The ACA Code of Ethics: Clarifying values and referrals in counseling

The 2014 ACA Code of Ethics outlines the ethical responsibilities of its members and provides guidance to counselors in fulfilling their professional responsibilities. The ethics code is revised every seven to 10 years to reflect changes in society; changes in the way we, as professional counselors, view our relationships with our clients; and our evolving view of competent practice.

As the counseling profession matures, actions that the American Counseling Association takes help crystallize who we are as a profession. Ethics, foundational moral principles and professional values are central to who we are, what we believe and how we should carry out our responsibilities to others. Each iteration of the ACA Code of Ethics, beginning with the 1961 code, has attempted to highlight that.

ACA's ethics codes have always put clients first. The 2014 ACA Code of Ethics built upon previous codes to further clarify the expectations for ethical behavior by counselors. The current code makes it clear that counseling is about the client, not the counselor.

Q: Did the 2014 ACA Code of Ethics change the types of circumstances under which I am able to refer a client?
A: No. Starting with ACA's first ethics code in 1961, the counselor could "decline to initiate" or terminate a counseling relationship if the counselor, either for lack of competence or personal limitation, could not be of professional assistance. In subsequent ethics codes, the language was expanded to clarify that the primary reason for referral is that the counselor is no longer able to be of assistance to the client. The three situations delineated are that 1) the client no longer needs the counselor's assistance, 2) the client is not likely to be helped by further counseling or 3) the client would be harmed by further counseling. In each situation, the counselor must be knowledgeable about appropriate referral sources when referring the client to someone else.

Q: When can I terminate the counseling relationship?
A: In addition to the situations just described, counselors may terminate the relationship when they are in jeopardy of being harmed by the client or by another person with whom the client has a relationship, or when the client does not pay agreed-upon fees.

Q: What is a client characteristic?
A: Client characteristics are those delineated in Standard C.5. (Nondiscrimination) of the 2014 ACA Code of Ethics. The list has expanded since earlier versions of the ethics codes. It now includes the following: age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital/partnership status, language preference, socioeconomic status, immigration status or any other basis proscribed by law.

Q: What do I do if I don't feel qualified to work with a particular client?
A: Counselors may not refer based on a client characteristic. So if a counselor lacks knowledge about a client with whom the counselor is working, it is incumbent upon the counselor to seek additional training, consultation or supervision to increase his or her skills and ability to work with that client. For example, if a counselor has never heard of a client's home country, the counselor must learn as much as possible to work with that client. The counselor may not refer the client based on a lack of knowledge.

Q: Are there any exceptions?
A: Yes, there are. If the client needs a higher level of care than the counselor can provide, then the counselor may refer the client. What does a higher level of care mean? It means that the counselor lacks the qualifications or competence to continue to work with the client.

Q: How is “lack of competence” defined?
A: Competence is defined by one's education, training and experience, and the scope of practice determined by the credential that the counselor holds. Competence is very counselor specific because each counselor brings a different background and skill set to the relationship and holds a specific credential. Given the same presenting issue, one counselor may need to refer a client based on a lack of competence or credential in that particular area, whereas another counselor may be fully competent to work with that client.

For example, let's say a counselor in private practice is seeing a client who presents with some self-esteem issues. As counseling progresses, the counselor notices that the client appears thinner and does not look healthy. The client initially indicates that everything is fine and refuses to discuss certain issues. But it soon becomes apparent that the client likely has an eating disorder. The counselor is not qualified to provide that level of care and must refer to someone who is qualified. But a different counselor may be qualified, based on credentials and training, to work with this same client and would not have to refer.

Q: What does “counselors do not impose their values on their clients” mean?
A: As individuals, we are shaped by our education, training, experiences, culture, values, families and so on. The way in
which we view the world is part of who we are. No one is expected not to be who they are. However, in counseling, it is important to leave our values and worldview at the door of the session and not allow how we see things to influence the way we view and work with our clients. We need to see the world through our client’s eyes and understand the client’s frame of reference.

Graduate programs guide students to a better understanding of who they are, how they see the world and how those factors could impact the counseling relationship. Counselors need to continue this reflective process throughout their careers to ensure that they are not allowing their values to influence the counselor-client relationship. Part of this reflective process should include additional education and training, supervision, and consultation. We need to reflect on, ponder and analyze our behavior so we can grow to a new and continuously evolving level of self-awareness and become increasingly more effective counselors.

Ethical practice is critical to counseling. It is always incumbent upon the counselor to ensure that the services provided meet the highest standards of counseling. Each iteration of the ACA Code of Ethics, culminating with the current 2014 version, has made it clear that counseling is about the client and the client’s welfare.

When we start refusing to work with specific clients based on our personal values and beliefs, then we are putting ourselves first and working with our clients second. As our world and our clients become more diverse, it becomes more challenging to work effectively with diverse populations. But I think counselors are up to the challenge. ❖

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