Emergence of Coaching

Conditions
- Economic downturn in 1980's & 1990's (Chung & Gfroerer, 2003)
- Learning economy
- Business reinvention & Career reinvention
- Professionalization of counseling

Solutions
- Intersection of psychology, business and human resources

Business Needs Demand Service (Chung & Gfroerer, 2003; Hart, Blattner, & Leipsic, 2001)
- Performance improvement
- Talent management
- Succession planning
- Leadership development
- Globalism, multiculturalism

Personal Needs Demand Service (Peltier, 2010)
- Market demand for coaching has increased
  Positive focus
  Strengths based
  Assumes no pathology
  Action-oriented
  No stigma
What’s trending?
Personal growth is hot. Diagnosis is not. (K. Peterson, USA TODAY, 2008)

Helping professionals as marketing target for coach training institutes:
* Mental health professionals
* Nurses
* Massage Therapists
* Clergy
* Educators

* International Coach Federation has 19,000 members
* Over 10,000 coaches in 2008 (K. Peterson, USA TODAY, 2008)
* Nearly 400,000 websites offering coaching services (Chung & Gfroerer, 2003)
* Credentialing conundrum

Who are coaches?
* Diverse professional backgrounds
* Diverse educational backgrounds
* No clear standards
* No clear data

* Five percent of coaches have background in psychology and only 19% have training in mental health fields (Grant & Zackon, 2004)

* Top three credential and experience criteria for executives in choosing coaches include (Wasylyshyn, 2003):

Training in psychology
Understanding business
Established coaching reputation

Coaching Bandwagon
* Recognize market demand
* Unencumbered by manage care
* Service delivery flexibility
* Limited overhead costs
Higher professional fees

Why are you considering adding coaching to your private practice?

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

Product or Profession (Chung & Groer, 2003) – See additional handout for comparisons

Coaching has
* No generally accepted standards of practice
* No regulatory agency
* No registration requirement
* No grievance board

What are your thoughts about coaching as a product or profession?

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

Defining Counseling
The American Counseling Association defines professional counseling as a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals (American Counseling Association, 2010)

Defining Coaching
The International Coach Federation defines coaching as partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential.

New Professional Credential
Center for Credentialing and Education offers Board Certified Coach:
* First independent coach credential by recognized authority
* Offers credentialing fast track for professional counselors

From the BCC website:
The Board Certified Coach credential (BCC), offered by the Center for Credentialing and Education, recognizes the strong foundation developed as part of an advanced degree program in the field of counseling, and its applicability to the profession of coaching.
those with a Master’s degree in Counseling, licensed counselors, those who hold an NCC (National Certified Counselor) credential, or those who have a Ph.D., the 30-hour Board Certified Coach Training program provides strong grounding in the core coaching competencies, address “gap areas” not addressed in previous professional training, and clarifies the distinctions between coaching and counseling. Those with a master’s degree in other social or behavioral sciences will want to choose the 60-hour Board Certified Coach Training program. Students pursuing this path to BCC credentialing will begin by registering for ILCT’s 20-hour Coach Approach course.

Other Credentials
- International Coach Federation Credentials
  Associate Certified Coach (ACC)
  Professional Certified Coach (PCC)
  Master Certified Coach (MCC)

Ethical Parameters (see Peltier, 2010 for a balanced discussion of ethical considerations)
- Is coaching as product or profession?
- What licenses or certifications do you maintain?
- What are the differences between counseling/therapy and coaching?
- How do you distinguish between counseling in the developmental domain from coaching?

- Who is the client? (ACA Code of Ethics, A.5., B)
- Organization/Company
- Individual client or executive

- Confidentiality (ACA Code of Ethics, B.8; BCC Code of Ethics, C.3.)
  Reports to third parties?
  Handling proprietary secrets?
  Illegal activities proposed by a client?

- Consent (ACA Code of Ethics, A.2; BCC Code of Ethics, C.6.)
  Organizational referral for coaching
  Belief that coaching will advance their careers
* Boundaries (ACA Code of Ethics, A.5.d; BCC Code of Ethics, D.3.)
  Use of self-disclosure
  Attending events
  Participation in “in vivo” experiences
  Social networking

* Role Changes in the Professional Relationship (ACA Code of Ethics, A.5.d., A.5.e)
* Avoid providing counseling, therapy, and psychotherapy (BCC Code of Ethics, C.8)
  Who is the client?
  What is in the best interest of the person?
  What is the nature of the mental health concern?
  How do you shift from one role to the other?

* Record Keeping (ACA Code of Ethics, A.1.b.; BCC Code of Ethics, A.6)
  Content of records
  Record duration and dispensation

* Termination (ACA Code of Ethics, A.11)
  Time’s up!
  Organization discontinues program

* Assessment (ACA Code of Ethics, Section E)
  Reliable and valid assessments (E.6.a)
  Use and administration (E.2.b)
Client interpretation

* Duty to Protect or Warn (ACA Code of Ethics, B.2.a; BCC Code of Ethics, A.7)
  Same responsibility?

* Soliciting & Advertising (ACA Code of Ethics, C.3.a, C.3.b., A.5.d.)
  Social Networking – LinkedIn
  Endorsements on LinkedIn or websites
  Market competition with other coaches

* New Specialty Areas of Practice (ACA Code of Ethics, C.2.a., C.2.b.)
  Obtaining appropriate training

Case Discussions (Note: Cases will be provided onsite)

Adding Coaching: Step-by-Step

* Step 1: Identify market demands for counseling & coaching services

* Step 2: Explore and clarify coaching as product or profession in your practice
Step 3: Determine type of practice you will maintain and investigate liability considerations

Exclusive coaching practice

Integrated practice

Dual practice

Step 4: Accurately assess your coaching competencies

Step 5: Obtain appropriate training and credentials

- Training institutes
- Universities

Ensure training meets credentialing requirements

Step 6: Seek mentoring, supervision, and/or consultation

Practice Considerations

- Be clear on how you're qualified to provide coaching services
- Identify relationship between your counseling education and your coaching service
* Define the line between counseling and coaching for your practice and your clients
* Address apparent shifts in focus
* Need to establish clear agreements
  Hourly rates vs. packaged services
  Clearly stated objectives & scope of service
* Define the limits of your practice

Dr. Greta Davis is a career counselor, consultant, and executive coach with 12 years experience in career counseling and development providing services to individual clients, academic institutions, and the federal government. Dr. Davis currently works in a private practice helping clients with career related issues such as complex career decision-making, planned and unplanned career transitions, work/life balance, leadership development, stress management, job search, resume writing and interviewing skills, retirement, and more. She is an expert administrator of assessments such as the Strong Interest Inventory®, Myers-Briggs Type Indicator®, SkillScan, and Values Driven Work. Dr. Davis is a frequent speaker at professional counseling conferences and workshops at local, state, and national meetings and delivers presentations on all facets of career development. Dr. Davis is the 2009 recipient of the TCDA Outstanding Career Practitioner Award.

Greta A. Davis, Ph.D. • Davis_greta@yahoo.com • 972-841-7447
References and Recommended Reading


**Coach Training for Professional Counselors**

**Executive Coach College** (founded by Dr. Jeffrey Auerbach)
http://www.executivecoachcollege.com

**MentorCoach, LLC**, *Training Accomplished Professionals to Become Extraordinary Coaches*
www.mentorcoach.com

**Coaching Books and Articles for Professional Counselors**


Ethical Considerations of Adding Coaching to a Counseling Private Practice
Greta A. Davis, Ph.D.
### Perspectives on Differences Between Traditional Therapy & Coaching


<table>
<thead>
<tr>
<th>Traditional Therapy</th>
<th>Coaching</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healing model</td>
<td>Persuasion model</td>
</tr>
<tr>
<td>Nurturing/supportive</td>
<td>Supportive/challenging</td>
</tr>
<tr>
<td>Formal</td>
<td>Equal partnership</td>
</tr>
<tr>
<td>No personal disclosure</td>
<td>Personal disclosure</td>
</tr>
<tr>
<td>Focus on past and present</td>
<td>Focus on present and future</td>
</tr>
<tr>
<td>Insight</td>
<td>Realization</td>
</tr>
<tr>
<td>Process</td>
<td>Outcome</td>
</tr>
<tr>
<td>Medical model</td>
<td>Resiliency model</td>
</tr>
<tr>
<td>Remediation</td>
<td>Development</td>
</tr>
<tr>
<td>Problem focus</td>
<td>Solution focus</td>
</tr>
<tr>
<td>Psychopathology</td>
<td>Untapped potential</td>
</tr>
<tr>
<td>Decrease symptoms</td>
<td>Increase quality of life</td>
</tr>
<tr>
<td>Decrease distress</td>
<td>Increase balance in major life areas</td>
</tr>
<tr>
<td>Awareness</td>
<td>Expanded sense of possibilities</td>
</tr>
<tr>
<td>Weakness</td>
<td>Strength Enhancement</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>Goal setting and attainment</td>
</tr>
<tr>
<td>Intervention</td>
<td>Action</td>
</tr>
<tr>
<td>Exploration</td>
<td>Telephone, video conferencing, etc</td>
</tr>
<tr>
<td>Face-to-face</td>
<td></td>
</tr>
</tbody>
</table>

**Therapy**
- Focus on the past
- Passive orientation (listening), reflective
- No presumption about client mental health
- Data from client
- Pathology or remediation orientation
- Therapist competency in mental health
- Personality orientation (examining and altering personality characteristics)
- Problem is intrapsychic (found in the person)
- Information not shared with others
- Client is clearly the person you work with
- Client (person) must feel enriched
- Confidentiality is clear, nearly absolute, legal
- 50-minute sessions typical
- Work in therapist’s office
- Rigid boundaries
- Work through (resolve) personality issues
- Client chooses therapist
- Client pays therapist (sometimes though health care plan)

**Coaching**
- Present and future focus
- Action orientation
- No psychopathology assumed to be present
- Data is information from key others, as well as from client
- Growth or skill development orientation
- Coach competency in facilitation and business
- Performance focus (enhancing performance)
- Problem is found in the person-environment mix
- Information sometimes fed back to key members of the organization (with great care)
- Definition of the client unclear (may be the organization that is paying the coach’s fees)
- Organization must feel enhanced by the coaching
- Confidentiality is complex, less absolute
- Meetings of variable length
- Meet in the executive’s workplace or a neutral site
- Flexible boundaries, including social settings
- Work around personality issues
- Organization often chooses the coach
- Sponsoring organization typically pays the coach

<table>
<thead>
<tr>
<th>THERAPY</th>
<th>COACHING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deals with identifiable dysfunctions in a person</td>
<td>Deals with a healthy client desiring a better situation</td>
</tr>
<tr>
<td>Deals mostly with a person’s past and trauma, and seeks healing</td>
<td>Deals mostly with a person’s present and seeks to help them design a more desirable future</td>
</tr>
<tr>
<td>Helps patients resolve old pain</td>
<td>Helps clients learn new skills and tools to build a more satisfying successful future</td>
</tr>
<tr>
<td>Doctor-patient relationship (The therapist has the answers)</td>
<td>Co-creative equal partnership (Coach helps the client discover own answers)</td>
</tr>
<tr>
<td>Assumes emotions are a symptom of something wrong</td>
<td>Assumes emotions are natural and normalizes them</td>
</tr>
<tr>
<td>The Therapist diagnoses, and then provides professional expertise and guidelines to provide a path to healing.</td>
<td>The Coach stands with the client and helps him or her identify the challenges, then partners to turn challenges into victories, holding client accountable to reach desired goals</td>
</tr>
<tr>
<td>Progress is often slow and painful.</td>
<td>Growth and progress are rapid and usually enjoyable.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Professional Counseling</strong></th>
<th><strong>Life Coaching</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination of the ‘past’</td>
<td>Present focused</td>
</tr>
<tr>
<td>Developmental issues</td>
<td>Goals and objectives</td>
</tr>
<tr>
<td>Importance of emotions</td>
<td>Practical/common sense</td>
</tr>
<tr>
<td>Understanding/Insight</td>
<td>Motivation/solutions &amp; strategies</td>
</tr>
<tr>
<td>Emphasis on relationships</td>
<td>Focus on individual</td>
</tr>
<tr>
<td>Internal</td>
<td>External</td>
</tr>
<tr>
<td>Patient – Client interactions</td>
<td>Collegial – Client interactions</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Life/career path &amp; Strengths</td>
</tr>
<tr>
<td>Flexibility of practice</td>
<td>Limits of practice</td>
</tr>
<tr>
<td>A Profession</td>
<td>An Emerging Profession</td>
</tr>
</tbody>
</table>
Perspectives on Similarities Between Traditional Therapy & Coaching


It's easier to draw distinctions between traditional therapy and coaching. However, it becomes much less distinct when drawing distinctions between counseling based in the developmental domain (such as career counseling, wellness counseling, prevention counseling).

Both professional counselors and coaches:

- look at people from an optimistic, holistic perspective, attempting to understand people within their current social field and across all domains of life;
- purport they are most able to help a client when they are able to win his or her full confidence;
- view the practitioner-client relationship as an active collaborative relationship that involves aligning goals, and they see the process as one of education and/or reeducation;
- hold the view that the more precisely goals are defined, the more rapid and effective the process will be;
- advocate hope and a supportive stance with the client;
- view the practitioner as active, interested, noncritical, and respectful, and emphasize relationship of equality;
- see the relationship as safe, emotionally supportive, and respectful of the client’s current experience;
- believe the main tasks are exploration with the intent to understand and appraise old stereo-types (or beliefs) about self and the world and to experiment with feeling, thinking, and acting in novel ways to achieve movement toward preferred future outcomes;
- focus on helping individuals live lives that honor their highest priorities; and
- view the challenges of daily living and their successful resolution as being interpersonal in nature.


Both therapists and coaches:

- have similar theoretical constructs
- deal with similar practitioner-client issues
- maintain ongoing, confidential, one-to-one relationships
- have clients who present with a desire for change
- believe change will occur over time
Mission

The mission of the American Counseling Association is to enhance the quality of life in society by promoting the development of professional counselors, advancing the counseling profession, and using the profession and practice of counseling to promote respect for human dignity and diversity.

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The ACA Code of Ethics serves five main purposes:

1. The Code enables the association to clarify to current and future members, and to those served by members, the nature of the ethical responsibilities held in common by its members.

2. The Code helps support the mission of the association.

3. The Code establishes principles that define ethical behavior and best practices of association members.

4. The Code serves as an ethical guide designed to assist members in constructing a professional course of action that best serves those utilizing counseling services and best promotes the values of the counseling profession.

5. The Code serves as the basis for processing of ethical complaints and inquiries initiated against members of the association.

The ACA Code of Ethics contains eight main sections that address the following areas:

Section A: The Counseling Relationship
Section B: Confidentiality, Privileged Communication, and Privacy
Section C: Professional Responsibility
Section D: Relationships With Other Professionals
Section E: Evaluation, Assessment, and Interpretation
Section F: Supervision, Training, and Teaching
Section G: Research and Publication
Section H: Resolving Ethical Issues

Each section of the ACA Code of Ethics begins with an Introduction. The introductions to each section discuss what counselors should aspire to with regard to ethical behavior and responsibility. The Introduction helps set the tone for that particular section and provides a starting point that invites reflection on the ethical mandates contained in each part of the ACA Code of Ethics.

When counselors are faced with ethical dilemmas that are difficult to resolve, they are expected to engage in a carefully considered ethical decision-making process. Reasonable differences of opinion can and do exist among counselors with respect to the ways in which values, ethical principles, and ethical standards would be applied when they conflict. While there is no specific ethical decision-making model that is most effective, counselors are expected to be familiar with a credible model of decision making that can bear public scrutiny and its application.

Through a chosen ethical decision-making process and evaluation of the context of the situation, counselors are empowered to make decisions that help expand the capacity of people to grow and develop.

A brief glossary is given to provide readers with a concise description of some of the terms used in the ACA Code of Ethics.
Introduction
Counselors encourage client growth and development in ways that foster the interest and welfare of clients and promote formation of healthy relationships. Counselors actively attempt to understand the diverse cultural backgrounds of the clients they serve. Counselors also explore their own cultural identities and how these affect their values and beliefs about the counseling process.

Counselors are encouraged to contribute to society by devoting a portion of their professional activity to services for which there is little or no financial return (pro bono publico).

A.1. Welfare of Those Served by Counselors

A.1.a. Primary Responsibility
The primary responsibility of counselors is to respect the dignity and to promote the welfare of clients.

A.1.b. Records
Counselors maintain records necessary for rendering professional services to their clients and as required by laws, regulations, or agency or institution procedures. Counselors include sufficient and timely documentation in their client records to facilitate the delivery and continuity of needed services. Counselors take reasonable steps to ensure that documentation in records accurately reflects client progress and services provided. If errors are made in client records, counselors take steps to properly note the correction of such errors according to agency or institutional policies.

A.1.c. Counseling Plans
Counselors and their clients work jointly in devising integrated counseling plans that offer reasonable promise of success and are consistent with abilities and circumstances of clients. Counselors and clients regularly review counseling plans to assess their continued viability and effectiveness, respecting the freedom of choice of clients.

A.1.d. Support Network Involvement
Counselors recognize that support networks hold various meanings in the lives of clients and consider enlisting the support, understanding, and involvement of others (e.g., religious/spiritual/community-leaders, family members, friends) as positive resources, when appropriate, with client consent.

A.1.e. Employment Needs
Counselors work with their clients considering employment in jobs that are consistent with the overall abilities, vocational limitations, physical restrictions, general temperament, interest and aptitude patterns, social skills, education, general qualifications, and other relevant characteristics and needs of clients. When appropriate, counselors appropriately trained in career development will assist in the placement of clients in positions that are consistent with the interest, culture, and the welfare of clients, employers, and/or the public.

A.2. Informed Consent in the Counseling Relationship

A.2.a. Informed Consent
Clients have the freedom to choose whether to enter into or remain in a counseling relationship and need adequate information about the counseling process and the counselor. Counselors have an obligation to review in writing and verbally with clients the rights and responsibilities of both the counselor and the client. Informed consent is an ongoing part of the counseling process, and counselors appropriately document discussions of informed consent throughout the counseling relationship.

A.2.b. Types of Information Needed
Counselors explicitly explain to clients the nature of all services provided. They inform clients about issues such as, but not limited to, the following: the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services; the counselor’s qualifications, credentials, and relevant experience; continuation of services upon the incapacitation or death of a counselor; and other pertinent information. Counselors take steps to ensure that clients understand the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements.

A.2.c. Developmental and Cultural Sensitivity
Counselors communicate information in ways that are both developmentally and culturally appropriate. Counselors use clear and understandable language when discussing issues related to informed consent. When clients have difficulty understanding the language used by counselors, they provide necessary services (e.g., arranging for a qualified interpreter or translator) to ensure comprehension by clients. In collaboration with clients, counselors consider cultural implications of informed consent procedures and, where possible, counselors adjust their practices accordingly.

A.2.d. Inability to Give Consent
When counseling minors or persons unable to give voluntary consent, counselors seek the assent of clients to services, and include them in decision making as appropriate. Counselors recognize the need to balance the ethical rights of clients to make choices, their capacity to give consent or assent to receive services, and parental or familial legal rights and responsibilities to protect these clients and make decisions on their behalf.

A.3. Clients Served by Others
When counselors learn that their clients are in a professional relationship with another mental health professional, they request release from clients to inform the other professionals and strive to establish positive and collaborative professional relationships.

A.4. Avoiding Harm and Imposing Values

A.4.a. Avoiding Harm
Counselors act to avoid harming their clients, trainees, and research participants and to minimize or to remedy unavoidable or unanticipated harm.

A.4.b. Personal Values
Counselors are aware of their own values, attitudes, beliefs, and behaviors and avoid imposing values that
A.5. Roles and Relationships
With Clients
(See F.3., F.10., G. 3.)
A.5.a. Current Clients
Sexual or romantic counselor–client interactions or relationships with current clients, their romantic partners, or their family members are prohibited.
A.5.b. Former Clients
Sexual or romantic counselor–client interactions or relationships with former clients, their romantic partners, or their family members are prohibited for a period of 5 years following the last professional contact. Counselors, before engaging in sexual or romantic interactions or relationships with clients, their romantic partners, or client family members after 5 years following the last professional contact, demonstrate forethought and document (in written form) whether the interactions or relationship can be viewed as exploitative in some way and/or whether there is still potential to harm the former client; in cases of potential exploitation and/or harm, the counselor avoids entering such an interaction or relationship.
A.5.c. Nonprofessional Interactions or Relationships (Other Than Sexual or Romantic Interactions or Relationships)
Counselor–client nonprofessional relationships with clients, former clients, their romantic partners, or their family members should be avoided, except when the interaction is potentially beneficial to the client.
(See A. 5.e.)
A.5.d. Potentially Beneficial Interactions
When a counselor–client nonprofessional interaction with a client or former client may be potentially beneficial to the client or former client, the counselor must document in case records, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the client or former client and other individuals significantly involved with the client or former client. Such interactions should be initiated with appropriate client consent. Where unintentional harm occurs to the client or former client, or to an individual significantly involved with the client or former client, due to the nonprofessional interaction, the counselor must show evidence of an attempt to remedy such harm. Examples of potentially beneficial interactions include, but are not limited to, attending a formal ceremony (e.g., a wedding/commitment ceremony or graduation); purchasing a service or product provided by a client or former client (excepting unrestricted bartering); hospital visits to an ill family member; mutual membership in a professional association, organization, or community.
(See A.5.e.)
A.5.e. Role Changes in the Professional Relationship
When a counselor changes a role from the original or most recent contracted relationship, he or she obtains informed consent from the client and explains the right of the client to refuse services related to the change. Examples of role changes include:
1. changing from individual to relationship or family counseling, or vice versa;
2. changing from a nonforensic evaluative role to a therapeutic role, or vice versa;
3. changing from a counselor to a researcher role (i.e., enlisting research participants), or vice versa; and
4. changing from a counselor to a mediator role, or vice versa.
Clients must be fully informed of any anticipated consequences (e.g., financial, legal, personal, or therapeutic) of counselor role changes.
A.6. Roles and Relationships at Individual, Group, Institutional, and Societal Levels
A.6.a. Advocacy
When appropriate, counselors advocate at individual, group, institutional, and societal levels to examine potential barriers and obstacles that inhibit access and/or the growth and development of clients.
A.6.b. Confidentiality and Advocacy
Counselors obtain client consent prior to engaging in advocacy efforts on behalf of an identifiable client to improve the provision of services and to work toward removal of systemic barriers or obstacles that inhibit client access, growth, and development.
A.7. Multiple Clients
When a counselor agrees to provide counseling services to two or more persons who have a relationship, the counselor clarifies at the outset which person or persons are clients and the nature of the relationships the counselor will have with each involved person. If it becomes apparent that the counselor may be called upon to perform potentially conflicting roles, the counselor will clarify, adjust, or withdraw from roles appropriately.
(See A.8.a., B.4.)
A.8. Group Work
(See B.4.a.)
A.8.a. Screening
Counselors screen prospective group counseling/therapy participants. To the extent possible, counselors select members whose needs and goals are compatible with goals of the group, who will not impede the group process, and whose well-being will not be jeopardized by the group experience.
A.8.b. Protecting Clients
In a group setting, counselors take reasonable precautions to protect clients from physical, emotional, or psychological trauma.
A.9. End-of-Life Care for Terminally Ill Clients
A.9.a. Quality of Care
Counselors strive to take measures that enable clients
1. to obtain high quality end-of-life care for their physical, emotional, social, and spiritual needs;
2. to exercise the highest degree of self-determination possible;
3. to be given every opportunity possible to engage in informed decision making regarding their end-of-life care; and
4. to receive complete and adequate assessment regarding their ability to make competent, rational decisions on their own behalf from a mental health professional who is experienced in end-of-life care practice.
A.9.b. Counselor Competence, Choice, and Referral
Recognizing the personal, moral, and competence issues related to
end-of-life decisions, counselors may choose to work or not work with terminally ill clients who wish to explore their end-of-life options. Counselors provide appropriate referral information to ensure that clients receive the necessary help.

A.9.c. Confidentiality
Counselors who provide services to terminally ill individuals who are considering hastening their own deaths have the option of breaking or not breaking confidentiality, depending on applicable laws and the specific circumstances of the situation and after seeking consultation or supervision from appropriate professional and legal parties. (See B.5.c., B.7.c.)

A.10. Fees and Bartering
A.10.a. Accepting Fees From Agency Clients
Counselors refuse a private fee or other remuneration for rendering services to persons who are entitled to such services through the counselor’s employing agency or institution. The policies of a particular agency may make explicit provisions for agency clients to receive counseling services from members of its staff in private practice. In such instances, the clients must be informed of other options open to them should they seek private counseling services.

A.10.b. Establishing Fees
In establishing fees for professional counseling services, counselors consider the financial status of clients and locality. In the event that the established fee structure is inappropriate for a client, counselors assist clients in attempting to find comparable services of acceptable cost.

A.10.c. Nonpayment of Fees
If counselors intend to use collection agencies or take legal measures to collect fees from clients who do not pay for services as agreed upon, they first inform clients of intended actions and offer clients the opportunity to make payment.

A.10.d. Bartering
Counselors may barter only if the relationship is not exploitive or harmful and does not place the counselor in an unfair advantage, if the client requests it, and if such arrangements are an accepted practice among professionals in the community. Counselors consider the cultural implications of bartering and discuss relevant concerns with clients and document such agreements in a clear written contract.

A.10.e. Receiving Gifts
Counselors understand the challenges of accepting gifts from clients and recognize that in some cultures, small gifts are a token of respect and showing gratitude. When determining whether or not to accept a gift from clients, counselors take into account the therapeutic relationship, the monetary value of the gift, a client’s motivation for giving the gift, and the counselor’s motivation for wanting or declining the gift.

A.11. Termination and Referral
A.11.a. Abandonment Prohibited
Counselors do not abandon or neglect clients in counseling. Counselors assist in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions such as vacations, illness, and following termination.

A.11.b. Inability to Assist Clients
If counselors determine an inability to be of professional assistance to clients, they avoid entering or continuing counseling relationships. Counselors are knowledgeable about culturally and clinically appropriate referral resources and suggest these alternatives. If clients decline the suggested referrals, counselors should discontinue the relationship.

A.11.c. Appropriate Termination
Counselors terminate a counseling relationship when it becomes reasonably apparent that the client no longer needs assistance, is not likely to benefit, or is being harmed by continued counseling. Counselors may terminate counseling when in jeopardy of harm by the client, or another person with whom the client has a relationship, or when clients do not pay fees as agreed upon. Counselors provide pretermination counseling and recommend other service providers when necessary.

A.11.d. Appropriate Transfer of Services
When counselors transfer or refer clients to other practitioners, they ensure that appropriate clinical and administrative processes are completed and open communication is maintained with both clients and practitioners.

A.11.e. Receiving Gifts
Counselors inform clients of the benefits and limitations of using information technology applications in the counseling process and in business/billing procedures. Such technologies include but are not limited to computer hardware and software, telephones, the World Wide Web, the Internet, online assessment instruments and other communication devices.

A.12.b. Technology-Assisted Services
When providing technology-assisted distance counseling services, counselors determine that clients are intellectually, emotionally, and physically capable of using the application and that the application is appropriate for the needs of clients.

A.12.c. Inappropriate Services
When technology-assisted distance counseling services are deemed inappropriate by the counselor or client, counselors consider delivering services face to face.

A.12.d. Access
Counselors provide reasonable access to computer applications when providing technology-assisted distance counseling services.

A.12.e. Laws and Statutes
Counselors ensure that the use of technology does not violate the laws of any local, state, national, or international entity and observe all relevant statutes.

A.12.f. Assistance
Counselors seek business, legal, and technical assistance when using technology applications, particularly when the use of such applications crosses state or national boundaries.

A.12.g. Technology and Informed Consent
As part of the process of establishing informed consent, counselors do the following:

1. Address issues related to the difficulty of maintaining the confidentiality of electronically transmitted communications.
2. Inform clients of all colleagues, supervisors, and employees, such as Informational Technology (IT) administrators, who might have authorized or unauthorized access to electronic transmissions.
3. Urge clients to be aware of all authorized or unauthorized users
including family members and fellow employees who have access to any technology clients may use in the counseling process.

4. Inform clients of pertinent legal rights and limitations governing the practice of a profession over state lines or international boundaries.

5. Use encrypted Web sites and e-mail communications to help ensure confidentiality when possible.

6. When the use of encryption is not possible, counselors notify clients of this fact and limit electronic transmissions to general communications that are not client specific.

7. Inform clients if and for how long archival storage of transaction records are maintained.

8. Discuss the possibility of technology failure and alternate methods of service delivery.

9. Inform clients of emergency procedures, such as calling 911 or a local crisis hotline, when the counselor is not available.

10. Discuss time zone differences, local customs, and cultural or language differences that might impact service delivery.

11. Inform clients when technology-assisted distance counseling services are not covered by insurance. (See A.2.)

A.12.h. Sites on the World Wide Web

Counselors maintaining sites on the World Wide Web (the Internet) do the following:

1. Regularly check that electronic links are working and professionally appropriate.

2. Establish ways clients can contact the counselor in case of technology failure.

3. Provide electronic links to relevant state licensure and professional certification boards to protect consumer rights and facilitate addressing ethical concerns.


5. Obtain the written consent of the legal guardian or other authorized legal representative prior to rendering services in the event the client is a minor child, an adult who is legally incompetent, or an adult incapable of giving informed consent.

6. Strive to provide a site that is accessible to persons with disabilities.

7. Strive to provide translation capabilities for clients who have a different primary language while also addressing the imperfect nature of such translations.

8. Assist clients in determining the validity and reliability of information found on the World Wide Web and other technology applications.

Section B
Confidentiality, Privileged Communication, and Privacy

Introduction

Counselors recognize that trust is a cornerstone of the counseling relationship. Counselors aspire to earn the trust of clients by creating an ongoing partnership, establishing and upholding appropriate boundaries, and maintaining confidentiality. Counselors communicate the parameters of confidentiality in a culturally competent manner.

B.1. Respecting Client Rights

B.1.a. Multicultural/Diversity Considerations

Counselors maintain awareness and sensitivity regarding cultural meanings of confidentiality and privacy. Counselors respect differing views toward disclosure of information. Counselors hold ongoing discussions with clients as to how, when, and with whom information is to be shared.

B.1.b. Respect for Privacy

Counselors respect client rights to privacy. Counselors solicit private information from clients only when it is beneficial to the counseling process.

B.1.c. Respect for Confidentiality

Counselors do not share confidential information without client consent or without sound legal or ethical justification.

B.1.d. Explanation of Limitations

At initiation and throughout the counseling process, counselors inform clients of the limitations of confidentiality and seek to identify foreseeable situations in which confidentiality must be breached. (See A.2.b.)

B.2. Exceptions

B.2.a. Danger and Legal Requirements

The general requirement that counselors keep information confidential does not apply when disclosure is required to protect clients or identified others from serious and foreseeable harm or when legal requirements demand that confidential information must be revealed. Counselors consult with other professionals when in doubt as to the validity of an exception. Additional considerations apply when addressing end-of-life issues. (See A.9.c.)

B.2.b. Contagious, Life-Threatening Diseases

When clients disclose that they have a disease commonly known to be both communicable and life threatening, counselors may be justified in disclosing information to identifiable third parties, if they are known to be at demonstrable and high risk of contracting the disease. Prior to making a disclosure, counselors confirm that there is such a diagnosis and assess the intent of clients to inform the third parties about their disease or to engage in any behaviors that may be harmful to an identifiable third party.

B.2.c. Court-Ordered Disclosure

When subpoenaed to release confidential or privileged information without a client’s permission, counselors obtain written, informed consent from the client or take steps to prohibit the disclosure or have it limited as narrowly as possible due to potential harm to the client or counseling relationship.

B.2.d. Minimal Disclosure

To the extent possible, clients are informed before confidential information is disclosed and are involved in the disclosure decision-making process. When circumstances require the disclosure of confidential information, only essential information is revealed.

B.3. Information Shared With Others

B.3.a. Subordinates

Counselors make every effort to ensure that privacy and confidentiality of clients are maintained by subordinates, including employees, supervisees, students, clerical assistants, and volunteers. (See F.1.c.)
B.3.b. Treatment Teams
When client treatment involves a continued review or participation by a treatment team, the client will be informed of the team’s existence and composition, information being shared, and the purposes of sharing such information.

B.3.c. Confidential Settings
Counselors discuss confidential information only in settings in which they can reasonably ensure client privacy.

B.3.d. Third-Party Payers
Counselors disclose information to third-party payers only when clients have authorized such disclosure.

B.3.e. Transmitting Confidential Information
Counselors take precautions to ensure the confidentiality of information transmitted through the use of computers, electronic mail, facsimile machines, telephones, voicemail, answering machines, and other electronic or computer technology. (See A.12.g.)

B.3.f. Deceased Clients
Counselors protect the confidentiality of deceased clients, consistent with legal requirements and agency or setting policies.

B.4. Groups and Families
B.4.a. Group Work
In group work, counselors clearly explain the importance and parameters of confidentiality for the specific group being entered.

B.4.b. Couples and Family Counseling
In couples and family counseling, counselors clearly define who is considered “the client” and discuss expectations and limitations of confidentiality. Counselors seek agreement and document in writing such agreement among all involved parties having capacity to give consent concerning each individual’s right to confidentiality and any obligation to preserve the confidentiality of information known.

B.5. Clients Lacking Capacity to Give Informed Consent
B.5.a. Responsibility to Clients
When counseling minor clients or adult clients who lack the capacity to give voluntary, informed consent, counselors protect the confidentiality of information received in the counseling relationship as specified by federal and state laws, written policies, and applicable ethical standards.

B.5.b. Responsibility to Parents and Legal Guardians
Counselors inform parents and legal guardians about the role of counselors and the confidential nature of the counseling relationship. Counselors are sensitive to the cultural diversity of families and respect the inherent rights and responsibilities of parents/guardians over the welfare of their children/charges according to law. Counselors work to establish, as appropriate, collaborative relationships with parents/guardians to best serve clients.

B.5.c. Release of Confidential Information
When counseling minor clients or adult clients who lack the capacity to give voluntary consent to release confidential information, counselors seek permission from an appropriate third party to disclose information. In such instances, counselors inform clients consistent with their level of understanding and take culturally appropriate measures to safeguard client confidentiality.

B.6. Records
B.6.a. Confidentiality of Records
Counselors ensure that records are kept in a secure location and that only authorized persons have access to records.

B.6.b. Permission to Record
Counselors obtain permission from clients prior to recording sessions through electronic or other means.

B.6.c. Permission to Observe
Counselors obtain permission from clients prior to observing counseling sessions, reviewing session transcripts, or viewing recordings of sessions with supervisors, faculty, peers, or others within the training environment.

B.6.d. Client Access
Counselors provide reasonable access to records and copies of records when requested by competent clients. Counselors limit the access of clients to their records, or portions of their records, only when there is compelling evidence that such access would cause harm to the client. Counselors document the request of clients and the rationale for withholding some or all of the record in the files of clients. In situations involving multiple clients, counselors provide individual clients with only those parts of records that related directly to them and do not include confidential information related to any other client.

B.6.e. Assistance With Records
When clients request access to their records, counselors provide assistance and consultation in interpreting counseling records.

B.6.f. Disclosure or Transfer
Unless exceptions to confidentiality exist, counselors obtain written permission from clients to disclose or transfer records to legitimate third parties. Steps are taken to ensure that receivers of counseling records are sensitive to their confidential nature. (See A.3., E.4.)

B.6.g. Storage and Disposal After Termination
Counselors store records following termination of services to ensure reasonable future access, maintain records in accordance with state and federal statutes governing records, and dispose of client records and other sensitive materials in a manner that protects client confidentiality. When records are of an artistic nature, counselors obtain client (or guardian) consent with regards to handling of such records or documents. (See A.1.b.)

B.6.h. Reasonable Precautions
Counselors take reasonable precautions to protect client confidentiality in the event of the counselor’s termination of practice, incapacity, or death. (See C.2.h.)

B.7. Research and Training
B.7.a. Institutional Approval
When institutional approval is required, counselors provide accurate information about their research proposals and obtain approval prior to conducting their research. They conduct research in accordance with the approved research protocol.

B.7.b. Adherence to Guidelines
Counselors are responsible for understanding and adhering to state, federal, agency, or institutional policies or applicable guidelines regarding confidentiality in their research practices.

B.7.c. Confidentiality of Information Obtained in Research
Violations of participant privacy and confidentiality are risks of participation in research involving human participants. Investigators maintain all research records in a secure manner.
They explain to participants the risks of violations of privacy and confidentiality and disclose to participants any limits of confidentiality that reasonably can be expected. Regardless of the degree to which confidentiality will be maintained, investigators must disclose to participants any limits of confidentiality that reasonably can be expected. (See G.2.e.)

B.8.c. Disclosure of Confidential Information
Counselors do not disclose confidential information that reasonably could lead to the identification of a research participant unless they have obtained the prior consent of the person. Use of data derived from counseling relationships for purposes of training, research, or publication is confined to content that is disguised to ensure the anonymity of the individuals involved. (See G.2.e., G.2.d.)

B.8.b. Respect for Privacy
Information obtained in a consulting relationship is discussed for professional purposes only with persons directly involved with the case. Written and oral reports present only data germane to the purposes of the consultation, and every effort is made to protect client identity and to avoid undue invasion of privacy.

B.8.a. Agreements
When acting as consultants, counselors seek agreements among all parties involved concerning each individual’s rights to confidentiality, the obligation of each individual to preserve confidential information, and the limits of confidentiality of information shared by others.

C.1. Knowledge of Standards
Counselors have a responsibility to read, understand, and follow the ACA Code of Ethics and adhere to applicable laws and regulations.

C.2. Professional Competence
C.2.a. Boundaries of Competence
Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population. (See A.9.b., C.4.e., E.2., F.2., F.11.b.)

Section C
Professional Responsibility

Introduction
Counselors aspire to open, honest, and accurate communication in dealing with the public and other professionals. They practice in a nondiscriminatory manner within the boundaries of professional and personal competence and have a responsibility to abide by the ACA Code of Ethics. Counselors actively participate in local, state, and national associations that foster the development and improvement of counseling. Counselors advocate to promote change at the individual, group, institutional, and societal levels that improve the quality of life for individuals and groups and remove potential barriers to the provision or access of appropriate services being offered. Counselors have a responsibility to the public to engage in counseling practices that are based on rigorous research methodologies. In addition, counselors engage in self-care activities to maintain and promote their emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities.

C.2.b. New Specialty Areas of Practice
Counselors practice in specialty areas new to them only after appropriate education, training, and supervised experience. While developing skills in new specialty areas, counselors take steps to ensure the competence of their work and to protect others from possible harm. (See F.6.f.)

C.2.c. Qualified for Employment
Counselors accept employment only for positions for which they are qualified by education, training, supervised experience, and national professional credentials, and appropriate professional experience. Counselors hire for professional counseling positions only individuals who are qualified and competent for those positions.

C.2.d. Monitor Effectiveness
Counselors continually monitor their effectiveness as professionals and take steps to improve when necessary. Counselors in private practice take reasonable steps to seek peer supervision as needed to evaluate their efficacy as counselors.

C.2.e. Consultation on Ethical Obligations
Counselors take reasonable steps to consult with other counselors or related professionals when they have questions regarding their ethical obligations or professional practice.

C.2.f. Continuing Education
Counselors recognize the need for continuing education to acquire and maintain a reasonable level of awareness of current scientific and professional information in their fields of activity. They take steps to maintain competence in the skills they use, are open to new procedures, and keep current with the diverse populations and specific populations with whom they work.

C.2.g. Impairment
Counselors are alert to the signs of impairment from their 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. They seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until such time it is determined that they may safely resume their work. Counselors assist colleagues or supervisors in recognizing their own professional impairment.
and provide consultation and assistance when warranted with colleagues or supervisors showing signs of impairment and intervene as appropriate to prevent imminent harm to clients. (See A.11.b., F.8.b.)

C.2.h. Counselor Incapacitation or Termination of Practice
When counselors leave a practice, they follow a prepared plan for transfer of clients and files. Counselors prepare and disseminate to an identified colleague or “records custodian” a plan for the transfer of clients and files in the case of their incapacitation, death, or termination of practice.

C.3. Advertising and Soliciting Clients
C.3.a. Accurate Advertising
When advertising or otherwise representing their services to the public, counselors identify their credentials in an accurate manner that is not false, misleading, deceptive, or fraudulent.

C.3.b. Testimonials
Counselors who use testimonials do not solicit them from current clients nor former clients nor any other persons who may be vulnerable to undue influence.

C.3.c. Statements by Others
Counselors make reasonable efforts to ensure that statements made by others about them or the profession of counseling are accurate.

C.3.d. Recruiting Through Employment
Counselors do not use their places of employment or institutional affiliation to recruit or gain clients, supervisees, or consultees for their private practices.

C.3.e. Products and Training
Advertisements
Counselors who develop products related to their profession or conduct workshops or training events ensure that the advertisements concerning these products or events are accurate and disclose adequate information for consumers to make informed choices. (See C.6.d.)

C.3.f. Promoting to Those Served
Counselors do not use counseling, teaching, training, or supervisory relationships to promote their products or training events in a manner that is deceptive or would exert undue influence on individuals who may be vulnerable. However, counselor educators may adopt textbooks they have authored for instructional purposes.

C.4. Professional Qualifications
C.4.a. Accurate Representation
Counselors claim or imply only professional qualifications actually completed and correct any known misrepresentations of their qualifications by others. Counselors truthfully represent the qualifications of their professional colleagues. Counselors clearly distinguish between paid and volunteer work experience and accurately describe their continuing education and specialized training. (See C.2.a.)

C.4.b. Credentials
Counselors claim only licenses or certifications that are current and in good standing.

C.4.c. Educational Degrees
Counselors clearly differentiate between earned and honorary degrees.

C.4.d. Implying Doctoral-Level Competence
Counselors clearly state their highest earned degree in counseling or closely related field. Counselors do not imply doctoral-level competence when only possessing a master’s degree in counseling or a related field by referring to themselves as “Dr.” in a counseling context when their doctorate is not in counseling or related field.

C.4.e. Program Accreditation Status
Counselors clearly state the accreditation status of their degree programs at the time the degree was earned.

C.4.f. Professional Membership
Counselors clearly differentiate between current, active memberships and former memberships in associations. Members of the American Counseling Association must clearly differentiate between professional membership, which implies the possession of at least a master’s degree in counseling, and regular membership, which is open to individuals whose interests and activities are consistent with those of ACA but are not qualified for professional membership.

C.5. Nondiscrimination
Counselors do not condone or engage in discrimination based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital status/partnership, language preference, socioeconomic status, or any basis proscribed by law. Counselors do not discriminate against clients, students, employees, supervisees, or research participants in a manner that has a negative impact on these persons.

C.6. Public Responsibility
C.6.a. Sexual Responsibility
Counselors do not engage in or condone sexual harassment. Sexual harassment is defined as sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with professional activities or roles, and that either

1. is unwelcome, is offensive, or creates a hostile workplace or learning environment, and counselors know or are told this; or
2. is sufficiently severe or intense to be perceived as harassment to a reasonable person in the context in which the behavior occurred.

Sexual harassment can consist of a single intense or severe act or multiple persistent or pervasive acts.

C.6.b. Reports to Third Parties
Counselors are accurate, honest, and objective in reporting their professional activities and judgments to appropriate third parties, including courts, health insurance companies, those who are the recipients of evaluation reports, and others. (See B.3., E.4.)

C.6.c. Media Presentations
When counselors provide advice or comment by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, technology-based applications, printed articles, mailed material, or other media, they take reasonable precautions to ensure that

1. the statements are based on appropriate professional counseling literature and practice,
2. the statements are otherwise consistent with the ACA Code of Ethics, and
3. the recipients of the information are not encouraged to infer that a professional counseling relationship has been established.

C.6.d. Exploitation of Others
Counselors do not exploit others in their professional relationships. (See C.3.e.)

C.6.e. Scientific Bases for Treatment Modalities
Counselors use techniques/procedures/modalities that are grounded in
C.7. Responsibility to Other Professionals

C.7.a. Personal Public Statements
When making personal statements in a public context, counselors clarify that they are speaking from their personal perspectives and that they are not speaking on behalf of all counselors or the profession.

D.1. Relationships With Colleagues, Employers, and Employees

D.1.a. Different Approaches
Counselors are respectful of approaches to counseling services that differ from their own. Counselors are respectful of traditions and practices of other professional groups with which they work.

D.1.b. Forming Relationships
Counselors work to develop and strengthen interdisciplinary relations with colleagues from other disciplines to best serve clients.

D.1.c. Interdisciplinary Teamwork
Counselors who are members of interdisciplinary teams delivering multifaceted services to clients, keep the focus on how to best serve the clients.

D.1.d. Confidentiality
When counselors are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, they clarify role expectations and the parameters of confidentiality with their colleagues. (See B.1.c., B.1.d., B.2.c., B.2.d., B.3.b.)

D.1.e. Establishing Professional and Ethical Obligations
Counselors who are members of interdisciplinary teams clarify professional and ethical obligations of the team as a whole and of its individual members. When a team decision raises ethical concerns, counselors first attempt to resolve the concern within the team. If they cannot reach resolution among team members, counselors pursue other avenues to address their concerns consistent with client well-being.

D.1.f. Personnel Selection and Assignment
Counselors select competent staff and assign responsibilities compatible with their skills and experiences.

D.1.g. Employer Policies
The acceptance of employment in an agency or institution implies that counselors are in agreement with its general policies and principles. Counselors strive to reach agreement with employers as to acceptable standards of conduct that allow for changes in institutional policy conducive to the growth and development of clients.

D.1.h. Negative Conditions
Counselors alert their employers of inappropriate policies and practices. They attempt to effect changes in such policies or procedures through constructive action within the organization. When such policies are potentially disruptive or damaging to clients or may limit the effectiveness of services provided and change cannot be effected, counselors take appropriate further action. Such action may include referral to appropriate certification, accreditation, or state licensure organizations, or voluntary termination of employment.

D.1.i. Protection From Punitive Action
Counselors take care not to harass or dismiss an employee who has acted in a responsible and ethical manner to expose inappropriate employer policies or practices.

D.2. Consultation

D.2.a. Consultant Competency
Counselors take reasonable steps to ensure that they have the appropriate resources and competencies when providing consultation services. Counselors provide appropriate referral resources when requested or needed. (See C.2.a.)

D.2.b. Understanding Consultees
When providing consultation, counselors attempt to develop with their consultees a clear understanding of problem definition, goals for change, and predicted consequences of interventions selected.

D.2.c. Consultant Goals
The consulting relationship is one in which consultee adaptability and growth toward self-direction are consistently encouraged and cultivated.

D.2.d. Informed Consent in Consultation
When providing consultation, counselors have an obligation to review, in writing and verbally, the rights and responsibilities of both counselors and consultees. Counselors use clear and understandable language to inform all parties involved about the purpose of the services to be provided, relevant costs, potential risks and benefits, and the limits of confidentiality. Working in conjunction with the consultee, counselors attempt to develop a clear definition of the problem, goals for change, and predicted consequences of interventions that are culturally responsive and appropriate to the needs of consultees. (See A.2.a., A.2.b.)

Section E

Evaluation, Assessment, and Interpretation

Introduction
Counselors use assessment instruments as one component of the counseling process, taking into account the client personal and cultural context. Counselors promote the well-being of individual clients or groups of clients by developing and using appropriate educational, psychological, and career assessment instruments.
E.1. General

E.1.a. Assessment
The primary purpose of educational, psychological, and career assessment is to provide measurements that are valid and reliable in either comparative or absolute terms. These include, but are not limited to, measurements of ability, personality, interest, intelligence, achievement, and performance. Counselors recognize the need to interpret the statements in this section as applying to both quantitative and qualitative assessments.

E.1.b. Client Welfare
Counselors do not misuse assessment results and interpretations, and they take reasonable steps to prevent others from misusing the information these techniques provide. They respect the client’s right to know the results, the interpretations made, and the bases for counselors’ conclusions and recommendations.

E.2. Competence to Use and Interpret Assessment Instruments

E.2.a. Limits of Competence
Counselors utilize only those testing and assessment services for which they have been trained and are competent. Counselors using technology assisted test interpretations are trained in the construct being measured and the specific instrument being used prior to using its technology based application. Counselors take reasonable measures to ensure the proper use of psychological and career assessment techniques by persons under their supervision. (See A.12.)

E.2.b. Appropriate Use
Counselors are responsible for the appropriate application, scoring, interpretation, and use of assessment instruments relevant to the needs of the client, whether they score and interpret such assessments themselves or use technology or other services.

E.2.c. Decisions Based on Results
Counselors responsible for decisions involving individuals or policies that are based on assessment results have a thorough understanding of educational, psychological, and career measurement, including validation criteria, assessment research, and guidelines for assessment development and use.

E.3. Informed Consent in Assessment

E.3.a. Explanation to Clients
Prior to assessment, counselors explain the nature and purposes of assessment and the specific use of results by potential recipients. The explanation will be given in the language of the client (or other legally authorized person on behalf of the client), unless an explicit exception has been agreed upon in advance. Counselors consider the client’s personal or cultural context, the level of the client's understanding of the results, and the impact of the results on the client. (See A.2, A.12.g., F1.e.)

E.3.b. Recipients of Results
Counselors consider the examinee's welfare, explicit understandings, and prior agreements in determining who receives the assessment results. Counselors include accurate and appropriate interpretations with any release of individual or group assessment results. (See B.2.c., B.5.)

E.4. Release of Data to Qualified Professionals
Counselors release assessment data in which the client is identified only with the consent of the client or the client’s legal representative. Such data are released only to persons recognized by counselors as qualified to interpret the data. (See B.1., B.3., B.6.b.)

E.5. Diagnosis of Mental Disorders

E.5.a. Proper Diagnosis
Counselors take special care to provide proper diagnosis of mental disorders. Assessment techniques (including personal interview) used to determine client care (e.g., locus of treatment, type of treatment, or recommended follow-up) are carefully selected and appropriately used.

E.5.b. Cultural Sensitivity
Counselors recognize that culture affects the manner in which clients’ problems are defined. Clients’ socioeconomic and cultural experiences are considered when diagnosing mental disorders. (See A.2.c.)

E.5.c. Historical and Social Prejudices in the Diagnosis of Pathology
Counselors recognize historical and social prejudices in the misdiagnosis and pathologizing of certain individuals and groups and the role of mental health professionals in perpetuating these prejudices through diagnosis and treatment.

E.5.d. Refraining From Diagnosis
Counselors may refrain from making and/or reporting a diagnosis if they believe it would cause harm to the client or others.

E.6. Instrument Selection

E.6.a. Appropriateness of Instruments
Counselors carefully consider the validity, reliability, psychometric limitations, and appropriateness of instruments when selecting assessments.

E.6.b. Referral Information
If a client is referred to a third party for assessment, the counselor provides specific referral questions and sufficient objective data about the client to ensure that appropriate assessment instruments are utilized. (See A.9.b., B.3.)

E.6.c. Culturally Diverse Populations
Counselors are cautious when selecting assessments for culturally diverse populations to avoid the use of instruments that lack appropriate psychometric properties for the client population. (See A.2.c., E.5.b.)

E.7. Conditions of Assessment Administration

E.7.a. Administration Conditions
Counselors administer assessments under the same conditions that were established in their standardization. When assessments are not administered under standard conditions, as may be necessary to accommodate clients with disabilities, or when unusual behavior or irregularities occur during the administration, those conditions are noted in interpretation, and the results may be designated as invalid or of questionable validity.

E.7.b. Technological Administration
Counselors ensure that administration programs function properly and provide clients with accurate results when technological or other electronic methods are used for assessment administration.

E.7.c. Unsupervised Assessments
Unless the assessment instrument is designed, intended, and validated for self-administration and/or scoring,
E.9.c. Assessment Services

Counselors do not permit inadequately supervised use.

E.7.d. Disclosure of Favorable Conditions

Prior to administration of assessments, conditions that produce most favorable assessment results are made known to the examinee.

E.8. Multicultural Issues/
Diversity in Assessment

Counselors use with caution assessment techniques that were normed on populations other than that of the client. Counselors recognize the effects of age, color, culture, disability, ethnic group, gender, race, language preference, religion, spirituality, sexual orientation, and socioeconomic status on test administration and interpretation, and place test results in proper perspective with other relevant factors. (See A.2.c., E.5.b.)

E.9. Scoring and Interpretation of Assessments

E.9.a. Reporting

In reporting assessment results, counselors indicate reservations that exist regarding validity or reliability due to circumstances of the assessment or the inappropriateness of the norms for the person tested.

E.9.b. Research Instruments

Counselors exercise caution when interpreting the results of research instruments not having sufficient technical data to support respondent results. The specific purposes for the use of such instruments are stated explicitly to the examinee.

E.9.c. Assessment Services

Counselors who provide assessment scoring and interpretation services to support the assessment process confirm the validity of such interpretations. They accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use. The public offering of an automated test interpretations service is considered a professional-to-professional consultation. The formal responsibility of the consultant is to the consultee, but the ultimate and overriding responsibility is to the client. (See D.2.)

E.10. Assessment Security

Counselors maintain the integrity and security of tests and other assessment techniques consistent with legal and contractual obligations. Counselors do not appropriate, reproduce, or modify published assessments or parts thereof without acknowledgment and permission from the publisher.

E.11. Obsolete Assessments and Outdated Results

Counselors do not use data or results from assessments that are obsolete or outdated for the current purpose. Counselors make every effort to prevent the misuse of obsolete measures and assessment data by others.

E.12. Assessment Construction

Counselors use established scientific procedures, relevant standards, and current professional knowledge for assessment design in the development, publication, and utilization of educational and psychological assessment techniques.


E.13.a. Primary Obligations

When providing forensic evaluations, the primary obligation of counselors is to produce objective findings that can be substantiated based on information and techniques appropriate to the evaluation, which may include examination of the individual and/or review of records. Counselors are entitled to form professional opinions based on their professional knowledge and expertise that can be supported by the data gathered in evaluations. Counselors will define the limits of their reports or testimony, especially when an examination of the individual has not been conducted.

E.13.b. Consent for Evaluation

Individuals being evaluated are informed in writing that the relationship is for the purposes of an evaluation and is not counseling in nature, and entities or individuals who will receive the evaluation report are identified. Written consent to be evaluated is obtained from those being evaluated unless a court orders evaluations to be conducted without the written consent of individuals being evaluated. When children or vulnerable adults are being evaluated, informed written consent is obtained from a parent or guardian.

E.13.c. Client Evaluation Prohibited

Counselors do not evaluate individuals for forensic purposes they currently counsel or individuals they have counseled in the past. Counselors do not accept as counseling clients individuals they are evaluating or individuals they have evaluated in the past for forensic purposes.

E.13.d. Avoid Potentially Harmful Relationships

Counselors who provide forensic evaluations avoid potentially harmful professional or personal relationships with family members, romantic partners, and close friends of individuals they are evaluating or have evaluated in the past.

Section F
Supervision, Training, and Teaching

Introduction

Counselors aspire to foster meaningful and respectful professional relationships and to maintain appropriate boundaries with supervisees and students. Counselors have theoretical and pedagogical foundations for their work and aim to be fair, accurate, and honest in their assessments of counselors-in-training.

F.1. Counselor Supervision and Client Welfare

F.1.a. Client Welfare

A primary obligation of counseling supervisors is to monitor the services provided by other counselors or counselors-in-training. Counseling supervisors monitor client welfare and supervisee clinical performance and professional development. To fulfill these obligations, supervisors meet regularly with supervisees to review case notes, samples of clinical work, or live observations. Supervisees have a responsibility to understand and follow the ACA Code of Ethics.

F.1.b. Counselor Credentials

Counseling supervisors work to ensure that clients are aware of the qualifications of the supervisees who render services to the clients. (See A.2.b.)
F.1.c. Informed Consent and Client Rights
Supervisors make supervisees aware of client rights including the protection of client privacy and confidentiality in the counseling relationship. Supervisees provide clients with professional disclosure information and inform them of how the supervision process influences the limits of confidentiality. Supervisees make clients aware of who will have access to records of the counseling relationship and how these records will be used. (See A.2.b., B.1.d.)

F.2. Counselor Supervision Competence
F.2.a. Supervisor Preparation
Prior to offering clinical supervision services, counselors are trained in supervision methods and techniques. Counselors who offer clinical supervision services regularly pursue continuing education activities including both counseling and supervision topics and skills. (See C.2.a., C.2.f.)

F.2.b. Multicultural Issues/Diversity in Supervision
Counseling supervisors are aware of and address the role of multiculturalism/diversity in the supervisory relationship.

F.3. Supervisory Relationships
F.3.a. Relationship Boundaries With Supervisees
Counseling supervisors clearly define and maintain ethical professional, personal, and social relationships with their supervisees. Counseling supervisors avoid nonprofessional relationships with current supervisees. If supervisors must assume other professional roles (e.g., clinical and administrative supervisor, instructor) with supervisees, they work to minimize potential conflicts and explain to supervisees the expectations and responsibilities associated with each role. They do not engage in any form of nonprofessional interaction that may compromise the supervisory relationship.

F.3.b. Sexual Relationships
Sexual or romantic interactions or relationships with current supervisees are prohibited.

F.3.c. Sexual Harassment
Counseling supervisors do not condone or subject supervisees to sexual harassment. (See C.6.a.)

F.3.d. Close Relatives and Friends
Counseling supervisors avoid accepting close relatives, romantic partners, or friends as supervisees.

F.3.e. Potentially Beneficial Relationships
Counseling supervisors are aware of the power differential in their relationships with supervisees. If they believe nonprofessional relationships with a supervisee may be potentially beneficial to the supervisee, they take precautions similar to those taken by counselors when working with clients. Examples of potentially beneficial interactions or relationships include attending a formal ceremony; hospital visits; providing support during a stressful event; mutual membership in a professional association, organization, or community. Counseling supervisors engage in open discussions with supervisees when they consider entering into relationships with them outside of their roles as clinical and/or administrative supervisors. Before engaging in nonprofessional relationships, supervisors discuss with supervisees and document the rationale for such interactions, potential benefits or drawbacks, and anticipated consequences for the supervisee. Supervisors clarify the specific nature and limitations of the additional role(s) they will have with the supervisee.

F.4. Supervisor Responsibilities
F.4.a. Informed Consent for Supervision
Supervisors are responsible for incorporating into their supervision the principles of informed consent and participation. Supervisors inform supervisees of the policies and procedures to which they are to adhere and the mechanisms for due process appeal of individual supervisory actions.

F.4.b. Emergencies and Absences
Supervisors establish and communicate to supervisees procedures for contacting them or, in their absence, alternative on-call supervisors to assist in handling crises.

F.4.c. Standards for Supervisees
Supervisors make their supervisees aware of professional and ethical standards and legal responsibilities. Supervisors of postdegree counselors encourage these counselors to adhere to professional standards of practice. (See C.1.)

F.4.d. Termination of the Supervisory Relationship
Supervisors or supervisees have the right to terminate the supervisory relationship with adequate notice. Reasons for withdrawal are provided to the other party. When cultural, clinical, or professional issues are crucial to the viability of the supervisory relationship, both parties make efforts to resolve differences. When termination is warranted, supervisors make appropriate referrals to possible alternative supervisors.

F.5. Counseling Supervision Evaluation, Remediation, and Endorsement
F.5.a. Evaluation
Supervisors document and provide supervisees with ongoing performance appraisal and evaluation feedback and schedule periodic formal evaluative sessions throughout the supervisory relationship.

F.5.b. Limitations
Through ongoing evaluation and appraisal, supervisors are aware of the limitations of supervisees that might impede performance. Supervisors assist supervisees in securing remedial assistance when needed. They recommend dismissal from training programs, applied counseling settings, or state or voluntary professional credentialing processes when those supervisees are unable to provide competent professional services. 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. (See C.2.g.)

F.5.c. Counseling for Supervisees
If supervisees request counseling, supervisors provide them with acceptable referrals. Counselors do not provide counseling services to supervisees. Supervisors address interpersonal competencies in terms of the impact of these issues on clients, the supervisory relationship, and professional functioning. (See F.3.a.)

F.5.d. Endorsement
Supervisors endorse supervisees for certification, licensure, employment, or completion of an academic or training program only when they believe supervisees are qualified for the endorsement. Regardless of qualifications, supervisors do not endorse supervisees whom they believe to be impaired in any way that would interfere with the performance of the duties associated with the endorsement.
F.6. Responsibilities of Counselor Educators

F.6.a. Counselor Educators

Counselor educators who are responsible for developing, implementing, and supervising educational programs are skilled as teachers and practitioners. They are knowledgeable regarding the ethical, legal, and regulatory aspects of the profession, are skilled in applying that knowledge, and make students and supervisees aware of their responsibilities. Counselor educators conduct counselor education and training programs in an ethical manner and serve as role models for professional behavior. (See C.1., C.2.a., C.2.c.)

F.6.b. Infusing Multicultural Issues/Diversity

Counselor educators infuse material related to multiculturalism/diversity into all courses and workshops for the development of professional counselors.

F.6.c. Integration of Study and Practice

Counselor educators establish education and training programs that integrate academic study and supervised practice.

F.6.d. Teaching Ethics

Counselor educators make students and supervisees aware of the ethical responsibilities and standards of the profession and the ethical responsibilities of students to the profession. Counselor educators infuse ethical considerations throughout the curriculum. (See C.1.)

F.6.e. Peer Relationships

Counselor educators make every effort to ensure that the rights of peers are not compromised when students or supervisees lead counseling groups or provide clinical supervision. Counselor educators take steps to ensure that students and supervisees understand they have the same ethical obligations as counselor educators, trainers, and supervisors.

F.6.f. Innovative Theories and Techniques

When counselor educators teach counseling techniques/procedures that are innovative, without an empirical foundation, or without a well-grounded theoretical foundation, they define the counseling techniques/procedures as "unproven" or "developing" and explain to students the potential risks and ethical considerations of using such techniques/procedures.

F.6.g. Field Placements

Counselor educators develop clear policies within their training programs regarding field placement and other clinical experiences. Counselor educators provide clearly stated roles and responsibilities for the student or supervisee, the site supervisor, and the program supervisor. They confirm that site supervisors are qualified to provide supervision and inform site supervisors of their professional and ethical responsibilities in this role.

F.6.h. Professional Disclosure

Before initiating counseling services, counselors-in-training disclose their status as students and explain how this status affects the limits of confidentiality. Counselor educators ensure that the clients at field placements are aware of the services rendered and the qualifications of the students and supervisees rendering those services. Students and supervisees obtain client permission before they use any information concerning the counseling relationship in the training process. (See A.2.h.)

F.7. Student Welfare

F.7.a. Orientation

Counselor educators recognize that orientation is a developmental process that continues throughout the educational and clinical training of students. Counseling faculty provide prospective students with information about the counselor education program’s expectations:

1. the type and level of skill and knowledge acquisition required for successful completion of the training;
2. program training goals, objectives, and mission, and subject matter to be covered;
3. bases for evaluation;
4. training components that encourage self-growth or self-disclosure as part of the training process;
5. the type of supervision settings and requirements of the sites for required clinical field experiences;
6. student and supervisee evaluation and dismissal policies and procedures; and
7. up-to-date employment prospects for graduates.

F.7.b. Self-Growth Experiences

Counselor education programs delineate requirements for self-disclosure or self-growth experiences in their admission and program materials. Counselor educators use professional judgment when designing training experiences they conduct that require student and supervisee self-growth or self-disclosure. Students and supervisees are made aware of the ramifications their self-disclosure may have when counselors whose primary role as teacher, trainer, or supervisor requires acting on ethical obligations to the profession. Evaluative components of experiential training experiences explicitly delineate predetermined academic standards that are separate and do not depend on the student’s level of self-disclosure. Counselor educators may require trainees to seek professional help to address any personal concerns that may be affecting their competency.

F.8. Student Responsibilities

F.8.a. Standards for Students

Counselors-in-training have a responsibility to understand and follow the ACA Code of Ethics and adhere to applicable laws, regulatory policies, and rules and policies governing professional staff behavior at the agency or placement setting. Students have the same obligation to clients as those required of professional counselors. (See C.1., H.1.)

F.8.b. Impairment

Counselors-in-training refrain from offering or providing counseling services when their physical, mental, or emotional problems are likely to harm a client or others. They are alert to the signs of impairment, seek assistance for problems, and notify their program supervisors when they are aware that they are unable to effectively provide services. In addition, they seek appropriate professional services for themselves to remediate the problems that are interfering with their ability to provide services to others. (See A.1., C.2.d., C.2.g.)

F.9. Evaluation and Remediation of Students

F.9.a. Evaluation

Counselors clearly state to students, prior to and throughout the training program, the levels of competency expected, appraisal methods, and timing of evaluations for both didactic and clinical competencies. Counselor educators provide students
with ongoing performance appraisal and evaluation feedback throughout the training program.

**F.9.b. Limitations**

Counselor educators, throughout ongoing evaluation and appraisal, are aware of and address the inability of some students to achieve counseling competencies that might impede performance. Counselor educators

1. assist students in securing remedial assistance when needed,
2. seek professional consultation and document their decision to dismiss or refer students for assistance, and
3. ensure that students have recourse in a timely manner to address decisions to require them to seek assistance or to dismiss them and provide students with due process according to institutional policies and procedures. (See C.2.g.)

**F.9.c. Counseling for Students**

If students request counseling or if counseling services are required as part of a remediation process, counselor educators provide acceptable referrals.

**F.10. Roles and Relationships Between Counselor Educators and Students**

**F.10.a. Sexual or Romantic Relationships**

Sexual or romantic interactions or relationships with current students are prohibited.

**F.10.b. Sexual Harassment**

Counselor educators do not condone or subject students to sexual harassment. (See C.6.a.)

**F.10.c. Relationships With Former Students**

Counselor educators are aware of the power differential in the relationship between faculty and students. They consider entering into relationships with students outside of their roles as teachers and supervisors. They discuss with students the rationale for such interactions, the potential benefits and drawbacks, and the anticipated consequences for the student. Educators clarify the specific nature and limitations of the additional role(s) they will have with the student prior to engaging in a nonprofessional relationship. Nonprofessional relationships with students should be time-limited and initiated with student consent.

**F.10.d. Nonprofessional Relationships**

Counselor educators avoid nonprofessional or ongoing professional relationships with students in which there is a risk of potential harm to the student or that may compromise the training experience or grades assigned. In addition, counselor educators do not accept any form of professional services, fees, commissions, reimbursement, or remuneration from a site for student or supervisor placement.

**F.10.e. Counseling Services**

Counselor educators do not serve as counselors to current students unless this is a brief role associated with a training experience.

**F.10.f. Potentially Beneficial Relationships**

Counselor educators are aware of the power differential in the relationship between faculty and students. If they believe a nonprofessional relationship with a student may be potentially beneficial to the student, they take precautions similar to those taken by counselors when working with clients. Examples of potentially beneficial interactions or relationships include, but are not limited to, attending a formal ceremony; hospital visits; providing support during a stressful event; or mutual membership in a professional association, organization, or community. Counselor educators engage in open discussions with students when they consider entering into relationships with students outside of their roles as teachers and supervisors. They discuss with students the rationale for such interactions, the potential benefits and drawbacks, and the anticipated consequences for the student. Educators clarify the specific nature and limitations of the additional role(s) they will have with the student prior to engaging in a nonprofessional relationship. Nonprofessional relationships with students should be time-limited and initiated with student consent.

**F.10.g. Counseling Services**

Counselor educators do not serve as counselors to current students unless this is a brief role associated with a training experience.

**F.10.h. Counseling Services**

Counselor educators are aware of the power differential in the relationship between faculty and students. If they believe a nonprofessional relationship with a student may be potentially beneficial to the student, they take precautions similar to those taken by counselors when working with clients. Examples of potentially beneficial interactions or relationships include, but are not limited to, attending a formal ceremony; hospital visits; providing support during a stressful event; or mutual membership in a professional association, organization, or community. Counselor educators engage in open discussions with students when they consider entering into relationships with students outside of their roles as teachers and supervisors. They discuss with students the rationale for such interactions, the potential benefits and drawbacks, and the anticipated consequences for the student. Educators clarify the specific nature and limitations of the additional role(s) they will have with the student prior to engaging in a nonprofessional relationship. Nonprofessional relationships with students should be time-limited and initiated with student consent.

**F.11. Multicultural/Diversity Competence in Counselor Education and Training Programs**

**F.11.a. Faculty Diversity**

Counselor educators are committed to recruiting and retaining a diverse faculty.

**F.11.b. Student Diversity**

Counselor educators actively attempt to recruit and retain a diverse student body. Counselor educators demonstrate commitment to multicultural/diversity competence by recognizing and valuing diverse cultures and types of abilities students bring to the training experience. Counselor educators provide appropriate accommodations that enhance and support diverse student well-being and academic performance.

**F.11.c. Multicultural/Diversity Competence**

Counselor educators actively infuse multicultural/diversity competency in their training and supervision practices. They actively train students to gain awareness, knowledge, and skills in the competencies of multicultural practice. Counselor educators include case examples, role-plays, discussion questions, and other classroom activities that promote and represent various cultural perspectives.
G.1.c. Independent Researchers
When independent researchers do not have access to an Institutional Review Board (IRB), they should consult with researchers who are familiar with IRB procedures to provide appropriate safeguards.

G.1.d. Precautions to Avoid Injury
Counselors who conduct research with human participants are responsible for the welfare of participants throughout the research process and should take reasonable precautions to avoid causing injurious psychological, emotional, physical, or social effects to participants.

G.1.e. Principal Researcher Responsibility
The ultimate responsibility for ethical research practice lies with the principal researcher. All others involved in the research activities share ethical obligations and responsibility for their own actions.

G.1.f. Minimal Interference
Counselors take reasonable precautions to avoid causing disruptions in the lives of research participants that could be caused by their involvement in research.

G.1.g. Multicultural/Diversity Considerations in Research
When appropriate to research goals, counselors are sensitive to incorporating research procedures that take into account cultural considerations. They seek consultation when appropriate.

G.2. Rights of Research Participants
(See A.2, A.7.)

G.2.a. Informed Consent in Research
Individuals have the right to consent to become research participants. In seeking consent, counselors use language that
1. accurately explains the purpose and procedures to be followed,
2. identifies any procedures that are experimental or relatively untried,
3. describes any attendant discomforts and risks,
4. describes any benefits or changes in individuals or organizations that might be reasonably expected,
5. discloses appropriate alternative procedures that would be advantageous for participants,
6. offers to answer any inquiries concerning the procedures,
7. describes any limitations on confidentiality,
8. describes the format and potential target audiences for the dissemination of research findings, and
9. instructs participants that they are free to withdraw their consent and to discontinue participation in the project at any time without penalty.

G.2.b. Deception
Counselors do not conduct research involving deception unless alternative procedures are not feasible and the prospective value of the research justifies the deception. If such deception has the potential to cause physical or emotional harm to research participants, the research is not conducted, regardless of prospective value. When the methodological requirements of a study necessitate concealment or deception, the investigator explains the reasons for this action as soon as possible during the debriefing.

G.2.c. Student/Supervisee Participation
Researchers who involve students or supervisees in research make clear to them that the decision regarding whether or not to participate in research activities does not affect one’s academic standing or supervisory relationship. Students or supervisees who choose not to participate in educational research are provided with an appropriate alternative to fulfill their academic or clinical requirements.

G.2.d. Client Participation
Counselors conducting research involving clients make clear in the informed consent process that clients are free to choose whether or not to participate in research activities. Counselors take necessary precautions to protect clients from adverse consequences of declining or withdrawing from participation.

G.2.e. Confidentiality of Information
Information obtained about research participants during the course of an investigation is confidential. When the possibility exists that others may obtain access to such information, ethical research practice requires that the possibility, together with the plans for protecting confidentiality, be explained to participants as a part of the procedure for obtaining informed consent.

G.2.f. Persons Not Capable of Giving Informed Consent
When a person is not capable of giving informed consent, counselors provide an appropriate explanation to, obtain agreement for participation from, and obtain the appropriate consent of a legally authorized person.

G.2.g. Commitments to Participants
Counselors take reasonable measures to honor all commitments to research participants. (See A.2.c.)

G.2.h. Explanations After Data Collection
After data are collected, counselors provide participants with full clarification of the nature of the study to remove any misconceptions participants might have regarding the research. Where scientific or human values justify delaying or withholding information, counselors take reasonable measures to avoid causing harm.

G.2.i. Informing Sponsors
Counselors inform sponsors, institutions, and publication channels regarding research procedures and outcomes. Counselors ensure that appropriate bodies and authorities are given pertinent information and acknowledgement.

G.2.j. Disposal of Research Documents and Records
Within a reasonable period of time following the completion of a research project or study, counselors take steps to destroy records or documents (audio, video, digital, and written) containing confidential data or information that identifies research participants. When records are of an artistic nature, researchers obtain participant consent with regard to handling of such records or documents. (See B.4.a, B.4.g.)

G.3. Relationships With Research Participants
(When Research Involves Intensive or Extended Interactions)

G.3.a. Nonprofessional Relationships
Nonprofessional relationships with research participants should be avoided.

G.3.b. Relationships With Research Participants
Sexual or romantic counselor–research participant interactions or relationships with current research participants are prohibited.

G.3.c. Sexual Harassment and Research Participants
Researchers do not condone or subject research participants to sexual harassment.
G.3.d. Potentially Beneficial Interactions
When a nonprofessional interaction between the researcher and the research participant may be potentially beneficial, the researcher must document, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the research participant. Such interactions should be initiated with appropriate consent of the research participant. Where unintentional harm occurs to the research participant due to the nonprofessional interaction, the researcher must show evidence of an attempt to remedy such harm.

G.4. Reporting Results
G.4.a. Accurate Results
Counselors plan, conduct, and report research accurately. They provide thorough discussions of the limitations of their data and alternative hypotheses. Counselors do not engage in misleading or fraudulent research, distort data, misrepresent data, or deliberately bias their results. They explicitly mention all variables and conditions known to the investigator that may have affected the outcome of a study or the interpretation of data. They describe the extent to which results are applicable for diverse populations.

G.4.b. Obligation to Report Unfavorable Results
Counselors report the results of any research of professional value. Results that reflect unfavorably on institutions, programs, services, prevailing opinions, or vested interests are not withheld.

G.4.c. Reporting Errors
If counselors discover significant errors in their published research, they take reasonable steps to correct such errors in a correction erratum, or through other appropriate publication means.

G.4.d. Identity of Participants
Counselors who supply data, aid in the research of another person, report research results, or make original data available take due care to disguise the identity of respective participants in the absence of specific authorization from the participants to do otherwise. In situations where participants self-identify their involvement in research studies, researchers take active steps to ensure that data is adapted/changed to protect the identity and welfare of all parties and that discussion of results does not cause harm to participants.

G.4.e. Replication Studies
Counselors are obligated to make available sufficient original research data to qualified professionals who may wish to replicate the study.

G.5. Publication
G.5.a. Recognizing Contributions
When conducting and reporting research, counselors are familiar with and give recognition to previous work on the topic, observe copyright laws, and give full credit to those to whom credit is due.

G.5.b. Plagiarism
Counselors do not plagiarize, that is, they do not present another person’s work as their own work.

G.5.c. Review/Republication of Data or Ideas
Counselors fully acknowledge and make editorial reviewers aware of prior publication of ideas or data where such ideas or data are submitted for review or publication.

G.5.d. Contributors
Counselors give credit through joint authorship, acknowledgment, footnote statements, or other appropriate means to those who have contributed significantly to research or concept development in accordance with such contributions. The principal contributor is listed first and minor technical or professional contributions are acknowledged in notes or introductory statements.

G.5.e. Agreement of Contributors
Counselors who conduct joint research with colleagues or students/supervisees establish agreements in advance regarding allocation of tasks, publication credit, and types of acknowledgement that will be received.

G.5.f. Student Research
For articles that are substantially based on students course papers, projects, dissertations or theses, and on which students have been the primary contributors, they are listed as principal authors.

G.5.g. Duplicate Submission
Counselors submit manuscripts for consideration to only one journal at a time. Manuscripts that are published in whole or in substantial part in another journal or published work are not submitted for publication without acknowledgment and permission from the previous publication.

G.5.h. Professional Review
Counselors who review material submitted for publication, research, or other scholarly purposes respect the confidentiality and proprietary rights of those who submitted it. Counselors use care to make publication decisions based on valid and defensible standards. Counselors review article submissions in a timely manner and based on their scope and competency in research methodologies. Counselors who serve as reviewers at the request of editors or publishers make every effort to only review materials that are within their scope of competency and use care to avoid personal biases.

Section H

Resolving Ethical Issues

Introduction
Counselors behave in a legal, ethical, and moral manner in the conduct of their professional work. They are aware that client protection and trust in the profession depend on a high level of professional conduct. They hold other counselors to the same standards and are willing to take appropriate action to ensure that these standards are upheld.

Counselors strive to resolve ethical dilemmas with direct and open communication among all parties involved and seek consultation with colleagues and supervisors when necessary. Counselors incorporate ethical practice into their daily professional work. They engage in ongoing professional development regarding current topics in ethical and legal issues in counseling.

H.1. Standards and the Law
(See F.9.a.)

H.1.a. Knowledge
Counselors understand the ACA Code of Ethics and other applicable ethics codes from other professional organizations or from certification and licensure bodies of which they are members. Lack of knowledge or misunderstanding of an ethical responsibility is not a
defense against a charge of unethical conduct.

H.1.b. Conflicts Between Ethics and Laws
If ethical responsibilities conflict with law, regulations, or other governing legal authority, counselors make known their commitment to the ACA Code of Ethics and take steps to resolve the conflict. If the conflict cannot be resolved by such means, counselors may adhere to the requirements of law, regulations, or other governing legal authority.

H.2. Suspected Violations

H.2.a. Ethical Behavior Expected
Counselors expect colleagues to adhere to the ACA Code of Ethics. When counselors possess knowledge that raises doubts as to whether another counselor is acting in an ethical manner, they take appropriate action. (See H.2.b., H.2.c.)

H.2.b. Informal Resolution
When counselors have reason to believe that another counselor is violating or has violated an ethical standard, they attempt first to resolve the issue informally with the other counselor if feasible, provided such action does not violate confidentiality rights that may be involved.

H.2.c. Reporting Ethical Violations
If an apparent violation has substantially harmed, or is likely to substantially harm a person or organization and is not appropriate for informal resolution or is not resolved properly, counselors take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, voluntary national certification bodies, state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when counselors have been retained to review the work of another counselor whose professional conduct is in question.

H.2.d. Consultation
When uncertain as to whether a particular situation or course of action may be in violation of the ACA Code of Ethics, counselors consult with other counselors who are knowledgeable about ethics and the ACA Code of Ethics, with colleagues, or with appropriate authorities.

H.2.e. Organizational Conflicts
If the demands of an organization with which counselors are affiliated pose a conflict with the ACA Code of Ethics, counselors specify the nature of such conflicts and express to their supervisors or other responsible officials their commitment to the ACA Code of Ethics. When possible, counselors work toward change within the organization to allow full adherence to the ACA Code of Ethics. In doing so, they address any confidentiality issues.

H.2.f. Unwarranted Complaints
Counselors do not initiate, participate in, or encourage the filing of ethics complaints that are made with reckless disregard or willful ignorance of facts that would disprove the allegation.

H.2.g. Unfair Discrimination Against Complainants and Respondents
Counselors do not deny persons employment, advancement, admission to academic or other programs, tenure, or promotion based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

H.3. Cooperation With Ethics Committees
Counselors assist in the process of enforcing the ACA Code of Ethics. Counselors cooperate with investigations, proceedings, and requirements of the ACA Ethics Committee or ethics committees of other duly constituted associations or boards having jurisdiction over those charged with a violation. Counselors are familiar with the ACA Policy and Procedures for Processing Complaints of Ethical Violations and use it as a reference for assisting in the enforcement of the ACA Code of Ethics.
Glossary of Terms

Advocacy – promotion of the well-being of individuals and groups, and the counseling profession within systems and organizations. Advocacy seeks to remove barriers and obstacles that inhibit access, growth, and development.

Assent – to demonstrate agreement, when a person is otherwise not capable or competent to give formal consent (e.g., informed consent) to a counseling service or plan.

Client – an individual seeking or referred to the professional services of a counselor for help with problem resolution or decision making.

Counselor – a professional (or a student who is a counselor-in-training) engaged in a counseling practice or other counseling-related services. Counselors fulfill many roles and responsibilities such as counselor educators, researchers, supervisors, practitioners, and consultants.

Counselor Educator – a professional counselor engaged primarily in developing, implementing, and supervising the educational preparation of counselors-in-training.

Counselor Supervisor – a professional counselor who engages in a formal relationship with a practicing counselor or counselor-in-training for the purpose of overseeing that individual’s counseling work or clinical skill development.

Culture – membership in a socially constructed way of living, which incorporates collective values, beliefs, norms, boundaries, and lifestyles that are cocreated with others who share similar worldviews comprising biological, psychosocial, historical, psychological, and other factors.

Diversity – the similarities and differences that occur within and across cultures, and the intersection of cultural and social identities.

Documents – any written, digital, audio, visual, or artistic recording of the work within the counseling relationship between counselor and client.

Examinee – a recipient of any professional counseling service that includes educational, psychological, and career appraisal utilizing qualitative or quantitative techniques.

Forensic Evaluation – any formal assessment conducted for court or other legal proceedings.

Multicultural/Diversity Competence – a capacity whereby counselors possess cultural and diversity awareness and knowledge about self and others, and how this awareness and knowledge is applied effectively in practice with clients and client groups.

Multicultural/Diversity Counseling – counseling that recognizes diversity and embraces approaches that support the worth, dignity, potential, and uniqueness of individuals within their historical, cultural, economic, political, and psychosocial contexts.

Student – an individual engaged in formal educational preparation as a counselor-in-training.

Supervisee – a professional counselor or counselor-in-training whose counseling work or clinical skill development is being overseen in a formal supervisory relationship by a qualified trained professional.

Supervisor – counselors who are trained to oversee the professional clinical work of counselors and counselors-in-training.

Teaching – all activities engaged in as part of a formal educational program designed to lead to a graduate degree in counseling.

Training – the instruction and practice of skills related to the counseling profession. Training contributes to the ongoing proficiency of students and professional counselors.
INTRODUCTION

The Board Certified Coach (BCC), a certification developed by the Center for Credentialing & Education (CCE), identifies qualified individuals who have satisfied the established knowledge standards in coaching. Coaching is a career in which professionals have specialized education, training and experience to assess needs of clients, collaborate with clients on solutions, and offer strategies that assist individuals and organizations in reaching identified goals.

Regardless of any other affiliations or credentials, this BCC Code of Ethics (Code) applies to each individual certified by CCE as a BCC (certificant), and each individual seeking BCC certification (applicant). The Code is designed to provide appropriate practice guidelines and enforceable standards of conduct for all certificants and applicants. The Code also serves as a resource for those served by BCC certificants and applicants (individuals and organizations), with respect to such standards and requirements. For the purposes of this policy, “client” refers to the person who receives direct services from the coach. “Sponsor” refers to the individual(s) or employer(s) who hire a coach to provide services to employees or other individuals.

BCC certificants and applicants have the obligation to maintain high standards of integrity and conduct; act in a manner that protects the welfare and interests of clients; accept responsibility for their actions; act consistent with accepted ethical and legal standards; continually seek to enhance their occupational capabilities; and practice with fairness and honesty.

SECTION A: COMPLIANCE WITH LEGAL REQUIREMENTS AND CONDUCT STANDARDS

BCC certificants and applicants shall:

1. Comply with all applicable laws and governmental regulations relating to occupational activities.

2. Refrain from conduct or behavior that is contrary to legal or regulatory requirements.
3. Refrain from behavior involving dishonesty or fraud.

4. Refrain from unlawful discrimination in occupational activities, including age, race, gender, ethnicity, sexual orientation, gender orientation, religion, national origin or disability.

5. Avoid condoning or engaging in harassment, including deliberate or repeated unwelcomed comments, gestures or physical contact.

6. Maintain accurate records related to the coaching relationship for a period of five (5) years. Records must include current data identifying the client and sponsor; fees schedule and payment documentation; coaching service agreement; purpose and goals of services; progress notes; referrals made; and date of coaching relationship termination. At the conclusion of the five year record maintenance period, certificants and applicants may dispose of coaching records in a manner that protects client privacy.

7. Disclose to appropriate governmental agencies and sponsors when a client appears to be a danger to or is otherwise unable to act safely concerning self or others. Such disclosures shall be consistent with the coaching service agreement as well as legal and occupational requirements.

**SECTION B:**

**COMPLIANCE WITH CCE ORGANIZATIONAL POLICIES AND RULES**

BCC certificants and applicants shall:

1. Comply with all applicable CCE policies and procedures, including the BCC *Code of Ethics* and CCE *Ethics Case Procedures*, as amended or revised.

2. Provide accurate information to CCE.

3. Maintain the security of confidential CCE information and materials, including examination materials.

4. Cooperate with CCE concerning ethics matters, including the collection of information.

5. Inform and support others, such as employers, sponsors or coaches, regarding the responsibilities established by this *Code*.

6. Report an apparent violation of the BCC *Code of Ethics* by a certificant or an applicant upon a factual basis.
SECTION C:
PERFORMANCE OF SERVICES AND OTHER OCCUPATIONAL ACTIVITIES

BCC certificants and applicants shall:

1. Conduct all occupational activities in a responsible manner.

2. Recognize the limitations of coaching practice and qualifications, and provide services only when qualified. Certificants and applicants are responsible for determining the limits of their competency based on education, knowledge, skills, experience, credentials and other relevant considerations.

3. Protect the privacy of information obtained in the course of providing services, including electronic files and communications. Certificants and applicants shall not disclose this information unless authorized to do so by applicable legal requirements, client authorization or the written coaching agreement. The limits of privacy shall be clearly identified before coaching services begin.

4. Properly use occupational credentials, titles and degrees; and provide accurate information concerning education, experience, qualifications and the performance of services.

5. Avoid coaching techniques that are harmful or have been shown to be ineffective. Certificants and applicants are responsible for ensuring that the techniques used are consistent with clients’ emotional, intellectual and physical needs. Certificants and applicants shall inform clients regarding the purpose, application and results of the techniques, assessments and strategies.

6. Obtain a written coaching service agreement before initiating a coaching relationship. This agreement shall include the rights, roles and responsibilities of the parties involved, as well as the manner in which private information will be protected.

7. Seek supervision from qualified professionals when necessary, and provide referrals when unable to provide appropriate assistance to a client as well as when terminating a service relationship.

8. Ensure that clients, sponsors and colleagues understand that coaching services are not counseling, therapy or psychotherapy services, and avoid providing counseling, therapy and psychotherapy.
SECTION D: AVOIDANCE OF CONFLICTS OF INTEREST AND THE APPEARANCE OF IMPROPRIETY

BCC certificants and applicants shall:

1. Disclose to others, including sponsors, clients or colleagues, significant circumstances that could be construed as a potential or real conflict of interest, or any having an appearance of impropriety.

2. Avoid conduct that could cause a conflict of interest regarding clients or sponsors. If a conflict of interest occurs, certificants and applicants shall take reasonable steps to resolve the conflict.

3. Avoid engaging in multiple relationships with clients or sponsors. In situations where multiple relationships cannot be avoided, certificants and applicants shall discuss the potential effects of the relationships with the affected individuals and shall take reasonable steps to avoid any harm. This discussion should also be noted in the client’s record.

4. Avoid sexual or romantic relationships with current clients. Certificants and applicants shall not engage in sexual or romantic interactions with former clients for a minimum of two (2) years following the date of termination.

5. Refrain from offering or accepting significant payments, gifts or other forms of compensation or benefits outside of the written coaching service agreement.

6. Acknowledge accurately the intellectual property of others with respect to all activities.