



An overview of the revised *ACA Code of Ethics*

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

For this introductory column, ACA Chief Professional Officer David Kaplan and ACA Director of Ethics Erin Martz interviewed the Ethics Revision Task Force.

David Kaplan & Erin Martz: Tell us about the challenges of putting together a task force to revise an ethics code that serves an entire profession.

Ethics Revision Task Force: When you're putting together a task force of this magnitude, you have to have the right players at the table. That means getting people together who represent as broad a swath of counseling as possible. So, we had task force members with backgrounds in private practice, rehabilitation counseling, school counseling, college counseling and other areas.

In June of 2011, ACA President Marcheta Evans reviewed over 60 applications for the Ethics Revision Task Force. President Evans did a marvelous job of choosing members who had a depth of knowledge and who had practice, teaching or research experience in the area of counseling ethics.

Q: How hard is it to put together the actual revision of the *ACA Code of Ethics*?

A: It is a matter of taking the long view. You realize that this isn't something that you're going to sit down and do in a couple of weekends. This is something that is going to happen over a couple of years. Putting together a revision requires a comprehensive knowledge of not just the code of ethics but also its impact on all the different aspects of

the counseling profession. It also has to last for a number of years.

Q: Is it reasonable to say that Ethics Revision Task Force members put in many thousands of person hours?

A: It wasn't just the task force. It also involved people outside of the task force because we asked for feedback from the profession. So, thousands of hours of work occurred not just by the task force but by many members of the profession who offered pages and pages of feedback.

Q: Can you say a little bit about how that feedback was collected and evaluated?

A: We sent out a call to ACA members, and feedback was received through the ACA webpage. We also sent out announcements to the different professional associations that are related to the profession of counseling, as well as to state licensing boards. Every single correspondence was then reviewed by the entire task force.

Q: What was the Ethics Revision Task Force trying to accomplish?

A: The *ACA Code of Ethics* is a living document, the reflection of the combined wisdom of the profession and a reflection of its values and professional obligations to the people whom we serve. As our society changes, so too does our practice of counseling.

For the 2014 code of ethics, we had to take a look at how the world has evolved in a technology sense. People today communicate consistently and constantly via social media, email, chat rooms and blogs. And as society has learned to communicate electronically, so too does the profession of counseling need to evolve to take into consideration the ethical implications of providing services

or interacting with clients via computer technology, social media or other means.

Q: So clearly technology, including social media, was a focus. We will be exploring this area in more depth in a future interview. But for now, can you give us an example in the area of social media?

A: One of the prohibitions in the new code is the establishment of a personal virtual relationship with clients. In other words: Don't "friend" your clients. Friending crosses a boundary from client to personal relationship and is therefore not appropriate.

Q: What were some other key areas in the 2014 *ACA Code of Ethics*?

A: We'll outline several of the highlights. One is that we were much more specific in stating the values of the counseling profession in the preamble: the enhancement of human development, diversity and multiculturalism, social justice, the integrity of the counselor-client relationship and competency. Ethics codes across the world recognize that counselors enter our consultation room as a representative of the profession and so tend to have a statement of professional values. We are catching up with our international peers.

Another focus was the imposition of counselor values. There has been some confusion in the field about whether referrals can be made because of the counselor's religious or other values. The task force wanted to make it clear that a professional counselor's role is not to impose personal values onto a client but to uphold the values of the profession that sees the worth and dignity of every human being. As such, the 2014 code of ethics clarifies that we make a referral on

the basis of skill-based competency, not personal values.

There is also a change in dealing with contagious and life-threatening diseases. The 2005 code of ethics required counselors to confirm that a client had HIV or another contagious life-threatening disease before disclosing that status to a person at risk. It became clear that this requirement was impossible to fulfill if the client did not give their physician a release. So, the 2014 code removed the requirement to confirm a contagious and life-threatening diagnosis, replacing it with a reliance on relevant laws.

Another area we took a look at was the extension of confidentiality to include appointments. We wanted to ensure that whether a client has made an appointment is just as confidential as anything that [the client has] talked about.

Q: The 2014 code also expands on the need to use a decision-making model when facing an ethical dilemma. Tell us more about that.

A: The Ethics Revision Task Force wanted to reinforce the need for every counselor to be knowledgeable about an ethical decision-making model and to use it to evaluate the impact of potential ethical decisions. We

struggled in the task force about whether to endorse a particular ethical decision-making model. We decided that there were so many good models out there that we didn't want to do that.

Q: What would you say to ACA members who ask how they are supposed to remember well over 20 pages of ethics-related statements?

A: We would say that there's going to be some great support services for the revised code of ethics provided by the American Counseling Association in the form of apps, webinars, podcasts, articles, conference presentations and online discussions. We would also say that it is a reflection of the complexity of how we provide counseling.

In 1961, the first *ACA Code of Ethics* focused on the counselor. Today, our ethics code is focused more on the needs of the client. And that is very important to keep in mind. Do members need to memorize all 20 pages of the code? No. If you practice in a caring, compassionate manner, continually updating and broadening your skills, then you will practice in an ethical fashion.

There's also nothing wrong with having a couple of copies of the code in

your office so that anytime you have a question, you can scan through it. You can also take advantage of the services of the ACA ethics staff, who will provide a consultation with you when you are facing a difficult ethical decision.

Finally, as stated previously, have a good ethical decision-making model. Walking step by step through a good decision-making model can help you to critically think through the implications of potential actions and assist you to provide the best possible services.



To receive free 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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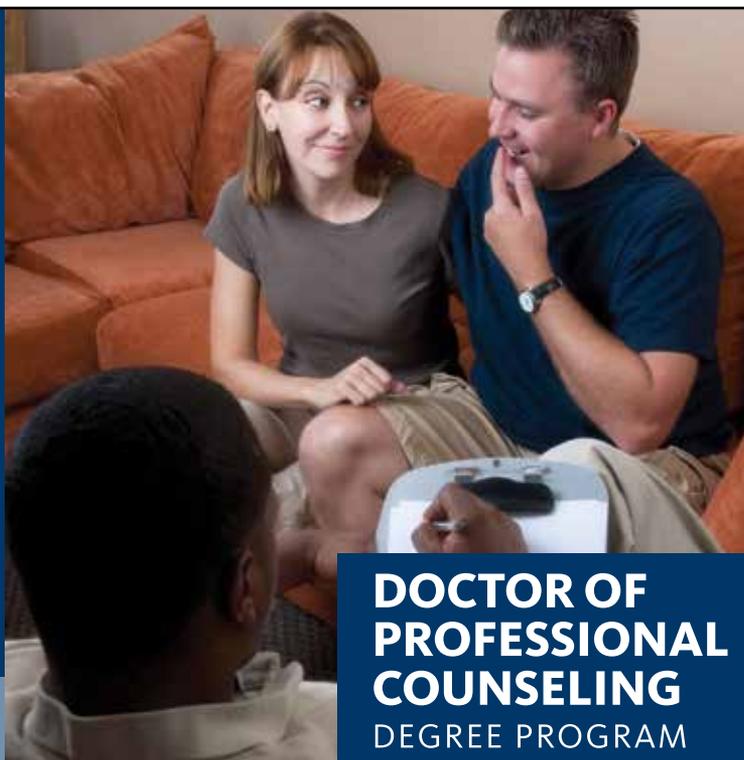
HIGHLIGHTS

- ▶ 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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