



New responsibilities when making referrals

As a service to members, *Counseling Today* is publishing a monthly interview series focused on new aspects of the revised *ACA Code of Ethics*. The entire code is available on the American Counseling Association website at counseling.org/ethics.

This month, ACA Director of Ethics Erin Martz and ACA Chief Professional Officer David Kaplan interviewed members of the Ethics Revision Task Force about referral issues.

Erin Martz & David Kaplan: There has been an evolution in the counseling profession from a focus on the needs of the counselor to the needs of clients. Can you talk about how this change is reflected in the 2014 *ACA Code of Ethics* in terms of referrals?

Ethics Revision Task Force: It used to be that if a counselor was uncomfortable with a client, an immediate referral would take place. We now know that this is not in the best interest of the client because it can lead to feelings of abandonment. So, the 2014 *ACA Code of Ethics* states in Standard A.11.b. that counselors refrain from referring both prospective and current clients on the basis of the counselor's personally held values, attitudes, beliefs and behaviors. Counselors need to manage any discomfort with a particular client through consultation, supervision and continued education and to view referral as an intervention of last resort. It's about protecting the clients we serve and putting their needs first.

Q: So, the needs of the client are more important than the needs of the counselor. Is that a fair statement?

A: Absolutely a fair statement! Since counseling is for the betterment of the client, counselors need to bracket — set aside — personal values that are not in line with the legitimate counseling goals of the client. Bracketing is a skill that all counselors need to learn.

Q: Tell us more about bracketing.

A: Bracketing revolves around the counselor's ability to take his or her own personal values and set them aside — suspend them, but not give them up or change them. In essence, it is being aware of yourself and the impact that you have on that client in front of you.

As an example, a student made it clear that if a couple came to him in conflict, his goal would be to keep the couple together. He stated that if a couple did not want to work on staying together then he would refer them because that wasn't his goal. His goal was to protect the sanctity of marriage. This is an example of imposing the counselor's values and biases upon a client — the couple — whose goal may be to have a healthy and appropriate separation. I worked with the student to identify the personal beliefs he held that were causing the imposition of his goal upon the couple and helped him learn how to set aside, or bracket, those values during a session.

Q: Is there an additional bracketing example you would like to give?

A: [For example], I am a middle school counselor and have a belief structure rooted in my deep convictions that homosexuality is not an acceptable or moral lifestyle. An eighth-grader comes to me questioning his or her sexual identity. While I am entitled to have any personal beliefs I want, I cannot impose my values during counseling and insist that we only talk about issues related to heterosexuality. I need to bracket my feelings about homosexuality and provide this student the opportunity to talk about same-sex feelings in a nonjudgmental environment.

Q: So if you are not supposed to refer on the basis of personal values, on what basis are you supposed to refer?

A: The referral of a prospective or ongoing client should be based on skill-based competence. If I'm truly not

competent about a presenting problem, or I'm in some way impaired due to ongoing, serious personal issues, then I need to refer.

Q: What if a professional counselor ties the lack of competence to his or her personal values? In other words, what if a counselor says that he needs to refer because he is not competent to counsel someone from a particular religion or sexual orientation?

A: The issue of competence cannot be used as an excuse to engage in discrimination. Standard C.5. of the code makes it clear that counselors cannot discriminate on the basis of age, culture, disability, ethnicity, race, religion, spirituality, gender, gender identity, sexual orientation, marital or partner status, language preference or socioeconomic status. As such, a counselor cannot make a referral based on personal values related to the characteristics listed in C.5. As mentioned previously, professional counselors are ethically responsible to put the needs of the client before their own needs. Clients never need to experience the discrimination and abandonment of a referral made on the basis of a counselor's personal beliefs.

Q: Can you give an example of distinguishing between a referral based on competence versus discrimination?

A: The topic of gender reassignment surgery in the midst of a transgender developmental process is very specific and may require a counselor with expertise in counseling transgender clients. So, a referral from a counselor who has no experience with gender reassignment surgery can be acceptable based on competence. What would be unacceptable — and a violation of the *ACA Code of Ethics* — is referring a gender reassignment surgery client based on the counselor's disgust and rejection. The behaviors could look similar on the outside, but they are very different on the inside.

Q: How have recent legal cases such as *Ward v. Wilbanks* and *Keeton v. Anderson-Wiley* had an impact on the 2014 ethics code regarding referral issues?

A: These cases brought to light counselors who were discriminating against entire classes of people in favor of their own values. In the *Ward* case, a counselor-in-training refused to provide counseling services and referred a client who presented with issues that went against [the counselor-in-training's] basic biblical beliefs. She was basically saying to this client: You are not OK according to me. That type of referral is clearly inappropriate and a violation of the 2014 *ACA Code of Ethics*.

Q: You mentioned that referral should be an option of last resort. Tell us more.

A: Before I make a referral, I have to ask myself, "What is it that I need to do in order to provide the most appropriate service to this client?" If I'm unwilling to do a little extra reading or research, then I really have to question whether I need to take a break from counseling and get some rest so that I have the energy to do that.

Referring is the last thing I'm going

to do. First I am going to try education, consulting with colleagues and supervision. Why? Because the client has likely built a therapeutic relationship with me. As such, a referral interrupts the treatment of the client and is therefore detrimental.

Q: If it isn't clear whether a referral is being considered on the basis of competence or personal values, what are some things that should be considered before proceeding?

A: The first thing that I would do is consult with a colleague — someone who is a professional mental health provider. I'd sit down with them and figure out what is going on, both in the relationship with the client and within [me].

If there's a further concern, please call the ACA ethics helpline at 800.347.6647 ext. 314. The ACA professional staff will help you think through the issues and focus on the right reasons for making the referral.

Q: Is there anything else related to referrals in the 2014 *ACA Code of Ethics* that you think we should address?

A: One of the major changes in the

2014 ethics code relative to referral is the elimination of the standard that addressed end-of-life care for terminally ill clients. That standard in the 2005 code allowed counselors to refer a terminally ill client who wished to explore their end-of-life options on the basis of the counselor's personal values. Deleting that standard eliminated what would have been an exception to the rule that referral is based on competency. Bracketing counselor values with clients who are struggling with significant end-of-life issues is not qualitatively different than other value-related issues that counselors have to struggle with.



To receive assistance with specific ethical dilemmas or questions as a benefit of your membership in ACA, contact the ACA Ethics Department at 800.347.6647 ext. 314 or email ethics@counseling.org. ♦

Letters to the editor:
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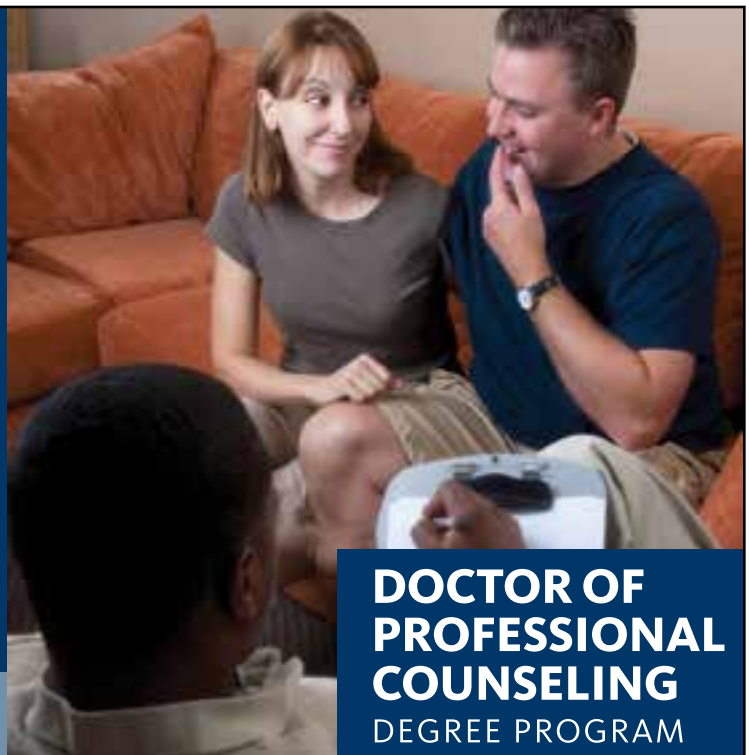
HIGHLIGHTS

- ▶ Year-round admission
- ▶ On campus and online courses
- ▶ Experienced clinical faculty
- ▶ Cohorts of supportive professional colleagues
- ▶ Clinical specialization
- ▶ Evidence based practice
- ▶ Psychotherapy integration
- ▶ International learning opportunities
- ▶ Community service
- ▶ Clinical project instead of dissertation

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