

Aca code of ethics

[Sociology](#), [Ethics](#)



ACA Code of Ethics As approved by the ACA Governing Council 2005

AMERICAN COUNSELING ASSOCIATION www.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. © 2005 by

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American Counseling Association is an educational, scientific, and

professional organization whose members work in a variety of settings and

serve in multiple capacities. ACA members are dedicated to the

enhancement of human development throughout the life span. Association

members recognize diversity and embrace a cross- cultural approach in

support of the worth, dignity, potential, and uniqueness of people within their

social and cultural contexts. Professional values are an important way of

living out an ethical commitment. Values inform principles. Inherently held

values that guide our behaviors or exceed prescribed behaviors are deeply

ingrained in the counselor and developed out of personal dedication, rather

than the mandatory requirement of an external organization. ACA Code of Ethics Purpose The ACA Code of Ethics serves five main purposes: 1. The Code enables the association to clarify to current and future members, and to those served by members, the nature of the ethical responsibilities held in common by its members. 2. The Code helps support the mission of the association. 3. The Code establishes principles that define ethical behavior and best practices of association members. 4. The Code serves as an ethical guide designed to assist members in constructing a professional course of action that best serves those utilizing counseling services and best promotes the values of the counseling profession. 5. The Code serves as the basis for processing of ethical complaints and inquiries initiated against members of the association. The ACA Code of Ethics contains eight main sections that address the following areas: Section A: The Counseling Relationship Section B: Confidentiality, Privileged Communication, 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: Resolving Ethical Issues Each section of the ACA Code of Ethics begins with an Introduction. The introductions to each section discuss what counselors should aspire to with regard to ethical behavior and responsibility. The Introduction helps set the tone for that particular section and provides a starting point that invites reflection on the ethical mandates contained in each part of the ACA Code of Ethics. 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. Reasonable differences

of opinion can and do exist among counselors with respect to the ways in which values, ethical principles, and ethical standards would be applied when they conflict. While there is no specific ethical decision-making model that is most effective, counselors are expected to be familiar with a credible model of decision making that can bear public scrutiny and its application. Through a chosen ethical decision-making process and evaluation of the context of the situation, counselors are empowered to make decisions that help expand the capacity of people to grow and develop. A brief glossary is given to provide readers with a concise description of some of the terms used in the ACA Code of Ethics.

3 Section A The Counseling Relationship

Introduction

Counselors encourage client growth and development in ways that foster the interest and welfare of clients and promote formation of healthy relationships. 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. 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*).

A. 1. Welfare of Those Served by Counselors

A. 1. a. Primary Responsibility

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

A. 1. b. Records

Counselors maintain records necessary for rendering professional services to their clients and as required by laws, regulations, or agency or institution procedures. Counselors include sufficient and timely documentation in their client records to facilitate the delivery and continuity of needed services. Counselors take reasonable steps to ensure

that documentation in records accurately reflects client progress and services provided. If errors are made in client records, counselors take steps to properly note the correction of such errors according to agency or institutional policies. (See A. 12. g. 7., B. 6., B. 6. g., G. 2. j.)

A. 1. c. Counseling Plans Counselors and their clients work jointly in devising integrated counseling plans that offer reasonable promise of success and are consistent with abilities and circumstances of clients. Counselors and clients regularly review counseling plans to assess their continued viability and effectiveness, respecting the freedom of choice of clients. (See A. 2. a., A. 2. d., A. 12. g.)

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. 1. e. Employment Needs Counselors work with their clients considering employment in jobs that are consistent with the overall abilities, vocational limitations, physical restrictions, general temperament, interest and aptitude patterns, social skills, education, general qualifications, and other relevant characteristics and needs of clients. When appropriate, counselors appropriately trained in career development will assist in the placement of clients in positions that are consistent with the interest, culture, and the welfare of clients, employers, and/or the public.

A. 2. Informed Consent in the Counseling Relationship (See A. 12. g., B. 5., B. 6. b., E. 3., E. 13. b., F. 1. c., G. 2. a.)

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 the counselor and the client. 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, and relevant experience; continuation of services upon the incapacitation or death of a counselor; and other pertinent information. Counselors take steps to ensure that clients understand the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements. Clients have the right to confidentiality and to be provided with an explanation of its limitations (including how supervisors and/or treatment 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 change 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 used by counselors, they 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 or 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. 3. Clients Served by Others When counselors learn that their clients are in a professional relationship with another mental health professional, 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 their own values, attitudes, beliefs, and behaviors and avoid imposing values that ACA Code of Ethics are inconsistent with counseling goals. Counselors respect the diversity of clients, trainees, and research participants. A. 5. Roles and Relationships With Clients (See F. 3., F. 10., G. 3.) A. 5. a. Current Clients Sexual or romantic counselor—client interactions or relationships with current clients, their romantic partners, or their family members are prohibited. A. 5. b. Former Clients Sexual 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. Counselors, before engaging in sexual or romantic interactions or relationships with clients, their romantic partners, or client family members after 5 years following the last professional contact, demonstrate forethought and document (in written form) whether the interactions or relationship can be viewed as exploitive in some 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 such an interaction or relationship.

A. 5. c. Nonprofessional Interactions or Relationships (Other Than Sexual or Romantic Interactions or Relationships)
Counselor—client nonprofessional relationships with clients, former clients, their romantic partners, or their family members should be avoided, except when the interaction is potentially beneficial to the client. (See A. 5. d.)

A. 5. d. Potentially Beneficial Interactions
When a counselor—client nonprofessional interaction with a client or former client may be potentially beneficial to the client or former client, the counselor must document in case records, 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. Such interactions should be initiated with appropriate client consent. Where unintentional harm occurs to the client or former client, or to an individual significantly involved with the client or former client, due to the nonprofessional interaction, the counselor must show evidence of an attempt to remedy such harm. Examples of potentially beneficial interactions include, but are not limited to, attending a formal ceremony (e. g., a wedding/commitment ceremony or graduation); purchasing a service or

product provided by a client or former client (excepting unrestricted bartering); hospital visits to an ill family member; mutual membership in a professional association, organization, or community. (See A. 5. c.) A. 5. e. Role Changes in the Professional Relationship When a counselor changes a role from the original or most recent contracted relationship, he or she obtains informed consent from the client and explains the right of the client to refuse services related to the change. Examples of role changes include 1. changing from individual to relationship or family counseling, or vice versa; 2. changing from a nonforensic evaluative role to a therapeutic role, or vice versa; 3. changing from a counselor to a researcher role (i. e., enlisting clients as research participants), or vice versa; and 4. 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, or therapeutic) of counselor role changes. A. 6. Roles and Relationships at Individual, Group, Institutional, and Societal Levels A. 6. a. Advocacy When appropriate, counselors advocate at individual, group, institutional, and societal levels to examine potential barriers and obstacles that inhibit access and/or the growth and development of clients. A. 6. 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. 7. 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. (See A. 8. a., B. 4.) A. 8. Group Work (See B. 4. a.) A. 8. a. Screening Counselors screen prospective group counseling/therapy participants. To the extent possible, counselors select members whose needs and goals are compatible with goals of the group, who will not impede the group process, and whose well-being will not be jeopardized by the group experience. A. 8. b. Protecting Clients In a group setting, counselors take reasonable precautions to protect clients from physical, emotional, or psychological trauma. A. 9. End-of-Life Care for Terminally Ill Clients A. 9. a. Quality of Care Counselors strive to take measures that enable clients 1. to obtain high quality end-of-life care for their physical, emotional, social, and spiritual needs; 2. to exercise the highest degree of self-determination possible; 3. to be given every opportunity possible to engage in informed decision making regarding their end-of-life care; and 4. to receive complete and adequate assessment regarding their ability to make competent, rational decisions on their own behalf from a mental health professional who is experienced in end-of-life care practice. A. 9. b. Counselor Competence, Choice, and Referral Recognizing the personal, moral, and competence issues related to 5 6 ACA Code of Ethics end-of-life decisions, counselors may choose to work or not work with terminally ill clients who wish to explore their end-of-life options. Counselors provide appropriate referral information to ensure that clients receive the necessary help. A. 9. c. Confidentiality Counselors who provide services to terminally ill individuals who are considering hastening their own

deaths have the option of breaking or not breaking confidentiality, depending on applicable laws and the specific circumstances of the situation and after seeking consultation or supervision from appropriate professional and legal parties. (See B. 5. c., B. 7. c.) A. 10. Fees and Bartering A. 10. a. Accepting Fees From Agency Clients Counselors refuse a private fee or other remuneration for rendering services to persons who are entitled to such services through the counselor's employing agency or institution. The policies of a particular agency may make explicit provisions for agency clients to receive counseling services from members of its staff in private practice. In such instances, the clients must be informed of other options open to them should they seek private counseling services. A. 10. b. Establishing Fees In establishing fees for professional counseling services, counselors consider the financial status of clients and locality. In the event that the established fee structure is inappropriate for a client, counselors assist clients in attempting to find comparable services of acceptable cost. A. 10. c. Nonpayment of Fees If counselors intend to use collection agencies or take legal measures to collect fees from clients who do not pay for services as agreed upon, they first inform clients of intended actions and offer clients the opportunity to make payment. A. 10. d. Bartering Counselors may barter only if the relationship is not exploitive or harmful and does not place the counselor in an unfair advantage, 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. e. 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 showing gratitude. When determining whether or not to accept a gift from clients, counselors take into account the therapeutic relationship, the monetary value of the gift, a client's motivation for giving the gift, and the counselor's motivation for wanting or declining the gift. A. 11. Termination and Referral A. 11. a.

Abandonment Prohibited 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. A. 11. b. Inability to Assist Clients If counselors determine an inability to be of professional assistance to clients, they avoid entering or continuing counseling relationships.

Counselors are knowledgeable about culturally and clinically appropriate referral resources and suggest these alternatives. If clients decline the suggested referrals, counselors should discontinue the relationship. 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 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. Technology Applications A. 12. a. Benefits and Limitations Counselors inform clients of the benefits and limitations of using information technology applications in the counseling process and in business/ billing procedures. Such technologies include but are not limited to computer hardware and software, telephones, the World Wide Web, the Internet, online assessment instruments and other communication devices. A. 12. b. Technology-Assisted Services When providing technology-assisted distance counseling services, counselors determine that clients are intellectually, emotionally, and physically capable of using the application and that the application is appropriate for the needs of clients. A. 12. c. Inappropriate Services When technology-assisted distance counseling services are deemed inappropriate by the counselor or client, counselors consider delivering services face to face. A. 12. d. Access Counselors provide reasonable access to computer applications when providing technology-assisted distance counseling services. A. 12. e. Laws and Statutes Counselors ensure that the use of technology does not violate the laws of any local, state, national, or international entity and observe all relevant statutes. A. 12. f. Assistance Counselors seek business, legal, and technical assistance when using technology applications, particularly when the use of such applications crosses state or national boundaries. A. 12. g. Technology and Informed Consent As part of the process of establishing informed consent, counselors do the following: 1. Address issues related to the difficulty of maintaining the confidentiality of electronically transmitted communications. 2. Inform clients of all colleagues, supervisors, and employees, such as Informational

Technology (IT) administrators, who might have authorized or unauthorized access to electronic transmissions. 3. Urge clients to be aware of all authorized or unauthorized users ACA Code of Ethics 4. 5. 6. 7. 8. 9. 10. 11. including family members and fellow employees who have access to any technology clients may use in the counseling process. Inform clients of pertinent legal rights and limitations governing the practice of a profession over state lines or international boundaries. Use encrypted Web sites and e-mail communications to help ensure confidentiality when possible. When the use of encryption is not possible, counselors notify clients of this fact and limit electronic transmissions to general communications that are not client specific. Inform clients if and for how long archival storage of transaction records are maintained. Discuss the possibility of technology failure and alternate methods of service delivery. Inform clients of emergency procedures, such as calling 911 or a local crisis hotline, when the counselor is not available. Discuss time zone differences, local customs, and cultural or language differences that might impact service delivery. Inform clients when technology-assisted distance counseling services are not covered by insurance. (See A. 2.) A. 12. h. Sites on the World Wide Web Counselors maintaining sites on the World Wide Web (the Internet) do the following: 1. Regularly check that electronic links are working and professionally appropriate. 2. Establish ways clients can contact the counselor in case of technology failure. 3. Provide electronic links to relevant state licensure and professional certification boards to protect consumer rights and facilitate addressing ethical concerns. 4. Establish a method for verifying client identity. 5. Obtain the written consent of the legal guardian or other

authorized legal representative prior to rendering services in the event the client is a minor child, an adult who is legally incompetent, or an adult incapable of giving informed consent. 6. Strive to provide a site that is accessible to persons with disabilities. 7. Strive to provide translation capabilities for clients who have a different primary language while also addressing the imperfect nature of such translations. 8. Assist clients in determining the validity and reliability of information found on the World Wide Web and other technology applications. Section B Confidentiality, Privileged Communication, 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 client rights to privacy. Counselors solicit private information from clients only when it is beneficial to the counseling process. B. 1. c. Respect

for Confidentiality Counselors do not share confidential information without client consent or without 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 foreseeable situations in which confidentiality must be breached . (See A. 2. b.) B. 2. Exceptions B. 2. a. Danger 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. (See A. 9. c.) B. 2. b. 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 they are known to be at demonstrable and high risk of contracting the disease. Prior to making a disclosure, counselors confirm that there is such a diagnosis and 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. B. 2. c. Court-Ordered Disclosure When subpoenaed to release confidential or privileged information without a client's permission, counselors obtain written, informed consent from the client or take steps to prohibit the disclosure or have it limited as narrowly as possible due to potential harm to the client or counseling relationship. B. 2. d. 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. (See F. 1. c.) 7 8 ACA Code of Ethics B. 3. b. Treatment Teams When client treatment involves a continued review or participation by a 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 information transmitted through the use of computers, electronic mail, facsimile machines, telephones, voicemail, answering machines, and other electronic or computer technology. (See A. 12. g.) B. 3. f. Deceased Clients Counselors protect the confidentiality of deceased clients, consistent with legal requirements and agency or setting policies. 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 being entered. 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 having capacity to give consent concerning each individual's right to confidentiality and any obligation to preserve the confidentiality of information known. 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 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. Counselors are sensitive to the cultural diversity of families and respect the inherent rights and responsibilities of

parents/guardians over 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 culturally appropriate measures to

safeguard client confidentiality. B. 6. **Records** B. 6. a. **Confidentiality of**

Records Counselors ensure that records are kept in a secure location and that only authorized persons have access to records. B. 6. b. **Permission to**

Record Counselors obtain permission from clients prior to recording sessions through electronic or other means. B. 6. c. **Permission to Observe** Counselors

obtain permission from clients prior to observing counseling sessions, reviewing session transcripts, or viewing recordings of sessions with

supervisors, faculty, peers, or others within the training environment. B. 6. d.

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 record in the files of clients. In situations involving multiple clients, counselors provide individual clients with only those parts of records that related directly to them and do not include confidential information related to any other client. B. 6. e. Assistance With Records When clients

request access to their records, counselors provide assistance and consultation in interpreting counseling records. B. 6. f. 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. (See A. 3., E. 4.) B. 6. g. Storage and

Disposal After Termination Counselors store records following termination of services to ensure reasonable future access, maintain records in accordance with state and federal statutes governing records, and dispose of client records and other sensitive materials in a manner that protects client

confidentiality. When records are of an artistic nature, counselors obtain client (or guardian) consent with regards to handling of such records or

documents. (See A. 1. b.) B. 6. h. Reasonable Precautions Counselors take reasonable precautions to protect client confidentiality in the event of the counselor's termination of practice, incapacity, or death. (See C. 2. h.) B. 7.

Research and Training B. 7. a. Institutional Approval When institutional

approval is required, counselors provide accurate information about their research proposals and obtain approval prior to conducting their research. They conduct research in accordance with the approved research protocol.

B. 7. b. Adherence to Guidelines Counselors are responsible for understanding and adhering to state, federal, agency, or institutional policies or applicable guidelines regarding confidentiality in their research practices.

B. 7. c. Confidentiality of Information Obtained in Research Violations of participant privacy and confidentiality are risks of participation in research involving human participants. Investigators maintain all research records in a secure manner. ACA Code of Ethics They explain to participants the risks of violations of privacy and confidentiality and disclose to participants any limits of confidentiality that reasonably can be expected. Regardless of the degree to which confidentiality will be maintained, investigators must disclose to participants any limits of confidentiality that reasonably can be expected. (See G. 2. e.) B. 7. d. Disclosure of Research Information

Counselors do not disclose confidential information that reasonably could lead to the identification of a research participant unless they have obtained the prior consent of the person. Use of data derived from counseling relationships for purposes of training, research, or publication is confined to content that is disguised to ensure the anonymity of the individuals involved. (See G. 2. a., G. 2. d.)

B. 7. e. Agreement for Identification Identification of clients, students, or supervisees in a presentation or publication is permissible only when they have reviewed the material and agreed to its presentation or publication. (See G. 4. d.) B. 8. Consultation B. 8. a.

Agreements When acting as consultants, counselors seek agreements

among all parties involved concerning each individual's rights to confidentiality, the obligation of each individual to preserve confidential information, and the limits of confidentiality of information shared by others.

B. 8. b. Respect for Privacy Information obtained in a consulting relationship is discussed for professional purposes only with persons directly involved with the case. 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. 8. c. 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. (See D. 2. d.) Section C Professional Responsibility Introduction Counselors aspire to open, honest, and accurate communication in dealing with the public and other professionals. They practice in a nondiscriminatory manner within the boundaries of professional and personal competence and 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 advocate to promote change 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 research methodologies. In addition, counselors engage in self-care activities to maintain and promote their emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities.

C. 1. Knowledge of 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. Counselors gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population. (See A. 9. b., C. 4. e., E. 2., F. 2., F. 11. b.)

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 to protect others from possible harm. (See F. 6. f.)

C. 2. c. Qualified for Employment Counselors accept employment only for positions for which they are qualified by 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 in private practice take reasonable steps to seek peer supervision as needed to evaluate their efficacy as counselors.

C. 2. e. Consultation on

Ethical Obligations Counselors take reasonable steps to consult with other counselors 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. They take steps to maintain competence in the skills they use, are open to new procedures, and keep current with the diverse populations and specific populations with whom they work. C. 2. g. Impairment Counselors are alert to the 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 seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until such time it is determined that they may safely resume their work. Counselors assist colleagues or supervisors in recognizing their own professional impairment 9 10 ACA Code of Ethics 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. (See A. 11. b., F. 8. b.) C. 2. h. Counselor Incapacitation or Termination of Practice When counselors leave a practice, they follow a prepared plan for transfer of clients and files. Counselors prepare and disseminate to an identified colleague or " records custodian" a plan for the transfer of clients and files in the case of their incapacitation, death, 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 nor former clients nor any other persons who may be vulnerable to undue influence. C. 3. c. Statements by Others Counselors make reasonable efforts to ensure that statements made by others about them or the profession of counseling are accurate. C. 3. d. Recruiting Through Employment Counselors do not use their places of employment or institutional affiliation to recruit or gain clients, supervisees, 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. (See C. 6. d.) 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. (See C. 2. a.) 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 closely related field. Counselors do not imply doctoral-level competence when only possessing a master's degree in counseling or a related field by referring to themselves as " Dr. " in a counseling context when their doctorate is not in counseling or related field. C. 4. e. Program Accreditation Status Counselors clearly state the accreditation status of their degree programs at the time the degree was earned. C. 4. f. Professional Membership Counselors clearly differentiate between current, active memberships and former memberships in associations. Members of the American Counseling Association 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 based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital status/partnership, language preference, socioeconomic status, or any basis proscribed by law. Counselors do not discriminate against clients, students, employees, supervisees, or research participants in a manner that has a negative impact on these persons. C. 6. Public Responsibility C. 6. a. Sexual Harassment Counselors do not engage in or condone sexual harassment.

Sexual harassment is defined as sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with professional activities or roles, and that either 1. is unwelcome, is offensive, or creates a hostile workplace or learning environment, and counselors know or are told this; or 2. is sufficiently severe or intense to be perceived as harassment to a reasonable person in the context in which the behavior occurred. 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. (See B. 3., E. 4.) C. 6. c. Media Presentations When counselors provide advice or comment by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, technology-based applications, printed articles, mailed material, or other media, they take reasonable precautions to ensure that 1. the statements are based on appropriate professional counseling literature and practice, 2. the statements are otherwise consistent with the ACA Code of Ethics, and 3. the recipients of the information are not encouraged to infer that a professional counseling relationship has been established. C. 6. d. Exploitation of Others Counselors do not exploit others in their professional relationships. (See C. 3. e.) C. 6. e. Scientific Bases for Treatment Modalities Counselors use techniques/ procedures/ modalities that are grounded in ACA Code of Ethics theory and/or have an empirical or scientific foundation. Counselors who do not must define the techniques/ procedures as “

unproven" or "developing" and explain the potential risks and ethical considerations of using such techniques/procedures and take steps to protect clients from possible harm. (See A. 4. a., E. 5. c., E. 5. d.) C. 7.

Responsibility to Other Professionals C. 7. 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 to counseling services that differ from their own. Counselors are respectful of traditions and practices of other professional groups with which they work. D. 1. b. Forming

Relationships Counselors work to develop and strengthen interdisciplinary relations 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, keep the focus on how to best serve the 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. (See A. 1. a.) D. 1. d. 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.

(See B. 1. c., B. 1. d., B. 2. c., B. 2. d., B. 3. b.) D. 1. e. Establishing Professional and Ethical Obligations Counselors who are members of interdisciplinary teams 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. f. Personnel Selection and Assignment Counselors 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 as to acceptable standards of 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 effected, 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 take care not to harass or dismiss an employee who has acted in a responsible and ethical manner to expose inappropriate employer policies or practices.

D. 2. Consultation

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. (See C. 2. a.)

D. 2. b. Understanding Consultees When providing consultation, counselors attempt to develop with their consultees a clear understanding of problem definition, goals for change, and predicted consequences of interventions selected.

D. 2. c. Consultant Goals The consulting relationship is one in which consultee adaptability and growth toward self-direction are consistently encouraged and cultivated.

D. 2. d. Informed Consent in Consultation When providing consultation, 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. Working in conjunction with the consultee, counselors attempt to develop a clear definition of the problem, goals for change, and predicted consequences of interventions that are culturally responsive and appropriate to the needs of consultees. (See A. 2. a., A. 2. b.)

Section E Evaluation, Assessment, and Interpretation

Introduction Counselors use assessment instruments as one component of the counseling process, taking into account the client personal and cultural context. Counselors promote the well-being of individual clients or groups of clients by developing and using appropriate educational,

psychological, and career assessment instruments. 11 12 ACA Code of Ethics

E. 1. General E. 1. a. Assessment The primary purpose of educational, psychological, and career assessment is to provide measurements that are valid and reliable in either comparative or absolute terms. These include, but are not limited to, measurements of ability, personality, interest, intelligence, achievement, and performance. Counselors recognize the need to interpret the statements in this section as applying to both quantitative and qualitative assessments. 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 these techniques provide. 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 utilize 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 psychological and career assessment techniques by persons under their supervision. (See A. 12.) 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 educational, psychological, and career measurement, including validation criteria, assessment research, and guidelines for assessment development and use.

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 the language of the client (or other legally authorized person on behalf of the client), unless an explicit exception has been agreed upon in advance. Counselors consider the client's personal or cultural context, the level of the client's understanding of the results, and the impact of the

results on the client. (See A. 2., A. 12. g., F. 1. c.) E. 3. b. Recipients of

Results Counselors consider the 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. (See B. 2. c., B. 5.) E. 4. Release of

Data to Qualified Professionals 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. (See B. 1., B. 3., B. 6. b.) 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 interview) used to determine client care (e. g., locus of treatment, type of treatment, or 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. Clients' socioeconomic and cultural experiences are considered when diagnosing mental disorders. (See A. 2. c.) 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 the role of mental health professionals in perpetuating these prejudices through diagnosis and treatment. E. 5. d. Refraining From Diagnosis Counselors may refrain from making and/or reporting a diagnosis if they believe it would cause harm to the client or others. 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. 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. (See A. 9. b., B. 3.) E. 6. c. Culturally Diverse Populations Counselors are cautious when selecting assessments for culturally diverse populations to avoid the use of instruments that lack appropriate psychometric properties for the client population. (See A. 2. c., E. 5. b.) E. 7. Conditions of Assessment Administration (See A. 12. b., A. 12. d.) 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. Technological Administration Counselors ensure that administration programs function properly and provide clients with accurate results when technological or other electronic methods are used for assessment administration. E. 7. c. Unsupervised Assessments Unless the assessment instrument is designed, intended, and validated for self-administration and/or scoring, ACA Code of Ethics counselors do not permit inadequately supervised use. E. 7. d. Disclosure of Favorable Conditions Prior to administration of assessments, conditions that produce most favorable assessment results are made known to the examinee. E. 8. Multicultural Issues/ Diversity in Assessment Counselors use with caution assessment techniques that were 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 place test results in proper perspective with other relevant factors. (See A. 2. c., E. 5. b.) E. 9. Scoring and Interpretation of Assessments E. 9. a. Reporting In reporting assessment results, counselors indicate reservations that exist regarding validity or reliability due to circumstances of the assessment or the inappropriateness of the norms for the person tested. E. 9. b. Research Instruments Counselors exercise caution when interpreting the results of research instruments not having sufficient technical data to support respondent results. The specific purposes for the use of such instruments are stated explicitly to the examinee. 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. The public offering of an automated test interpretations service is considered a professional-to-professional consultation. The formal responsibility of the consultant is to the consultee, but the ultimate and overriding responsibility is to the client. (See D. 2.) E. 10. Assessment Security Counselors maintain the integrity and security of tests and other assessment techniques 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 Assessments and Outdated Results Counselors do not use data or results from assessments that are obsolete or outdated for the current purpose. 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 educational and psychological 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 are entitled to form professional opinions based on their professional knowledge and expertise that can be supported by the data gathered in evaluations. Counselors will

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 counseling in nature, and entities or individuals who will receive the evaluation report are identified. Written consent to be evaluated is obtained from those being evaluated unless a court orders evaluations to be conducted without the written consent of individuals being evaluated. When children or vulnerable adults are being evaluated, informed written consent is obtained from a parent or guardian. E. 13. c. Client Evaluation Prohibited Counselors do not evaluate individuals for forensic purposes they currently counsel or individuals they have counseled in the past. Counselors do not accept as counseling clients individuals they are evaluating or individuals they have evaluated in the past for forensic purposes. 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 Counselors aspire to foster meaningful and respectful professional relationships and to maintain appropriate boundaries with supervisees and students. Counselors have theoretical and pedagogical foundations for their work and aim to be fair, accurate, and honest in their assessments of counselors-in-training. 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 other counselors or counselors-in-

training. Counseling supervisors monitor client welfare and supervisee clinical performance and professional development. To fulfill these obligations, supervisors meet regularly with supervisees to review case notes, samples of clinical work, or live observations. Supervisees have a responsibility to understand and follow the ACA Code of Ethics. F. 1. b. Counselor Credentials Counseling supervisors work to ensure that clients are aware of the qualifications of the supervisees who render services to the clients. (See A. 2. b.) 13 14 ACA Code of Ethics 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 used. (See A. 2. b., B. 1. d.) F. 2. Counselor Supervision Competence F. 2. a. Supervisor Preparation Prior to offering clinical supervision services, counselors are trained in supervision methods and techniques. Counselors who offer clinical supervision services regularly pursue continuing education activities including both counseling and supervision topics and skills. (See