



A conversation with Stephanie F. Dailey, former senior co-chair of the Ethics Committee

I sat down with Stephanie F. Dailey, immediate past senior co-chair of the American Counseling Association Ethics Committee, to ask about the important lessons she learned in her three years serving on the committee. Our discussion focused on how this information could help ACA members in their day-to-day work. Dailey, a licensed professional counselor, national certified counselor and approved clinical supervisor, is currently president of the Association for Spiritual, Ethical and Religious Values in Counseling and past president of the Maryland Counseling Association (2015-2016).

Joy Natwick: First question — what do you think is most important for ACA members to know about the ACA Ethics Committee?

Stephanie F. Dailey: Given the role of the committee, there are many things that ACA members would benefit from understanding about the committee. First, we are volunteer ACA members, not an official office within ACA. Our primary role is to educate the membership [about] the association's code of ethics; periodically review the *ACA Code of Ethics*, policies and procedures; and receive and process ethical complaints made against ACA members. In this function, our focus is to enforce sound ethical practices and professional conduct among our membership.

When called upon by ACA, we help identify areas in which we can better serve our fellow members in understanding salient ethical issues impacting the profession. A big part of this role is serving as another forum [through] which ACA staff can get an idea of what members might need in terms of ethics, both in regard to the complaints we see and the current issues faced by our peers, students and colleagues. We work with ACA to identify current salient ethical issues faced by counselors and educational opportunities that would benefit members. This includes webinars, the ACA Ethics Committee Panel at ACA's national conference and hosting the ethics competition. Additionally, we spend a good part of our energy processing ethical complaints in a just, timely and systematic order.

Going back to the point that committee members are volunteers, I think it is important to stress the collaboration of the committee with ACA. We work with staff in the Center for Counseling Practice, Policy and Research to get a feel for what topics are coming into the office — the salient and critical issues that face counselors in their day-to-day work. Since you [Joy] work with ACA members every day on consultations, you are the expert in terms of the immediate needs. Together we work to identify what ACA members might need. Given this collaboration, the committee really serves

the function of working with ACA staff to determine the lay of the land. This is a great partnership.

The most exciting thing we do is host the annual ACA Ethics Competition. This falls under educating ACA members, promoting our standards and enforcing sound ethical practices. The competition is held for ACA student members at both the master's and doctoral levels. What better way to educate ACA student members than to challenge them to apply an ethical decision-making model to a complex scenario? It is by far my favorite part of serving on the ACA Ethics Committee.

Do you mind if I add a “part B” to what members need to know about the ethics complaint process?

JN: Sure.

SD: It is important for members to know that the Ethics Committee serves the purpose of reviewing complaints only. We do not interact at all with the charged member or the complainant. That's just not what we do. We get a complaint that is already complete from ACA staff, who have worked with the complainant to submit a complete and comprehensive complaint. I don't want to say “vetted,” because that is not the right word, but a complaint that has all the necessary components for review by the co-chairs and, if appropriate for adjudication, review by the entire committee. Remember, many individuals who submit

complaints are not counselors; they are laypeople who are trying to interpret our code.

JN: Correct, I don't vet complaints. My role as ACA ethics specialist is to tell people what the process is and to make sure we get all the pieces needed so that when a complaint does go to the Ethics Committee it is, as you said, complete. Then the committee can do its best to make a determination.

SD: In an unbiased manner.

JN: Exactly.

SD: So the reason we don't use the word "vet" and instead use the words "complete" and "comprehensive" is for the reason you stated — making sure complainants are informed of the process. Missing or incomplete information can lead to bias. It can lead the committee to misunderstand a case or not have enough information to fully understand how the presented complaint is an actual violation of the code. ACA does a great job of working to ensure that an appropriate and comprehensive complaint is submitted for review. We work very hard to ensure that we are balanced, unbiased and objective as a committee.

Can we do a part C?

JN: Sure.

SD: It is really important that ACA members understand who is on the committee and how they are selected. The Ethics Committee is part of the ACA committee nominations process, which usually happens in December. People can be nominated by another member, or they can self-nominate through an application process. Based on these applications, committee members and committee chairs are then appointed by the incoming ACA president. For those who are interested, either in nominating someone or self-nominating, make sure to meet the nomination deadlines and that the nominator, whether it's yourself or someone else, presents you in a light that illustrates how your skills align with the committee you are nominated for.

For the Ethics Committee, those who are interested should look at the ACA Ethics webpage (counseling.org/knowledge-center/ethics) and the *ACA Policies and Procedures for Processing Complaints of Ethical Violations* posted on ACA's website. In my opinion, great committee members are people who can work well

with others, [be flexible] as needed and handle the workload of their assigned committee. For the Ethics Committee, this means attending regular committee meetings, participating in functions of the annual ethics competition, being available for educational opportunities for members and meeting, as needed, for ethical adjudications when a complaint comes before the committee.

JN: During your time on the Ethics Committee, what was the most common violation you saw? What advice would you give to ACA members to avoid this violation?

SD: I would say that it varies from year to year. It is important for members to know that ethical adjudications are, thankfully, rare. In my three years on the committee, we really only adjudicated a handful of complaints. For the complaints we did adjudicate or those which were proposed for adjudication, two common areas stood out — boundary violations and issues related to counselor training and supervision.

Boundary violations are typically pretty clear. However, ethical issues related to counselor education and supervision are complex and challenging. For example, student remediation issues that relate to violations of school policies and procedures. The real ethical question is whether a counselor education program can dismiss a student for not following the program's policies. Because these violations are not always quantifiable or properly documented, identifying whether or not an ethical violation actually occurred can be challenging.

JN: Coming from a clinical background, that was actually eye-opening to me — the realization that ACA deals with a lot of things related to the ethics of counselor education. It's an area that I didn't think about before my current role, even though ACA and the *ACA Code of Ethics* were central parts of my education.

SD: I think a number of the issues we see come down to informed consent. Any issues about boundaries, even issues regarding technology, eventually come down to informed consent. Now I know a lot of counselors think, "I can't have *everything* in my informed consent," but in truth you can, as long as you create an informed consent document that is

appropriate for the population you are working with. ... A lot of situations that are ethically questionable boil down to having an informed consent document that covers the appropriate issues for the population the counselor is working with, the setting they are working in and the situations they are seeing in their work with that specific client.

Many counselors think they can have the same informed consent for every client. This is one of the biggest problems that counselors run into. Many counselors understand that an informed consent for a couple or a family will look different than an informed consent for a child. But there are so many differences between individual clients that counselors really need to tailor the process of informed consent to the individual's stated presenting problem. Remember, informed consent is an ongoing verbal and written process; therefore, modifications to this living agreement just make sense. Unfortunately, it is not uncommon for individual counselors in private practice or agency settings to use the same informed consent form for all their clients. This is a big mistake.

JN: A lot of counselors call me about that as well — informed consent issues — but also the fact that they are working in an agency and feel that the policies there aren't fully meeting their ethical obligations, be it procedural or with paperwork, and they aren't sure what to do. They need to follow their employer's policy but also keep in line with the *ACA Code of Ethics*.

SD: Again, there is nothing keeping counselors from having a verbal informed consent discussion with their client and documenting that in their progress notes. They can then follow up with modifications to their written procedures. My advice is counselors should think of informed consent as an ongoing process and do their best to tailor the initial informed consent to what they know about the client during the first session. Be sure to make modifications as needed. This is critical for both the client and the counselor. Informed consent ... is definitely an area where counselors should have peer discussions and seek supervision and consultation as needed.

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JN: We have talked about the Ethics Committee and what it does, and we have talked about complaints. So, what would you see as the takeaway for ACA members from our conversation?

SD: The main sound bite from our conversation is this: that no one person will have all the answers to all the ethical issues they will face in their work. Even the most seasoned ethicists are stumped by real-world questions. True commitment to ethical practice means being willing to seek supervision and consultation.

The Ethics Committee exists to help educate members and, as needed, help adjudicate ethical complaints. The biggest thing that counselors should do to help avoid unethical practices is to ask questions. Use ACA, [including] all the information on the website, the books and casebooks offered and the training resources available to members. Use peer consultation groups and find people who are committed to asking you the hard questions so that you can really think through the ethical challenges that you may face. Be sure your peers and supervisors subscribe to and understand the *ACA Code of Ethics*. Get continuing education through ACA or a local ACA branch conference.

Do not become complacent. Always work for the best interests of those we serve — our clients. This means staying up to date on the latest changes in the code and continuing to remain teachable when confronted with ethical violations. ♦

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