**2014**

**ACA** Code of Ethics

As approved by the ACA Governing Council

AMERICAN COUNSELING ASSOCIATION

counseling.org

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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* 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*.

*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.

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Section A

The Counseling Relationship

**Introduction**

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

**A.1. Client Welfare**

**A.1.a. Primary Responsibility**

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

**A.1.b. Records and Documentation**

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

**A.1.c. Counseling Plans**

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

**A.1.d. Support Network Involvement**

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

**A.2. Informed Consent in the Counseling Relationship**

**A.2.a. Informed Consent**

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

**A.2.b. Types of Information Needed**

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

**A.2.c. Developmental and Cultural Sensitivity**

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

**A.2.d. Inability to Give Consent**

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

**A.2.e. Mandated Clients**

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

**A.3. Clients Served by Others**

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

**A.4. Avoiding Harm and Imposing Values**

**A.4.a. Avoiding Harm**

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

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**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 Interactionsor Relationships (Other Than Sexual or Romantic Interactions orRelationships)**

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.

**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.• ACA Code of Ethics • • **6** •

**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 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.

**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. • ACA Code of Ethics • • **7** •

**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. • ACA Code of Ethics • • **8** •

**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 re­search 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.• ACA Code of Ethics • • **9** •

**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 them­selves 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• ACA Code of Ethics • • **10** •

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

**C.6.d. Exploitation of Others**

Counselors do not exploit others in their professional relationships.

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

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

**C.7. Treatment Modalities**

**C.7.a. Scientific Basis for Treatment**

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

**C.7.b. Development and Innovation**

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

**C.7.c. Harmful Practices**

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

**C.8. Responsibility to Other Professionals**

**C.8.a. Personal Public Statements**

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

Section D

Relationships With Other Professionals

**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. • ACA Code of Ethics • • **11** •

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.• ACA Code of Ethics • • **12** •

**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 • ACA Code of Ethics • • **13** •

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. • ACA Code of Ethics • • **14** •

**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. • ACA Code of Ethics • • **15** •

**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 • ACA Code of Ethics • • **16** •

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 • ACA Code of Ethics • • **17** •

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

**G.4.d. Identity of Participants**

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

**G.4.e. Replication Studies**

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

**G.5. Publications and Presentations**

**G.5.a. Use of Case Examples**

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

**G.5.b. Plagiarism**

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

**G.5.c. Acknowledging Previous Work**

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

**G.5.d. Contributors**

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

**G.5.e. Agreement of Contributors**

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

**G.5.f. Student Research**

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

**G.5.g. Duplicate Submissions**

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

**G.5.h. Professional Review**

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

Section H

Distance Counseling, Technology, and Social Media

**Introduction**

Counselors understand that the profes­sion of counseling may no longer be limited to in-person, face-to-face inter­actions. Counselors actively attempt to understand the evolving nature of the profession with regard to distance coun­seling, technology, and social media and how such resources may be used to bet­ter serve their clients. Counselors strive to become knowledgeable about these resources. Counselors understand the additional concerns related to the use of distance counseling, technology, and social media and make every attempt to protect confidentiality and meet any legal and ethical requirements for the use of such resources.

**H.1. Knowledge and Legal Considerations**

**H.1.a. Knowledge and Competency**

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

**H.1.b. Laws and Statutes**

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

**H.2. Informed Consent and Security**

**H.2.a. Informed Consent and Disclosure**

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

• distance counseling credentials, physical location of practice, and contact information;

• risks and benefits of engaging in the use of distance counseling, technology, and/or social media;

• possibility of technology failure and alternate methods of service delivery;

• anticipated response time;

• emergency procedures to follow when the counselor is not available;

• time zone differences;

• cultural and/or language differ­ences that may affect delivery of services;• ACA Code of Ethics • • **18** •

• 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 • ACA Code of Ethics • • **19** •

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

**I.1. Standards and the Law**

**I.1.a. Knowledge**

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

**I.1.b. Ethical Decision Making**

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

**I.1.c. Conflicts Between Ethics and Laws**

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

**I.2. Suspected Violations**

**I.2.a. Informal Resolution**

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

**I.2.b. Reporting Ethical Violations**

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

**I.2.c. Consultation**

When uncertain about whether a particular situation or course of ac­tion may be in violation of the *ACA Code of Ethics*, counselors consult with other counselors who are knowledge­able about ethics and the *ACA Code of Ethics*, with colleagues, or with appropriate authorities, such as the ACA Ethics and Professional Stan­dards Department.

**I.2.d. Organizational Conflicts**

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

**I.2.e. Unwarranted Complaints**

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

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

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

**I.3. Cooperation With Ethics Committees**

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

1See the American Counseling Association web site at http://www.counseling.org/knowledge-center/ethics• ACA Code of Ethics • • **20** •

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. • ACA Code of Ethics • • **21** •

**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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