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# ***The 2014 ACA Code of Ethics:*** **What does it mean for the profession?**

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# OBJECTIVES

- **Brief Historical Review**
- **Why does it Matter?**
- **Raising the Bar of the Profession**
- **Major Changes**
- **Making it Applicable**

# Brief Historical Perspective

- ❖ There have been six (6) previous versions (1961, 1974, 1981, 1988, 1995, 2005)
- ❖ The revisions are on an as needed basis, meaning if there have been significant changes within the profession. However, it tends to be that it is revised approximately every 7-10 years. The next revision is not set, but we can expect the next version to be released somewhere between 2021-2024.
- ❖ The 1961 COE was 5 pages, The 2014 COE is 24 pages and contains a 50 word glossary

# Members of the ACA Ethics Revision Task Force

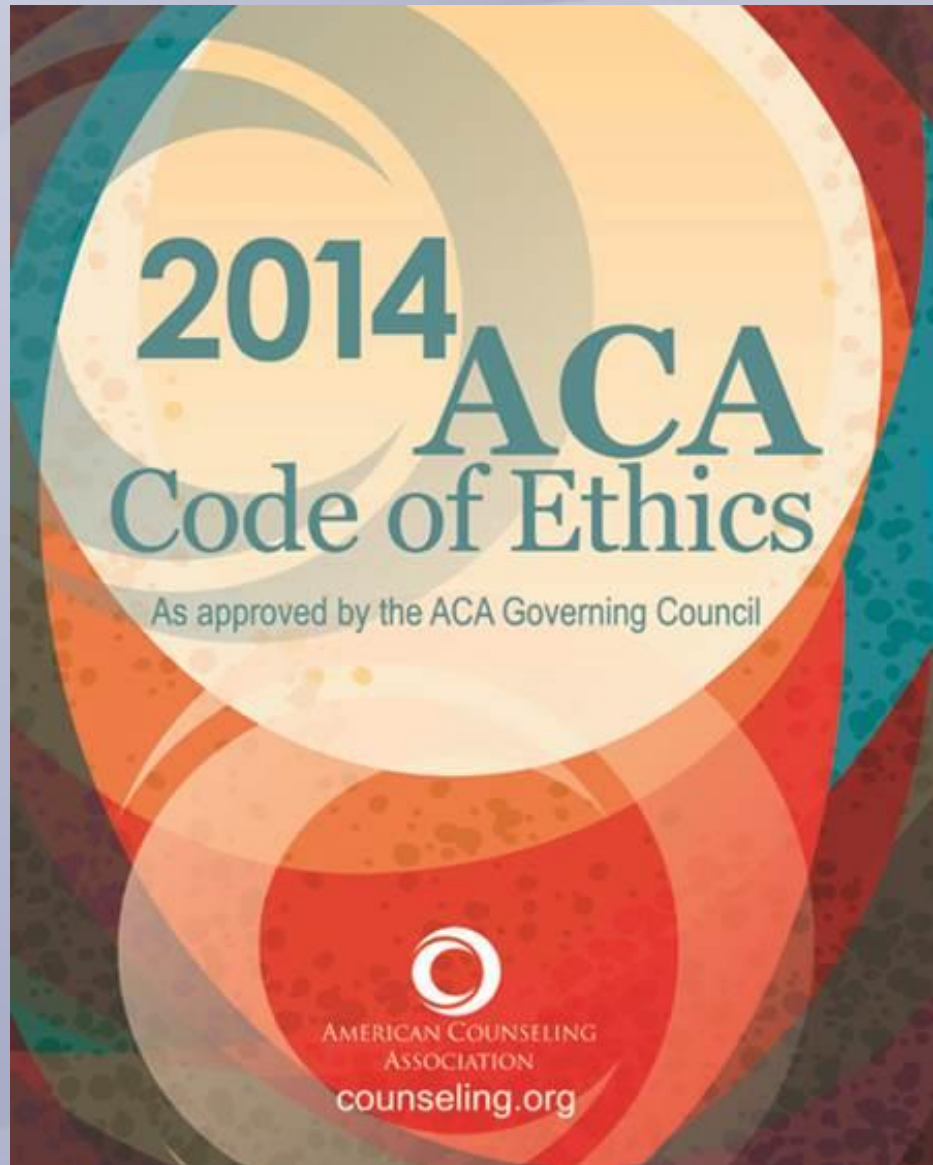
- Perry Francis (Chair)
- Jeannette Baca
- Janelle Disney
- Gary Goodnough
- Mary Hermann
- Shannon Hodges
- Lynn Linde
- Linda Shaw
- Shawn Spurgeon
- Michelle Wade
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- **PDF  
Version**
- **Kindle E-  
book**
- **Hardcopy  
(packs of  
25)**





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# Why does it Matter?



**55,000 professional  
counselors agree to abide  
by the ACA Code of Ethics**





# **21 state licensing boards have adopted the ACA Code of Ethics**

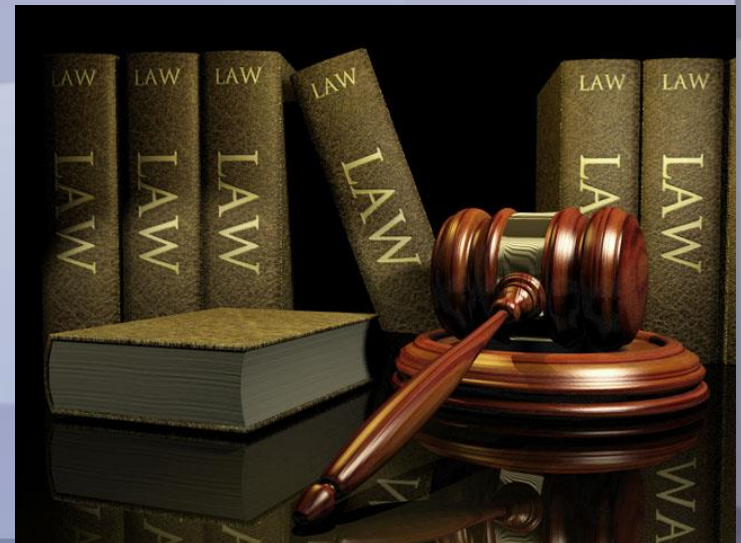
- **Alaska**
- **Arizona**
- **Arkansas**
- **District of Columbia**
- **Idaho**
- **Illinois**
- **Iowa**
- **Louisiana**
- **Massachusetts**
- **Mississippi**
- **New Jersey**
- **North Carolina**
- **North Dakota**
- **Ohio**
- **Pennsylvania**
- **South Carolina**
- **South Dakota**
- **Tennessee**
- **Utah**
- **West Virginia**
- **Wyoming**





# The judicial system uses the ACA code as the ethical standard for counselors

- **Ward v. Wilbanks**
- **Keeton v. Anderson-Wiley**





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# Raising the Bar of the Profession

- Professional Values
- Ethical Decision Making
- Counselor Educators
- Counselor Personal Values
- Distance Counseling, Technology, and Social Media



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## **Raising the Bar: Professional Values**

- What is Counseling?
- Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.

20/20 Consensus Definition – endorsed by 29 organizations

# Core Values

- Similar values are provided in other codes of ethics
- Core Values provide context for Code articles
- Core Values guide ethical behavior and decision-making



- Core Values included in the Code:
  - ❖ Enhancing human development
  - ❖ Honoring diversity/embracing a multicultural approach
  - ❖ Promoting social justice
  - ❖ Protecting the integrity of the client-counselor relationship
  - ❖ Counseling in a competent and ethical manner



# Ethical principles

- Provide a foundation for ethical behavior and decision-making
- Based on the Core Values of the profession
- Identified through a review of the literature and other codes of ethics



- Ethical Principles included in the Code
  - ❖ ***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.







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# **Some Examples of Where Professional Values were interjected into the Code**

# Mandated Clients (A.2.e.)

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



# Social Media Boundaries

- **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).
- **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.



# Platonic Relationships

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

Counselors avoid entering into nonprofessional 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.



# Values Based Referrals

## **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.



# Extension of Privacy and Ethics to Prospective Clients

- When is a client a client?
- Prospective clients have some rights – mandated clients, referred clients, etc
- Not the same as legal obligations



# Impairment and Gatekeeping

**Impairment (C.2.g., F.5.b.)** - Counselors have a responsibility to monitor themselves and others for signs of impairment

**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.





# Contributing to the Public Good (C.6.e)

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).





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## **Raising the Bar: Ethical Decision Making**

### **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....**

# **A Practitioner's Guide to Ethical Decision Making by Forest-Miller & Davis (1996)**

[www.counseling.org/knowledge-center/ethics](http://www.counseling.org/knowledge-center/ethics)

- **Identify the problem**
- **Apply the ACA Code of Ethics**
- **Determine the dimensions**
- **Generate potential courses of action**
- **Consider the consequences of all options**
- **Select and evaluate an option**
- **Implement the course of action**



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# And on the more nuts and bolts level.....

## **Documentation!!!**

- A.1.b. Records and Documentation
- A.6.c. Documenting Boundary Extensions
- B.6.a. Creating and Maintaining Records and Documentation
- Informed Consent (A.2.a and H.2.a.)





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## **Raising the Bar: Counselor Educators**

- **Current information & knowledge (F.7.b)**
- **Instruction only within their areas of competency (F.7.b)**
- **Direct assistance with field placements (F.7.i)**
- **Career assistance to students (F.8.b)**



## Raising the Bar: Counselor Personal Values

- **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.

# Which extends to referrals/termination

- **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.







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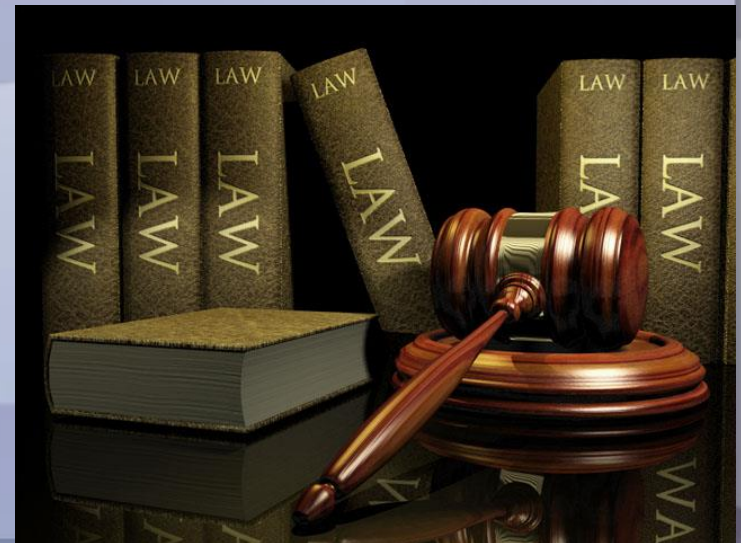
## Raising the Bar: Counselor Personal Values

### 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.**

# Legal Precedent

- **Ward v. Wilbanks (EMU)**
- **Keeton v. Anderson-Wiley (Augusta State)**



# **So what does this mean?**

- **Clinician Rights to One's Belief or Values**
- **Our clients are more important than we are.**
- **Ethics & good practice require a bracketing off of personal values so to create a therapeutic environment for client**



- **Referrals are to be made on the basis of skill-based competency, not values. Difficulty or disagreement does not imply a lack of competence**
  - **No therapist is competent with all populations**
  - **Referral is an issue of last resort.**
- Elimination of End-Of-Life Exemption**





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**Raising the Bar: Distance Counseling,  
Technology, and Social Media**

**A Brand New  
Frontier = A Brand  
New Section**

# Social Media World

- World Population #s:
  - 1) China
  - 2) India
  - 3) Facebook
  - 4) Tencent
  - 5) WhatsApp
  - 6) United States
  - 7) Google Plus
  - 8) Indonesia
  - 9) LinkedIn
  - 10) Twitter
- Over 50% of the world's population is under the age of 30
- 53% of millennials would rather lose their sense of smell than their technology
- More people own a mobile device than own a toothbrush

#SocialNomics 2014 by Erik Qualman

# Social Media World

- Relationships are becoming more digital
  - 1 in 5 Couples meet online
  - 3 in 5 Gay couples meet online
  - 1 in 5 divorces involve social media
- Every second there are 2 new members to LinkedIn = The ENTIRE enrollment of the IVY LEAGUE every day
- Fastest Growing Demographic on Twitter = grandparents
- Avg person has a :07 attention span

# Technologies Being Used

- Video Conferencing
- Twitter
- IM chats/Texting
- Blogs
- Apps
- Cell phones
- iPod/MP3 players
- Portable gaming systems  
(PSP, Nintendo DS)
- iPads/tablets
- Desktop/laptops





# Relevant Definitions

- **Distance Counseling** – The provision of counseling services by means other than face-to-face meetings, usually with the aid of technology.
- **Social Media** – technology-based forms of communication of ideas, beliefs, personal histories, etc. (e.g., social networking sites, blogs).
- **Encryption** – process of encoding information in such a way that limits access to authorized users.

# Relevant Definitions

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





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# **New Considerations for Old Concepts**

# Knowledge and Competency (H.1)

**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.



# Unique Informed Consent (H.2.a.)

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



# Professional Boundaries (A.5.e and H.4.b.)

## **A.5.e – Personal Virtual Relationships**

**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).



# Confidentiality

- **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.



# Client Verification (H.3)

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.





# Respecting the Client

- **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.



# Social Media

- The “big questions” asked:
  - Is it ethical for me as a counselor, social worker, psych, nurse, etc., to maintain a professional and personal social media presence?
  - Where can I draw the line with my social media use?
  - How can my digital footprint impact my professional reputation?





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# Other Major Changes

# Prohibited vs Non-Prohibited

- **Prohibited Relationships**
- **Managing and Maintaining Professional Boundaries**



# Self-Referrals (A.10.a)

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.



# Fee-Splitting (A.10.b)

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.



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# Fees

- **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 collect 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



# Confirmation of Contagious Disease

- **No longer have to confirm diagnosis – HIPAA violation – B.2.c**





# Advertising/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.



# Treatment Modalities (C.7)

- **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 ...they explain the potential risks, benefits, and ethical considerations of using such ... 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



# Interdisciplinary Teamwork (D.1.c)

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.



# Formal/Informal Consultation

- **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.



# Consideration of +/- of Diagnosis

- **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.



# Use of Case Examples

- **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 (**F.7.f**)





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# Case Scenarios

# Breaching Confidentiality

- A counselor is seeing a couple for marriage counseling. The husband is a business man and the wife is a counselor. The counselor sees the husband and wife separately at times to allow each the freedom of expression without the other present. In his individual session, the husband reveals his wife is having an affair and it is with one of her clients.
- What should the counselor do?





# Social Media

- After a difficult session, a counselor posts on Facebook the following status: “Today was a rough one, this poor 4 year old girl with no mother and having to deal with her sexual abuse. God help her”
- What’s wrong with this scenario if anything?



# Impairment

- A counselor-in-training is aware of a colleague who has been recently let go from his/her employment and has had a number of personal stressors lead to suicidal ideation. The colleague continues to see clients within his/her own home based private practice and is not seeking outside help.



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- What should the counselor-in-training do?

# Managing and Maintaining Professional Boundaries

- In a small religious community, if one member of the religious community is a therapist and other members seek services with this therapist because they feel more comfortable working with someone from their own religious culture, can the therapist see the clients?
- Additionally, if the therapist is obligated to the religious leaders to report known non-compliance with religious standards, but this breaches legal confidentiality requirements, could the therapist include a specific agreement in the written consent form that allows the client to consent to disclosure of a religious nature?





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# QUESTIONS OR COMMENTS?

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