



NATIONAL BOARD FOR  
CERTIFIED COUNSELORS

**NATIONAL BOARD FOR  
CERTIFIED COUNSELORS, INC.  
CODE OF ETHICS**

**May 2023**

## **INTRODUCTION**

The National Board for Certified Counselors, Inc. and Affiliates (NBCC) serves as the largest national credentialing organization for counselors, providing national certification developed by counselors for counselors, and ensuring clear standards for eligibility specific to education, examination, supervision, experience, and ethical guidelines for the protection of the public.

## **PURPOSE OF CODE**

This NBCC *Code of Ethics* establishes the minimum ethical behaviors for professional certified counselors and candidates and provides an expectation of and assurance for ethical practice for all who use the professional services of persons credentialed by NBCC.

Furthermore, it provides an enforceable set of directives and assures a resource for those served in the case of a perceived violation. When confronted by complex ethical dilemmas that require thoughtful and careful deliberation, the counselor shall engage in an ethical decision-making process and consult available resources as necessary.

Central to the purpose of the NBCC Code of Ethics is the commitment to maintain behavioral standards that will be used to enforce required disclosure procedures and compliance concerns brought forward through complaints. The Code serves as the foundation of an effective and fair method for submitting complaints and disclosures for the protection of both the public and counselors.

NBCC recognizes that ethical decision-making by counselors exists within the context of the legal parameters and licensure requirements enacted by States, territories, and other jurisdictions.

## **NBCC CORE VALUES AND BELIEFS AS INTEGRATED INTO THE CODE**

- Counselors will be civil in their actions and words, avoiding arrogance, assumptions, and hubris. Counselors seek to listen to others with intention and respond with respect. When engaged in challenging dialogues, counselors do so to seek answers — not confrontations or harm. Counselors strive to be sensitive to differences in attitudes and culture. Counselors always seek to minimize undue harm and take particular care of those who are vulnerable or in anguish. With respect to all clients and work, counselors seek to be mindful of their humanity as they fulfill their counseling duties.
- Counselors strive to enhance the social and mental well-being of their clients while supporting the overall physical health of each client. Counselors must engage in self-care and self-reflection.
- Access and equity are essential to the profession of counseling and fundamentally important for the success of any society. Counseling services should be provided to achieve the best mental health outcomes. Counselors provide services to all of those in need, utilizing available resources, and advocating for the expansion of resources in underserved communities.
- Certified counselors and candidates demonstrate their commitment to ethical behaviors by demonstrating, and representing to their clients, sensitivity to multicultural issues, avoiding discrimination, oppression, and/or any form of social injustice.

## **NBCC ETHICS STANDARDS**

### *Preamble*

The National Board for Certified Counselors (NBCC) administers national certifications that recognize individuals who have voluntarily met standards for general and specialty areas of professional counseling practice. Counselors certified by NBCC may also identify with different professional organizations, and are often licensed by jurisdictions that promulgate standards of behavior. Regardless of any other affiliation, this *Code of Ethics* is applicable to all NBCC certificants, including National Certified Counselors (NCCs).

Counselors are required to adhere to these expectations and all of the Code directives.

Candidates and certificants will be sanctioned pursuant to this Code by NBCC when the standards in the NBCC *Code of Ethics* are found to have been violated. This *Code* applies to all counselors who are certified by NBCC, candidates for certification, and other counselors subject to this Code.

## **PROFESSIONAL RESPONSIBILITIES**

1. Counselors shall perform only those professional services for which they are qualified by training, education, and supervised experience.
2. Counselors shall accurately represent their current professional qualifications and credentials in counseling or closely related disciplines. Counselors shall not use doctorate degrees related to professional counseling duties unless the degree is specific to counseling or another mental health discipline. Counselors shall correct known misrepresentations of their qualifications and credentials by others, and shall not allow such information to be used in a misleading way.
3. Counselors shall identify only earned educational degrees in counseling or another mental health discipline with regard to all counseling work, including publications. Identified degrees from programs in the United States must be from colleges and universities that were accredited at the time of graduation by one of the institutional accrediting organizations recognized by the Council for Higher Education Accreditation (CHEA).
4. Counselors shall seek professional assistance or withdraw from the practice of counseling if their mental or physical condition makes it so that they are unable to provide appropriate services.
5. Counselors shall obtain supervision or consultation with other qualified professionals when unsure about client treatment and/or professional practice responsibilities.
6. Counselors shall clearly distinguish honorary educational degrees from earned degrees.
7. Counselors shall demonstrate multicultural counseling competence in practice. Counselors will not use counseling techniques or engage in any professional activities that discriminate against or show hostility toward individuals or groups based on gender, ethnicity, race, national origin, sex, sexual orientation, disability, religion, or any other legally prohibited basis.

8. Counselors shall not misuse their professional influence or meet their own needs at the expense of a client's welfare, including, but not limited to, the promotion of services or products.
9. Counselors shall not solicit testimonials from current clients or their families and friends. Recognizing the possibility of future requests for services, counselors shall not solicit testimonials from former clients within (5) years from the date of service termination.
10. Counselors, who have reasonable cause to believe that another mental health professional has engaged in unethical behavior, must report the matter to NBCC except when State regulations require immediate reporting.
11. Counselors shall discuss service termination with clients when there is a reasonable belief that the clients are no longer benefiting from, or are unlikely to benefit from, future services. Counselors shall not abruptly terminate counseling services without good cause or significant justification, and in such cases, shall discuss and provide appropriate referrals.
12. Counselors shall comply with all NBCC policies, procedures, and agreements, including all disclosure requirements and related instructions.
13. Counselors shall adhere to legal standards and requirements, including State licensure regulations.
14. Counselors shall not engage in unlawful discrimination.
15. Counselors, who make public statements inconsistent with this Code or other professional counseling standards, shall state that their opinions represent their personal views. Counselors shall not make statements on behalf of NBCC or other organizations unless officially authorized to do otherwise.
16. Counselors providing professional counseling presentations shall ensure that the content is consistent with this *Code of Ethics*.

## **COUNSELING RELATIONSHIPS**

17. Counselors shall take proactive measures to avoid harming their clients, and avoid imposing personal values on those who receive their professional services. Counselors will seek to minimize unavoidable or unanticipated harm, and where possible seek to address unintentional harm.
18. Counselors shall respect each client's privacy, and shall solicit only information that contributes to the identified counseling goals or facilitates the counseling process, and is also consistent with counseling protocols.
19. Counselors shall not share client information that is obtained through the counseling process without specific written consent by the client or legal guardian except when necessary to prevent serious and foreseeable harm to the client or others, or when otherwise mandated by Federal or State law or regulation.

20. Counselors generally shall not accept goods or services from clients in return for counseling services in recognition of the possible negative effects, including perceived exploitation. Counselors may accept goods, services or other nonmonetary compensation from clients only in cases where: no referrals are possible or appropriate; the arrangement is discussed with the client in advance; the exchange is of a reasonable equivalent value; the exchange does not place the counselor in an unfair advantage; the arrangement is not harmful to the client or their treatment; and, is documented in the counseling services agreement.
21. Counselors shall not accept gifts from clients except in cases when it is culturally appropriate or therapeutically relevant. Counselors shall consider the value of the gift and the effect on the therapeutic relationship before accepting. Acceptance of a gift shall be documented in the client's record.
22. Counselors shall be mindful of engaging in counseling relationships with those individuals with whom another relationship, such as a community connection, friendship, or work relationship exists (i.e., multiple relationships). Counselors strive to avoid multiple relationships with clients, to the extent possible, except in cases when it is culturally appropriate or therapeutically relevant. In the event that a multiple relationship develops in an unforeseen manner, the counselor shall discuss the potential effects with the client, and shall take reasonable steps to resolve the situation, including termination and the provision of referrals. This discussion shall be documented in the client's record.
23. Counselors will exercise caution, and avoid exploitation or the appearance of exploitation before entering into a non-counseling relationship with a former client. A period of five (5) years is recommended, and counselors shall exercise caution and avoid exploitation of former clients. Counselors will discuss with the former client important relevant considerations, including the amount of time since counseling service termination, duration of counseling, nature and circumstances of the client's counseling, and the likelihood that the client will want to resume counseling at some time in the future, circumstances of service termination, and possible negative effects or outcomes. Counselors will respect the autonomy of each former client, and not use undue influence to form any sort of relationship with a former client.
24. Counselors will not engage in any form of sexual or romantic contact with a client or former client for at least five (5) years following the date of counseling service termination.
25. Counselors will not engage in any type of harassing behavior towards clients, which is defined as any verbal, nonverbal, electronic, or physical act that is known, or reasonably understood, to be unwelcome or that are of a severity that reasonably would be perceived as harassment.
26. Counselors will take proactive measures to avoid interruptions of counseling services due to illness, vacations, or unforeseen circumstances. To prevent the harm that may occur if clients are unable to access professional assistance, such measures shall identify other qualified professionals with whom the counselor has a working agreement or local emergency service agencies that can respond to a client in a mental health crisis. Counselors will also take proactive measures to avoid interruption of counseling services when leaving their place of employment.

27. Counselors shall protect against unauthorized access to confidential client information in all formats. Counselors will inform and ensure all other persons with access to confidential information on the importance of observing confidentiality procedures and protocols.
28. Counselors shall create and follow written procedures regarding client confidentiality rules and the handling of client records in the event of the counselor's death, incapacitation, unforeseen and lengthy interruption of services, and end of employment. These procedures shall explain how client confidentiality and records are maintained. The procedures will also identify those counseling professionals and/or support staff who are familiar with the relevant ethical and legal requirements of the counseling practice, and who will assist clients in locating other professional mental health providers and ensuring the appropriate transfer of client records. Counselors shall provide the client with such written procedures, and will provide an opportunity for the client to discuss concerns regarding the process as it pertains to the transfer of their record.
29. Counselors shall discuss with prospective clients and document the appropriateness of counseling services offered. If there is reasonable cause to believe a client will not benefit from counseling services offered, counselors will explore alternative forms of treatment and/or discuss and/or facilitate a referral to another provider.
30. Counselors working independently will retain and protect client records as directed by State or Federal law. Counselors will dispose of records in a manner that protects client confidentiality.
31. Counselors shall make efforts to inform clients and former clients of the court-ordered release of confidential client information prior to such release in a prompt and timely manner. In the event that the client seeks to prevent the release, the counselor may request that a court withdraw any order to release confidential information due to the potential harm to the client or the counseling relationship. When ordered to disclose confidential client information by a court or governmental agency, counselors will release only that information required by the court or agency. Release of information will be documented in a manner consistent with the practice's written procedures.
32. Counselors shall inform clients of the purposes, goals, procedures, limitations, and potential risks and benefits of services and techniques either prior to or during the initial counseling session. Counselors also will provide information about client's rights and responsibilities, including billing arrangements, collection procedures in the event of nonpayment, confidentiality and its limitations, and records and service termination policies as appropriate to the counseling setting. This professional information will be provided to the client in verbal and written forms, such as the counseling services agreement or professional disclosure statement. Counselors will confirm that the client understands the provided information and obtain written informed consent to participate in counseling. Counselors will document any related client concerns related to the information provided in the client's record.

33. Counselors understand that clients own the content of their clinical records, and counselors work to provide reasonable access to the content of the records when requested. Counselors will respond to client requests for access to or copies of records in a timely manner. Additionally, counselors will provide an opportunity for the client to discuss the content of their clinical record. If there is a reasonable basis to believe that direct review of the record will cause the client harm, the counselor will discuss the request and possible effects. Counselors will document each client request for records in the client's records. In the case of minors, counselors may limit access to the minor client or responsible guardian if there is compelling evidence that other access may cause harm.
34. Counselors shall obtain a client's consent prior to the provision of services. This consent shall be documented in writing in a counseling services agreement, professional disclosure statement, or other written form. This agreement or statement shall become a part of the client's record.
35. Counselors shall work collaboratively with clients in the creation of written plans of treatment that offer attainable goals and use appropriate techniques consistent with the client's psychological and physical needs and abilities.
36. Counselors shall update and modify the client's record throughout the counseling relationship when changes occur in the treatment plan, including changes relating to goals, roles, techniques and diagnoses. Counselors shall obtain each client's written approval for such changes.
37. Counselors shall clearly identify in writing the primary client in the record. Counselors will also identify in the record those individuals who are receiving related professional services in connection with such client relationship. In the context of couple, family or group counseling, the counselor shall not reveal any individual client's confidences to others, without the prior written permission of that individual.
38. Counselors working with minors, incapacitated adults, or other persons unable to give legal consent to release confidential and privileged information, shall protect the confidentiality of information received in the counseling relationship as specified by Federal and State laws, written policies, and applicable ethical standards. In all cases, the counselor shall discuss with the client and their legal representative the limits of confidentiality and the rules concerning the release of any information.
39. Counselors respect and honor the inherent and legal rights of the parents and legal guardians of minors and incapacitated adults who are legally incapable of giving informed consent. As appropriate, the counselor shall collaborate with the parent(s) or legal guardian, discussing the role of counseling, the confidential nature of the counseling relationship, and the autonomy of the client as required by the NBCC *Code of Ethics*, State and Federal law, and other applicable ethical standards. When working with minors or incapacitated adults who are legally incapable of giving informed consent, the counselor shall consider the custody agreement, power of attorney document, or legal agreement that may impact the rights of a parent or legal guardian.

40. Counselors are encouraged to consult with both parents or other family members prior to delivery of services in joint custody arrangements to ensure agreement with treatment planning and record sharing. Counselors will seek permission of an appropriate parent or legal guardian to disclose information and obtain voluntary and informed consent to release confidential information when counseling minors or adults who are legally incapable of providing consent. Counselors will advise their client of this action in a manner consistent with the client's level of understanding.

## **SUPERVISION AND CONSULTATION**

### *Supervision*

41. Counselors who provide clinical supervision shall obtain appropriate training, including continuing education concerning current clinical trends, in order to meet the needs of their supervisees and the clients they serve.
42. Counselors who provide supervision services shall provide accurate written information to supervisees regarding the counselor's credentials, as well as information regarding the process of supervision. This information shall include the conditions of supervision, supervision goals, case management procedures, confidentiality and its limitations, appraisal methods, and timing of evaluations.
43. Counselors who act as counselor educators, field placement supervisors, or clinical supervisors shall not engage in sexual or romantic intimacy with current and former students or supervisees for at least five (5) years from the date of the last academic and/or supervision contact, whichever is later. Prohibited intimate sexual or romantic engagements include in-person contact and electronic interactions.
44. Counselors who provide clinical supervision services shall keep accurate records of supervision goals and the supervisee's progress. All supervision related information shall be treated as confidential, except to prevent serious and foreseeable harm to a client or others, or when legally required to do so by a court or government agency order. When a supervisor receives a court or governmental agency order requiring the production of supervision records, the counselor shall make reasonable attempts to promptly notify the supervisee. In cases in which the supervisee is a student in a counselor education program, the supervisor counselor shall release supervision records consistent with the terms of the supervision arrangement with the counselor education program.
45. Counselors who provide clinical supervision services shall intervene in situations where a supervisee is impaired or incompetent and potentially placing the client(s) at risk. The clinical supervisor will notify the supervisee of any concerns and provide recommended or required steps to seek assistance. The supervisor also may take steps to end the supervisee's services to protect the client, and may only resume services after the completion of any recommended or required remediation.



46. Counselors who provide clinical supervision services shall not have multiple relationships with a supervisee that may interfere with the supervisor's professional judgment or exploit the supervisee. Supervisors shall not supervise friends, family, or relatives. When a dual relationship cannot be avoided, the supervisor must discuss risks and benefits with the supervisee prior to engaging in supervision and document this discussion in supervision records.
47. Counselors who provide supervision services shall provide supervisees with regular and substantive feedback throughout the supervision process.
48. Counselors shall promote the welfare and continued education of supervisees by discussing ethical standards and practices related to supervision, as well as the legal standards that regulate the practice of counseling.
49. Counselors who provide clinical supervision services shall establish procedures for responding to crisis situations related to supervisees and the supervisee's clients. These procedures shall be provided both verbally and in writing to their supervisees. A clear protocol and guidelines shall be made available and communicated to the supervisee in the event of the supervisor's absence. Contact information for an alternative supervisor shall be provided to the supervisee in the absence of the supervisor.

#### *Consultation*

50. Counselors who seek or receive case consultation services from another professional shall document consultation in the relevant client records.
51. Counselors who seek clinical supervision and consultation (consultees) shall promote the welfare of the client by selecting qualified professionals, who are trained and can competently respond to the identified issue of the client, supervisee, and/or student.
52. Counselors who provide supervision services to supervisees who are practicing under the supervision of more than one supervisor (e.g., field placement and university supervisors) shall exchange contact information and communicate as appropriate with the other supervisors about the shared supervisee's performance.
53. Counselors who act as a university, field placement, or clinical supervisor shall ensure that supervisees provide accurate information to clients about the supervisee's professional status, including whether the supervisee is acting as an intern, or licensed counselor.
54. Counselors who seek consultation (consultees) shall protect the client's identity and confidential information, and unnecessary invasion of privacy, by providing only the client information relevant to the consultation. Brief collaborative conversations between a counselor and other professionals are not considered consultations as long as no identifying client information is provided and need not be documented.

55. Counselors who provide consultative services (consultants) shall establish a written plan with the professional seeking assistance. This plan shall include the identification of the primary client concern or issue, consultation goals, potential consequences of actions, evaluation, and other future steps. The consultant shall document such information in the relevant professional records.
56. Counselors who provide consultative services (consultants) shall use and provide to consultees accurate information regarding their consultation qualifications and credentials related to the identified concerns or situations.
57. Counselors who act as university, field placement, or clinical supervisors shall require that supervisees provide the supervisor's name, credentials, and contact information to the supervisee's clients.

## **TESTING, APPRAISAL, AND RESEARCH**

### *Testing and Appraisal*

58. Counselors shall protect the confidentiality and security of client related tests, assessments, reports, data, and any transmission of client-related information in any form.
59. Counselors shall not release any information related to the client, including the results of tests and assessments to any party other than the client without prior written consent, except: as required to prevent clear and imminent danger to the client or others; when authorized by written agreement with the client; or, when legally required to do so by a court order or governmental agency.
60. Counselors shall use or interpret only the specific tests and assessments for which they are qualified, including meeting the qualification of having the required education and supervised experience.
61. Counselors shall only use current, valid tests and assessments specifically necessary for the provision of quality services, and that have been carefully considered in terms of the instrument's validity, reliability, psychometric limitations, and appropriateness for use with regard to a particular population or client.
62. Counselors shall recognize results that are clinically significant for a given client test and assessment, and shall document in the client's record how the results will be appropriately used in the counseling process.
63. Counselors who develop tests or assessments for measuring personal characteristics, development, diagnoses, goal attainment, or other appropriate clinical uses shall provide test users with written valid, information regarding the benefits and limitations of test instruments, including appropriate use, test results, and interpretation.

64. Counselors who develop tests and assessments for measuring personal characteristics, development, diagnoses, goal attainment, or other appropriate clinical uses shall identify to users of the test/assessment other potential sources of comparable information, and shall explain to clients and/or provide written information on the importance of basing decisions on multiple sources rather than a single criterion.
65. Prior to the use of a test or assessment, counselors shall provide complete information to a client regarding: the format of each test and assessment; the test administration purpose; and, the desired outcome, risks, and limitations. Counselors shall have a reasonable basis for believing that the information provided is understood.
66. Prior to the use of a test or assessment with a client, counselors shall seek information about a test's normative groups and limitations of use that may affect the administration or interpretation of results. If appropriate, the counselor may provide a referral to another qualified professional who specializes in the evaluation of individuals with similar conditions. This referral shall be documented in the client's record.
67. Counselors shall follow administration and interpretation protocols for all tests and assessments, including the use of appropriate computer software. Counselors shall understand and address any issues of access and disability when using tests and assessments.
68. Counselors shall comply with identified information and data security protocols identified by test publishers when using published tests and assessments.

### *Research*

69. Counselors shall protect the welfare of research participants by taking all appropriate precautions to prevent negative psychological or physical effects.
70. Counselors shall protect the identities of research participants by appropriately disguising data, except when there is a specific written client authorization for an identified appropriate reason. Counselors will discuss appropriate considerations and obtain written consent from the client(s) prior to the use of any research activities or experimental approach.
71. Counselors conducting research with underrepresented groups must take into consideration their historical, diverse, and multicultural experiences, and only use techniques and approaches based on established, clinically sound theory applicable to underrepresented populations.
72. Counselors shall take credit only for research activities they have performed or authored. When quoting the work of others, Counselors shall provide appropriate citations and references.
73. Counselors shall provide appropriate disclosures prior to research participation, and appropriately report to and debrief participants regarding the subject and features of the study after research data is collected, as well as clarify any client misconceptions about the research.

74. Counselors shall provide critical information through an informed consent process to potential research subjects that will assist them in reaching a determination about participation. This information shall include the research purpose, process, duration, risks, potential consequences, and procedures, as well as the participant's right to refuse or withdraw from participation. This consent process shall also contain relevant information with regard to the recording of voices or images of participants. For research participants who are unable to give informed consent, counselors shall document considerations concerning the potential subject's desire to participate and the legal guardian's consent to the subject's participation. Written consent for participation must be obtained for all research participants.
75. Counselors shall accurately report results of research, including limitations and variables that may have impacted the findings. Counselors shall take all appropriate and necessary steps to publicly correct errors in their published research.
76. Counselors shall not employ deceptive techniques in research unless there are no alternatives and there is significant prospective scientific, educational, or clinical value to the research. In all cases, counselors shall review potential techniques with, and provide an explanation to, participants during the debriefing, and will not use any techniques that can be reasonably expected to cause harm.
77. Prior to conducting research with students, counselors shall carefully follow ethical standards, including requirements regarding participant, supervisee, and client confidentiality and multiple relationships. Counselors shall not indicate to students or supervisees that research participation is required or will otherwise negatively affect academic standing, supervision, or counseling services.
78. Counselors shall comply with applicable guidelines when designing, conducting, or reporting research, including those of the relevant institutional review board.
79. Counselors shall credit the work of contributors, including students who have contributed to research or publication either by joint authorship, acknowledgment, or other appropriate means.
80. Counselors shall comply with intellectual property laws and accepted publication guidelines.

## **COUNSELOR EDUCATION**

### *Competence*

81. Counselor educators shall stay current with, and be well informed about, counseling-related professional issues and developments.
82. Counselor educators shall engage in teaching and student supervision activities only with respect to their areas of professional knowledge and competence.

83. Counselor educators shall ensure that all teaching activities are based on current research and evidence-based practices. When providing training in unresearched or developing content areas, counselor educators shall advise all students that the content of the training is not based on current research and concerns theories.
84. Counselors who are counselor educators shall maintain professional licensure and/or certification consistent with their practice and teaching activities, including specialization areas, such as school, clinical mental health, rehabilitation counseling.
85. Counselors who are counselor educators shall maintain competency in the delivery models and tools they use for teaching, supervision, and research.

#### *Multiple Relationships*

86. Counselor educators shall avoid non-academic relationships with counseling students during the student's participation in the educator's training program. Counselor educators with pre-existing relationships with students shall clearly communicate the nature of the relationship to the appropriate university administrator(s) and students, and shall carefully manage risks related to the relationship.
87. Counselor educators shall not engage in intimate or sexual relationships with current students or individuals who were students enrolled in the counselor's program within the past five (5) years. Prohibited sexual or romantic intimacy engagements include physical contact and electronic interactions.

#### *Gatekeeping*

88. Counselor educators shall serve as professional gatekeepers and assume responsibilities related to the evaluation of their students' professional behaviors and dispositions. Counselor educators shall establish clear, written behavioral and dispositional expectations for students, as well as policies regarding student remediation. Counselor educators engage in gatekeeping practices that account for the developmental nature of counselor training, as well as cultural differences among students.

#### *Advocacy*

89. Counselor educators shall advocate for counseling students to address programmatic barriers and obstacles that hinder student academic growth and development.

#### *Cultural Identity*

90. Counselor educators will practice cultural responsiveness in their teaching, and respect the cultural identity, values, sexual orientation, and gender identity, of their students.

## **TELEMENTAL HEALTH, SOCIAL MEDIA, AND TECHNOLOGY**

### *Telemental Health*

91. Counselors shall provide only those telemental health services for which they are qualified by education and experience.
92. Counselors shall carefully adhere to legal requirements when providing telemental health services. This requirement includes legal regulations from the State(s) in which the counselor and client are located. Counselors shall document relevant State requirements in the relevant client record(s).
93. Counselors shall ensure that the electronic means used in providing telemental health services are in compliance with current Federal and State laws and regulatory standards concerning telemental health service.
94. Counselors shall ensure that all electronic technology communications with clients are encrypted and secure.
95. Counselors shall maintain records of all clinical contacts with telemental health service clients.
96. Counselors shall set clear expectations and boundaries with telemental health service recipients about the type(s) and timing of communications that will be included in service provision. These expectations and boundaries shall be communicated in writing in disclosure documents provided to clients.
97. Counselors shall provide written information to all telemental health clients regarding the protection of client records, accounts and related passwords, electronic communications, and client identity. This information should include a description of the nature of all communication security measures that are used by the counselor, including any risks or limitations related to the provision of telemental health services.
98. Counselors shall communicate information regarding security to clients who receive telemental health services. Telemental health service clients shall be informed of the potential risks of telemental health communications, including warnings about transmitting private information when using a public access computer or one that is on a shared network.
99. Counselors shall screen potential telemental health service clients to determine whether such services are appropriate. These considerations shall be documented in the client's record. Counselors shall advise telemental health services clients that they must be intentional about protecting their privacy and confidentiality, including advice concerning viewing employer policies relating to the possible prohibitions concerning the use of work computer systems for personal communications, and not using "auto-remember" usernames and passwords.

100. During the screening or intake process, Counselors shall provide potential clients with a detailed written description of the telemental health counseling process and service provision. This information shall be specific to the identified service delivery type, and include relevant considerations for that particular client. These considerations shall include: the appropriateness of telemental health counseling in relation to the specific goal; the format of service delivery; the electronic equipment requirements such as the need for a computer with certain capabilities; the limitations of confidentiality; privacy concerns; the possibility of technological failure; anticipated response time to electronic communication; alternate service delivery processes; and, any additional considerations necessary to assist the potential client in reaching a determination about the appropriateness of the telemental health service delivery format for their needs. Counselors shall discuss this information throughout the service delivery process to ensure that this method satisfies the anticipated goals. The counselor will document such information and the discussion of alternative service options and referrals in the client's record.
101. Counselors shall prevent the distribution of confidential telemental health client information to unauthorized individuals. Counselors shall discuss actions the client may take to reduce the possibility that such confidential information is sent to unauthorized individuals in error.
102. Counselors shall provide clients of telemental health services with information concerning their professional preparation and/or credentials related to telemental health, and identify the relevant credentialing organization websites.
103. Counselors, either prior to or during the initial session, shall inform clients of the purposes, goals, procedures, limitations, and potential risks and benefits of telemental health services and techniques. Counselors also shall provide information about rights and responsibilities as appropriate to the telemental health service. Counselors also shall discuss with clients the associated challenges that may occur when communicating through telemental health means, including those associated with privacy and confidentiality.
104. In the event that the client of telemental health services is a minor or is unable to provide legal consent, the counselor shall obtain a legal guardian's consent prior to the provision of services unless otherwise required by State law. Counselors shall retain documentation indicating the legal guardian's identity and consent in the client's file.
105. Counselors will provide clients of telemental health services with specific written procedures regarding emergency assistance situations related to a client. This information shall include the identification of emergency responders near the client's location. Counselors shall take reasonable steps to secure referrals for recipients when needed for emergencies. Counselors shall provide information to clients concerning the importance of identifying personal contacts in the event of identified emergency situations, and shall ask clients to identify such contacts. Counselors also shall identify to the clients the circumstances in which the counselor will communicate with emergency contacts, and the information that will be shared with emergency contacts.

106. Counselors shall develop written procedures for verifying the identity of each telemental health client, their current location, and readiness to proceed at the beginning of each contact. Examples of verification include the use of code words, phrases, or inquiries, such as “Is this a good time to proceed?”.
107. Counselors shall limit use of client information obtained through social media sources (e.g., Facebook, LinkedIn, Twitter) in accordance with established practice procedures provided to the client at the initiation of services and as adopted through the ongoing informed consent process.
108. Counselors shall retain telemental health service records for a minimum of five (5) years unless applicable State laws require additional time. Counselors shall limit the use of such client records to those permitted by law and professional standards, and as specified by the agreement terms with the respective telemental health services client.

### *Social Media and Technology*

109. Counselors shall provide services pursuant to an appropriate written policy which regulates the use of social media and other related digital technology with respect to current and former clients. This policy shall include terms that protect against the disclosure of confidential client information and the creation of multiple relationships. This Policy shall also identify that client and counselor personal accounts are distinct from social media accounts used for professional purposes.
110. Counselors shall be familiar with the use of privacy and security settings of social media and other electronic platforms utilized for telemental health service provision. Counselors shall understand the purpose of those settings and their impact on client confidentiality, and ensure that such settings are in use.
111. Counselors shall not publish confidential client information on any social media platform, including updates, and blogs, without the consent of the client. To facilitate the secure provision of information, counselors shall inform clients prior to or during the initial session about secure and appropriate ways to communicate with them. Counselors also shall advise clients about the potential risks of sending messages through digital technology and social media sources.
112. Counselors who use digital technology for professional purposes shall only post information related to professional services, such as information concerning advocacy, educational purposes, and marketing, that does not create multiple relationships or threaten client confidentiality.
113. Counselors shall respect the privacy of a client’s social media material and accounts, and shall not access client social media accounts without specific client permission, a related discussion with the client, documentation of potential risks and benefits, and a specific clinical purpose.
114. Counselors shall avoid non-professional relationships with clients online. This restriction includes connecting with or following client social media accounts.



# 2014 ACA Code of Ethics

As approved by the ACA Governing Council



AMERICAN COUNSELING  
ASSOCIATION  
[counseling.org](http://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 is shared 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



### 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.

# Section C

## Professional Responsibility



### **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-

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.



### **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

- 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**



#### **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



### 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**



#### **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



## 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.

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;

## **Section H**

### **Distance Counseling, Technology, and Social Media**



#### **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

- 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**



### **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 Violations<sup>1</sup> 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.

<sup>1</sup>See 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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## 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](http://counseling.org/ethics)



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