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Values in the Counseling Profession: Unethical vs. Non-Maleficence

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Abstract

The professional counseling field has in the past few years seen legal cases stemming from unethical behaviors exhibited by counseling students. Specifically, values conflict has been discussed at length. This paper uses a qualitative case study to apply the 2014 *ACA Code of Ethics* to a values related dilemma that occurs during the field placement of a counselor trainee. An ethical decision making model is used and discussed, gaps are identified and addressed, and implications for counselor education programs, field placement supervisors, and counselor trainees are also discussed.

Keywords: values conflict, gatekeeping, counselor education, field placement supervisor, counselor trainee, impairment, remediation

The principles of non-maleficence and beneficence are two moral principles that function as cornerstones for the counseling profession, designed to guide ethical decision-making processes (American Counseling Association [ACA], 2014). The non-maleficence principle (“do no harm”) is grounded in not causing harm to others and avoiding practices that have potential harm. The moral principle of beneficence is to do good, promoting and contributing to the welfare of the client. Simply put, first, do no harm; second, do good. Rooted in philosophy and professional codes (Barns, 1964; ACA, 2014), non-maleficence and beneficence are ideal moral standards that guide the counseling professional and work in unison to protect the client. Hearty discourse has arisen in the face of conflicts between the ethical standards put forth by the American Counseling Association and dilemmas related to conflicts with core value systems held by counselors and counselor trainees (CTs; Elliot, 2011).

Recent court cases related to value conflicts featured in the literature are *Ward v. Wilbanks* (2009) and *Keeton v. Anderson-Wiley* (2010). Underlying each of these cases is a CT who has specific core values which conflict with the ethical code of the profession. The *Ward v. Wilbanks* case arose as a result of a CT’s refusal to provide services to a homosexual client on the grounds of conflict with religious beliefs. These cases generated much discussion surrounding core value conflicts, discrimination, value based referrals, when is a client a client, non-maleficence, and multiculturalism in professional identity. The current *ACA Code of Ethics* (ACA, 2014) mandates that counselors accept clients’ values and lifestyle, prohibits counselors from imposing their values on the client, and encourages counselors to aspire beneficence and non-maleficence.

Several discussions about ethics and value conflicts have occurred in the literature in the past few years (Hutchens, Block, & Young, 2013; McAdams, Foster, & Ward, 2007; Rust, Raskin, & Hill, 2013). In fact, the most recent discussion related to this topic was highlighted in the 2014 special section of the *Journal of Counseling Development*. The guest editors of the special section, Francis and Dugger (2014), emphasized the role of the *ACA Code of Ethics* (ACA, 2014) in the counseling profession and acknowledged the difficulties that arise when the values of the profession (ethics) conflict with the values of the professional. The intention of this special section addresses the fact that, as human beings and counseling professionals, we may have values that conflict with our clients’ values. This special section validates these struggles and provides suggestions about how value conflicts can be addressed.

Kaplan (2014), in response to the discourse regarding value conflicts and value-based referrals, referenced ACA’s position: discrimination based on a value conflict is unethical (ACA, 2005; ACA, 2014). Evidence from recent studies indicates continued divide regarding the outcome of *Ward v. Wilbanks*, as well as the *ACA Code of Ethics*, as perceived by faculty and students in counseling programs (Burkholder & Hall, 2014; Burkholder, Hall, & Burkholder, 2014). The *Ward v. Wilbanks* case and the related studies cited above are specific to counselor education programs and their students; however, issues surrounding value conflicts also occur outside the classroom, on discussion boards such as CESNET, and at field placement sites. As gatekeepers, faculty members and site supervisors perform evaluative functions ensuring that students are adequately prepared and possess the necessary disposition as CTs (Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2016). It is

prudent to continue discussions to address the resulting dilemmas and to develop precise expectations when confronting value-based conflicts and remediation.

Although the current *ACA Code of Ethics* (ACA, 2014) specifically addresses value-based conflict with the intention of alleviating some confusion, the question arises: does the current 2014 *ACA Code of Ethics* cause more dilemmas and confusion around core value conflicts and value-based referrals? The purpose of this paper is to use a qualitative case study to analyze aspects of the *ACA Code of Ethics* that address value-based referral, remediation, beneficence, and non-maleficence in relation to the client and the professional counselor or CT. In addition, some of the limitations found in using the current *ACA Code of Ethics* to resolve ethical dilemmas related to value conflicts are identified. A conflict in values is presented that occurs during a counselor trainee's internship. The example presented highlights ethical dilemmas that arise between the field placement supervisor, the CT, and the counseling education program. The purpose of this paper is to add to the discourse regarding value-based conflicts, while highlighting other issues that are pertinent for field placement supervisors and counselor education programs. It is noteworthy that a review of the literature related to perceptions about the *Ward v. Wilbanks* case is used to provide context for the current case presented in this paper. Hereafter, "gatekeepers" is used in reference to counselor educators and or field placement supervisors.

Review of the Standards

The principal purpose of the *ACA Code of Ethics* (ACA, 2014) is to ensure that counselors, CTs, supervisors, and counselor education programs adhere to standards that prevent harm to clients or research participants. The credibility of the counseling profession depends on the counselor's ability to project respect and positive regard for the client while providing high quality services. As indicated earlier, several cases related to conflicts surrounding ethics and values have brought into question the clarity of the *ACA Code of Ethics*. Recent studies, conducted to investigate gatekeepers' (counselor educators') and counselor trainees' responses to the *Ward v. Wilbanks* case, indicate that there is a clear divide in gatekeepers' interpretations of the code when it comes to value-based referrals (Burkholder & Hall, 2014; Burkholder et al., 2014). Burkholder et al. (2014) sought to investigate the perceptions of gatekeepers regarding *Ward v. Wilbanks*. They employed a qualitative content analysis approach to analyze participants' survey responses. The authors sampled 71 gatekeepers on CESNET and CACREP contact liaisons. While the sample size is a limitation, results from the study showed that some gatekeepers were of the opinion that clients cannot be referred based on value conflict, and others opposed this view. Meanwhile, in a previous study, students had expressed similar views, indicating that they were receiving conflicting messages from gatekeepers (Burkholder & Hall, 2014). Using similar goals, research methods, and data analyses, the authors surveyed 171 students from CACREP-accredited institutions through the assistance of CACREP contact liaisons. In both of these studies, participants expressed confusion with expectations and interpretation of the *ACA Code of Ethics*.

***ACA Code of Ethics*, Values, and Referral Standards**

The *ACA Code of Ethics* (ACA, 2014) is the gold standard—the reference source for the counseling profession when it comes to resolving ethical dilemmas. Based on the

current 2014 *ACA Code of Ethics*, this is where the code stands in regard to issues surrounding discrimination and value-based referrals: (1) counselors cannot refer clients based on their own values, beliefs, attitudes, and/or behaviors (Standard A.11.b.); (2) counselors are respectful and accepting of clients' values (Standards A.4.b., A.11.b.); (3) counselors should seek remediation (through training, consultation, or supervision) when they perceive potential risks of imposing their values on client (Preamble; Standards A.4.b., F.6.b., I.1.b.); (4) supervisors and counselor educators have gatekeeping responsibilities that include teaching ethical standards and ensuring that counselors-in-training understand and follow the *ACA Code of Ethics* and show competence in working with diverse clients (Standards F.5.a., F.6.b., F.7.e.); (5) supervisors should be aware of the limitations of counselors-in-training, provide remediation, and recommend dismissal from the program or credentialing for practice if needed (Standard F. 6.b.); and (6) the choice of an ethical decision-making model should be made with discretion, taking into "consideration standards, principles, laws, risks and benefits for all involved" (Standard I.1.b.).

Authors' Statement

Using the current *ACA Code of Ethics* (ACA, 2014) as our guide, our objective was to apply the current *ACA Code of Ethics* to a real-time situation that takes place in a mental health agency in the Midwestern part of the United States. We acknowledge the differences (e.g., setting, context, and type of value conflict) between *Ward v. Wilbanks* and this case study; nonetheless, the intention was to assess the feasibility of applying of the *ACA Code of Ethics* to a current in-vivo example.

A Case Study

During the supervision of a counselor trainee (CT) early in her internship, a field placement supervisor, assessing developmental level and scope of practice, inquired into the CT's experience and preferred populations (e.g., children, teens, seniors). The CT indicated that she would be happy to work with anyone, but, at this point, would rather not work with people charged with sex crimes. The supervisor, understanding that this is a values conflict and aware of ethical concerns about discrimination under the current *ACA Code of Ethics* (ACA, 2014), consulted with another supervisor to discuss a course of action.

In the next scheduled supervision meeting, the field placement supervisor explored the CT's request to not work with 'offenders.' The CT and the supervisor discussed the ethical codes, along with professional and personal expectations. During this process, it became apparent that the CT's intention was not to discriminate against individuals charged with sex crimes; in fact, the CT shared that she had worked well with a youth who had disclosed sexual perpetration against a younger child. The CT went on to disclose that she struggles with a very specific type of 'offender': the adult male rapist. After further processing, the CT disclosed that she is a sexual assault survivor. Upon inquiry, the CT shared that she is engaging in counseling and making good progress in her personal healing journey. The CT demonstrated willingness to learn more about the 'offender' population. The CT was receptive to additional reading material designed to enhance her knowledge and exposure to the population and was happy to continue ongoing monitoring and discussion during supervision. Candidly, the CT expressed that

she hopes, one day, to get to the point where she can work with adult male sex offenders; however, she also verbalized that this is not a population with which she would choose to specialize. The CT shared that she felt her conflict was further compounded by her Rogerian theoretical orientation and that her inability to demonstrate unconditional positive regard for the adult male sex offender would hinder the client's progress.

The field placement supervisor, concerned about discrimination under the current *ACA Code of Ethics* (ACA, 2014), sought ongoing consultation and engaged an ethical decision-making model to guide the decision making process. The ethical decision-making model of choice was *A Practitioner's Guide to Ethical Decision Making* (Forester-Miller & Davis, 1996), a publication provided by the American Counseling Association, free of charge, to its members with the goal of promoting sound ethical decision-making practice. Used by the counseling profession for over two decades, this model provides counseling professionals with a solid framework for making ethical decisions. Grounded in Kitchener's (1984) principles, this model is flexible enough for all counseling professionals, regardless of specialty and/or stage of development.

Kitchener's (1984) five moral principles are foundational to ACA's ethical guidelines. Kitchener's five principles are: autonomy, justice, beneficence, non-maleficence, and fidelity. According to Forester-Miller and Davis (1996), these principles are "each absolute truths in and of themselves" (p. 1). A description of the steps involved in making an ethical decision are as follows: (1) identify the problem; (2) apply the *ACA Code of Ethics*; (3) determine the nature and dimensions of the dilemma; (4) generate potential courses of action; (5) consider the potential consequences of all options and choose a course of action; (6) evaluate the selected course of action; and (7) implement the course of action. The seven steps of *A Practitioner's Guide to Ethical Decision Making* (Forester-Miller & Davis, 1996) will be examined and applied to the above case.

The Ethical Decision-Making Process

Step 1: Identify the problem. In the above case, a counselor trainee has a value conflict with a population (offenders) and has requested not to serve a specific population which is an ethical violation under section A.11.b. of the 2014 *ACA Code of Ethics*:

Counselors refrain from referring perspective 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. (ACA, 2014, p. 6)

Step 2: Apply the *ACA Code of Ethics*. Section F.6.b., Gatekeeping and Remediation, states:

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, 2014, p. 13)

In the above case, the field placement supervisor discussed possible limitations that might *impede* the CT's *performance*. Options for remediation are explored. Reading material is provided. Consultation is sought with another supervisor. The conversations are documented in the supervision notes.

Step 3: Determine the nature and dimensions of the dilemma. In order to determine the nature and dimension of the dilemma, *A Practitioner's Guide to Ethical Decision Making* (Forester-Miller & Davis, 1996) suggests, "consider the moral principles of *autonomy, non-maleficence, beneficence, justice, and fidelity*. Decide which principles apply to the specific situation, and determine which principle takes priority for you in this case" (p. 3). The principles of *non-maleficence, beneficence, justice, and fidelity* are considered and applied to the aforementioned case study.

Non-maleficence. The first principle of non-maleficence means to "avoid actions that cause harm" (ACA, 2014, p. 3). In applying the non-maleficence principle, 'harm' is considered from several aspects.

- A. Harm to the CT. The demonstrated *commitment* to ongoing professional development, *openness* in discussing her value conflict, *respect* for the supervision process, *integrity* by demonstrating *honesty* about her value conflict, and *self-awareness* with regard to her personal and professional limitations, are all desired characteristics of professional disposition outlined in a study by Spurgeon, Gibbons, and Cochran (2012). Moreover, the CT could be 'triggered' by the situation and possibly re-traumatized.
- B. Harm to the client. If the CT were mandated to work with an adult male sex offender, the offender may be harmed due to the CT's inability to establish the necessary therapeutic environment required to foster a genuine working alliance, the cornerstone of the therapeutic process needed to promote change.
- C. Harm to the Agency. If a dismissal is made without appropriate cause, harm may be done to the Agency by exposing the Agency to litigation.

Beneficence. Beneficence is defined as "working for the good of the individual and society by promoting mental health and well-being" (ACA, 2014, p. 3). In the above case, no matter how much remediation was applied, at this point in her personal healing journey, the CT would be challenged to "work for the good of the individual." On the other hand, it is important to recognize that it is in society's best interest to treat and rehabilitate people who have been charged with sex offenses. Moreover, as professional counselors, we are charged with promoting the health and well-being of society as a whole.

Justice. ACA (2014) defines justice as "treating individuals equitably and fostering fairness and equality" (p. 3). In the above case, it would be unjust for the site supervisor to assign an adult male sex offender to this CT knowing her current limitations with this population. Furthermore, in order to provide the client with an equitable opportunity for his (or her) own treatment and recovery, a referral should be made to a provider who is able to provide fair and equitable services.

Fidelity. Fidelity is “honoring commitments and keeping promises, including fulfilling one’s responsibilities of trust in professional relationships” (ACA, 2014, p. 3). According to the Association for Counselor Education and Supervision (ACES) and their *Best Practices in Clinical Supervision*, the supervisor has a responsibility to: (a) provide “a safe, supportive, and structured supervision climate”; (b) give “attention to both the personal and professional learning curves of the supervisee”; and (c) give “deliberate attention to creating a safe environment that fosters mutual trust.” (ACES, 2011, pp. 5–7). The field placement supervisor in the above case demonstrated all of the above, clearly evidenced by the CT’s ability to share discourse around her value conflict while feeling safe enough to provide a more detailed explanation of her circumstances. The CT is also honoring her professional responsibility to “monitor [herself] for signs of impairment from [her] 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.” (ACA, 2014, p. 13).

Step 4: Generate potential courses of action. In the above case, potential courses of action include: (a) termination due to impairment; (b) remediation while concurrently assigning adult male sex offenders to the CT; (c) remediation respecting the CT’s value conflict (i.e., not assigning adult male sex offenders); and (d) continued supervision and monitoring.

Step 5: Consider the potential consequences of all options and choose a course of action. Consequences of the options include: (a) *termination due to impairment*—difficult in this case because the CT meets requirements for professional disposition; (b) *remediation while concurrently working with sex offenders*—harmful due to maleficence (see above rationale); (c) *remediation respecting the supervisee’s value conflict*—likely, on the condition that the CT continues to work toward working with this population; and (d) *continued supervision and monitoring*—currently in place. In the above case, the chosen course of action is to provide ongoing remediation, supervision, and monitoring while respecting the CT’s request (no adult male sex offenders).

Step 6: Evaluate the selected course of action. On reflection, the CT does not meet the criteria for impairment, and thus there are no grounds for termination. Remediation for the CT professionally (in supervision) and personally (personal counseling) is ongoing, along with continued supervision and monitoring. Although the course of action takes into account the *ACA Code of Ethics* (ACA, 2014), a sound, established ethical decision-making model, and other best practice guidelines, on reflection, there appears to be a gap in the process with regard to the CT’s counselor education program. Generally, there is an electronic mid-term survey where students are evaluated and comments can be made. In the above case, a mid-term evaluation was not received. However, an end of semester evaluation was completed and submitted to the counselor education program that documented the value conflict and the remediation process.

Step 7: Implement the course of action. Material will be assigned to increase the CT’s knowledge and reduce discomfort in working with adult male sex offenders. The CT will continue with her professional and personal growth and healing in this area. Individuals who, upon intake, meet these criteria, at this point will not be assigned to the CT. Supervision, monitoring, and documentation will be ongoing. The value conflict and the remediation process will be communicated via the institution’s evaluation process.

Implications for Counselor Educators, Supervisors, and CTs

The *ACA Code of Ethics* (ACA, 2014) provides guidelines for professional conduct; however, the above case highlights some of the realities counseling professionals and supervisors face when legitimate value conflicts arise. As noted in the literature review, the current *ACA Code of Ethics* appears to be creating some questions and dilemmas for the counseling professional around the issue of value conflicts and referrals. In practice, decisions are made daily by professional counselors and field placement supervisors with the intention of providing the best care to the people they serve, while considering the counseling professionals' scope of practice and limitations within the constructs of ethical and best practice guidelines. This begs the question, is there a disconnect between the current ethical guidelines and the realities of daily practice?

The above case clearly demonstrates some of the challenges that arise with the “no referrals based on values and attitudes” language of the current *ACA Code of Ethics* (ACA, 2014). Interestingly, according to CACREP, professional counselors are encouraged to be “self-aware and recognize their own limitations” (CACREP, 2009, CMHC D.1). This is demonstrated with a question in the online counselor trainee evaluation which asks about the willingness of the counselor trainee to: (a) seek supervision, and (b) refer clients when needed; clearly, a conflict with the current *ACA Code of Ethics*.

If such conflict and confusion is to be alleviated, it may be prudent for ACA to align more closely with CACREP, the counselor educators' accreditation body. ACA could also consider providing case studies, such as the one presented above, designed to guide gatekeepers through complex, multidimensional ethical decisions. In the above case, the gap in communication between the counselor education program and field placement supervisor is an area for discussion and improvement.

Discussion

The intention of the current *ACA Code of Ethics* (ACA, 2014) to set the bar high is admirable and needed as the profession moves towards portability, universal professional recognition, and improving multicultural competency. It is vital for faculty, students, and field placement supervisors to be actively involved in the process of assessing for values conflicts and the remediation process. Counselor education training and internships do offer venues for personal exploration and self-reflection; however, can more be done to assess and remediate values conflicts earlier in the training process? Apparently assessment and remediation processes have not evolved much over the last 15 years. Furthermore, researchers Swank and Lambie (2012) found that faculty did little to begin the remediation process, even when aware of students' deficiencies. As the energy around standards, values conflicts, and assessment of professional disposition and impairment increases; attention turns to gaps in communication, measurement, and the possibility of unintended consequences.

With the current language in the *ACA Code of Ethics* (ACA, 2014) around professional disposition, impairment, and remediation, several questions arise: (a) Are we unintentionally creating environments that hinder honest reflection, discourse, and disclosure of value conflicts that arise during counselor education training and

supervision? (b) How is the profession going to measure values conflicts and impairment in students entering the field and seasoned counseling professionals who supervise counselor trainees? (c) Is the depth of communication between counselor education programs and field placement supervisors sufficient? (d) And are field placement supervisors receiving adequate coaching and direction from counselor education programs when conflicts and dilemmas arise as a result of the current *ACA Code of Ethics*?

Research is needed to identify gaps in current gatekeeping policies and procedures. Recommendations for the future may include: (a) counselor education recruitment material that carries full disclosure surrounding potential values conflicts, professional disposition, and the remediation process; (b) mandatory personality assessments in an effort to measure the prospective student's 'fit' for the profession; and (c) requiring results from personality assessments for the application process, alongside academic measures such as GPA and GRE scores. Although the above study is anecdotal in nature with obvious limitations, it does address the need for continued efforts to unify professional standards and codes, develop effective gatekeeping procedures and protocols, and develop best practice guidelines for remediation for counselor educators and field placement supervisors.

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