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The 2014 ACA Code of Ethics: What's New, What's the Same, and What Matters for Practicing Counselors

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The American Counseling Association's Code of Ethics is seen as an evolving document that requires periodic revisions so that it may meet clients' needs in a changing society. The 2014 revision contains notable changes including: an expansion of the preamble, a stronger prohibition against imposing one's values onto clients and a newly created section fully dedicated to the use of technology. The purpose of this paper is to provide an overview of important updates for practicing counselors. Additionally, an ethical decision-making model is proposed and case examples are used to demonstrate application of the code's current iteration.

Keywords: Ethics, professional development, ethical decision-making

Adjustments to the code of ethics for the American Counseling Association (ACA) are required periodically to adapt to the ever-changing landscape of American culture. The 2014 update to the ACA Code of Ethics is the first substantive change to the ethical guidelines for counselors in almost a decade (the last revision was in 2005), with myriad cultural changes and precedent setting cases (Rudrow, 2012; 2013a, 2013b) taking place in the years between. While important guidelines remain the same relative to areas such as client-counselor intimacy (ACA, 2014), the influx of technological advances in recent years has created an entirely new dialogue regarding the ethics of counseling practice (Sude, 2013). The purpose of this paper is to provide a basic overview of the updates and changes to the code, with case examples to help illustrate ethical decision-making. A brief description of an ethical decision-making model developed by the authors follows an overview of changes to each section of the code, as counselors are expected to make use of such models in their clinical practice. Counselors are encouraged to use this paper as a general guide, but should reference the ethical code directly for additional clarity regarding specific standards.

Revisions to the Code

The Process of Revision

The seeds of the 2014 code were planted in the early 1960s, with the American Personnel and Guidance Association's (1961) five-page document, simply titled: Ethical Standards. As the name suggests, this document's purpose was to provide a formalized outline of expected professional behaviors. While notably shorter than the current version, the structure and content of this seminal work are not dissimilar from the 2014 code. For example, the 1961 Standards indicated that professionals should base their practices upon well-researched interventions, should hold clients' well-being as the primary concern, and should seek out ongoing education to maintain competence.

According to Linde (2014), the ACA's governing council has worked to revise the code every 7 - 10 years. A special committee spearheaded the process: the Ethics Revision Task Force. The most recent task force, assembled in 2011, was comprised of counselors, educators, and researchers who solicited feedback from

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a wide variety of stakeholders (Kaplan & Martz, 2014). Thousands of hours of work went into compiling and considering the feedback, creating revisions, disseminating the drafts, gathering comments on the revisions, and crafting a final version of the document (Kaplan & Martz). The resultant code debuted in early 2014. What follows is an overview of changes and updates to each section.

The Preamble

The preamble is an integral section of the document, setting the tone, providing context, and, importantly, explaining what the counseling profession is built upon. This last point is a significant revision within the 2014 edition, as for the first time the code includes an explicit statement about the basic principles and values that undergird the profession. This introductory overview highlights that professional counselors embrace diversity, promote social justice, and enhance the personal development of those served. Additionally, this section names and defines autonomy, non-maleficence, beneficence, justice, fidelity, and veracity, along with other core values that must guide ethical behaviors.

The 2014 preamble also provides introductions of several other changes found in its subsequent sections. It establishes the idea that counselors, when faced with ethical dilemmas, must employ a formalized problem-solving model. This inclusion draws attention to the need for counselors' thoroughness when working to resolve ethical issues. Furthermore, the preamble provides a new declaration that the code of ethics is not to be mistaken for the law, in that ethical breaches are not necessarily violations of state or national regulations.

Section A: The Counseling Relationship

This section focuses on ethical guidelines related to the client's well-being as it relates to actions of the counselor potentially affecting the therapeutic relationship. Changes to this section were mostly related to counselor's behaviors and relationships with clients outside the context of counseling sessions. For example, the language regarding standards related to sexual intimacies with present and former clients has not changed; however, a clearer prohibition of counselors working with their own friends and family was added, with the rationale that this mars objectivity. In concordance with the new section on technology, there is now a statement that explicitly prohibits social media relationships (e.g., Facebook friendship) with current clients. Extensions of boundaries are still permitted when it is determined to be in the client's best interest (e.g., attending client weddings, funerals, etc.), though there is now specific language indicating that the counselor is required to document the rationale for doing so in advance. There is now a clear ban against counselors giving or receiving remuneration in exchange for new clients as this practice could open the door to counselor-benefited behavior rather than client-focused practices (A.10.b.).

Referrals to another counselor as a result of the personal values of the current counselor are now strongly discouraged (A.11.b.), as there is greater emphasis on attending to the needs of the client. The new code indicates that clients deemed by the counselor to be personally challenging based on his or her own value system (e.g., a pro-choice counselor working with a pro-life client) should ideally not be referred. Instead, it is the responsibility of the counselor to seek out supervision, education, and support to ensure that the client receives appropriate services. In line with this idea, the code strongly discourages counselors from referring out clients with terminal illnesses.

Section B: Confidentiality and Privacy

The most significant change made to Section B was that the specifics of end of life decisions were moved from Section A and put in this section under Exceptions. Under this new category, the code specifically identifies that counselors have the option to maintain confidentiality, if and when they learn that a client with a terminal illness is planning to hasten his or her own death depending on applicable laws and the specifics of the situation (B.2.b.). The counselor must also seek consultation or supervision prior to deciding whether or not to keep confidentiality. However, 46 states, including Pennsylvania, have laws in place that criminalize soliciting, aiding or abetting suicide, which makes it unlikely that this would be possible (Pennsylvania Crimes Code, 2014). Additional changes include adjustments to wording to account for the inclusion and acceptance of technology. For example, under *Confidentiality of Records*, which is now entitled *Confidentiality of Records and Documentation*, the code addresses storage of documents kept in any medium.

Section C: Professional Responsibility

Counselor incapacitation, death, retirement, or

termination of practice now applies to the retirement population. Within the 2005 Code of Ethics there were was no specific ordinance that applied to professionals who retired. According to the 2014 Code, counselors must prepare a plan for transfer of clients and records to an identified colleague or records custodian prior to retirement (C.2.h.).

It is now indicated that a counselor's techniques and procedures must be grounded in scientific theory and have an empirical or scientific foundation (C.7.a.). When counselors are using a new technique, they must be aware of (and make the client aware of) the potential benefits and ethical considerations along with possible risks and harms of the technique or procedure (C.7.b.). It is also indicated that counselors are not to use any technique, procedure, or practice that may cause harm, even if the practice or procedure is requested (C.7.c.).

Section D: Relationships with Other Professionals and Section E: Evaluation, Assessment, and Interpretation

Changes in these sections were limited, and focused mostly on rewording to align with any changes found in other sections. As an example, standard D.1.a. now includes the phrasing "grounded in theory and/or have an empirical or scientific foundation" so that the ideas expressed in the changes to C.7.b. are reinforced.

Section F: Supervision, Training, and Teaching

Throughout this section, many changes were made to account for the inclusion of technological advancements in different areas. For instance, it is still unacceptable for current supervisors to have sexual relations with their supervisees, but it is now made clear that this is also unacceptable in the case of online supervision (F.3.b.). The section on informed consent and client rights now includes reference to making the client aware of how records will be stored and transmitted. Supervisors are now required to be competent in any technology they employ (F.2.c.) and ensure that they take the necessary precautions to protect confidentiality electronically (though specifics of what these precautions might entail are not outlined).

The 2005 code addressed the need to remain objective in supervision and stated that supervisors should avoid entering into supervisory roles with friends or family for this reason (F.3.d.). The 2014 version takes a stronger stance, stating that this is prohibited. It is also stated that counselor educators are to only provide instruction within their areas of knowledge and competence and lessons should be based on current information (F.7.b.). Regarding case examples in the classroom, the new code specifies that either the person in the case example has agreed to its presentation or the identifying characteristics have been sufficiently obscured (F.7.f.).

Section G: Research and Publication

Regarding confidentiality of participants, the updated code again emphasizes the importance of researcher responsibility. However, the code does not state specific protocols based on ACA-determined guidelines. Instead, it is indicated that researchers abide by "state, federal, agency, or institutional policies or applicable guidelines" (G.1.a.) with regard to research practices. Regarding student publication, there is a new requirement that student researchers be listed as a lead author (G.1.f.) rather than just a principle author when publishing research based on their work (e.g., dissertations, theses, or class papers).

Section H: Distance Counseling, Technology, and Social Media

This section is entirely new, reflecting the increase in technological advances since 2005, particularly Internet-based counseling services (i.e., video or text-based services between a counselor and a client in two separate locations). Standard H.1.b. highlights that counselors are subject to laws and regulations in both the areas in which they are practicing and in which the client resides. There is not, however, any directive for how to address discrepancies between the two (presumably, the more stringent of the two is to be enforced). Informed consent is more heavily weighted in this type of counseling than in face-to-face services, with the expectation that clients be made aware of all practical limitations of Internet-based services, including methods for managing technological breakdowns as well as limitations of confidentiality (H.2.a.). Client verification is stressed as well; if a counselor is using text-based messaging systems or some related equivalent, he or she should develop a code word or passcode to verify the client's identity. It is also recommended that counselors ensure the client is aware of the miscommunications that can happen in this approach (e.g., emotions such as sarcasm may be difficult to detect in text).

Regarding electronic records, specific standards enforced by ACA are limited. The code again indicates

that counselors are at the behest any laws to determine what constitutes effective electronic record-keeping (H.5.a.). Additionally, H.5.a. notes that counselors must inform clients as to how records are stored and maintained (e.g., type of encryption used).

This is the first time that web presence of the counselor is mentioned in the code (H.6.a.). It is stated that if a counselor has a personal website or uses social media (e.g., Facebook, Twitter), there are now guidelines that must be followed. Specifically, if a counselor uses a website for promotional purposes, it should provide electronic links to licensure and/or certification boards. These links must be updated (H.5.a.) and the website should be accessible to individuals with disabilities (H.5.d.). Counselors are free to have personal, social, and professional webpages and social media pages, but they need to be separate and distinguishable. Additionally, standard H.6.b. prohibits counselors from searching social media or other webpages for client information without the client's consent (i.e., it is unethical to Google a client or to view their Facebook page).

Section I: Resolving Ethical Issues

The importance of enacting an ethical decision making model is noted both in Section I as well as the Preamble. No one model is endorsed, but counselors are expected to use a delineated process to resolve dilemmas and to accurately keep records of the steps used. Additionally, this section adds new details as to how counselors should respond when confronted with irresolvable conflicts between ethics and laws. In such situations, section I.1.c. notes that counselors should be clear in their efforts to honor the code of ethics and work toward the best resolution for clients, while also providing counselors the option to adhere to all local, state and federal laws.

Table 1

Highlights of the 2014 ACA Code of Ethics

Section	Highlights
Section A: The Counseling Relationship	• Referrals based on personal values are now discouraged
Section B: Confidentiality and Privacy	• Counselors have the option to maintain confidentiality, if and when they learn that a client with a terminal illness is planning to hasten his or her own death
Section C: Professional Responsibility	• Counselor incapacitation, death, or termination of practice now also applies to retirees • Counselor techniques and procedures must be grounded in scientific theory and have an empirical or scientific foundation
Section D: Relationships with Other Professionals	• Changes focused mostly on rewording for clarity
Section E: Evaluation. Assessment, and Interpretation	• Changes focused mostly on rewording for clarity
Section F: Supervision, Training, and Teaching	• Sexual relationships with supervisees are inappropriate, including online supervision • Supervisors are now required to ensure that they take the precautions to protect confidentiality electronically • Supervisory roles with friends or family are prohibited
Section G: Research and Publication	• Student researchers should be listed as a lead author rather than just a principle author when publishing research based on their work
Section H: Distance Counseling, Technology, and Social Media	• Section is entirely new • For distance counseling, counselors are subject to laws and regulations in both the areas in which they are practicing in *and* in which the client resides. • Counselors need to have distinct and separate personal and professional webpages and social media • Internet searching a client without consent is prohibited
Section I: Resolving Ethical Issues	• Counselors are now required to employ an ethical decision-making model.

A Proposed Ethical Decision-Making Model

Per the most recent updates to the model, counselors are expected to make use of ethical decision-making models in their clinical practice, though no specific model is endorsed as the standard. The following step-by step procedure was developed by the authors, and pulls from Cottone and Claus' (2000) overview as well as Garcia, Cartwright, Winston, and Borzuchowska's (2003) transcultural model. While clinical acumen should not be discounted in the process of counseling, the hope is that counselors will follow these steps and be thoughtful as well as intentional in their actions.

1. In advance of ethical dilemmas, be aware of bias hotspots. Counselors should know themselves and know where their potential weaknesses regarding ethical decision-making may occur. Counselors benefit from awareness (i.e., mindful attention to internal processes) in session both with regard to personal wellness and alliance building with clients (Fauth & Nutt-Williams, 2005).

2. When presented with an ethical dilemma, practice mindful awareness. In the interest of reducing bias in decision-making, counselors should be aware of emotions while making an effort to remain unattached to them. Mindfulness-based training programs and continued practice have demonstrated both long and short-term benefits for practicing counselors (Christopher et al., 2010).

3. Reference the code of ethics, either mentally or by keeping a hard or soft copy to access as needed. Regardless, counselors should be aware of the basic principles enough so that they are memorized.

4. When making a decision, take time to consider alternative options. Decision-making research suggests that complicated choices can be influenced by bias (Hays, McLeod, & Prosek, 2009), and that counselors are more inclined to ask confirmatory questions than questions that may disconfirm their existing hypotheses. For example, counselors looking to assign a diagnosis to a client are more likely to seek support for their initial assessment than to explore alternative diagnoses (Owen, 2008). As such, counselors faced with ethical dilemmas should make a concerted effort to play devil's advocate and consider alternate ideas.

5. Consult with peers as needed. Decision-making relative to complex ethical concerns should not occur in isolation. Counselors should make sure, however, that they are consulting with a fellow clinician or supervisor and that the person will be supportive and challenging as needed (as opposed to just validating the actions and concerns of the counselor).

Case Examples

David and Conversion Therapy

Imagine that you are a counselor who is trained in cognitive behavioral therapy (CBT) whom is working at a community mental health clinic in rural area. Most of your clients – in step with the cultural norms of the area – are deeply religious and conservative.

David, a young man in his early 20s, begins seeing you for counseling to address depression and anxiety, but soon admits to his actual intentions for attending counseling. Specifically, he identifies as gay, but says that he would like to receive CBT to help address his homosexual urges. He states that he is aware of the risks, but is intent on receiving treatment to "correct this problem." He says that if you are unwilling to help him, he has found a pastor in the area that is willing to provide conversion therapy*, a faith-based approach that he believes will cure him of his attraction to the same sex.*

What is the best course of action? How will you help David?

Clearly, using CBT as a variant of conversion therapy is unethical. CBT is supported by research as an effective treatment of depression and anxiety (Beck, 2011), but there is no research to suggest that it can be used to change sexual orientation. Additionally, conversion therapy is a controversial treatment that has been banned for clients under the age of 18 in both New Jersey and California (Rudrow, 2013). The fact that David will receive this treatment if the counselor opts not to provide it is not the primary ethical concern;

however, the counselor may see this as a moral one, out of fear that the client may seek out a potentially harmful treatment if the counselor does not intervene. Section C of the new code states that counselors' interventions must be grounded in scientific theory and have an empirical or scientific foundation, but does not include any language requiring counselors to prevent the client from deciding his or her own course of treatment. The counselor should, however, provide as much current information related to available treatments and encourage David to make the best choice on his own.

Mary and Terminal Illness

Imagine that you are a counselor working in private practice. Your current client – Mary, a woman in her mid-20s – has been seeing you for 6 months following a diagnosis of terminal brain cancer. The focus of treatment has been managing her anxiety, as she has been given about 6 months to live by her treating physicians. They anticipate that her physical discomfort will become intense and dramatic as the illness progresses.

During today's session, Mary indicates that she has felt an alleviation of her anxiety since she was able to obtain a lethal amount of painkillers. The medicine was obtained legally through her physician. Upon further questioning, she says that she is likely going to overdose by the end of the summer, as she anticipates that "this will be when things get unbearable."

What is the best course of action? How will you help Mary?

The new code indicates that maintaining confidentiality is an option when clients with terminal illnesses are considering taking their own lives (B.2.b.), but counselors also need to consider applicable laws. According to the Pennsylvania Crimes Code (2014), a person who intentionally aids or solicits another to commit suicide is guilty of a felony of the second degree if his conduct causes such suicide or an attempted suicide, and otherwise of a misdemeanor of the second degree (Pennsylvania Crimes Code). An important consideration in this situation is whether the counselor could be considered culpable or complicit in the person's death. Assuming complicit, confidentiality may be possible; assuming not, the counselor might be in serious legal trouble. In either case, the counselor should consult with a supervisor or other colleague first, and may also benefit from consultation with a lawyer. Counselors should work to empower clients when confronted by difficult decisions related to terminal illnesses, but refraining from legal sanctions should be a goal as well.

The ACA and FERPA

Imagine you are a counselor working in a college counseling center. Your college is a smaller institution, and is just now beginning to implement a system for electronic record keeping. As part of the implementation, administration is establishing who can have access to counseling records. The director of student health services has indicated that counseling records should be available to all medical personnel, and cites a regulation within the Family Educational Rights and Privacy Act (FERPA) that indicates this is acceptable.

What is the best course of action? How do you respond when the code of ethics is in conflict with the code of the institution?

The updated code indicates that, in cases where ethics of the profession conflict with the law or other governing legal authority, counselors are obligated to make clear their commitment to the code of ethics and take steps to resolve the conflict (I.1.c.). In this case, the counselor may need to make clear to the institution what is and is not acceptable on behalf of the counseling profession. The counselor should inform the college's administration of the conflict with the code of ethics, and work to establish a possible resolution. In this case, the ideal outcome for counselors would be for no one outside of the counseling center's staff to have access to students' mental health records.

However, conflicts between FERPA and the Health Insurance Portability and Accountability Act (HIPAA) may provide an overview for how to resolve this issue. FERPA states that in cases where health services are provided to students under contract with the school, the records are considered to be education records under FERPA. While counseling services through the school's counseling center are not covered by health insurance (and thus not subject to HIPAA), this creates a precedent under which the school may have the legal right to make counseling records available to medical personnel.

Client Emails

Imagine you are a counselor in private practice. As part of your marketing for your business, you keep a website that advertises – among other things – your work email address. Clients regularly use this email

address to contact you about scheduling, though some make a point of sending you treatment-related concerns. One client in particular regularly emails you following sessions, despite the fact that you have made (and documented) numerous efforts to establish appropriate boundaries.

In writing a response to your client, you accidentally include one of your colleagues as a message recipient. This means that you have accidentally forwarded your client's name, email address, and pertinent clinical information to an unapproved recipient.

How do you respond in this case? What steps can be taken to prevent problems such as this in the future?

The concern in this case is whether or not appropriate steps were taken in advance to ensure that the client understood the limits of confidentiality via email (H.2.b., H.2.d., H.4.f.). Emails are – in theory – treated the same as any other client-counselor communication in that confidentiality abides with certain exceptions (e.g., suicidal threats, supervision, etc.). However, email, texts, and voicemail cannot be afforded the same guarantees as face-to-face contact in session due to the lack of security measures beyond simply password protecting an email account. In the case of emails, counselors should make clear in advance that while they have no intention of sharing client communications, they can offer no guarantees once a message has been sent via the Internet.

Conclusion

By its nature, the code cannot remain a static document. It needs to be updated to reflect the current knowledge and improvements that are occurring within the profession, while also meeting the changing needs and expectations of society. This overview is intended as a general guideline detailing specific changes between the ACA 2005 Code of Ethics and the ACA 2014 version of the code. This article is not a substitute for independent review of the updated code, and the authors encourage practicing clinicians to carefully read the 2014 edition.

References

American Counseling Association. (2005). *ACA code of ethics*. Alexandria, VA: Author.

American Counseling Association (2014). *ACA code of ethics*. Alexandria, VA: Author.

American Personnel and Guidance Association. (1961). *Ethical standards*. Washington, D.C.: Author

Beck, J. S. (2011). *Cognitive behavior therapy: Basics and beyond* (2nd ed.). New York: The Guilford Press.

Christopher, J. C., Chrisman, J. A., Trotter-Mathison, M. J., Schure, M. B., Dahlen, P., Christopher, S. B. (2010). Perceptions of the long-term influence of mindfulness training on counselors and psychotherapists: A qualitative inquiry. *Journal of Humanistic Psychology, 51,* 318-349. doi:10.1177 /0022167810381471

Cottone, R. R. & Claus, R. E. (2000). Ethical decision-making models: A review of the literature. *Journal of Counseling and Development, 78*(3), 275-283. doi: 10.1002/j.1556-6676.2000.tb01908.x

Family Educational Rights and Privacy Act, as amended. Codified at 20 U.S.C. §1232g.

Fauth, J. & Nutt-Williams, E. (2005). The in-session self-awareness of therapist-trainees: Hindering or helpful? *Journal of Counseling Psychology, 52*(3), 443-447. doi: 10.1037/0022-0167.52.3.443

Garcia, J. G., Cartwright, B., Winston, S. M., & Borzuchowska, B. (2003). A transcultural integrative model for ethical decision making in counseling. *Journal of Counseling and Development, 81*(3), 268-277. doi: 10.1002/j.1556-6678.2003.tb00253.x

Hays, D. G., McLeod, A. L., & Prosek, E. (2009). Diagnostic variance among counselors and counselor trainees. *Measurement and Evaluation in Counseling and Development, 42*(3), 3-14. doi: 10.1177/0748175609333559

Kaplan, D. & Martz, E. (2014, July). An overview of the revised ACA code of ethics. *Counseling Today,* 20-21. Retrieved from: http://www.counseling. org/docs/default-source/ethics/2014-code-of-ethics -overview.pdf?sfvrsn=0

Linde, L. E. (Speaker). (2014). *The new ACA code of ethics: An overview* [Audio Podcast]. Retrieved from: http://www.counseling.org/knowledge-center/podcasts/docs/default-source/acapodcasts/ht 043---the-new-2014-code-of-ethics-an-overview

Owen, J. (2008). The nature of confirmatory strategies in the initial assessment process. *Journal of Mental Health Counseling, 30*(4), 362-374.

Pennsylvania Crimes Code, 18 Pa. C. S. §2505 (2014).

Rudrow, H. (2013a, January 9). Resolution of EMU case confirms ACA code of ethics, counseling profession's stance against client discrimination. *Counseling Today.* Retrieved from: http://ct.counseling.org/2013/01/resolution-of-emu-

caseconfirms-aca-code-of-ethics-counseling-professions-stance-against-client-discrimination/

Rudrow, H. (2013b, August 20). Ban on reparative therapy signed in New Jersey. *Counseling Today.* Retrieved from: http://ct.counseling.org/2013/08/ban-on-reparative-therapy-signed-in-new-jersey/

Rudrow, H. (2012, June 28). Judge throws out counseling student's suit against Augusta State. *Counseling Today.* Retrieved from: http://ct.counseling.org/2012/06/judge-throws-out counseling-students-suit-against-augusta-state/

Sude, M. E. (2013). Text messaging and private practice: Ethical challenges and guidelines for developing personal best practices. *Journal of Mental Health Counseling*, *35*(3), 211-227.