.6.c. Documenting Boundary Extensions

If counselors extend boundaries as described in A.6.a. and A.6.b., they must officially document, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the client or former client and other individuals significantly involved with the client or former client. When unintentional harm occurs to the client or former client, or to an individual

significantly involved with the client or former client, the counselor must show evidence of an attempt to remedy such harm.

A.6.d. Role Changes in the Professional Relationship

When counselors change a role from the original or most recent contracted relationship, they obtain informed consent from the client and explain the client's right to refuse services related to the change. Examples of role changes include, but are not limited to

1. changing from individual to relationship or family counseling, or vice versa;
2. changing from an evaluative role to a therapeutic role, or vice versa; and
3. changing from a counselor to a mediator role, or vice versa.

Clients must be fully informed of any anticipated consequences (e.g., financial, legal, personal, therapeutic) of counselor role changes.

A.6.e. Nonprofessional Interactions or Relationships (Other Than Sexual or Romantic Interactions or Relationships)

Counselors avoid entering into non-professional relationships with former clients, their romantic partners, or their family members when the interaction is potentially harmful to the client. This applies to both in-person and electronic interactions or relationships.

A.7. Roles and Relationships at Individual, Group, Institutional, and Societal Levels

A.7.a. Advocacy

When appropriate, counselors advocate at individual, group, institutional, and societal levels to address potential barriers and obstacles that inhibit access and/or the growth and development of clients.

A.7.b. Confidentiality and Advocacy

Counselors obtain client consent prior to engaging in advocacy efforts on behalf of an identifiable client to improve the provision of services and to work toward removal of systemic barriers or obstacles that inhibit client access, growth, and development.

A.8. Multiple Clients

When a counselor agrees to provide counseling services to two or more persons who have a relationship, the counselor clarifies at the outset which person or persons are clients and the nature of the relationships the counselor will have with each involved person. If it becomes apparent that the counselor may be called upon to perform potentially conflicting roles, the counselor will clarify, adjust, or withdraw from roles appropriately.

A.9. Group Work

A.9.a. Screening

Counselors screen prospective group counseling/therapy participants. To the extent possible, counselors select members whose needs and goals are compatible with the goals of the group, who will not impede the group process, and whose well-being will not be jeopardized by the group experience.

A.9.b. Protecting Clients

In a group setting, counselors take reasonable precautions to protect clients from physical, emotional, or psychological trauma.

A.10. Fees and Business Practices

A.10.a. Self-Referral

Counselors working in an organization (e.g., school, agency, institution) that provides counseling services do not refer clients to their private practice unless the policies of a particular organization make explicit provisions for self-referrals. In such instances, the clients must be informed of other options open to them should they seek private counseling services.

A.10.b. Unacceptable Business Practices

Counselors do not participate in fee splitting, nor do they give or receive commissions, rebates, or any other form of remuneration when referring clients for professional services.

A.10.c. Establishing Fees

In establishing fees for professional counseling services, counselors consider the financial status of clients and locality. If a counselor's usual fees create undue hardship for the client, the counselor may adjust fees, when legally permissible, or assist the client in locating comparable, affordable services.

A.10.d. Nonpayment of Fees

If counselors intend to use collection agencies or take legal measures to col-

lect fees from clients who do not pay for services as agreed upon, they include such information in their informed consent documents and also inform clients in a timely fashion of intended actions and offer clients the opportunity to make payment.

A.10.e. Bartering

Counselors may barter only if the bartering does not result in exploitation or harm, if the client requests it, and if such arrangements are an accepted practice among professionals in the community. Counselors consider the cultural implications of bartering and discuss relevant concerns with clients and document such agreements in a clear written contract.

A.10.f. Receiving Gifts

Counselors understand the challenges of accepting gifts from clients and recognize that in some cultures, small gifts are a token of respect and gratitude. When determining whether to accept a gift from clients, counselors take into account the therapeutic relationship, the monetary value of the gift, the client's motivation for giving the gift, and the counselor's motivation for wanting to accept or decline the gift.

A.11. Termination and Referral

A.11.a. Competence Within Termination and Referral

If counselors lack the competence 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. If clients decline the suggested referrals, counselors discontinue the relationship.

A.11.b. Values Within Termination and Referral

Counselors refrain from referring prospective and current clients based solely on the counselor's personally held values, attitudes, beliefs, and behaviors. Counselors respect the diversity of clients and seek training in areas in which they are at risk of imposing their values onto clients, especially when the counselor's values are inconsistent with the client's goals or are discriminatory in nature.

A.11.c. Appropriate Termination

Counselors terminate a counseling relationship when it becomes reasonably apparent that the client no longer needs assistance, is not likely to benefit, or is

being harmed by continued counseling. Counselors may terminate counseling when in jeopardy of harm by the client or by another person with whom the client has a relationship, or when clients do not pay fees as agreed upon. Counselors provide pretermination counseling and recommend other service providers when necessary.

A.11.d. Appropriate Transfer of Services

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.

A.12. Abandonment and Client Neglect

Counselors do not abandon or neglect clients in counseling. Counselors assist in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions such as vacations, illness, and following termination.

Section B

Confidentiality and Privacy

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Introduction

Counselors recognize that trust is a cornerstone of the counseling relationship. Counselors aspire to earn the trust of clients by creating an ongoing partnership, establishing and upholding appropriate boundaries, and maintaining confidentiality. Counselors communicate the parameters of confidentiality in a culturally competent manner.

B.1. Respecting Client Rights

B.1.a. Multicultural/Diversity Considerations

Counselors maintain awareness and sensitivity regarding cultural meanings of confidentiality and privacy. Counselors respect differing views toward disclosure of information. Counselors hold ongoing discussions with clients as to how, when, and with whom information is to be shared.

B.1.b. Respect for Privacy

Counselors respect the privacy of prospective and current clients. Counselors request private information from clients only when it is beneficial to the counseling process.

B.1.c. Respect for Confidentiality

Counselors protect the confidential information of prospective and current clients. Counselors disclose information only with appropriate consent or with sound legal or ethical justification.

B.1.d. Explanation of Limitations

At initiation and throughout the counseling process, counselors inform clients of the limitations of confidentiality and seek to identify situations in which confidentiality must be breached.

B.2. Exceptions

B.2.a. Serious and Foreseeable Harm and Legal Requirements

The general requirement that counselors keep information confidential does not apply when disclosure is required to protect clients or identified others from serious and foreseeable harm or when legal requirements demand that confidential information must be revealed. Counselors consult with other professionals when in doubt as to the validity of an exception. Additional considerations apply when addressing end-of-life issues.

B.2.b. Confidentiality Regarding End-of-Life Decisions

Counselors who provide services to terminally ill individuals who are considering hastening their own deaths have the option to maintain confidentiality, depending on applicable laws and the specific circumstances of the situation and after seeking consultation or supervision from appropriate professional and legal parties.

B.2.c. Contagious, Life-Threatening Diseases

When clients disclose that they have a disease commonly known to be both communicable and life threatening, counselors may be justified in disclosing information to identifiable third parties, if the parties are known to be at serious and foreseeable risk of contracting the disease. Prior to making a disclosure, counselors assess the intent of clients to inform the third parties about their disease or to engage in any behaviors that may be harmful to an identifiable third party. Counselors adhere to relevant state laws concerning disclosure about disease status.

B.2.d. Court-Ordered Disclosure
When ordered by a court to release confidential or privileged information

without a client's permission, counselors seek to obtain written, informed consent from the client or take steps to prohibit the disclosure or have it limited as narrowly as possible because of potential harm to the client or counseling relationship.

B.2.e. Minimal Disclosure

To the extent possible, clients are informed before confidential information is disclosed and are involved in the disclosure decision-making process. When circumstances require the disclosure of confidential information, only essential information is revealed.

B.3. Information Shared With Others

B.3.a. Subordinates

Counselors make every effort to ensure that privacy and confidentiality of clients are maintained by subordinates, including employees, supervisees, students, clerical assistants, and volunteers.

B.3.b. Interdisciplinary Teams

When services provided to the client involve participation by an interdisciplinary or treatment team, the client will be informed of the team's existence and composition, information being shared, and the purposes of sharing such information.

B.3.c. Confidential Settings

Counselors discuss confidential information only in settings in which they can reasonably ensure client privacy.

B.3.d. Third-Party Payers

Counselors disclose information to third-party payers only when clients have authorized such disclosure.

B.3.e. Transmitting Confidential Information

Counselors take precautions to ensure the confidentiality of all information transmitted through the use of any medium.

B.3.f. Deceased Clients

Counselors protect the confidentiality of deceased clients, consistent with legal requirements and the documented preferences of the client.

B.4. Groups and Families

B.4.a. Group Work

In group work, counselors clearly explain the importance and parameters of confidentiality for the specific group.

B.4.b. Couples and Family Counseling

In couples and family counseling, counselors clearly define who is considered "the client" and discuss expectations and limitations of confidentiality. Counselors seek agreement and document in writing such agreement among all involved parties regarding the confidentiality of information. In the absence of an agreement to the contrary, the couple or family is considered to be the client.

B.5. Clients Lacking Capacity to Give Informed Consent

B.5.a. Responsibility to Clients

When counseling minor clients or adult clients who lack the capacity to give voluntary, informed consent, counselors protect the confidentiality of information received—in any medium—in the counseling relationship as specified by federal and state laws, written policies, and applicable ethical standards.

B.5.b. Responsibility to Parents and Legal Guardians

Counselors inform parents and legal guardians about the role of counselors and the confidential nature of the counseling relationship, consistent with current legal and custodial arrangements. Counselors are sensitive to the cultural diversity of families and respect the inherent rights and responsibilities of parents/guardians regarding the welfare of their children/charges according to law. Counselors work to establish, as appropriate, collaborative relationships with parents/guardians to best serve clients.

B.5.c. Release of Confidential Information

When counseling minor clients or adult clients who lack the capacity to give voluntary consent to release confidential information, counselors seek permission from an appropriate third party to disclose information. In such instances, counselors inform clients consistent with their level of understanding and take appropriate measures to safeguard client confidentiality.

B.6. Records and Documentation

B.6.a. Creating and Maintaining Records and Documentation

Counselors create and maintain records and documentation necessary for rendering professional services.

B.6.b. Confidentiality of Records and Documentation

Counselors ensure that records and documentation kept in any medium are secure and that only authorized persons have access to them.

B.6.c. Permission to Record

Counselors obtain permission from clients prior to recording sessions through electronic or other means.

B.6.d. Permission to Observe

Counselors obtain permission from clients prior to allowing any person to observe counseling sessions, review session transcripts, or view recordings of sessions with supervisors, faculty, peers, or others within the training environment.

B.6.e. Client Access

Counselors provide reasonable access to records and copies of records when requested by competent clients. Counselors limit the access of clients to their records, or portions of their records, only when there is compelling evidence that such access would cause harm to the client. Counselors document the request of clients and the rationale for withholding some or all of the records in the files of clients. In situations involving multiple clients, counselors provide individual clients with only those parts of records that relate directly to them and do not include confidential information related to any other client.

B.6.f. Assistance With Records

When clients request access to their records, counselors provide assistance and consultation in interpreting counseling records.

B.6.g. Disclosure or Transfer

Unless exceptions to confidentiality exist, counselors obtain written permission from clients to disclose or transfer records to legitimate third parties. Steps are taken to ensure that receivers of counseling records are sensitive to their confidential nature.

B.6.h. Storage and Disposal After Termination

Counselors store records following termination of services to ensure reasonable future access, maintain records in accordance with federal and state laws and statutes such as licensure laws and policies governing records, and dispose of client records and other sensitive materials in a manner that protects client confidentiality. Counselors apply careful discretion and deliberation before destroying records that may be needed by a court of law, such as notes on child abuse, suicide, sexual harassment, or violence.

B.6.i. Reasonable Precautions

Counselors take reasonable precautions to protect client confidentiality in the event of the counselor's termination of practice, incapacity, or death and appoint a records custodian when identified as appropriate.

B.7. Case Consultation

B.7.a. Respect for Privacy

Information shared in a consulting relationship is discussed for professional purposes only. Written and oral reports present only data germane to the purposes of the consultation, and every effort is made to protect client identity and to avoid undue invasion of privacy.

B.7.b. Disclosure of Confidential Information

When consulting with colleagues, counselors do not disclose confidential information that reasonably could lead to the identification of a client or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided. They disclose information only to the extent necessary to achieve the purposes of the consultation.

search methodologies. Counselors are encouraged to contribute to society by devoting a portion of their professional activity to services for which there is little or no financial return (*pro bono publico*). In addition, counselors engage in self-care activities to maintain and promote their own emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities.

C.1. Knowledge of and Compliance With Standards

Counselors have a responsibility to read, understand, and follow the *ACA Code of Ethics* and adhere to applicable laws and regulations.

C.2. Professional Competence

C.2.a. Boundaries of Competence

Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Whereas multicultural counseling competency is required across all counseling specialties, counselors gain knowledge, personal awareness, sensitivity, dispositions, and skills pertinent to being a culturally competent counselor in working with a diverse client population.

C.2.b. New Specialty Areas of Practice

Counselors practice in specialty areas new to them only after appropriate education, training, and supervised experience. While developing skills in new specialty areas, counselors take steps to ensure the competence of their work and protect others from possible harm.

C.2.c. Qualified for Employment

Counselors accept employment only for positions for which they are qualified given their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors hire for professional counseling positions only individuals who are qualified and competent for those positions.

C.2.d. Monitor Effectiveness

Counselors continually monitor their effectiveness as professionals and take steps to improve when necessary. Counselors take reasonable steps to seek peer supervision to evaluate their efficacy as counselors.

Section C
Professional Responsibility

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Introduction

Counselors aspire to open, honest, and accurate communication in dealing with the public and other professionals. Counselors facilitate access to counseling services, and they practice in a nondiscriminatory manner within the boundaries of professional and personal competence; they also have a responsibility to abide by the *ACA Code of Ethics*. Counselors actively participate in local, state, and national associations that foster the development and improvement of counseling. Counselors are expected to advocate to promote changes at the individual, group, institutional, and societal levels that improve the quality of life for individuals and groups and remove potential barriers to the provision or access of appropriate services being offered. Counselors have a responsibility to the public to engage in counseling practices that are based on rigorous re-

C.2.e. Consultations on Ethical Obligations

Counselors take reasonable steps to consult with other counselors, the ACA Ethics and Professional Standards Department, or related professionals when they have questions regarding their ethical obligations or professional practice.

C.2.f. Continuing Education

Counselors recognize the need for continuing education to acquire and maintain a reasonable level of awareness of current scientific and professional information in their fields of activity. Counselors maintain their competence in the skills they use, are open to new procedures, and remain informed regarding best practices for working with diverse populations.

C.2.g. Impairment

Counselors monitor themselves for signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when impaired. They seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until it is determined that they may safely resume their work. Counselors assist colleagues or supervisors in recognizing their own professional impairment and provide consultation and assistance when warranted with colleagues or supervisors showing signs of impairment and intervene as appropriate to prevent imminent harm to clients.

C.2.h. Counselor Incapacitation, Death, Retirement, or Termination of Practice

Counselors prepare a plan for the transfer of clients and the dissemination of records to an identified colleague or records custodian in the case of the counselor's incapacitation, death, retirement, or termination of practice.

C.3. Advertising and Soliciting Clients

C.3.a. Accurate Advertising

When advertising or otherwise representing their services to the public, counselors identify their credentials in an accurate manner that is not false, misleading, deceptive, or fraudulent.

C.3.b. Testimonials

Counselors who use testimonials do not solicit them from current clients, former clients, or any other persons who

may be vulnerable to undue influence. Counselors discuss with clients the implications of and obtain permission for the use of any testimonial.

C.3.c. Statements by Others

When feasible, counselors make reasonable efforts to ensure that statements made by others about them or about the counseling profession are accurate.

C.3.d. Recruiting Through Employment

Counselors do not use their places of employment or institutional affiliation to recruit clients, supervisors, or consultees for their private practices.

C.3.e. Products and Training Advertisements

Counselors who develop products related to their profession or conduct workshops or training events ensure that the advertisements concerning these products or events are accurate and disclose adequate information for consumers to make informed choices.

C.3.f. Promoting to Those Served

Counselors do not use counseling, teaching, training, or supervisory relationships to promote their products or training events in a manner that is deceptive or would exert undue influence on individuals who may be vulnerable. However, counselor educators may adopt textbooks they have authored for instructional purposes.

C.4. Professional Qualifications

C.4.a. Accurate Representation

Counselors claim or imply only professional qualifications actually completed and correct any known misrepresentations of their qualifications by others. Counselors truthfully represent the qualifications of their professional colleagues. Counselors clearly distinguish between paid and volunteer work experience and accurately describe their continuing education and specialized training.

C.4.b. Credentials

Counselors claim only licenses or certifications that are current and in good standing.

C.4.c. Educational Degrees

Counselors clearly differentiate between earned and honorary degrees.

C.4.d. Implying Doctoral-Level Competence

Counselors clearly state their highest earned degree in counseling or a closely related field. Counselors do not imply doctoral-level competence when possessing a master's degree in counseling or a related field by referring to them-

selves as "Dr." in a counseling context when their doctorate is not in counseling or a related field. Counselors do not use "ABD" (all but dissertation) or other such terms to imply competency.

C.4.e. Accreditation Status

Counselors accurately represent the accreditation status of their degree program and college/university.

C.4.f. Professional Membership

Counselors clearly differentiate between current, active memberships and former memberships in associations. Members of ACA must clearly differentiate between professional membership, which implies the possession of at least a master's degree in counseling, and regular membership, which is open to individuals whose interests and activities are consistent with those of ACA but are not qualified for professional membership.

C.5. Nondiscrimination

Counselors 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.

C.6. Public Responsibility

C.6.a. Sexual Harassment

Counselors do not engage in or condone sexual harassment. Sexual harassment can consist of a single intense or severe act, or multiple persistent or pervasive acts.

C.6.b. Reports to Third Parties

Counselors are accurate, honest, and objective in reporting their professional activities and judgments to appropriate third parties, including courts, health insurance companies, those who are the recipients of evaluation reports, and others.

C.6.c. Media Presentations

When counselors provide advice or comment by means of public lectures, demonstrations, radio or television programs, recordings, technology-based applications, printed articles, mailed material, or other media, they take reasonable precautions to ensure that

1. the statements are based on appropriate professional counseling literature and practice,
2. the statements are otherwise consistent with the *ACA Code of Ethics*, and

3. the recipients of the information are not encouraged to infer that a professional counseling relationship has been established.

C.6.d. Exploitation of Others

Counselors do not exploit others in their professional relationships.

C.6.e. Contributing to the Public Good (Pro Bono Publico)

Counselors make a reasonable effort to provide services to the public for which there is little or no financial return (e.g., speaking to groups, sharing professional information, offering reduced fees).

C.7. Treatment Modalities

C.7.a. Scientific Basis for Treatment

When providing services, counselors use techniques/procedures/modalities that are grounded in theory and/or have an empirical or scientific foundation.

C.7.b. Development and Innovation

When counselors use developing or innovative techniques/procedures/modalities, they explain the potential risks, benefits, and ethical considerations of using such techniques/procedures/modalities. Counselors work to minimize any potential risks or harm when using these techniques/procedures/modalities.

C.7.c. Harmful Practices

Counselors do not use techniques/procedures/modalities when substantial evidence suggests harm, even if such services are requested.

C.8. Responsibility to Other Professionals

C.8.a. Personal Public Statements

When making personal statements in a public context, counselors clarify that they are speaking from their personal perspectives and that they are not speaking on behalf of all counselors or the profession.

Section D

Relationships With Other Professionals

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Introduction

Professional counselors recognize that the quality of their interactions

with colleagues can influence the quality of services provided to clients. They work to become knowledgeable about colleagues within and outside the field of counseling. Counselors develop positive working relationships and systems of communication with colleagues to enhance services to clients.

D.1. Relationships With Colleagues, Employers, and Employees

D.1.a. Different Approaches

Counselors are respectful of approaches that are grounded in theory and/or have an empirical or scientific foundation but may differ from their own. Counselors acknowledge the expertise of other professional groups and are respectful of their practices.

D.1.b. Forming Relationships

Counselors work to develop and strengthen relationships with colleagues from other disciplines to best serve clients.

D.1.c. Interdisciplinary Teamwork

Counselors who are members of interdisciplinary teams delivering multifaceted services to clients remain focused on how to best serve clients. They participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the counseling profession and those of colleagues from other disciplines.

D.1.d. Establishing Professional and Ethical Obligations

Counselors who are members of interdisciplinary teams work together with team members to clarify professional and ethical obligations of the team as a whole and of its individual members. When a team decision raises ethical concerns, counselors first attempt to resolve the concern within the team. If they cannot reach resolution among team members, counselors pursue other avenues to address their concerns consistent with client well-being.

D.1.e. Confidentiality

When counselors are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, they clarify role expectations and the parameters of confidentiality with their colleagues.

D.1.f. Personnel Selection and Assignment

When counselors are in a position requiring personnel selection and/or assigning of responsibilities to others, they select competent staff and assign responsibilities compatible with their skills and experiences.

D.1.g. Employer Policies

The acceptance of employment in an agency or institution implies that counselors are in agreement with its general policies and principles. Counselors strive to reach agreement with employers regarding acceptable standards of client care and professional conduct that allow for changes in institutional policy conducive to the growth and development of clients.

D.1.h. Negative Conditions

Counselors alert their employers of inappropriate policies and practices. They attempt to effect changes in such policies or procedures through constructive action within the organization. When such policies are potentially disruptive or damaging to clients or may limit the effectiveness of services provided and change cannot be affected, counselors take appropriate further action. Such action may include referral to appropriate certification, accreditation, or state licensure organizations, or voluntary termination of employment.

D.1.i. Protection From Punitive Action

Counselors do not harass a colleague or employee or dismiss an employee who has acted in a responsible and ethical manner to expose inappropriate employer policies or practices.

D.2. Provision of Consultation Services

D.2.a. Consultant Competency

Counselors take reasonable steps to ensure that they have the appropriate resources and competencies when providing consultation services. Counselors provide appropriate referral resources when requested or needed.

D.2.b. Informed Consent in Formal Consultation

When providing formal consultation services, counselors have an obligation to review, in writing and verbally, the rights and responsibilities of both counselors and consultees. Counselors use clear and understandable language to inform all parties involved about the purpose of the services to be provided, relevant costs, potential risks and benefits, and the limits of confidentiality.

Section E

Evaluation, Assessment, and Interpretation

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Introduction

Counselors use assessment as one component of the counseling process, taking into account the clients' personal and cultural context. Counselors promote the well-being of individual clients or groups of clients by developing and using appropriate educational, mental health, psychological, and career assessments.

E.1. General

E.1.a. Assessment

The primary purpose of educational, mental health, psychological, and career assessment is to gather information regarding the client for a variety of purposes, including, but not limited to, client decision making, treatment planning, and forensic proceedings. Assessment may include both qualitative and quantitative methodologies.

E.1.b. Client Welfare

Counselors do not misuse assessment results and interpretations, and they take reasonable steps to prevent others from misusing the information provided. They respect the client's right to know the results, the interpretations made, and the bases for counselors' conclusions and recommendations.

E.2. Competence to Use and Interpret Assessment Instruments

E.2.a. Limits of Competence

Counselors use only those testing and assessment services for which they have been trained and are competent. Counselors using technology-assisted test interpretations are trained in the construct being measured and the specific instrument being used prior to using its technology-based application. Counselors take reasonable measures to ensure the proper use of assessment techniques by persons under their supervision.

E.2.b. Appropriate Use

Counselors are responsible for the appropriate application, scoring, interpretation, and use of assessment instruments relevant to the needs of the client, whether they score and interpret such assessments themselves or use technology or other services.

E.2.c. Decisions Based on Results

Counselors responsible for decisions involving individuals or policies that are based on assessment results have a thorough understanding of psychometrics.

E.3. Informed Consent in Assessment

E.3.a. Explanation to Clients

Prior to assessment, counselors explain the nature and purposes of assessment and the specific use of results by potential recipients. The explanation will be given in terms and language that the client (or other legally authorized person on behalf of the client) can understand.

E.3.b. Recipients of Results

Counselors consider the client's and/or examinee's welfare, explicit understandings, and prior agreements in determining who receives the assessment results. Counselors include accurate and appropriate interpretations with any release of individual or group assessment results.

E.4. Release of Data to Qualified Personnel

Counselors release assessment data in which the client is identified only with the consent of the client or the client's legal representative. Such data are released only to persons recognized by counselors as qualified to interpret the data.

E.5. Diagnosis of Mental Disorders

E.5.a. Proper Diagnosis

Counselors take special care to provide proper diagnosis of mental disorders. Assessment techniques (including personal interviews) used to determine client care (e.g., locus of treatment, type of treatment, recommended follow-up) are carefully selected and appropriately used.

E.5.b. Cultural Sensitivity

Counselors recognize that culture affects the manner in which clients' problems are defined and experienced. Clients' socioeconomic and cultural experiences are considered when diagnosing mental disorders.

E.5.c. Historical and Social Prejudices in the Diagnosis of Pathology

Counselors recognize historical and social prejudices in the misdiagnosis and

pathologizing of certain individuals and groups and strive to become aware of and address such biases in themselves or others.

E.5.d. Refraining From Diagnosis

Counselors may refrain from making and/or reporting a diagnosis if they believe that it would cause harm to the client or others. Counselors carefully consider both the positive and negative implications of a diagnosis.

E.6. Instrument Selection

E.6.a. Appropriateness of Instruments

Counselors carefully consider the validity, reliability, psychometric limitations, and appropriateness of instruments when selecting assessments and, when possible, use multiple forms of assessment, data, and/or instruments in forming conclusions, diagnoses, or recommendations.

E.6.b. Referral Information

If a client is referred to a third party for assessment, the counselor provides specific referral questions and sufficient objective data about the client to ensure that appropriate assessment instruments are utilized.

E.7. Conditions of Assessment Administration

E.7.a. Administration Conditions

Counselors administer assessments under the same conditions that were established in their standardization. When assessments are not administered under standard conditions, as may be necessary to accommodate clients with disabilities, or when unusual behavior or irregularities occur during the administration, those conditions are noted in interpretation, and the results may be designated as invalid or of questionable validity.

E.7.b. Provision of Favorable Conditions

Counselors provide an appropriate environment for the administration of assessments (e.g., privacy, comfort, freedom from distraction).

E.7.c. Technological Administration

Counselors ensure that technologically administered assessments function properly and provide clients with accurate results.

E.7.d. Unsupervised Assessments

Unless the assessment instrument is designed, intended, and validated for self-administration and/or scoring, counselors do not permit unsupervised use.

E.8. Multicultural Issues/ Diversity in Assessment

Counselors select and use with caution assessment techniques normed on populations other than that of the client. Counselors recognize the effects of age, color, culture, disability, ethnic group, gender, race, language preference, religion, spirituality, sexual orientation, and socioeconomic status on test administration and interpretation, and they place test results in proper perspective with other relevant factors.

E.9. Scoring and Interpretation of Assessments

E.9.a. Reporting

When counselors report assessment results, they consider the client's personal and cultural background, the level of the client's understanding of the results, and the impact of the results on the client. In reporting assessment results, counselors indicate reservations that exist regarding validity or reliability due to circumstances of the assessment or inappropriateness of the norms for the person tested.

E.9.b. Instruments With Insufficient Empirical Data

Counselors exercise caution when interpreting the results of instruments not having sufficient empirical data to support respondent results. The specific purposes for the use of such instruments are stated explicitly to the examinee. Counselors qualify any conclusions, diagnoses, or recommendations made that are based on assessments or instruments with questionable validity or reliability.

E.9.c. Assessment Services

Counselors who provide assessment, scoring, and interpretation services to support the assessment process confirm the validity of such interpretations. They accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use. At all times, counselors maintain their ethical responsibility to those being assessed.

E.10. Assessment Security

Counselors maintain the integrity and security of tests and assessments consistent with legal and contractual obligations. Counselors do not appropriate, reproduce, or modify published assessments or parts thereof without acknowledgment and permission from the publisher.

E.11. Obsolete Assessment and Outdated Results

Counselors do not use data or results from assessments that are obsolete or outdated for the current purpose (e.g., noncurrent versions of assessments/instruments). Counselors make every effort to prevent the misuse of obsolete measures and assessment data by others.

E.12. Assessment Construction

Counselors use established scientific procedures, relevant standards, and current professional knowledge for assessment design in the development, publication, and utilization of assessment techniques.

E.13. Forensic Evaluation: Evaluation for Legal Proceedings

E.13.a. Primary Obligations

When providing forensic evaluations, the primary obligation of counselors is to produce objective findings that can be substantiated based on information and techniques appropriate to the evaluation, which may include examination of the individual and/or review of records. Counselors form professional opinions based on their professional knowledge and expertise that can be supported by the data gathered in evaluations. Counselors define the limits of their reports or testimony, especially when an examination of the individual has not been conducted.

E.13.b. Consent for Evaluation

Individuals being evaluated are informed in writing that the relationship is for the purposes of an evaluation and is not therapeutic in nature, and entities or individuals who will receive the evaluation report are identified. Counselors who perform forensic evaluations obtain written consent from those being evaluated or from their legal representative unless a court orders evaluations to be conducted without the written consent of the individuals being evaluated. When children or

adults who lack the capacity to give voluntary consent are being evaluated, informed written consent is obtained from a parent or guardian.

E.13.c. Client Evaluation Prohibited

Counselors do not evaluate current or former clients, clients' romantic partners, or clients' family members for forensic purposes. Counselors do not counsel individuals they are evaluating.

E.13.d. Avoid Potentially Harmful Relationships

Counselors who provide forensic evaluations avoid potentially harmful professional or personal relationships with family members, romantic partners, and close friends of individuals they are evaluating or have evaluated in the past.

Section F

Supervision, Training, and Teaching

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Introduction

Counselor supervisors, trainers, and educators aspire to foster meaningful and respectful professional relationships and to maintain appropriate boundaries with supervisees and students in both face-to-face and electronic formats. They have theoretical and pedagogical foundations for their work; have knowledge of supervision models; and aim to be fair, accurate, and honest in their assessments of counselors, students, and supervisees.

F.1. Counselor Supervision and Client Welfare

F.1.a. Client Welfare

A primary obligation of counseling supervisors is to monitor the services provided by supervisees. Counseling supervisors monitor client welfare and supervisee performance and professional development. To fulfill these obligations, supervisors meet regularly with supervisees to review the supervisees' work and help them become prepared to serve a range of diverse clients. Supervisees have a responsibility to understand and follow the *ACA Code of Ethics*.

F.1.b. Counselor Credentials

Counseling supervisors work to ensure that supervisees communicate their

qualifications to render services to their clients.

F.1.c. Informed Consent and Client Rights

Supervisors make supervisees aware of client rights, including the protection of client privacy and confidentiality in the counseling relationship. Supervisees provide clients with professional disclosure information and inform them of how the supervision process influences the limits of confidentiality. Supervisees make clients aware of who will have access to records of the counseling relationship and how these records will be stored, transmitted, or otherwise reviewed.

F.2. Counselor Supervision Competence

F.2.a. Supervisor Preparation

Prior to offering supervision services, counselors are trained in supervision methods and techniques. Counselors who offer supervision services regularly pursue continuing education activities, including both counseling and supervision topics and skills.

F.2.b. Multicultural Issues/ Diversity in Supervision

Counseling supervisors are aware of and address the role of multiculturalism/diversity in the supervisory relationship.

F.2.c. Online Supervision

When using technology in supervision, counselor supervisors are competent in the use of those technologies. Supervisors take the necessary precautions to protect the confidentiality of all information transmitted through any electronic means.

F.3. Supervisory Relationship

F.3.a. Extending Conventional Supervisory Relationships

Counseling supervisors clearly define and maintain ethical professional, personal, and social relationships with their supervisees. Supervisors consider the risks and benefits of extending current supervisory relationships in any form beyond conventional parameters. In extending these boundaries, supervisors take appropriate professional precautions to ensure that judgment is not impaired and that no harm occurs.

F.3.b. Sexual Relationships

Sexual or romantic interactions or relationships with current supervisees are prohibited. This prohibition applies to

both in-person and electronic interactions or relationships.

F.3.c. Sexual Harassment

Counseling supervisors do not condone or subject supervisees to sexual harassment.

F.3.d. Friends or Family Members

Supervisors are prohibited from engaging in supervisory relationships with individuals with whom they have an inability to remain objective.

F.4. Supervisor Responsibilities

F.4.a. Informed Consent for Supervision

Supervisors are responsible for incorporating into their supervision the principles of informed consent and participation. Supervisors inform supervisees of the policies and procedures to which supervisors are to adhere and the mechanisms for due process appeal of individual supervisor actions. The issues unique to the use of distance supervision are to be included in the documentation as necessary.

F.4.b. Emergencies and Absences

Supervisors establish and communicate to supervisees procedures for contacting supervisors or, in their absence, alternative on-call supervisors to assist in handling crises.

F.4.c. Standards for Supervisees

Supervisors make their supervisees aware of professional and ethical standards and legal responsibilities.

F.4.d. Termination of the Supervisory Relationship

Supervisors or supervisees have the right to terminate the supervisory relationship with adequate notice. Reasons for considering termination are discussed, and both parties work to resolve differences. When termination is warranted, supervisors make appropriate referrals to possible alternative supervisors.

F.5. Student and Supervisee Responsibilities

F.5.a. Ethical Responsibilities

Students and supervisees have a responsibility to understand and follow the *ACA Code of Ethics*. Students and supervisees have the same obligation to clients as those required of professional counselors.

F.5.b. Impairment

Students and supervisees monitor themselves for signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when such impairment is likely to harm a client or others. They notify their faculty and/or supervisors and seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until it is determined that they may safely resume their work.

F.5.c. Professional Disclosure

Before providing counseling services, students and supervisees disclose their status as supervisees and explain how this status affects the limits of confidentiality. Supervisors ensure that clients are aware of the services rendered and the qualifications of the students and supervisees rendering those services. Students and supervisees obtain client permission before they use any information concerning the counseling relationship in the training process.

F.6. Counseling Supervision Evaluation, Remediation, and Endorsement

F.6.a. Evaluation

Supervisors document and provide supervisees with ongoing feedback regarding their performance and schedule periodic formal evaluative sessions throughout the supervisory relationship.

F.6.b. Gatekeeping and Remediation

Through initial and ongoing evaluation, supervisors are aware of supervisee limitations that might impede performance. Supervisors assist supervisees in securing remedial assistance when needed. They recommend dismissal from training programs, applied counseling settings, and state or voluntary professional credentialing processes when those supervisees are unable to demonstrate that they can provide competent professional services to a range of diverse clients. Supervisors seek consultation and document their decisions to dismiss or refer supervisees for assistance. They ensure that supervisees are aware of options available to them to address such decisions.

F.6.c. Counseling for Supervisees

If supervisees request counseling, the supervisor assists the supervisee in identifying appropriate services. Supervisors do not provide counseling services to supervisees. Supervisors address interpersonal competencies in terms of the impact of these issues on clients, the supervisory relationship, and professional functioning.

F.6.d. Endorsements

Supervisors endorse supervisees for certification, licensure, employment, or completion of an academic or training program only when they believe that supervisees are qualified for the endorsement. Regardless of qualifications, supervisors do not endorse supervisees whom they believe to be impaired in any way that would interfere with the performance of the duties associated with the endorsement.

F.7. Responsibilities of Counselor Educators

F.7.a. Counselor Educators

Counselor educators who are responsible for developing, implementing, and supervising educational programs are skilled as teachers and practitioners. They are knowledgeable regarding the ethical, legal, and regulatory aspects of the profession; are skilled in applying that knowledge; and make students and supervisees aware of their responsibilities. Whether in traditional, hybrid, and/or online formats, counselor educators conduct counselor education and training programs in an ethical manner and serve as role models for professional behavior.

F.7.b. Counselor Educator Competence

Counselors who function as counselor educators or supervisors provide instruction within their areas of knowledge and competence and provide instruction based on current information and knowledge available in the profession. When using technology to deliver instruction, counselor educators develop competence in the use of the technology.

F.7.c. Infusing Multicultural Issues/Diversity

Counselor educators infuse material related to multiculturalism/diversity into all courses and workshops for the development of professional counselors.

F.7.d. Integration of Study and Practice

In traditional, hybrid, and/or online formats, counselor educators establish education and training programs that integrate academic study and supervised practice.

F.7.e. Teaching Ethics

Throughout the program, counselor educators ensure that students are aware of the ethical responsibilities and standards of the profession and the ethical responsibilities of students to the profession. Counselor educators infuse ethical considerations throughout the curriculum.

F.7.f. Use of Case Examples

The use of client, student, or supervisee information for the purposes of case examples in a lecture or classroom setting is permissible only when (a) the client, student, or supervisee has reviewed the material and agreed to its presentation or (b) the information has been sufficiently modified to obscure identity.

F.7.g. Student-to-Student Supervision and Instruction

When students function in the role of counselor educators or supervisors, they understand that they have the same ethical obligations as counselor educators, trainers, and supervisors. Counselor educators make every effort to ensure that the rights of students are not compromised when their peers lead experiential counseling activities in traditional, hybrid, and/or online formats (e.g., counseling groups, skills classes, clinical supervision).

F.7.h. Innovative Theories and Techniques

Counselor educators promote the use of techniques/procedures/modalities that are grounded in theory and/or have an empirical or scientific foundation. When counselor educators discuss developing or innovative techniques/procedures/modalities, they explain the potential risks, benefits, and ethical considerations of using such techniques/procedures/modalities.

F.7.i. Field Placements

Counselor educators develop clear policies and provide direct assistance within their training programs regarding appropriate field placement and other clinical experiences. Counselor educators provide clearly stated roles and responsibilities for the student or supervisee, the site supervisor, and the program supervisor. They confirm that

site supervisors are qualified to provide supervision in the formats in which services are provided and inform site supervisors of their professional and ethical responsibilities in this role.

F.8. Student Welfare

F.8.a. Program Information and Orientation

Counselor educators recognize that program orientation is a developmental process that begins upon students' initial contact with the counselor education program and continues throughout the educational and clinical training of students. Counselor education faculty provide prospective and current students with information about the counselor education program's expectations, including

1. the values and ethical principles of the profession;
2. the type and level of skill and knowledge acquisition required for successful completion of the training;
3. technology requirements;
4. program training goals, objectives, and mission, and subject matter to be covered;
5. bases for evaluation;
6. training components that encourage self-growth or self-disclosure as part of the training process;
7. the type of supervision settings and requirements of the sites for required clinical field experiences;
8. student and supervisor evaluation and dismissal policies and procedures; and
9. up-to-date employment prospects for graduates.

F.8.b. Student Career Advising

Counselor educators provide career advisement for their students and make them aware of opportunities in the field.

F.8.c. Self-Growth Experiences

Self-growth is an expected component of counselor education. Counselor educators are mindful of ethical principles when they require students to engage in self-growth experiences. Counselor educators and supervisors inform students that they have a right to decide what information will be shared or withheld in class.

F.8.d. Addressing Personal Concerns

Counselor educators may require students to address any personal concerns that have the potential to affect professional competency.

F.9. Evaluation and Remediation

F.9.a. Evaluation of Students

Counselor educators clearly state to students, prior to and throughout the training program, the levels of competency expected, appraisal methods, and timing of evaluations for both didactic and clinical competencies. Counselor educators provide students with ongoing feedback regarding their performance throughout the training program.

F.9.b. Limitations

Counselor educators, through ongoing evaluation, are aware of and address the inability of some students to achieve counseling competencies. Counselor educators do the following:

1. assist students in securing remedial assistance when needed,
2. seek professional consultation and document their decision to dismiss or refer students for assistance, and
3. ensure that students have recourse in a timely manner to address decisions requiring them to seek assistance or to dismiss them and provide students with due process according to institutional policies and procedures.

F.9.c. Counseling for Students

If students request counseling, or if counseling services are suggested as part of a remediation process, counselor educators assist students in identifying appropriate services.

F.10. Roles and Relationships Between Counselor Educators and Students

F.10.a. Sexual or Romantic Relationships

Counselor educators are prohibited from sexual or romantic interactions or relationships with students currently enrolled in a counseling or related program and over whom they have power and authority. This prohibition applies to both in-person and electronic interactions or relationships.

F.10.b. Sexual Harassment

Counselor educators do not condone or subject students to sexual harassment.

F.10.c. Relationships With Former Students

Counselor educators are aware of the power differential in the relationship between faculty and students. Faculty

members discuss with former students potential risks when they consider engaging in social, sexual, or other intimate relationships.

F.10.d. Nonacademic Relationships

Counselor educators avoid nonacademic relationships with students in which there is a risk of potential harm to the student or which may compromise the training experience or grades assigned. In addition, counselor educators do not accept any form of professional services, fees, commissions, reimbursement, or remuneration from a site for student or supervisor placement.

F.10.e. Counseling Services

Counselor educators do not serve as counselors to students currently enrolled in a counseling or related program and over whom they have power and authority.

F.10.f. Extending Educator-Student Boundaries

Counselor educators are aware of the power differential in the relationship between faculty and students. If they believe that a nonprofessional relationship with a student may be potentially beneficial to the student, they take precautions similar to those taken by counselors when working with clients. Examples of potentially beneficial interactions or relationships include, but are not limited to, attending a formal ceremony; conducting hospital visits; providing support during a stressful event; or maintaining mutual membership in a professional association, organization, or community. Counselor educators discuss with students the rationale for such interactions, the potential benefits and drawbacks, and the anticipated consequences for the student. Educators clarify the specific nature and limitations of the additional role(s) they will have with the student prior to engaging in a nonprofessional relationship. Nonprofessional relationships with students should be time limited and/or context specific and initiated with student consent.

F.11. Multicultural/Diversity Competence in Counselor Education and Training Programs

F.11.a. Faculty Diversity

Counselor educators are committed to recruiting and retaining a diverse faculty.

F.11.b. Student Diversity

Counselor educators actively attempt to recruit and retain a diverse student body. Counselor educators demonstrate commitment to multicultural/diversity competence by recognizing and valuing the diverse cultures and types of abilities that students bring to the training experience. Counselor educators provide appropriate accommodations that enhance and support diverse student well-being and academic performance.

F.11.c. Multicultural/Diversity Competence

Counselor educators actively infuse multicultural/diversity competency in their training and supervision practices. They actively train students to gain awareness, knowledge, and skills in the competencies of multicultural practice.

Section G

Research and Publication

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Introduction

Counselors who conduct research are encouraged to contribute to the knowledge base of the profession and promote a clearer understanding of the conditions that lead to a healthy and more just society. Counselors support the efforts of researchers by participating fully and willingly whenever possible. Counselors minimize bias and respect diversity in designing and implementing research.

G.1. Research Responsibilities

G.1.a. Conducting Research

Counselors plan, design, conduct, and report research in a manner that is consistent with pertinent ethical principles, federal and state laws, host institutional regulations, and scientific standards governing research.

G.1.b. Confidentiality in Research

Counselors are responsible for understanding and adhering to state, federal, agency, or institutional policies or applicable guidelines regarding confidentiality in their research practices.

G.1.c. Independent Researchers

When counselors conduct independent research and do not have access to an institutional review board, they are bound to the same ethical principles and

federal and state laws pertaining to the review of their plan, design, conduct, and reporting of research.

G.1.d. Deviation From Standard Practice

Counselors seek consultation and observe stringent safeguards to protect the rights of research participants when research indicates that a deviation from standard or acceptable practices may be necessary.

G.1.e. Precautions to Avoid Injury

Counselors who conduct research are responsible for their participants' welfare throughout the research process and should take reasonable precautions to avoid causing emotional, physical, or social harm to participants.

G.1.f. Principal Researcher Responsibility

The ultimate responsibility for ethical research practice lies with the principal researcher. All others involved in the research activities share ethical obligations and responsibility for their own actions.

G.2. Rights of Research Participants

G.2.a. Informed Consent in Research

Individuals have the right to decline requests to become research participants. In seeking consent, counselors use language that

1. accurately explains the purpose and procedures to be followed;
2. identifies any procedures that are experimental or relatively untried;
3. describes any attendant discomforts, risks, and potential power differentials between researchers and participants;
4. describes any benefits or changes in individuals or organizations that might reasonably be expected;
5. discloses appropriate alternative procedures that would be advantageous for participants;
6. offers to answer any inquiries concerning the procedures;
7. describes any limitations on confidentiality;
8. describes the format and potential target audiences for the dissemination of research findings; and
9. instructs participants that they are free to withdraw their consent and discontinue participation in the project at any time, without penalty.

G.2.b. Student/Supervisee Participation

Researchers who involve students or supervisees in research make clear to them that the decision regarding participation in research activities does not affect their academic standing or supervisory relationship. Students or supervisees who choose not to participate in research are provided with an appropriate alternative to fulfill their academic or clinical requirements.

G.2.c. Client Participation

Counselors conducting research involving clients make clear in the informed consent process that clients are free to choose whether to participate in research activities. Counselors take necessary precautions to protect clients from adverse consequences of declining or withdrawing from participation.

G.2.d. Confidentiality of Information

Information obtained about research participants during the course of research is confidential. Procedures are implemented to protect confidentiality.

G.2.e. Persons Not Capable of Giving Informed Consent

When a research participant is not capable of giving informed consent, counselors provide an appropriate explanation to, obtain agreement for participation from, and obtain the appropriate consent of a legally authorized person.

G.2.f. Commitments to Participants

Counselors take reasonable measures to honor all commitments to research participants.

G.2.g. Explanations After Data Collection

After data are collected, counselors provide participants with full clarification of the nature of the study to remove any misconceptions participants might have regarding the research. Where scientific or human values justify delaying or withholding information, counselors take reasonable measures to avoid causing harm.

G.2.h. Informing Sponsors

Counselors inform sponsors, institutions, and publication channels regarding research procedures and outcomes. Counselors ensure that appropriate bodies and authorities are given pertinent information and acknowledgment.

G.2.i. Research Records Custodian

As appropriate, researchers prepare and disseminate to an identified colleague or records custodian a plan for the transfer of research data in the case of their incapacitation, retirement, or death.

G.3. Managing and Maintaining Boundaries

G.3.a. Extending Researcher-Participant Boundaries

Researchers consider the risks and benefits of extending current research relationships beyond conventional parameters. When a nonresearch interaction between the researcher and the research participant may be potentially beneficial, the researcher must document, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the research participant. Such interactions should be initiated with appropriate consent of the research participant. Where unintentional harm occurs to the research participant, the researcher must show evidence of an attempt to remedy such harm.

G.3.b. Relationships With Research Participants

Sexual or romantic counselor-research participant interactions or relationships with current research participants are prohibited. This prohibition applies to both in-person and electronic interactions or relationships.

G.3.c. Sexual Harassment and Research Participants

Researchers do not condone or subject research participants to sexual harassment.

G.4. Reporting Results

G.4.a. Accurate Results

Counselors plan, conduct, and report research accurately. Counselors do not engage in misleading or fraudulent research, distort data, misrepresent data, or deliberately bias their results. They describe the extent to which results are applicable for diverse populations.

G.4.b. Obligation to Report Unfavorable Results

Counselors report the results of any research of professional value. Results that reflect unfavorably on institutions, programs, services, prevailing opinions, or vested interests are not withheld.

G.4.c. Reporting Errors

If counselors discover significant errors in their published research, they take

reasonable steps to correct such errors in a correction erratum or through other appropriate publication means.

G.4.d. Identity of Participants

Counselors who supply data, aid in the research of another person, report research results, or make original data available take due care to disguise the identity of respective participants in the absence of specific authorization from the participants to do otherwise. In situations where participants self-identify their involvement in research studies, researchers take active steps to ensure that data are adapted/changed to protect the identity and welfare of all parties and that discussion of results does not cause harm to participants.

G.4.e. Replication Studies

Counselors are obligated to make available sufficient original research information to qualified professionals who may wish to replicate or extend the study.

G.5. Publications and Presentations

G.5.a. Use of Case Examples

The use of participants', clients', students', or supervisees' information for the purpose of case examples in a presentation or publication is permissible only when (a) participants, clients, students, or supervisees have reviewed the material and agreed to its presentation or publication or (b) the information has been sufficiently modified to obscure identity.

G.5.b. Plagiarism

Counselors do not plagiarize; that is, they do not present another person's work as their own.

G.5.c. Acknowledging Previous Work

In publications and presentations, counselors acknowledge and give recognition to previous work on the topic by others or self.

G.5.d. Contributors

Counselors give credit through joint authorship, acknowledgment, footnote statements, or other appropriate means to those who have contributed significantly to research or concept development in accordance with such contributions. The principal contributor is listed first, and minor technical or professional contributions are acknowledged in notes or introductory statements.

G.5.e. Agreement of Contributors

Counselors who conduct joint research with colleagues or students/supervisors establish agreements in advance regarding allocation of tasks, publication credit, and types of acknowledgment that will be received.

G.5.f. Student Research

Manuscripts or professional presentations in any medium that are substantially based on a student's course papers, projects, dissertations, or theses are used only with the student's permission and list the student as lead author.

G.5.g. Duplicate Submissions

Counselors submit manuscripts for consideration to only one journal at a time. Manuscripts that are published in whole or in substantial part in one journal or published work are not submitted for publication to another publisher without acknowledgment and permission from the original publisher.

G.5.h. Professional Review

Counselors who review material submitted for publication, research, or other scholarly purposes respect the confidentiality and proprietary rights of those who submitted it. Counselors make publication decisions based on valid and defensible standards. Counselors review article submissions in a timely manner and based on their scope and competency in research methodologies. Counselors who serve as reviewers at the request of editors or publishers make every effort to only review materials that are within their scope of competency and avoid personal biases.

Section H

Distance Counseling, Technology, and Social Media

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Introduction

Counselors understand that the profession of counseling may no longer be limited to in-person, face-to-face interactions. Counselors actively attempt to understand the evolving nature of the profession with regard to distance counseling, technology, and social media and how such resources may be used to better serve their clients. Counselors strive to become knowledgeable about these resources. Counselors understand the

additional concerns related to the use of distance counseling, technology, and social media and make every attempt to protect confidentiality and meet any legal and ethical requirements for the use of such resources.

H.1. Knowledge and Legal Considerations

H.1.a. Knowledge and Competency

Counselors who engage in the use of distance counseling, technology, and/or social media develop knowledge and skills regarding related technical, ethical, and legal considerations (e.g., special certifications, additional course work).

H.1.b. Laws and Statutes

Counselors who engage in the use of distance counseling, technology, and social media within their counseling practice understand that they may be subject to laws and regulations of both the counselor's practicing location and the client's place of residence. Counselors ensure that their clients are aware of pertinent legal rights and limitations governing the practice of counseling across state lines or international boundaries.

H.2. Informed Consent and Security

H.2.a. Informed Consent and Disclosure

Clients have the freedom to choose whether to use distance counseling, social media, and/or technology within the counseling process. In addition to the usual and customary protocol of informed consent between counselor and client for face-to-face counseling, the following issues, unique to the use of distance counseling, technology, and/or social media, are addressed in the informed consent process:

- distance counseling credentials, physical location of practice, and contact information;
- risks and benefits of engaging in the use of distance counseling, technology, and/or social media;
- possibility of technology failure and alternate methods of service delivery;
- anticipated response time;
- emergency procedures to follow when the counselor is not available;
- time zone differences;
- cultural and/or language differences that may affect delivery of services;

- possible denial of insurance benefits; and
- social media policy.

H.2.b. Confidentiality Maintained by the Counselor

Counselors acknowledge the limitations of maintaining the confidentiality of electronic records and transmissions. They inform clients that individuals might have authorized or unauthorized access to such records or transmissions (e.g., colleagues, supervisors, employees, information technologists).

H.2.c. Acknowledgment of Limitations

Counselors inform clients about the inherent limits of confidentiality when using technology. Counselors urge clients to be aware of authorized and/or unauthorized access to information disclosed using this medium in the counseling process.

H.2.d. Security

Counselors use current encryption standards within their websites and/or technology-based communications that meet applicable legal requirements. Counselors take reasonable precautions to ensure the confidentiality of information transmitted through any electronic means.

H.3. Client Verification

Counselors who engage in the use of distance counseling, technology, and/or social media to interact with clients take steps to verify the client's identity at the beginning and throughout the therapeutic process. Verification can include, but is not limited to, using code words, numbers, graphics, or other nondescript identifiers.

H.4. Distance Counseling Relationship

H.4.a. Benefits and Limitations

Counselors inform clients of the benefits and limitations of using technology applications in the provision of counseling services. Such technologies include, but are not limited to, computer hardware and/or software, telephones and applications, social media and Internet-based applications and other audio and/or video communication, or data storage devices or media.

H.4.b. Professional Boundaries in Distance Counseling

Counselors understand the necessity of maintaining a professional relationship with their clients. Counselors discuss

and establish professional boundaries with clients regarding the appropriate use and/or application of technology and the limitations of its use within the counseling relationship (e.g., lack of confidentiality, times when not appropriate to use).

H.4.c. Technology-Assisted Services

When providing technology-assisted services, counselors make reasonable efforts to determine that clients are intellectually, emotionally, physically, linguistically, and functionally capable of using the application and that the application is appropriate for the needs of the client. Counselors verify that clients understand the purpose and operation of technology applications and follow up with clients to correct possible misconceptions, discover appropriate use, and assess subsequent steps.

H.4.d. Effectiveness of Services

When distance counseling services are deemed ineffective by the counselor or client, counselors consider delivering services face-to-face. If the counselor is not able to provide face-to-face services (e.g., lives in another state), the counselor assists the client in identifying appropriate services.

H.4.e. Access

Counselors provide information to clients regarding reasonable access to pertinent applications when providing technology-assisted services.

H.4.f. Communication Differences in Electronic Media

Counselors consider the differences between face-to-face and electronic communication (nonverbal and verbal cues) and how these may affect the counseling process. Counselors educate clients on how to prevent and address potential misunderstandings arising from the lack of visual cues and voice intonations when communicating electronically.

H.5. Records and Web Maintenance

H.5.a. Records

Counselors maintain electronic records in accordance with relevant laws and statutes. Counselors inform clients on how records are maintained electronically. This includes, but is not limited to, the type of encryption and security assigned to the records, and if/for how long archival storage of transaction records is maintained.

H.5.b. Client Rights

Counselors who offer distance counseling services and/or maintain a professional website provide electronic links to relevant licensure and professional certification boards to protect consumer and client rights and address ethical concerns.

H.5.c. Electronic Links

Counselors regularly ensure that electronic links are working and are professionally appropriate.

H.5.d. Multicultural and Disability Considerations

Counselors who maintain websites provide accessibility to persons with disabilities. They provide translation capabilities for clients who have a different primary language, when feasible. Counselors acknowledge the imperfect nature of such translations and accessibilities.

H.6. Social Media

H.6.a. Virtual Professional Presence

In cases where counselors wish to maintain a professional and personal presence for social media use, separate professional and personal web pages and profiles are created to clearly distinguish between the two kinds of virtual presence.

H.6.b. Social Media as Part of Informed Consent

Counselors clearly explain to their clients, as part of the informed consent procedure, the benefits, limitations, and boundaries of the use of social media.

H.6.c. Client Virtual Presence

Counselors respect the privacy of their clients' presence on social media unless given consent to view such information.

H.6.d. Use of Public Social Media

Counselors take precautions to avoid disclosing confidential information through public social media.

Section I

Resolving Ethical Issues

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Introduction

Professional counselors behave in an ethical and legal manner. They are aware that client welfare and trust in

the profession depend on a high level of professional conduct. They hold other counselors to the same standards and are willing to take appropriate action to ensure that standards are upheld. Counselors strive to resolve ethical dilemmas with direct and open communication among all parties involved and seek consultation with colleagues and supervisors when necessary. Counselors incorporate ethical practice into their daily professional work and engage in ongoing professional development regarding current topics in ethical and legal issues in counseling. Counselors become familiar with the ACA Policy and Procedures for Processing Complaints of Ethical Violations¹ and use it as a reference for assisting in the enforcement of the *ACA Code of Ethics*.

I.1. Standards and the Law

I.1.a. Knowledge

Counselors know and understand the *ACA Code of Ethics* and other applicable ethics codes from professional organizations or certification and licensure bodies of which they are members. Lack of knowledge or misunderstanding of an ethical responsibility is not a defense against a charge of unethical conduct.

I.1.b. Ethical Decision Making

When counselors are faced with an ethical dilemma, they use and document, as appropriate, an ethical decision-making model that may include, but is not limited to, consultation; consideration of relevant ethical standards, principles, and laws; generation of potential courses of action; deliberation of risks and benefits; and selection of an objective decision based on the circumstances and welfare of all involved.

I.1.c. Conflicts Between Ethics and Laws

If ethical responsibilities conflict with the law, regulations, and/or other gov-

erning legal authority, counselors make known their commitment to the *ACA Code of Ethics* and take steps to resolve the conflict. If the conflict cannot be resolved using this approach, counselors, acting in the best interest of the client, may adhere to the requirements of the law, regulations, and/or other governing legal authority.

I.2. Suspected Violations

I.2.a. Informal Resolution

When counselors have reason to believe that another counselor is violating or has violated an ethical standard and substantial harm has not occurred, they attempt to first resolve the issue informally with the other counselor if feasible, provided such action does not violate confidentiality rights that may be involved.

I.2.b. Reporting Ethical Violations

If an apparent violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution or is not resolved properly, counselors take further action depending on the situation. Such action may include referral to state or national committees on professional ethics, voluntary national certification bodies, state licensing boards, or appropriate institutional authorities. The confidentiality rights of clients should be considered in all actions. This standard does not apply when counselors have been retained to review the work of another counselor whose professional conduct is in question (e.g., consultation, expert testimony).

I.2.c. Consultation

When uncertain about whether a particular situation or course of action may be in violation of the *ACA Code of Ethics*, counselors consult with other counselors who are knowledgeable about ethics and the *ACA Code*

of Ethics, with colleagues, or with appropriate authorities, such as the ACA Ethics and Professional Standards Department.

I.2.d. Organizational Conflicts

If the demands of an organization with which counselors are affiliated pose a conflict with the *ACA Code of Ethics*, counselors specify the nature of such conflicts and express to their supervisors or other responsible officials their commitment to the *ACA Code of Ethics* and, when possible, work through the appropriate channels to address the situation.

I.2.e. Unwarranted Complaints

Counselors do not initiate, participate in, or encourage the filing of ethics complaints that are retaliatory in nature or are made with reckless disregard or willful ignorance of facts that would disprove the allegation.

I.2.f. Unfair Discrimination Against Complainants and Respondents

Counselors do not deny individuals employment, advancement, admission to academic or other programs, tenure, or promotion based solely on their having made or their being the subject of an ethics complaint. This does not preclude taking action based on the outcome of such proceedings or considering other appropriate information.

I.3. Cooperation With Ethics Committees

Counselors assist in the process of enforcing the *ACA Code of Ethics*. Counselors cooperate with investigations, proceedings, and requirements of the ACA Ethics Committee or ethics committees of other duly constituted associations or boards having jurisdiction over those charged with a violation.

¹See the American Counseling Association web site at <http://www.counseling.org/knowledge-center/ethics>

Glossary of Terms

- Abandonment** – the inappropriate ending or arbitrary termination of a counseling relationship that puts the client at risk.
- Advocacy** – promotion of the well-being of individuals, groups, and the counseling profession within systems and organizations. Advocacy seeks to remove barriers and obstacles that inhibit access, growth, and development.
- Assent** – to demonstrate agreement when a person is otherwise not capable or competent to give formal consent (e.g., informed consent) to a counseling service or plan.
- Assessment** – the process of collecting in-depth information about a person in order to develop a comprehensive plan that will guide the collaborative counseling and service provision process.
- Bartering** – accepting goods or services from clients in exchange for counseling services.
- Client** – an individual seeking or referred to the professional services of a counselor.
- Confidentiality** – the ethical duty of counselors to protect a client's identity, identifying characteristics, and private communications.
- Consultation** – a professional relationship that may include, but is not limited to, seeking advice, information, and/or testimony.
- Counseling** – a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.
- Counselor Educator** – a professional counselor engaged primarily in developing, implementing, and supervising the educational preparation of professional counselors.
- Counselor Supervisor** – a professional counselor who engages in a formal relationship with a practicing counselor or counselor-in-training for the purpose of overseeing that individual's counseling work or clinical skill development.
- Culture** – membership in a socially constructed way of living, which incorporates collective values, beliefs, norms, boundaries, and lifestyles that are cocreated with others who share similar worldviews comprising biological, psychosocial, historical, psychological, and other factors.
- Discrimination** – the prejudicial treatment of an individual or group based on their actual or perceived membership in a particular group, class, or category.
- Distance Counseling** – The provision of counseling services by means other than face-to-face meetings, usually with the aid of technology.
- Diversity** – the similarities and differences that occur within and across cultures, and the intersection of cultural and social identities.
- Documents** – any written, digital, audio, visual, or artistic recording of the work within the counseling relationship between counselor and client.
- Encryption** – process of encoding information in such a way that limits access to authorized users.
- Examinee** – a recipient of any professional counseling service that includes educational, psychological, and career appraisal, using qualitative or quantitative techniques.
- Exploitation** – actions and/or behaviors that take advantage of another for one's own benefit or gain.
- Fee Splitting** – the payment or acceptance of fees for client referrals (e.g., percentage of fee paid for rent, referral fees).
- Forensic Evaluation** – the process of forming professional opinions for court or other legal proceedings, based on professional knowledge and expertise, and supported by appropriate data.
- Gatekeeping** – the initial and ongoing academic, skill, and dispositional assessment of students' competency for professional practice, including remediation and termination as appropriate.
- Impairment** – a significantly diminished capacity to perform professional functions.
- Incapacitation** – an inability to perform professional functions.
- Informed Consent** – a process of information sharing associated with possible actions clients may choose to take, aimed at assisting clients in acquiring a full appreciation and understanding of the facts and implications of a given action or actions.
- Instrument** – a tool, developed using accepted research practices, that measures the presence and strength of a specified construct or constructs.
- Interdisciplinary Teams** – teams of professionals serving clients that may include individuals who may not share counselors' responsibilities regarding confidentiality.
- Minors** – generally, persons under the age of 18 years, unless otherwise designated by statute or regulation. In some jurisdictions, minors may have the right to consent to counseling without consent of the parent or guardian.
- Multicultural/Diversity Competence** – counselors' cultural and diversity awareness and knowledge about self and others, and how this awareness and knowledge are applied effectively in practice with clients and client groups.
- Multicultural/Diversity Counseling** – counseling that recognizes diversity and embraces approaches that support the worth, dignity, potential, and uniqueness of individuals within their historical, cultural, economic, political, and psychosocial contexts.
- Personal Virtual Relationship** – engaging in a relationship via technology and/or social media that blurs the professional boundary (e.g., friending on social networking sites); using personal accounts as the connection point for the virtual relationship.
- Privacy** – the right of an individual to keep oneself and one's personal information free from unauthorized disclosure.
- Privilege** – a legal term denoting the protection of confidential information in a legal proceeding (e.g., subpoena, deposition, testimony).
- Pro bono publico** – contributing to society by devoting a portion of professional activities for little or no financial return (e.g., speaking to groups, sharing professional information, offering reduced fees).
- Professional Virtual Relationship** – using technology and/or social media in a professional manner and maintaining appropriate professional boundaries; using business accounts that cannot be linked back to personal accounts as the connection point for the virtual relationship (e.g., a business page versus a personal profile).
- Records** – all information or documents, in any medium, that the counselor keeps about the client, excluding personal and psychotherapy notes.
- Records of an Artistic Nature** – products created by the client as part of the counseling process.
- Records Custodian** – a professional colleague who agrees to serve as the caretaker of client records for another mental health professional.
- Self-Growth** – a process of self-examination and challenging of a counselor's assumptions to enhance professional effectiveness.

Serious and Foreseeable – when a reasonable counselor can anticipate significant and harmful possible consequences.

Sexual Harassment – sexual solicitation, physical advances, or verbal/nonverbal conduct that is sexual in nature; occurs in connection with professional activities or roles; is unwelcome, offensive, or creates a hostile workplace or learning environment; and/or is sufficiently severe or intense to be perceived as harassment by a reasonable person.

Social Justice – the promotion of equity for all people and groups for the purpose of ending oppression and injustice affecting clients, students, counselors, families, communities, schools, workplaces, governments, and other social and institutional systems.

Social Media – technology-based forms of communication of ideas, beliefs, personal histories, etc. (e.g., social networking sites, blogs).

Student – an individual engaged in formal graduate-level counselor education.

Supervisee – a professional counselor or counselor-in-training whose counseling work or clinical skill development

is being overseen in a formal supervisory relationship by a qualified trained professional.

Supervision – a process in which one individual, usually a senior member of a given profession designated as the supervisor, engages in a collaborative relationship with another individual or group, usually a junior member(s) of a given profession designated as the supervisee(s) in order to (a) promote the growth and development of the supervisee(s), (b) protect the welfare of the clients seen by the supervisee(s), and (c) evaluate the performance of the supervisee(s).

Supervisor – counselors who are trained to oversee the professional clinical work of counselors and counselors-in-training.

Teaching – all activities engaged in as part of a formal educational program that is designed to lead to a graduate degree in counseling.

Training – the instruction and practice of skills related to the counseling profession. Training contributes to the ongoing proficiency of students and professional counselors.

Virtual Relationship – a non-face-to-face relationship (e.g., through social media).

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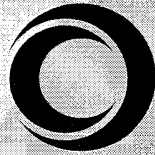
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Ethics Related Resources From ACA!

- Free consultation on ethics for ACA Members
- Bestselling publications revised in accordance with the 2014 Code of Ethics, including *ACA Ethical Standards Casebook*, *Boundary Issues in Counseling*, *Ethics Desk Reference for Counselors*, and *The Counselor and the Law*
- Podcast and six-part webinar series on the 2014 Code
- The latest information on ethics at counseling.org/ethics



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ASCA Ethical Standards for School Counselors

(Adopted 1984; revised 1992, 1998, 2004 and 2010, 2016)

Preamble

The American School Counselor Association (ASCA) is a professional organization supporting school counselors, school counseling students/interns, school counseling program directors/supervisors and school counselor educators. School counselors have unique qualifications and skills to address preK–12 students' academic, career and social/emotional development needs. These standards are the ethical responsibility of all school counseling professionals.

School counselors are advocates, leaders, collaborators and consultants who create systemic change by providing equitable educational access and success by connecting their school counseling programs to the district's mission and improvement plans. School counselors demonstrate their belief that all students have the ability to learn by advocating for an education system that provides optimal learning environments for all students.

All students have the right to:

- Be respected, be treated with dignity and have access to a comprehensive school counseling program that advocates for and affirms all students from diverse populations including but not limited to: ethnic/racial identity, nationality, age, social class, economic status, abilities/disabilities, language, immigration status, sexual orientation, gender, gender identity/expression, family type, religious/spiritual identity, emancipated minors, wards of the state, homeless youth and incarcerated youth. School counselors as social-justice advocates support students from all backgrounds and circumstances and consult when their competence level requires additional support.
- Receive the information and support needed to move toward self-determination, self-development and affirmation within one's group identities. Special care is given to improve overall educational outcomes for students who have been historically underserved in educational services.
- Receive critical, timely information on college, career and postsecondary options and understand the full magnitude and meaning of how college and career readiness can have an impact on their educational choices and future opportunities.
- Privacy that should be honored to the greatest extent possible, while balancing other competing interests (e.g., best interests of students, safety of others, parental rights) and adhering to laws, policies and ethical standards pertaining to confidentiality and disclosure in the school setting.
- A safe school environment promoting autonomy and justice and free from abuse, bullying, harassment and other forms of violence.

PURPOSE

In this document, ASCA specifies the obligation to the principles of ethical behavior necessary to maintain the high standards of integrity, leadership and professionalism. The ASCA Ethical Standards for School Counselors were developed in consultation with state school counseling associations, school counselor educators, school counseling state and district leaders and school counselors across the nation to clarify the norms, values and beliefs of the profession.

The purpose of this document is to:

- Serve as a guide for the ethical practices of all school counselors, supervisors/directors of school counseling programs and school counselor educators regardless of level, area, population served or membership in this professional association.
- Provide support and direction for self-assessment, peer consultation and evaluations regarding school counselors' responsibilities to students, parents/guardians, colleagues and professional associates, schools district employees, communities and the school counseling profession.
- Inform all stakeholders, including students, parents/guardians, teachers, administrators, community members and courts of justice of best ethical practices, values and expected behaviors of the school counseling professional.

A. RESPONSIBILITY TO STUDENTS

A.1. Supporting Student Development

School counselors:

- a. Have a primary obligation to the students, who are to be treated with dignity and respect as unique individuals.
- b. Aim to provide counseling to students in a brief context and support students and families/guardians in obtaining outside services if the student needs long-term clinical counseling.
- c. Do not diagnose but remain acutely aware of how a student's diagnosis can potentially affect the student's academic success.
- d. Acknowledge the vital role of parents/guardians and families.
- e. Are concerned with students' academic, career and social/emotional needs and encourage each student's maximum development.
- f. Respect students' and families' values, beliefs, sexual orientation, gender identification/expression and cultural background and exercise great care to avoid imposing personal beliefs or values rooted in one's religion, culture or ethnicity.

g. Are knowledgeable of laws, regulations and policies affecting students and families and strive to protect and inform students and families regarding their rights.

h. Provide effective, responsive interventions to address student needs.

i. Consider the involvement of support networks, wraparound services and educational teams needed to best serve students.

j. Maintain appropriate boundaries and are aware that any sexual or romantic relationship with students whether legal or illegal in the state of practice is considered a grievous breach of ethics and is prohibited regardless of a student's age. This prohibition applies to both in-person and electronic interactions and relationships.

A.2. Confidentiality

School counselors:

a. Promote awareness of school counselors' ethical standards and legal mandates regarding confidentiality and the appropriate rationale and procedures for disclosure of student data and information to school staff.

b. Inform students of the purposes, goals, techniques and rules of procedure under which they may receive counseling. Disclosure includes informed consent and clarification of the limits of confidentiality. Informed consent requires competence, voluntariness and knowledge on the part of students to understand the limits of confidentiality and, therefore, can be difficult to obtain from students of certain developmental levels, English-language learners and special-needs populations. If the student is able to give assent/consent before school counselors share confidential information, school counselors attempt to gain the student's assent/consent.

c. Are aware that even though attempts are made to obtain informed consent, it is not always possible. When needed, school counselors make counseling decisions on students' behalf that promote students' welfare.

d. Explain the limits of confidentiality in developmentally appropriate terms through multiple methods such as student handbooks, school counselor department websites, school counseling brochures, classroom curriculum and/or verbal notification to individual students.

e. Keep information confidential unless legal requirements demand that confidential information be revealed or a breach is required to prevent serious and foreseeable harm to the student. Serious and foreseeable harm is different for each minor in schools and is determined by students' developmental and chronological age, the setting, parental rights and the nature of the harm. School counselors consult with appropriate professionals when in doubt as to the validity of an exception.

f. Recognize their primary ethical obligation for confidentiality is to the students but balance that obligation with an understanding of parents'/guardians' legal and inherent rights to be the guiding voice in their children's lives. School counselors understand the need to balance students' ethical rights to make choices, their capacity to give consent or assent, and parental or familial legal rights and responsibilities to make decisions on their child's behalf.

g. Promote the autonomy of students to the extent possible and use the most appropriate and least intrusive method to breach confidentiality, if such action is warranted. The child's developmental age and the circumstances requiring the breach are considered, and as appropriate, students are engaged in a discussion about the method and timing of the breach. Consultation with peers and/or supervision is recommended.

h. In absence of state legislation expressly forbidding disclosure, consider the ethical responsibility to provide information to an identified third party who, by his/her relationship with the student, is at a high risk of contracting a disease that is commonly known to be communicable and fatal. Disclosure requires satisfaction of all of the following conditions:

- 1) Student identifies partner, or the partner is highly identifiable
- 2) School counselor recommends the student notify partner and refrain from further high-risk behavior
- 3) Student refuses
- 4) School counselor informs the student of the intent to notify the partner
- 5) School counselor seeks legal consultation from the school district's legal representative in writing as to the legalities of informing the partner

i. Request of the court that disclosure not be required when the school counselor's testimony or case notes are subpoenaed if the release of confidential information may potentially harm a student or the counseling relationship.

j. Protect the confidentiality of students' records and release personal data in accordance with prescribed federal and state laws and school board policies.

k. Recognize the vulnerability of confidentiality in electronic communications and only transmit student information electronically in a way that follows currently accepted security standards and meets federal, state and local laws and board policy.

l. Convey a student's highly sensitive information (e.g., a student's suicidal ideation) through personal contact such as a phone call or visit and not less-secure means such as a notation in the educational record or an e-mail. Adhere to state, federal and school board policy when conveying sensitive information.

m. Advocate for appropriate safeguards and protocols so highly sensitive student information is not disclosed accidentally to individuals who do not have a need to know such information. Best practice suggests a very limited number of educators would have access to highly sensitive information on a need-to-know basis.

n. Advocate with appropriate school officials for acceptable encryption standards to be utilized for stored data and currently acceptable algorithms to be utilized for data in transit.

o. Avoid using software programs without the technological capabilities to protect student information based upon currently acceptable security standards and the law.

A.3. Comprehensive Data-Informed Program

School counselors:

- a. Collaborate with administration, teachers, staff and decision makers around school-improvement goals.
- b. Provide students with a comprehensive school counseling program that ensures equitable academic, career and social/emotional development opportunities for all students.
- c. Review school and student data to assess needs including, but not limited to, data on disparities that may exist related to gender, race, ethnicity, socio-economic status and/or other relevant classifications.
- d. Use data to determine needed interventions, which are then delivered to help close the information, attainment, achievement and opportunity gaps.
- e. Collect process, perception and outcome data and analyze the data to determine the progress and effectiveness of the school counseling program. School counselors ensure the school counseling program's goals and action plans are aligned with district's school improvement goals.
- f. Use data-collection tools adhering to confidentiality standards as expressed in A.2.
- g. Share data outcomes with stakeholders.

A.4. Academic, Career and Social/Emotional Plans

School counselors:

- a. Collaborate with administration, teachers, staff and decision makers to create a culture of postsecondary readiness
- b. Provide and advocate for individual students' preK–postsecondary college and career awareness, exploration and postsecondary planning and decision making, which supports the students' right to choose from the wide array of options when students complete secondary education.
- c. Identify gaps in college and career access and the implications of such data for addressing both intentional and unintentional biases related to college and career counseling.
- d. Provide opportunities for all students to develop the mindsets and behaviors necessary to learn work-related skills, resilience, perseverance, an understanding of lifelong learning as a part of long-term career success, a positive attitude toward learning and a strong work ethic.

A.5. Dual Relationships and Managing Boundaries

School counselors:

- a. Avoid dual relationships that might impair their objectivity and increase the risk of harm to students (e.g., counseling one's family members or the children of close friends or associates). If a dual relationship is unavoidable, the school counselor is responsible for taking action to eliminate or reduce the potential for harm to the student through use of safeguards, which might include informed consent, consultation, supervision and documentation.

b. Establish and maintain appropriate professional relationships with students at all times. School counselors consider the risks and benefits of extending current school counseling relationships beyond conventional parameters, such as attending a student's distant athletic competition. In extending these boundaries, school counselors take appropriate professional precautions such as informed consent, consultation and supervision. School counselors document the nature of interactions that extend beyond conventional parameters, including the rationale for the interaction, the potential benefit and the possible positive and negative consequences for the student and school counselor.

c. Avoid dual relationships beyond the professional level with school personnel, parents/guardians and students' other family members when these relationships might infringe on the integrity of the school counselor/student relationship. Inappropriate dual relationships include, but are not limited to, providing direct discipline, teaching courses that involve grading students and/or accepting administrative duties in the absence of an administrator.

d. Do not use personal social media, personal e-mail accounts or personal texts to interact with students unless specifically encouraged and sanctioned by the school district. School counselors adhere to professional boundaries and legal, ethical and school district guidelines when using technology with students, parents/guardians or school staff. The technology utilized, including, but not limited to, social networking sites or apps, should be endorsed by the school district and used for professional communication and the distribution of vital information.

A.6. Appropriate Referrals and Advocacy

School counselors:

a. Collaborate with all relevant stakeholders, including students, educators and parents/guardians when student assistance is needed, including the identification of early warning signs of student distress.

b. Provide a list of resources for outside agencies and resources in their community to student(s) and parents/guardians when students need or request additional support. School counselors provide multiple referral options or the district's vetted list and are careful not to indicate an endorsement or preference for one counselor or practice. School counselors encourage parents to interview outside professionals to make a personal decision regarding the best source of assistance for their student.

c. Connect students with services provided through the local school district and community agencies and remain aware of state laws and local district policies related to students with special needs, including limits to confidentiality and notification to authorities as appropriate.

d. Develop a plan for the transitioning of primary counseling services with minimal interruption of services. Students retain the right for the referred services to be done in coordination with the school counselor or to discontinue counseling services with the school counselor while maintaining an appropriate relationship that may include providing other school support services.

e. Refrain from referring students based solely on the school counselor's personal beliefs or values rooted in one's religion, culture, ethnicity or personal worldview. School counselors

maintain the highest respect for student diversity. School counselors should pursue additional training and supervision in areas where they are at risk of imposing their values on students, especially when the school counselor's values are discriminatory in nature. School counselors do not impose their values on students and/or families when making referrals to outside resources for student and/or family support.

f. Attempt to establish a collaborative relationship with outside service providers to best serve students. Request a release of information signed by the student and/or parents/guardians before attempting to collaborate with the student's external provider.

g. Provide internal and external service providers with accurate, objective, meaningful data necessary to adequately evaluate, counsel and assist the student.

h. Ensure there is not a conflict of interest in providing referral resources. School counselors do not refer or accept a referral to counsel a student from their school if they also work in a private counseling practice.

A.7. Group Work

School counselors:

- a. Facilitate short-term groups to address students' academic, career and/or social/emotional issues.
- b. Inform parent/guardian(s) of student participation in a small group.
- c. Screen students for group membership.
- d. Use data to measure member needs to establish well-defined expectations of group members.
- e. Communicate the aspiration of confidentiality as a group norm, while recognizing and working from the protective posture that confidentiality for minors in schools cannot be guaranteed.
- f. Select topics for groups with the clear understanding that some topics are not suitable for groups in schools and accordingly take precautions to protect members from harm as a result of interactions with the group.
- g. Facilitate groups from the framework of evidence-based or research-based practices.
- h. Practice within their competence level and develop professional competence through training and supervision.
- i. Measure the outcomes of group participation (process, perception and outcome data).
- j. Provide necessary follow up with group members.

A.8. Student Peer-Support Program

School counselors:

- a. Safeguard the welfare of students participating in peer-to-peer programs under their direction.
- b. Supervise students engaged in peer helping, mediation and other similar peer-support groups. School counselors are responsible for appropriate skill development for students serving as peer support in school counseling programs. School counselors

continuously monitor students who are giving peer support and reinforce the confidential nature of their work. School counselors inform peer-support students about the parameters of when students need to report information to responsible adults.

A.9. Serious and Foreseeable Harm to Self and Others

School counselors:

a. Inform parents/guardians and/or appropriate authorities when a student poses a serious and foreseeable risk of harm to self or others. When feasible, this is to be done after careful deliberation and consultation with other appropriate professionals. School counselors inform students of the school counselor's legal and ethical obligations to report the concern to the appropriate authorities unless it is appropriate to withhold this information to protect the student (e.g. student might run away if he/she knows parents are being called). The consequence of the risk of not giving parents/guardians a chance to intervene on behalf of their child is too great. Even if the danger appears relatively remote, parents should be notified.

b. Use risk assessments with caution. If risk assessments are used by the school counselor, an intervention plan should be developed and in place prior to this practice. When reporting risk-assessment results to parents, school counselors do not negate the risk of harm even if the assessment reveals a low risk as students may minimize risk to avoid further scrutiny and/or parental notification. School counselors report risk assessment results to parents to underscore the need to act on behalf of a child at risk; this is not intended to assure parents their child isn't at risk, which is something a school counselor cannot know with certainty.

c. Do not release a student who is a danger to self or others until the student has proper and necessary support. If parents will not provide proper support, the school counselor takes necessary steps to underscore to parents/guardians the necessity to seek help and at times may include a report to child protective services.

d. Report to parents/guardians and/or appropriate authorities when students disclose a perpetrated or a perceived threat to their physical or mental well-being. This threat may include, but is not limited to, physical abuse, sexual abuse, neglect, dating violence, bullying or sexual harassment. The school counselor follows applicable federal, state and local laws and school district policy.

A.10. Underserved and At-Risk Populations

School counselors:

- a. Strive to contribute to a safe, respectful, nondiscriminatory school environment in which all members of the school community demonstrate respect and civility.
- b. Advocate for and collaborate with students to ensure students remain safe at home and at school. A high standard of care includes determining what information is shared with parents/guardians and when information creates an unsafe environment for students.
- c. Identify resources needed to optimize education.

- d. Collaborate with parents/guardians, when appropriate, to establish communication and to ensure students' needs are met.
- e. Understand students have the right to be treated in a manner consistent with their gender identity and to be free from any form of discipline, harassment or discrimination based on their gender identity or gender expression.
- f. Advocate for the equal right and access to free, appropriate public education for all youth, in which students are not stigmatized or isolated based on their housing status, disability, foster care, special education status, mental health or any other exceptionality or special need.
- g. Recognize the strengths of students with disabilities as well as their challenges and provide best practices and current research in supporting their academic, career and social/emotional needs.

A.11. Bullying, Harassment and Child Abuse

School counselors:

- a. Report to the administration all incidents of bullying, dating violence and sexual harassment as most fall under Title IX of the Education Amendments of 1972 or other federal and state laws as being illegal and require administrator interventions. School counselors provide services to victims and perpetrator as appropriate, which may include a safety plan and reasonable accommodations such as schedule change, but school counselors defer to administration for all discipline issues for this or any other federal, state or school board violation.
- b. Report suspected cases of child abuse and neglect to the proper authorities and take reasonable precautions to protect the privacy of the student for whom abuse or neglect is suspected when alerting the proper authorities.
- c. Are knowledgeable about current state laws and their school system's procedures for reporting child abuse and neglect and methods to advocate for students' physical and emotional safety following abuse/neglect reports.
- d. Develop and maintain the expertise to recognize the signs and indicators of abuse and neglect. Encourage training to enable students and staff to have the knowledge and skills needed to recognize the signs of abuse and neglect and to whom they should report suspected abuse or neglect.
- e. Guide and assist students who have experienced abuse and neglect by providing appropriate services.

A.12. Student Records

School counselors:

- a. Abide by the Family Educational Rights and Privacy Act (FERPA), which defines who has access to students' educational records and allows parents the right to review and challenge perceived inaccuracies in their child's records.
- b. Advocate for the ethical use of student data and records and inform administration of inappropriate or harmful practices.
- c. Recognize the difficulty in meeting the criteria of sole-possession records.

d. Recognize that sole-possession records and case notes can be subpoenaed unless there is a specific state statute for privileged communication expressly protecting student/school counselor communication.

e. Recognize that electronic communications with school officials regarding individual students, even without using student names, are likely to create student records that must be addressed in accordance with FERPA and state laws.

f. Establish a reasonable timeline for purging sole-possession records or case notes. Suggested guidelines include shredding paper sole-possession records or deleting electronic sole-possession records when a student transitions to the next level, transfers to another school or graduates. School counselors do not destroy sole-possession records that may be needed by a court of law, such as notes on child abuse, suicide, sexual harassment or violence, without prior review and approval by school district legal counsel. School counselors follow district policies and procedures when contacting legal counsel.

A.13. Evaluation, Assessment and Interpretation

School counselors:

- a. Use only valid and reliable tests and assessments with concern for bias and cultural sensitivity.
- b. Adhere to all professional standards when selecting, administering and interpreting assessment measures and only utilize assessment measures that are within the scope of practice for school counselors and for which they are licensed, certified and competent.
- c. Are mindful of confidentiality guidelines when utilizing paper or electronic evaluative or assessment instruments and programs.
- d. Consider the student's developmental age, language skills and level of competence when determining the appropriateness of an assessment.
- e. Use multiple data points when possible to provide students and families with accurate, objective and concise information to promote students' well-being.
- f. Provide interpretation of the nature, purposes, results and potential impact of assessment/evaluation measures in language the students and parents/guardians can understand.
- g. Monitor the use of assessment results and interpretations and take reasonable steps to prevent others from misusing the information.
- h. Use caution when utilizing assessment techniques, making evaluations and interpreting the performance of populations not represented in the norm group on which an instrument is standardized.
- i. Conduct school counseling program evaluations to determine the effectiveness of activities supporting students' academic, career and social/emotional development through accountability measures, especially examining efforts to close information, opportunity and attainment gaps.

A.14. Technical and Digital Citizenship

School counselors:

- a. Demonstrate appropriate selection and use of technology and software applications to enhance students' academic, career and social/emotional development. Attention is given to the ethical and legal considerations of technological applications, including confidentiality concerns, security issues, potential limitations and benefits and communication practices in electronic media.
- b. Take appropriate and reasonable measures for maintaining confidentiality of student information and educational records stored or transmitted through the use of computers, social media, facsimile machines, telephones, voicemail, answering machines and other electronic technology.
- c. Promote the safe and responsible use of technology in collaboration with educators and families.
- d. Promote the benefits and clarify the limitations of various appropriate technological applications.
- e. Use established and approved means of communication with students, maintaining appropriate boundaries. School counselors help educate students about appropriate communication and boundaries.
- f. Advocate for equal access to technology for all students.

A.15. Virtual/Distance School Counseling

School counselors:

- a. Adhere to the same ethical guidelines in a virtual/distance setting as school counselors in face-to-face settings.
- b. Recognize and acknowledge the challenges and limitations of virtual/distance school counseling.
- c. Implement procedures for students to follow in both emergency and nonemergency situations when the school counselor is not available.
- d. Recognize and mitigate the limitation of virtual/distance school counseling confidentiality, which may include unintended viewers or recipients.
- e. Inform both the student and parent/guardian of the benefits and limitations of virtual/distance counseling.
- f. Educate students on how to participate in the electronic school counseling relationship to minimize and prevent potential misunderstandings that could occur due to lack of verbal cues and inability to read body language or other visual cues that provide contextual meaning to the school counseling process and school counseling relationship.

B. RESPONSIBILITIES TO PARENTS/ GUARDIANS, SCHOOL AND SELF

B.1. Responsibilities to Parents/Guardians

School counselors:

- a. Recognize that providing services to minors in a school setting requires school counselors to collaborate with students' parents/guardians as appropriate.

- b. Respect the rights and responsibilities of custodial and noncustodial parents/guardians and, as appropriate, establish a collaborative relationship with parents/guardians to facilitate students' maximum development.

- c. Adhere to laws, local guidelines and ethical practice when assisting parents/guardians experiencing family difficulties interfering with the student's welfare.

- d. Are culturally competent and sensitive to diversity among families. Recognize that all parents/guardians, custodial and noncustodial, are vested with certain rights and responsibilities for their children's welfare by virtue of their role and according to law.

- e. Inform parents of the mission of the school counseling program and program standards in academic, career and social/emotional domains that promote and enhance the learning process for all students.

- f. Inform parents/guardians of the confidential nature of the school counseling relationship between the school counselor and student.

- g. Respect the confidentiality of parents/guardians as appropriate and in accordance with the student's best interests.

- h. Provide parents/guardians with accurate, comprehensive and relevant information in an objective and caring manner, as is appropriate and consistent with ethical and legal responsibilities to the student and parent.

- i. In cases of divorce or separation, follow the directions and stipulations of the legal documentation, maintaining focus on the student. School counselors avoid supporting one parent over another.

B.2. Responsibilities to the School

School counselors:

- a. Develop and maintain professional relationships and systems of communication with faculty, staff and administrators to support students.

- b. Design and deliver comprehensive school counseling programs that are integral to the school's academic mission; driven by student data; based on standards for academic, career and social/emotional development; and promote and enhance the learning process for all students.

- c. Advocate for a school counseling program free of non-school-counseling assignments identified by "The ASCA National Model: A Framework for School Counseling Programs" as inappropriate to the school counselor's role.

- d. Provide leadership to create systemic change to enhance the school.

- e. Collaborate with appropriate officials to remove barriers that may impede the effectiveness of the school or the school counseling program.

- f. Provide support, consultation and mentoring to professionals in need of assistance when in the scope of the school counselor's role.

- g. Inform appropriate officials, in accordance with school board policy, of conditions that may be potentially disruptive or

damaging to the school's mission, personnel and property while honoring the confidentiality between the student and the school counselor to the extent feasible, consistent with applicable law and policy.

- h. Advocate for administrators to place in school counseling positions certified school counselors who are competent, qualified and hold a master's degree or higher in school counseling from an accredited program.
- i. Advocate for equitable school counseling program policies and practices for all students and stakeholders.
- j. Strive to use translators who have been vetted or reviewed and bilingual/multilingual school counseling program materials representing languages used by families in the school community.
- k. Affirm the abilities of and advocate for the learning needs of all students. School counselors support the provision of appropriate accommodations and accessibility.
- l. Provide workshops and written/digital information to families to increase understanding, improve communication and promote student achievement.
- m. Promote cultural competence to help create a safer more inclusive school environment.
- n. Adhere to educational/psychological research practices, confidentiality safeguards, security practices and school district policies when conducting research.
- o. Promote equity and access for all students through the use of community resources.
- p. Use culturally inclusive language in all forms of communication.
- q. Collaborate as needed to provide optimum services with other professionals such as special educators, school nurses, school social workers, school psychologists, college counselors/admissions officers, physical therapists, occupational therapists, speech pathologists, administrators.
- r. Work responsibly to remedy work environments that do not reflect the profession's ethics.
- s. Work responsibly through the correct channels to try and remedy work conditions that do not reflect the ethics of the profession.

B.3. Responsibilities to Self

School counselors:

- a. Have completed a counselor education program at an accredited institution and earned a master's degree in school counseling.
- b. Maintain membership in school counselor professional organizations to stay up to date on current research and to maintain professional competence in current school counseling issues and topics. School counselors maintain competence in their skills by utilizing current interventions and best practices.
- c. Accept employment only for those positions for which they are qualified by education, training, supervised experience and state/national professional credentials.
- d. Adhere to ethical standards of the profession and other official policy statements such as ASCA Position Statements and

Role Statements, school board policies and relevant laws. When laws and ethical codes are in conflict school counselors work to adhere to both as much as possible.

- e. Engage in professional development and personal growth throughout their careers. Professional development includes attendance at state and national conferences and reading journal articles. School counselors regularly attend training on school counselors' current legal and ethical responsibilities.
- f. Monitor their emotional and physical health and practice wellness to ensure optimal professional effectiveness. School counselors seek physical or mental health support when needed to ensure professional competence.
- g. Monitor personal behaviors and recognize the high standard of care a professional in this critical position of trust must maintain on and off the job. School counselors are cognizant of and refrain from activity that may diminish their effectiveness within the school community.
- h. Seek consultation and supervision from school counselors and other professionals who are knowledgeable of school counselors' ethical practices when ethical and professional questions arise.
- i. Monitor and expand personal multicultural and social-justice advocacy awareness, knowledge and skills to be an effective culturally competent school counselor. Understand how prejudice, privilege and various forms of oppression based on ethnicity, racial identity, age, economic status, abilities/disabilities, language, immigration status, sexual orientation, gender, gender identity expression, family type, religious/spiritual identity, appearance and living situations (e.g., foster care, homelessness, incarceration) affect students and stakeholders.
- j. Refrain from refusing services to students based solely on the school counselor's personally held beliefs or values rooted in one's religion, culture or ethnicity. School counselors respect the diversity of students and seek training and supervision when prejudice or biases interfere with providing comprehensive services to all students.
- k. Work toward a school climate that embraces diversity and promotes academic, career and social/emotional development for all students.
- l. Make clear distinctions between actions and statements (both verbal and written) made as a private individual and those made as a representative of the school counseling profession and of the school district.

- m. Respect the intellectual property of others and adhere to copyright laws and correctly cite others' work when using it.

C. SCHOOL COUNSELOR ADMINISTRATORS/SUPERVISORS

School counselor administrators/supervisors support school counselors in their charge by:

- a. Advocating both within and outside of their schools or districts for adequate resources to implement a comprehensive school counseling program and meet their students' needs.
- b. Advocating for fair and open distribution of resources among programs supervised. An allocation procedure should be developed that is nondiscriminatory, informed by data and consistently applied.

- c. Taking reasonable steps to ensure school and other resources are available to provide appropriate staff supervision and training.
- d. Providing opportunities for professional development in current research related to school counseling practice and ethics.
- e. Taking steps to eliminate conditions or practices in their schools or organizations that may violate, discourage or interfere with compliance with the ethics and laws related to the profession.
- f. Monitoring school and organizational policies, regulations and procedures to ensure practices are consistent with the ASCA Ethical Standards for School Counselors.

D. SCHOOL COUNSELING INTERN SITE SUPERVISORS

Field/intern site supervisors:

- a. Are licensed or certified school counselors and/or have an understanding of comprehensive school counseling programs and the ethical practices of school counselors.
- b. Have the education and training to provide clinical supervision. Supervisors regularly pursue continuing education activities on both counseling and supervision topics and skills.
- c. Use a collaborative model of supervision that is on-going and includes, but is not limited to, the following activities: promoting professional growth, supporting best practices and ethical practice, assessing supervisee performance and developing plans for improvement, consulting on specific cases and assisting in the development of a course of action.
- d. Are culturally competent and consider cultural factors that may have an impact on the supervisory relationship.
- e. Do not engage in supervisory relationships with individuals with whom they have the inability to remain objective. Such individuals include, but are not limited to, family members and close friends.
- f. Are competent with technology used to perform supervisory responsibilities and online supervision, if applicable. Supervisors protect all electronically transmitted confidential information.
- g. Understand there are differences in face-to face and virtual communication (e.g., absence of verbal and nonverbal cues) that may have an impact on virtual supervision. Supervisors educate supervisees on how to communicate electronically to prevent and avoid potential problems.
- h. Provide information about how and when virtual supervisory services will be utilized. Reasonable access to pertinent applications should be provided to school counselors.
- i. Ensure supervisees are aware of policies and procedures related to supervision and evaluation and provide due-process procedures if supervisees request or appeal their evaluations.
- j. Ensure performance evaluations are completed in a timely, fair and considerate manner, using data when available and based on clearly stated criteria.
- k. Use evaluation tools measuring the competence of school counseling interns. These tools should be grounded in state and national school counseling standards. In the event no such tool is available in the school district, the supervisor seeks out relevant evaluation tools and advocates for their use.

- l. Are aware of supervisee limitations and communicate concerns to the university/college supervisor in a timely manner.
- m. Assist supervisees in obtaining remediation and professional development as necessary.
- n. Contact university/college supervisors to recommend dismissal when supervisees are unable to demonstrate competence as a school counselor as defined by the ASCA School Counselor Competencies and state and national standards. Supervisors consult with school administrators and document recommendations to dismiss or refer a supervisee for assistance. Supervisors ensure supervisees are aware of such decisions and the resources available to them. Supervisors document all steps taken.

E. MAINTENANCE OF STANDARDS

When serious doubt exists as to the ethical behavior of a colleague(s) the following procedures may serve as a guide:

- a. School counselors consult with professional colleagues to discuss the potentially unethical behavior and to see if the professional colleague views the situation as an ethical violation. School counselors understand mandatory reporting in their respective district and states.
- b. School counselors discuss and seek resolution directly with the colleague whose behavior is in question unless the behavior is unlawful, abusive, egregious or dangerous, in which case proper school or community authorities are contacted.
- c. If the matter remains unresolved at the school, school district or state professional practice/standards commission, referral for review and appropriate action should be made in the following sequence:
 - State school counselor association
 - American School Counselor Association (Complaints should be submitted in hard copy to the ASCA Ethics Committee, c/o the Executive Director, American School Counselor Association, 1101 King St., Suite 310, Alexandria, VA 22314.)

F. ETHICAL DECISION MAKING

When faced with an ethical dilemma, school counselors and school counseling program directors/supervisors use an ethical decision-making model such as Solutions to Ethical Problems in Schools (STEPS) (Stone, 2001):

- a. Define the problem emotionally and intellectually
- b. Apply the ASCA Ethical Standards for School Counselors and the law
- c. Consider the students' chronological and developmental levels
- d. Consider the setting, parental rights and minors' rights
- e. Apply the ethical principles of beneficence, autonomy, nonmaleficence, loyalty and justice
- f. Determine potential courses of action and their consequences
- g. Evaluate the selected action
- h. Consult
- i. Implement the course of action

GLOSSARY OF TERMS

Advocate

a person who speaks, writes or acts to promote the well-being of students, parents/guardians and the school counseling profession. School counselors advocate to close the information, opportunity, intervention and attainment gaps for all students.

Assent

to demonstrate agreement when a student is not competent to give informed consent to counseling or other services the school counselor is providing.

Assessment

collecting in-depth information about a person to develop a comprehensive plan that will guide the collaborative counseling and service provision process.

Boundaries

something that indicates or affixes an extent or limits.

Breach

disclosure of information given in private or confidential communication such as information given during counseling.

Competence

the quality of being competent; adequacy; possession of required skill, knowledge, qualification or capacity.

Confidentiality

the ethical duty of school counselors to responsibly protect a student's private communications shared in counseling.

Conflict of Interest

a situation in which a school counselor stands to personally profit from a decision involving a student.

Consent

permission, approval or agreement; compliance.

Consultation

a professional relationship in which individuals meet to seek advice, information and/or deliberation to address a student's need.

Conventional Parameters

general agreement or accepted standards regarding limits, boundaries or guidelines.

Cultural Sensitivity

a set of skills enabling you to know, understand and value the similarities and differences in people and modify your behavior to be most effective and respectful of students and families and to deliver programs that fit the needs of diverse learners.

Data Dialogues

inquiry with others around student information to uncover inequities, promote informed investigations and assist in understanding the meaning of data and the next steps to have an impact on data.

Data Informed

accessing data, applying meaning to it and using data to have an impact on student success.

Developmental Level/Age

the age of an individual determined by degree of emotional, mental and physiological maturity as compared with typical behaviors and characteristics of that chronological age.

Disclosure

the act or an instance of exposure or revelation.

Diversity

the inclusion of individuals representing more than one national origin, gender/gender identity, color, religion, socio-economic stratum, sexual orientation and the intersection of cultural and social identities.

Dual Relationship

a relationship in which a school counselor is concurrently participating in two or more roles with a student.

Empathy

the action of understanding, being aware of, being sensitive to and vicariously experiencing the feelings, thoughts and experience of another without having the feelings, thoughts and experience fully communicated in an objectively explicit manner.

Emancipated Minor

a minor who is legally freed from control by his or her parents or guardians, and the parents or guardians are freed from any and all responsibility toward the child.

Encryption

process of putting information into a coded form to control and limit access to authorized users.

Ethics

the norms and principles of conduct and philosophy governing the profession.

Ethical Behavior

actions defined by standards of conduct for the profession.

Ethical Obligation

a standard or set of standards defining the course of action for the profession.

Ethical Rights

the fundamental normative rules about what is allowed of people or owed to people, according to some legal system, social convention or ethical theory.

Feasible

capable of being done, effected or accomplished.

Gender Expression

the ways in which students manifest masculinity or femininity in terms of clothing, communication patterns and interests, which may or may not reflect the student's gender identity.

Gender Identity

One's personal experience of one's own gender. When one's gender identity and biological sex are not congruent, the student may identify as transsexual or transgender.

Harassment

the act of systematic and/or continued unwanted disturbing or troubling persecution.

Informed Consent

assisting students in acquiring an understanding of the limits of confidentiality, the benefits, facts and risks of entering into a counseling relationship.

Intervention

to provide modifications, materials, advice, aids, services or other forms of support to have a positive impact on the outcome or course of a condition.

Legal Mandates

a judicial command or precept issued by a court or magistrate, directing proper behavior to enforce a judgment, sentence or decree.

Legal Rights

those rights bestowed onto a person by a given legal system.

Mandatory Reporting

the legal requirement to report to authorities.

Minors

persons under the age of 18 years unless otherwise designated by statute or regulation.

Perception

A mental image or awareness of environment through a physical sensation. A capacity for understanding or a result of an observation.

Peer Helper

peer-to-peer interaction in which individuals who are of approximately the same age take on a helping role assisting students who may share related values, experiences and lifestyles.

Peer Support

programs that enhance the effectiveness of the school counseling program while increasing outreach and raising student awareness of services.

Privacy

the right of an individual to keep oneself and one's personal information free from unauthorized disclosure.

Privileged Communication

conversation that takes places within the context of a protected relationship, such as that between an attorney and client, a husband and wife, a priest and penitent, a doctor and patient and, in some states, a school counselor and a student.

Professional Development

the process of improving and increasing capabilities through access to education and training opportunities.

Relationship

a connection, association or involvement.

Risk Assessment

a systematic process of evaluating potential risks

School Counseling Supervisor

a qualified professional who provides guidance, teaching and support for the professional development of school counselors and school counseling candidates.

Serious and Foreseeable

when a reasonable person can anticipate significant and harmful possible consequences.

Sole-Possession Records

exempted from the definition of educational records and the protection of FERPA, are records used only as a personal memory aid that are kept in the sole possession of the maker of the record and are not accessible or revealed to any other person except a temporary substitute for the maker of the record and provide only professional opinion or personal observations.

Stakeholder

a person or group that shares an investment or interest in an endeavor.

Supervision

a collaborative relationship in which one person promotes and/ or evaluates the development of another.

Title IX of the Education Amendments of 1972

a law that demands that no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of or be subjected to discrimination under any education program or activity receiving federal financial assistance.

Virtual/Distance Counseling

counseling by electronic means.

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Legal and Ethical Issues Involved When Counseling Minors in Nonschool Settings

Gabrielle Lawrence and Sharon E. Robinson Kurpius

Many counselors in non-school settings will work with children at some time during their practice; therefore, it is essential that they understand the legal and ethical issues relevant to working with minors. Major court cases and legislation are presented, and 4 critical ethical issues—counselor competence, the client's rights to confidentiality and informed consent, and duties related to child abuse—are addressed. Suggestions for working ethically with minors in order to limit legal liability are presented.

He obliged Cinderella to sit down, and putting the slipper on her foot, he found it went on very easily, and fitted her as if it had been made of wax. The astonishment her two sisters were in was excessively great, but still abundantly greater when Cinderella pulled out of her pocket the other slipper, and put it on her foot. She was conducted to the young Prince. He thought her to be more charming than ever and a few days after, married her. (Lang, 1965, pp. 70–71)

Fairy tales have meaning on different levels. They can be read for entertainment or be understood as metaphors rich with social, political, and psychological meaning and replete with themes that weave in and out of life's fabric. When viewed metaphorically, the story of Cinderella provides a poignant introduction to children's rights by presenting four critical elements: (a) the abused, neglected child (Cinderella); (b) the abusive caretaker (the wicked stepmother, the stepsisters, and the negligent father); (c) the state or authority (the Prince); and (d) the counselor (the Fairy Godmother) who transforms the environment to benefit the child.

Just as the Fairy Godmother identified Cinderella as needing protection and brought her to the attention of authorities, so today counselors identify and report child abuse to gain the protection and help the children need. The responsibility and potential liability related to this role mandates an understanding of the legal and ethical issues related to working with minors in a noneducational setting.

Currently, counselors can expect to receive little guidance from the professional literature on working with minors outside the school setting. Even widely used textbooks mention issues related to minors in a cursory manner, unless the topic is breaching confidentiality due to child abuse (e.g., Bersoff, 1995; Corey, Corey, & Callanan, 1998). Similarly, the existing journal literature provides too little in terms of information aimed specifically at providing guidance for

working with minor clients in a legal and ethical manner. Indeed, a search of the articles published in the *Journal of Counseling & Development* over the last 5 years failed to reveal any articles on this topic. Because most counselors will at some time work with minors or families with minors, it is essential for counselors to understand (a) the history and evolution of children's rights, (b) legislation and court cases relating to minors that should serve as legal guides for their behaviors, and (c) relevant ethical issues. We believe that having a historical perspective on children's rights and related legislation/court cases provides the necessary foundation for understanding the strengths and weaknesses of various ethical codes.

A HISTORICAL PERSPECTIVE ON CHILDREN'S RIGHTS

Historically, children have been viewed as little more than chattel, the legal property of their parents. According to the doctrine of *patria potesta*, the father was invested with absolute power over his children and, therefore, could treat them in any way deemed appropriate with no one questioning his right to do so. Because parents could exercise "unlimited" power, children were often abused, treated cruelly, abandoned, and even sold into slavery (Hart, 1991). The doctrine of *patria potesta* was clearly manifested in the Stubborn Child Act, passed by the state of Massachusetts in 1638, that allowed children to be put to death for disobeying their parents.

During the late nineteenth and early twentieth centuries, several key events occurred to alter then-prevalent views of children. As it became clear that children were vulnerable (Hart, 1991), "the state intruded into family life to encourage minimum standards of health, reduce exploitative labor, assure education, and stop abuse and

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neglect" (p. 54). The New York Children's Aid Society was founded in 1853 to take poor urban children out of the urban setting and relocate them to the countryside. Although well-intentioned, it unfortunately led to children frequently becoming little more than indentured servants in a rural setting. A major landmark for children's rights was the founding in 1874 of the Society for the Prevention of Cruelty to Children (SPCC). The establishment of the SPCC was the result of a widely publicized child abuse case in which Mary Ellen Wilson, a child periodically beaten by her foster mother, was afforded protection under the laws relevant to the Society for the Prevention of Cruelty to Animals. Legislation passed in 1875 required police and courts to aid in the prevention of cruelty to children (Taylor & Adelman, 1989). The first juvenile court system, established in Chicago in 1899, protected children from the rigors and dangers of the adult justice and penal system by trying and housing them separately from adult offenders (Hart, 1991).

The expansion of children's rights continued into the twentieth century with active, although largely unsuccessful, efforts to protect children from exploitation in the workforce. The 1904 founding of the National Child Labor Committee was an early attempt to get laws passed that would mandate shorter working hours for children, minimum ages for working, provisions for compulsory schooling, and bans on particularly dangerous jobs (Hart, 1991; Hart & Pavlovic, 1991). Antichild labor efforts, however, did not achieve significant success until the passage of the Fair Labor Standards Act three decades later. This 1938 Act prohibited interstate commerce to businesses that did not adhere to child labor guidelines that set the minimum age for employment at age 16. Other events relevant to children's rights were the first White House Conference on Children in 1909 and the passage of the Compulsory Education Act of 1922 that raised the age of required school attendance to 16 years (Jost, 1993). In 1924, the doctrine of *parens patriae*, which gives states and courts protective authority over children, was formally established by the Fifth Assembly of the League of Nations. The world community stated that if parents failed in their protective role, the state had the responsibility to intervene to protect the child.

In the last half of the twentieth century, the Children's Rights Movement finally achieved recognition as a social movement (Culbertson, 1991). The United Nations Declaration of the Rights of the Child in 1959 was based on the premise that humankind owed the child the best that it had to give. One year later, the White House Conference on Children and Youth enumerated the rights of children. Along with the Civil Rights Movement, these were significant milestones in efforts to procure rights, power, and protection for children.

During the last quarter of this century, three acts were legislated that supported children's rights and gave children increased legal recognition. The All Handicapped Children's Act of 1975 (Public Law 94-142) guaranteed

"free appropriate" public education to all children with disabilities (Fischer & Sorenson, 1996). The 1989 United Nations Convention on The Rights of the Child proposed a legally binding treaty: "To protect children from all forms of physical or mental violence, injury, or abuse, it urges effective and appropriate measures to abolish traditional practices that are prejudicial to the health of children" (American Broadcasting Corporation Television Special, 1993). Although legislation has been introduced into the House of Representatives that would make female genital mutilation a crime, the House has yet to act on this legislation, and the United States (U.S.) still has not ratified the Convention's resolutions. The third act was the Young American Act of 1990 (Murphy-Berman & Weiss, 1996) that created an office within the Department of Health and Human Resources for Children, Youth, and Families to allocate funds to projects targeting children's issues.

COURT CASES AND THE LEGAL PERSPECTIVE

In addition to organizations and governmental entities established to champion children's rights in the last half of the twentieth century, both state and federal courts have produced rulings that have empowered children. In *Brown v. Board of Education* (1954), the U.S. Supreme Court overruled the "separate but equal" doctrine established by *Plessy v. Ferguson* in 1896 (Fischer & Sorenson, 1996). Basing their ruling on the Fourteenth Amendment, the Court concluded that "in the field of public education, the doctrine of 'separate but equal' has no place. Separate educational facilities are inherently unequal" (Fischer & Sorenson, 1985, p. 254).

The landmark case for children's legal rights, *In re Gault* (1967), solidified protection of minors under the Fourteenth Amendment. Gerald Gault, who was 15 years old, and a friend were taken into custody for making a lewd and indecent telephone call to a neighbor, Mrs. Cook, who had telephoned the sheriff with her complaint. Both of Gerald's parents were at work but no attempt was made to notify them of Gerald's arrest and placement at a children's detention home. A hearing was held the next day; however, no formal notification was given to the Gaults nor did Mrs. Cook appear. No witnesses were present, and neither a transcript nor a recording was made of the proceedings. At the end of the hearing, the judge said he wanted to think about the case, and Gerald was returned to detention. Later that week, Gerald was released without explanation; however, that evening the family was notified of another hearing to be held the following week. Again, Mrs. Cook was not present, and everyone differed on what had been said at the previous hearing. Despite this, the judge found Gerald guilty of lewd phone calls and committed him to the State Industrial School until he reached the age of 21. Because Gerald was a minor, he was sentenced to 6 years of detention for a crime that would have incurred a \$50 fine if he had been an adult.

Although his parents tried to appeal the ruling, neither the local superior court nor the Arizona Supreme Court

would hear the case. (Minors had no right to the appeal process.) After Gerald had been in detention for 3 years, the U.S. Supreme Court ruled against Arizona and freed Gerald. The Court held that Gault had been denied the basic rights: (a) the right to counsel, (b) the right to be notified of charges, (c) the right to confront and to cross-examine witnesses, (d) the privilege against self-incrimination, (e) the right to appeal, and (f) the right to a transcript of proceedings (Koocher & Keith-Spiegel, 1990).

Other cases have both granted or taken away rights from minors. In *Tinker v. Des Moines Independent Community School District* (1969), the Supreme Court granted freedom of speech and right to assembly, First Amendment constitutional rights, to minors. Under the law, children were declared "persons." The significance of both the Gault and the Tinker cases was the initial granting of constitutional rights to minors.

In the 1976 case of *Planned Parenthood of Central Mo. v. Danforth*, the U.S. Supreme Court ruled that a minor woman had the right to terminate pregnancy without parental consent if she was deemed competent to make that decision. This shifted power from parents to minor children by giving female minors the power of informed consent regarding abortion. Under Chief Justices Burger and Rehnquist in the late 1970s and 1980s, the Supreme Court rendered several rulings that shifted the balance of power back to parents and others in authority (Jost, 1993). In *Parham v. J.R.* (1979), the Supreme Court gave parents the right to commit their son, against his will, to inpatient psychiatric treatment without a hearing. The cases of *H.L. v. Matherson* (1981) and the 1983 *Planned Parenthood Association of Kansas City, Mo. v. Ashcroft* upheld state laws requiring minors to notify parents and to get their consent before an abortion. Besides granting more power to parents, rulings were also rendered that enhanced the power of school authorities. The Supreme Court, in *Ingraham v. Wright* (1977), ruled that no hearings were necessary for school administrators to administer corporal punishment. In the 1985 *New Jersey v. T.L.O.* and in the 1988 *Hazelwood School District v. Kuhlmeier* rulings, schools were given the power to search students without a warrant and the authority to censure school newspapers. These rulings upheld the concept of a school acting in loco parentis.

Each of the Burger/Rehnquist court's aforementioned rulings has diminished the legal authority of minors. The consequence of these rulings has been a reduction in children's ability to legally defend and protect themselves from possible abuses by adults (Jost, 1993).

The responsibility of the state to protect minors when parents fail to do so was severely challenged by the Supreme Court ruling in *DeShaney v. Winnebago County Dept. of Social Service* (1989). The state was allowed to abdicate its role of protecting minor children from parental abuse when the Court ruled that the county child protective services agency had no legal obligation to protect a 4-year-old boy who was nearly beaten to death when he was returned to his father's custody by the agency. Some might argue that with this ruling the

state withdrew its power of *parens patriae*, and thus its protection of the "best interests of the child."

In summary, the recognition of basic rights for children has created a dilemma that involves a complex balancing act between three major social systems (Croxtton, Churchill, & Fellin, 1988). These include (a) the state, with its interest in maintaining social stability and protecting the safety and rights of its citizens, including children; (b) the parent or family, whose interest has been the maintenance of family autonomy and freedom to raise children without interference from the state; and (c) the minor child, whose vested interest has been self-protection from perceived harm, preservation of privacy, and maintenance of personal dignity.

The Civil Rights Movement of the late 1950s and 1960s fueled the Children's Rights Movement with legislation and precedent-setting laws that increased the power of children to protect and defend themselves. In contrast, as just demonstrated in the preceding text, the last quarter of this century has seen a regression both in case law and children's advocacy reform. If these Supreme Court rulings are indicators of society's attitudes toward the legal empowerment of children, then it is clear that the current balance of power rests with parents and others in positions of authority over children.

ETHICAL ISSUES RELATED TO WORKING WITH MINORS

The American Counseling Association (ACA, 1995) *Code of Ethics and Standards of Practice* consistently fails to distinguish between clients who are adults and those who are minors. The term *minor* appears only twice (A.3.c; B.3), and both references are related to consent issues. In reading the rest of the *Code*, the assumption seems to be that counselors can apply the same standards to minors that are applied to adults, as long as "age" is not used to discriminate against clients. Minors are not little adults, however, and unique ethical concerns arise when clients are minors.

Specifically, four ethical issues consistently emerge when one considers children as clients outside the school setting. In addition to counselor competence, three client rights issues are paramount: minors' ability to give informed consent to treatment and the concomitant issue of their legal ability to enter into the contractual relationship; confidentiality; and child-abuse reporting (DeKraai & Sales, 1991; Myers, 1982).

Counselor Competence

A counselor's effectiveness in working with adults does not mean that that effectiveness will transfer to minors. There are special areas of knowledge and skills that are unique to working with children. For example, some mental disorders are seen primarily among children (i.e., attention deficit/hyperactivity disorder, separation anxiety disorder, reactive attachment disorder). One cannot simply borrow knowledge from adult psychopathology and apply it to children, nor can one transfer understanding of adult problems to understanding children's concerns. Therefore, course work in child psychopathology and child counseling theory is essential for those who work with children.

The age of a minor will also have a significant impact on how to work most effectively with that child; therefore, it is imperative that counselors have a thorough understanding of theories of child and adolescent development (Darden, Gazda, & Ginter, 1996). For example, theories of ego identity development (Erikson, 1963, 1968), moral development (Kohlberg, 1976), psychosexual development (Freud, 1905/1953, 1920/1955), and cognitive development (Piaget, 1924/1926, 1924/1928, 1937/1954) are basic areas of knowledge when clients are children. Children need to be understood from the context of their developmental stages and related developmental tasks, and interventions need to be designed to match the child's level of development and understanding (Weiner & Robinson Kurpius, 1995). Although "developmental stages" are not mentioned in the ACA (1995) *Code*, the Preamble notes that "members are dedicated to the enhancement of human development throughout the life span." Regardless of terminology, counselors who have not studied child and adolescent development are in danger of being unethical for lack of adequate knowledge regarding their minor clients.

Similarly, counselors need to understand gender role development. They must avoid placing their own gender role values on their clients (ACA, 1995, A.5.b), while still being aware that sex differences exist, particularly during adolescence as minors are individuating and forming their own unique identities. Often a significant residual of interventions for other presenting problems is a fostering of gender-related development.

In addition, children take on certain roles in their families, and understanding these roles and theories of family dynamics will help counselors be more effective. For example, when there is parental strife, some children become an "identified patient" to take the focus away from the parents, or the child may become the family peacemaker for the same purpose. Knowledge of family theories and training in working with families are essential for successful counseling intervention. The same is true for cultural differences (ACA, 1995, C.5.a) that affect children, their behaviors, and their worldviews (Trevino, 1996).

The ACA (1995) *Code* consistently stresses that

Counselors practice only within the boundaries of their competence, based on their education, training, supervised practice, state and national professional credentials, and appropriate experiences. Counselors will demonstrate a commitment to gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population. (C.2.a)

Because minors are a special, diverse client population, ethical practice mandates distinct education, training, and supervised practice before commencing independent practice that includes minors.

Informed Consent

Informed consent is the formal permission given by a client that signals the beginning of the legal, contractual agreement that allows treatment to be initiated. Because the counselor-client relationship is fiduciary, it falls under the

legal jurisdiction of contract law. Typically, a minor can enter into a contract for treatment in one of three ways: (a) with parental consent, (b) involuntarily at a parent's insistence, or (c) by order of the juvenile court.

Informed consent must be given voluntarily with sufficient knowledge of the treatment and its consequences, and the person must be competent to give it, that is, able to understand the consequences and implications of the choices being made. The ACA (1995) *Code* specifically addresses minors and consent:

When counseling clients who are minors or individuals who are unable to give voluntary, informed consent, parents or guardians may be included in the counseling process as appropriate. Counselors act in the best interests of the client and take measures to safeguard confidentiality. (B.3, Minor or Incompetent Clients)

In most instances, for a minor to enter into treatment, it is necessary to have informed parental or guardian consent or for treatment to be court ordered. If informed parental consent is not obtained, counselors risk the possibility of being sued for battery, failure to gain consent, and child enticement (Myers, 1982).

There are, however, several situations that provide exceptions to the need for parental consent. Typically, court ordered treatment of a child does not require parental consent; however, the American Bar Association (ABA, 1980) recommends that the parents be informed of treatment as soon as possible. Another exception is the case of emancipated or mature minors. A *mature* minor is a child usually over the age of 16 who is capable of understanding the nature and consequences of a proposed treatment enough that he or she can consent to it without parental consent. An *emancipated* minor is a person under the age of 18 who "is living separately from parents and is managing his or her own financial affairs" (ABA, 1980, p. 66).

In some states, minors can provide their own informed consent in cases of emergency, when waiting to gain parental consent would endanger their life or health. However, parental consent must be obtained as soon as possible. Many states also recognize other exceptions that pertain to specific treatment situations. Parental informed consent may not be required when a minor is in treatment for dangerous drugs or narcotics, for sexually transmitted diseases, for pregnancy and birth control counseling, or for an examination following alleged sexual assault of a minor over 12 years of age.

A word of caution is in order regarding parental consent. When working with a minor of divorced parents, it is important to obtain the consent of the custodial parent (Stein, 1990). Malpractice suits have been brought against counselors who obtained the consent of the noncustodial parent but failed to obtain the custodial parent's consent (Stein, 1990). Furthermore, it is important to know the rights of divorced parents regarding informed consent and release of information. For example, if a state does not give noncustodial parents a right to information concerning the child that has been obtained in counseling, releasing information

to the noncustodial parent without the custodial parent's consent would breach confidentiality and place the counselor at risk for legal damages. In addition, minors over the age of 7 years can give *informed assent* to be involved in counseling or research. Although this is not legally recognized, it demonstrates respect for the minor and signals that the minor has agreed to participate.

Confidentiality

One of the most difficult legal and ethical dilemmas for counselors working with minors is the issue of confidentiality, that is, what to share and what not to share with parents or legal guardians. With the exceptions previously discussed, parents have a legal right to all records obtained as a result of examination, evaluation, and treatment of a minor. The basic dilemma with respect to confidentiality is who is the client, the parent or the child?

Four positions regarding confidentiality with minor clients have been identified in the literature (Hendrix, 1991). These are (a) complete confidentiality, with the counselor disclosing nothing of the treatment to the parents; (b) limited confidentiality, which requires the minor to waive, in advance, the right to know what will be revealed to the parent or guardian; (c) informed forced consent, which occurs when the child is informed before disclosure is made to the parents but the child has no say in what is disclosed; and finally, (d) no guarantee of confidentiality is made to the child. The confidentiality issues that arise when working with minors sometimes place the counselor in a Catch 22 situation. If, on one hand, the counselor chooses to maintain complete confidentiality in a situation in which parental consent is necessary, he or she may risk legal reprisals from the parents. On the other hand, if the counselor chooses any of the remaining three positions, minors in need of treatment may not seek treatment or may terminate prematurely once they understand what information their parents have a right to know.

There is no easy or best answer, and sometimes the professional ethical guidelines are less than helpful. For example, the ethical guidelines of the American Mental Health Counselors Association (1989) state, "Where a child or adolescent is the primary client, the interest of the minor shall be paramount" (5i, p. A23). This guideline could potentially be at odds with the law, thereby requiring the counselor to choose between what is legally correct and what is ethically correct. By informing the parent, the counselor obeys the law but betrays the professional ethical responsibility to the minor client. By withholding information from the parent, thereby upholding the ethical responsibility to the minor client, the counselor may be placing him- or herself in jeopardy of breaking the law. Because state laws differ, it is essential for counselors to be familiar with the statutes and laws of the jurisdiction in which they practice.

It is also recommended that counselors, when possible, involve the parents in the initial meeting with their child in order to come to a clear, mutual agreement regarding the

degree and type of information that will be provided to them. This creates clear, agreed on boundaries for sharing information and establishes a three-way bond of trust. For the counselor, the creation of this bond of trust at the beginning of treatment is one of the most effective forms of self-protection.

In addition, when working with minor clients who are hesitant to disclose to parents, it is recommended that counselors motivate them to disclose (when appropriate and potentially helpful) by helping them to understand the relevance and possible benefits of disclosure (Taylor & Adelman, 1989). The success of this will, of course, be related to the trust the minor has in the counselor.

Finally, duty to warn is another important legal responsibility related to confidentiality. In most states, when treating minors, counselors are liable for failure to warn or protect a third party if a specific threat is made to a specific person with intent to carry out that threat. For this limitation on confidentiality, as with all others, the counselor needs to outline the limits to confidentiality in the first meeting. Minors need to know that the counselor will breach confidentiality if they make a serious threat to hurt themselves or others. The *Peck v. Counseling Service of Addison County* (1985) case even found that counselors have a duty to protect property when a minor threatens to destroy it.

In summary, confidentiality with minors must be sensitively handled both with the minor client and with the parents. The most effective approach is one that creates trust and elicits cooperation from both client and parents. Involving the parents in the creation of mutually agreed on guidelines for disclosure and motivating the minor client to disclose on his or her own are two positive strategies that benefit the parents and the client and protect the counselor.

Child Abuse Reporting

In 1962, Kempe and his colleagues reported findings on more than 700 battered children. Their report shocked the child care community and increased legal and public concern to such an extent that by 1968, all 50 states had passed laws mandating that physicians and other health care professionals report child abuse and neglect (ten Bensel, 1984). The problem of child abuse and neglect remains critical today. Child welfare agencies receive approximately 3 million reports of child abuse and neglect each year. It is estimated that 45 out of every 1,000 children in the U.S. are victims of child abuse and neglect (DeWoody, 1994). It is also estimated that child abuse is underreported by 5:1, bringing the total estimated number of abused children to 15 million every year. Although much has been accomplished to protect children since the founding of the SPCC in 1874, it is clear that much remains to be done.

Reporting child abuse and neglect is an important first step to providing the protection that children need. In most states, all persons having responsibility for the care and treatment of children are required by law to immediately report abuse of children. Failure to report child abuse, how-