
UNIT 4 ETHICS IN COUNSELING

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4.0 INTRODUCTION

In this unit we will be dealing with ethical issues in counseling. First we define what are Ethics and why there is a need for ethical code. This is followed by ethical Principles of Counseling and in this we elucidate the principles of ethics in counseling. Then we take up professional codes of ethics and then almost reproduce the American counseling Association's ethical principles and codes, widely used and as defined in their 8 different sections. The ethics are related to the relationship between the counselor and the client, in regard to confidentiality, professional responsibility, relationship with other professionals and ethics as related to evaluation etc. The next section deals with ethical issues related to supervision, training and teaching, research and publication.

4.1 OBJECTIVES

After reading this unit, you will be able to:

- Discuss the concept of ethics;
- Explain the need for ethical issues;
- Describe Kitchener's main principles;
- Explain purpose of ACA Code of Ethics; and
- Discuss main sections of American Counseling Association.

4.2 WHAT ARE THE ETHICS?

Counseling is not a value free or neutral activity rather it is a profession based on values which are orienting beliefs about what is good and how that good should be achieved. On the basis of the values, counselors and clients take directions in the counseling process and make decisions. Counselors are guided in their thoughts and actions by moral values, professional and personal ethics, and legal precedents and procedures. Counselors who are not aware of their values, ethics and legal responsibilities as well as those of clients they can cause harm to their clients despite their good intentions. It is, therefore, vital for counselors to have knowledge of professional counseling guidelines. Ethical counselors display care and wisdom in their practice.

The term is often used synonymously with morality, in some case the two terms overlap. Both deal with what is good and bad or study of human conduct and values. Yet each has a different meaning.

Kitchener (1986): Ethics involves “making decisions of a moral nature about people and their interaction in the society”.

Van Hoose (1985): Ethics is generally defined as a philosophical discipline that is concerned with human conduct and moral decision making.

Ethics are normative in nature and focus on principles and standards that govern relationship between counselors and clients.

Morality, on the other hand, involves judgment and evaluation of action. It is associated with such words as good, bad, right, wrong, ought and should (Brandt, 1959).

4.2.1 Reasons for Ethical Codes

Ethical standards exist for many reasons. They are designed to provide some guidelines for the professional behaviour of members. One of the primary reasons is that “without a code of established ethics, a group of people with similar interests can not be considered a professional organisation” (Allen, 1986). Van Hoose and Kottler(1985) offer three reasons for the existence if ethical codes:

Ethical standards protect the profession from the government. They allow the profession to regulate itself and function autonomously.

Ethical standards help control internal disagreement and bickering, thus promoting stability within the profession.

Ethical standards protect practitioners from the public. Especially in malpractice cases. If professionals behave according to ethics, the behaviour is judged to be in compliance with the standards.

In addition, these provide clients with some protection from incompetent counselors.

Certain other reasons are:

- 1) Ensuring competent professional behaviour

- 2) Responsibility to public trust
- 3) Professionals monitor their own and other members' professional behaviour
- 4) Controversies over the development of ethical codes
- 5) Ethical dilemmas
- 6) Character and virtue
- 7) ACA Ethics code
- 8) Aspirations and Guidelines
- 9) Standards

4.3 ETHICAL PRINCIPLES OF COUNSELING

Kitchener (1984) has identified five moral principles which often help to clarify the issues involved in a given situation. The five principles are: autonomy, justice, beneficence, non-maleficence.

- 1) **Being trustworthy (fidelity):** It involves the notions of loyalty, faithfulness, and honoring commitments. Being trustworthy is regarded as fundamental to understanding and resolving ethical issues. Practitioners who adopt this principle: act in accordance with the trust placed in them; strive to ensure that clients' expectations are ones that have reasonable prospects of being met; honor their agreements and promises; regard confidentiality as an obligation arising from the client's trust; restrict any disclosure of confidential information about clients to furthering the purposes for which it was originally disclosed.
- 2) **Autonomy:** The essence of this principle is allowing an individual the freedom of choice and action. This principle emphasises the importance of developing a client's ability to be self-directing within therapy and all aspects of life. It addresses the responsibility of the counselor to encourage clients, when appropriate, to make their own decisions and to act on their own values. There are two important considerations in encouraging clients to be autonomous. First, helping the client to understand how their decisions and their values may or may not be received within the context of the society in which they live, and how they may impinge on the rights of others. The second consideration is related to the client's ability to make sound and rational decisions. The principle of autonomy opposes the manipulation of clients against their will, even for beneficial social ends.
- 3) **Beneficence:** The principle of beneficence means acting in the best interests of the client based on professional assessment. Beneficence reflects the counselor's responsibility to contribute to the welfare of the client. Simply stated it means to do good, to be proactive and also to prevent harm when possible (Forester-Miller & Rubenstein, 1992). It directs attention to working strictly within one's limits of competence and providing services on the basis of adequate training or experience. There is an obligation to use regular and on-going supervision to enhance the quality of the services provided and to commit to updating practice by continuing professional development. An obligation to act in the best interests of a client may become paramount when working with clients whose capacity for autonomy is diminished

3) What are the different ethical principles of counseling?

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4.4 PROFESSIONAL CODES OF ETHICS

A professional code of ethics is a set of standards of conduct based upon an agreed-on set of values by which professionals in a given occupation such as counseling or psychology.

The American Counseling Association (ACA) is a nonprofit professional and educational organization dedicated to the growth and enhancement of the counseling profession. Founded in 1952, ACA is the world's largest association representing professional counselors in various practice settings. ACA is instrumental in setting professional and ethical standards for the counseling profession. The Association has also made considerable strides in accreditation, licensure, and national certification.

In ACA, ethical standards are arranged under topical section headings. There are five main purposes and eight major sections of standards.

4.4.1 ACA Code of Ethics: Purpose

The ACA Code of Ethics serves five main purposes:

- i) 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.
- ii) The Code helps support the mission of the association.
- iii) The Code establishes principles that define ethical behaviour and best practices of association members.
- iv) 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.
- v) The Code serves as the basis for processing of ethical complaints and inquiries initiated against members of the association.

Rehabilitation Council of India Code of Ethics for Counsellors

RCI Code of Ethics Adopted July 17, 2001 Revised March 28, 2006

Introduction

The standards contained in this Code of Ethics are statements of ethical principles having broad applicability to members and registrants of RCI. However, the

enumeration of particular duties and the proscription of certain conduct do not negate the existence of other obligations logically flowing from such principles. Conduct deemed unethical may be construed to include lesser offenses, such as aiding and abetting.

Members and registrants of RCI should also recognise that their profession and their practice may be governed by various laws and regulations regarding professional registration and the conduct of trade. It is their responsibility, therefore, to be familiar with those laws and regulations and to conduct themselves accordingly.

General Obligations Members and registrants shall maintain and further their knowledge of the science and profession of roofing, waterproofing, and the building envelope, and shall maintain the highest possible standard of professional judgment and conduct.

Obligations to the Public

Members and registrants should uphold the letter and spirit of the ethical standards governing their professional affairs and should consider the full impact of their actions on the community at large.

Thus, a member or registrant shall: i). Engage only in accurate, appropriate and truthful promotion of his/her practice; ii) Be respectful of the rights of others in obtaining professional work or employment; and iii) Make only accurate, truthful and appropriate statements or claims about his/her professional qualifications, experiences or performance.

Obligations to the Client

Members and registrants shall conduct themselves in a fashion which brings credit to themselves, their employers and their profession. In addition to upholding the behavioural standards described above, a member or registrant:

- i) Shall preserve the confidence of his/her client or employer and serve each in a professional and competent manner.
- ii) Shall exercise unprejudiced and unbiased judgment and conduct when performing all professional services;
- iii) Shall practice only in his/her area of competence;
- iv) Shall decline any activity or employment, avoid any significant financial or other interest, and decline any contribution if it would reasonably appear that such activity, employment, interest, or contribution could compromise his or her professional judgment or conduct, or prevent him/her from serving the best interest of his/her client or employer, without making full disclosure to the client and obtaining the client's consent thereto;
- v) Shall neither offer nor make any payment or gift to any public official, private client or industry representative with the intent of influencing that person's judgment or decision in connection with an existing or prospective project in which the member/registrant is interested; and
- vi) May contribute his services or anything of value to those endeavors which the member deems worthy. Further, a member or registrant has the right to participate in the political process and to contribute time and money to political campaigns.

Obligations to the Profession and Building Industry

Members and registrants shall:

- i) Recognise the value and contributions of others engaged in the design and construction process, and refrain from making false statements about the work of others, and shall not maliciously injure or attempt to injure the prospects, practice, or employment position of others; and
- ii) Encourage professional education and research, as well as the development and dissemination of information relating to the design and construction of roofing, waterproofing, and building envelope systems.

Further, the following practices are not in themselves unethical, unprofessional, or contrary to any policy of RCI, and RCI members and registrants are free to decide for themselves whether to engage in any of these practices:

- i) Submitting competitive bids or price quotations, including in circumstances where price is the sole or principle consideration in the selection of a consultant;
- ii) Providing discounts; or
- iii) Providing free services.

4.5 THE ACA EIGHT MAIN SECTIONS

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 behaviour 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.

ACA (1995) reproduced below:**4.5.1 Section A: The Counseling Relationship**

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.

A.1) Welfare of Those Served by Counselors

- A.1.a) Primary Responsibility
- A.1.b) Records
- A.1.c) Counseling Plans
- A.1.d) Support Network Involvement
- A.1.e) Employment Needs

A.2) Informed Consent in the Counseling Relationship

- A.2.a) Informed Consent
- A.2.b) Types of Information
- A.2.c) Developmental and Cultural
- A.2.d) Inability to Give Consent

A.3 Clients Served by Others**A.4 Avoiding Harm and Imposing Values**

- A.4.a) Avoiding Harm
- A.4.b) Personal Values

A.5) Roles and Relationships with Clients

- A.5.a) Current Clients
- A.5.b) Former Clients
- A.5.c) Nonprofessional Interactions or Relationships
- A.5.d) Potentially Beneficial
- A.5.e) Role Changes in the Professional Relationship

A.6) Roles and Relationships at Individual, Group, Institutional, and Societal Levels

- A.6.a) Advocacy
- A.6.b) Confidentiality and Advocacy

A.7) Multiple Clients**A.8) Group Work**

- A.8.a) Screening
- A.8.b) Protecting Clients

A.9) End-of-Life Care for Terminally Ill Clients

- A.9.a) Quality of Care
- A.9.b) Counselor Competence, Choice, and Referral
- A.9.c) Confidentiality

A.10) Fees and Bartering

- A.10.a) Accepting Fees from Agency Clients
- A.10.b) Establishing Fees
- A.10.c) Nonpayment of Fees
- A.10.d) Bartering
- A.10.e) Receiving Gifts

A.11) Termination and Referral

- A.11.a) Abandonment Prohibited
- A.11.b) Inability to Assist Clients
- A.11.c) Appropriate Termination
- A.11.d) Appropriate Transfer of Services

A.12) Technology Applications

- A.12.a) Benefits and Limitations
- A.12.b) Technology-Assisted Services
- A.12.c) Inappropriate Services
- A.12.d) Access
- A.12.e) Laws and Statutes
- A.12.f) Assistance
- A.12.g) Technology and Informed Consent
- A.12.h) Sites on the World Wide Web

ACA made several additions to this section in 2005. In the 1995 ethical code, there was an emphasis on the need to avoid any type of non professional relationship with clients , but in 2005 code speaks of potentially beneficial interaction between counselors and clients. This goes beyond the traditional professional counseling relationship. Another change is in regard to the boundary issues related to having sexual or romantic relationships with ex clients for 2-5 years. Now this ex clients includes one's family members, romantic partners etc. A significant addition is in regard to guidance to counselors serving terminally ill clients. It directs the counselors to take measures that enable clients to obtain high quality end of life care; to exercise the highest degree of self determination possible, to be given every opportunity to engage in informed decision making regarding their end of life care; to receive complete and adequate assessment regarding their ability to make competent rational decision on their own behalf from a professional experienced in end of life care practice.

4.5.2 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
- B.1.b) Respect for Privacy
- B.1.c) Respect for Confidentiality
- B.1.d) Explanation of Limitations

B.2) Exceptions

- B.2.a) Danger and Legal Requirements
- B.2.b) Contagious, Life-Threatening Diseases
- B.2.c) Court-Ordered Disclosure
- B.2.d) Minimal Disclosure

B.3) Information Shared With Others

- B.3.a) Subordinates
- B.3.b) Treatment Teams
- B.3.c) Confidential Settings
- B.3.d) Third-Party Payers
- B.3.e) Transmitting Confidential Information
- B.3.f) Deceased Clients

B.4) Groups and Families

- B.4.a) Group Work
- B.4.b) Couples and Family

B.5) Clients Lacking Capacity to Give Informed Consent

- B.5.a) Responsibility to Clients
- B.5.b) Responsibility to Parents and Legal Guardians
- B.5.c) Release of Confidential Information

B.6) Records

- B.6.a) Confidentiality of Records
- B.6.b) Permission to Record
- B.6.c) Permission to Observe
- B.6.d) Client Access
- B.6.e) Assistance with Records

- B.6.f) Disclosure or Transfer
- B.6.g) Storage and Disposal after Termination
- B.6.h) Reasonable Precautions

B.7) Research and Training

- B.7.a) Institutional Approval
- B.7.b) Adherence to Guidelines
- B.7.c) Confidentiality of Information Obtained in Research
- B.7.d) Disclosure of Research Information
- B.7.e) Agreement for Identification

B.8) Consultation

- B.8.a) Agreements
- B.8.b) Respect for Privacy
- B.8.c) Disclosure of Confidential Information

One major change in section B is an increased discussion of privacy and confidentiality when working with clients who are minors or adults who cannot give informed consent. Standardss B.5.a,b and c outline the need for counselors to protect the confidentiality of such clients and to include clients in all decisions. Counsellors are expected to work to establish as appropriate collaborative relationships with parents / guardians to best serve clients. There is a significant change related to family counseling. Standard B.2.b (family counseling) of 1995 stated that information about one family member cannot be disclosed to another member without permission. In 2005 code, (couples and family counseling) Ethics requires the counselors to clearly define who is considered the “client” and discuss expectations and limitations of confidentiality. They have to seek agreement and then document in writing the agreement involving all members in the counseling and preserve the confidentiality of information known.

4.5.3 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 non-discriminatory 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 promoting change at the individual, group, institutional, and societal levels that improves 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.1) Knowledge of Standards**
- C.2) Professional Competence**
 - C.2.a) Boundaries of Competence
 - C.2.b) New Specialty Areas of Practice
 - C.2.c) Qualified for Employment
 - C.2.d) Monitor Effectiveness
 - C.2.e) Consultation on Ethical Obligations
 - C.2.f) Continuing Education
 - C.2.g) Impairment
 - C.2.h) Counselor Incapacitation or Termination of Practice
- C.3) Advertising and Soliciting Clients**
 - C.3.a) Accurate Advertising
 - C.3.b) Testimonials
 - C.3.c) Statements by Others
 - C.3.d) Recruiting Through Employment
 - C.3.e) Products and Training Advertisements
 - C.3.f) Promoting to Those Served
- C.4) Professional Qualifications**
 - C.4.a) Accurate Representation
 - C.4.b) Credentials
 - C.4.c) Educational Degrees
 - C.4.d) Implying Doctoral-Level Competence
 - C.4.e) Program Accreditation Status
 - C.4.f) Professional Membership
- C.5) Nondiscrimination**
- C.6) Public Responsibility**
 - C.6.a) Sexual Harassment
 - C.6.b) Reports to Third Parties
 - C.6.c) Media Presentations
 - C.6.d) Exploitation of Others
 - C.6.e) Scientific Bases for Treatment Modalities
- C.7) Responsibility to Other Professionals**
 - C.7.a) Personal Public Statements

2005 modification states that in addition to counselors being responsible to seek assistance for problems that reach the level of professional impairment, the counselors are now ethically obligated to assist colleagues or supervisors in recognizing their own professional impairment and provide consultation and assistance when warranted. Another addition is to c.6.e. that is scientific bases

for treatment modalities. 1995 code directed the counsellors to monitor their effectiveness, but did not speak of their responsibility to base techniques and treatment plans on theory and empirical or scientific results. The 2005 modification requires that the counselors define the techniques and procedures and explain the potential risks and ethical considerations of using such techniques and procedures and take steps to protect clients from possible harm.

4.5.4 Section D: Relationships with Other Professionals

Introduction

Professional counselors recognise that the quality of their interactions with colleagues can influence the quality of services provided to clients.

They work to become knowledgeable about colleagues within and outside the field of counseling. Counselors develop positive working relationships and systems of communication with colleagues to enhance services to clients.

D.1) Relationships with Colleagues, Employers, and Employees

- D.1.a) Different Approaches
- D.1.b) Forming Relationships
- D.1.c) Interdisciplinary Teamwork
- D.1.d) Confidentiality
- D.1.e) Establishing Professional and Ethical Obligations
- D.1.f) Personnel Selection and Assignment
- D.1.g) Employer Policies
- D.1.h) Negative Conditions
- D.1.i) Protection from Punitive Action

D.2) Consultation

- D.2.a) Consultant Competency
- D.2.b) Understanding Consultees
- D.2.c) Consultant Goals
- D.2.d) Informed Consent in Consultation

2005 modifications: Counsellors across work settings are part of interdisciplinary teams. There are several new standards that address responsibilities to develop and strengthen relationships with colleagues from other disciplines to best serve clients (standard D.1.b) The 2005 modification requires the counselors to keep the focus on the well being of clients by drawing on the perspectives, values and experiences of the counselling profession and those of colleagues from other disciplines and to clarify professional roles, parameters of confidentiality and ethical obligations of the team and its members.

4.5.5 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

E.1.b) Client Welfare

E.2) Competence to Use and Interpret Assessment Instruments

E.2.a) Limits of Competence

E.2.b) Appropriate Use

E.2.c) Decisions Based on Results

E.3) Informed Consent in Assessment

E.3.a) Explanation to Clients

E.3.b) Recipients of Results

E.4) Release of Data to Qualified Professionals

E.5) Diagnosis of Mental Disorders

E.5.a) Proper Diagnosis

E.5.b) Cultural Sensitivity

E.5.c) Historical and Social Prejudices in the Diagnosis of Pathology

E.5.d) Refraining From Diagnosis

E.6) Instrument Selection

E.6.a) Appropriateness of Instruments

E.6.b) Referral Information

E.6.c) Culturally Diverse Populations

E.7) Conditions of Assessment Administration

E.7.a) Administration Conditions

E.7.b) Technological Administration

E.7.c) Unsupervised Assessments

E.7.d) Disclosure of Favorable Conditions

E.8) Multicultural Issues/ Diversity in Assessment

E.9) Scoring and Interpretation of Assessments

E.9.a) Reporting

E.9.b) Research Instruments

E.9.c) Assessment Services

E.10) Assessment Security

E.11) Obsolete Assessments and Outdated Results

E.12) Assessment Construction

E.13) Forensic Evaluation: Evaluation for Legal Proceedings

- E.13.a) Primary Obligations
- E.13.b) Consent for Evaluation
- E.13.c) Client Evaluation Prohibited
- E.13.d) Avoid Potentially Harmful Relationships

2005 modifications: One noteworthy change in this section is the terminology used. The word tests used in 1995 code has been replaced with the word assessment which has a broader and more holistic meaning. In E 13.a and in E.13.d. the counselors are required to understand their primary obligations when conducting forensic evaluations, how these obligations differ from those involved in counseling and their responsibility to explain to the clients. The new standards also prohibit counselors from conducting forensic evaluations with clients they are counseling or have counseled so as to 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. (Standard E 13.d)

4.5.6 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
- F.1.b) Counselor Credentials
- F.1.c) Informed Consent and Client Rights

F.2) Counselor Supervision Competence

- F.2.a) Supervisor Preparation
- F.2.b) Multicultural Issues/Diversity in Supervision

F.3) Supervisory Relationships

- F.3.a) Relationship Boundaries with Supervisees
- F.3.b) Sexual Relationships
- F.3.c) Sexual Harassment
- F.3.d) Close Relatives and Friends
- F.3.e) Potentially Beneficial Relationships

F.4) Supervisor Responsibilities

- F.4.a) Informed Consent for Supervision
- F.4.b) Emergencies and Absences
- F.4.c) Standards for Supervisees
- F.4.d) Termination of the Supervisory Relationship

F.5) Counseling Supervision Evaluation, Remediation, and Endorsement

- F.5.a) Evaluation

- F.5.b) Limitations
- F.5.c) Counseling for Supervisees
- F.5.d) Endorsement

F.6) Responsibilities of Counselor Educators

- F.6.a) Counselor Educators
- F.6.b) Infusing Multicultural Issues/ Diversity
- F.6.c) Integration of Study and Practice
- F.6.d) Teaching Ethics
- F.6.e) Peer Relationships
- F.6.f) Innovative Theories and Techniques
- F.6.g) Field Placements
- F.6.h) Professional Disclosure

F.7) Student Welfare

- F.7.a) Orientation
- F.7.b) Self-Growth Experiences

F.8) Student Responsibilities

- F.8.a) Standards for Students
- F.8.b) Impairment

F.9) Evaluation and Remediation of Students

- F.9.a) Evaluation
- F.9.b) Limitations
- F.9.c) Counseling for Students

F. 10) Roles and Relationships between Counselor, Educators and Students

- F.10.a) Sexual or Romantic Relationships
- F.10.b) Sexual Harassment
- F.10.c) Relationships with Former Students
- F.10.d) Nonprofessional Relationships
- F.10.e) Counseling Services
- F.10.f) Potentially Beneficial Relationships

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

- F.11.a) Faculty Diversity
- F.11.b) Student Diversity
- F.11.c) Multicultural/Diversity Competence

2005 modifications: This section has been reorganised since 1995 and greatly expanded in terms of noting ethical obligations of counselors who supervise counseling students, trainees and staff. This section F focusses on counselor supervision and client welfare across settings, informed consent in the supervisory

relationship. It also deals with competence of counseling supervisors, supervisor responsibilities and potentially harmful or beneficial relationships between supervisors and supervisees. It also deals with the relationship between faculty members and students, students welfare and orientation, self growth experiences, impairment of counseling students and supervisees. It also presents the requirement of ethical evaluation of the performance of supervisees and students and endorsement of supervisees and students.

4.5.7 Section G: Research and Publication

Introduction

Counselors who conduct research are encouraged to contribute to the knowledge base of the profession and promote a clearer understanding of the conditions that lead to a healthy and more just society. Counselors support efforts of researchers by participating fully and willingly whenever possible. Counselors minimize bias and respect diversity in designing and implementing research programs.

G.1) Research Responsibilities

- G.1.a) Use of Human Research Participants
- G.1.b) Deviation from Standard Practice
- G.1.c) Independent Researchers
- G.1.d) Precautions to Avoid Injury
- G.1.e) Principal Researcher Responsibility
- G.1.f) Minimal Interference
- G.1.g) Multicultural/Diversity

G.2) Rights of Research Participants

- G.2.a) Informed Consent in Research
- G.2.b) Deception
- G.2.c) Student/Supervisee Participation
- G.2.d) Client Participation
- G.2.e) Confidentiality of Information
- G.2.f) Persons Not Capable of Giving Informed Consent
- G.2.g) Commitments to Participants
- G.2.h) Explanations after Data Collection
- G.2.i) Informing Sponsors
- G.2.j) Disposal of Research

G.3) Relationships with Research Participants

- G.3.a) Non professional Relationships
- G.3.b) Relationships with Research Participants
- G.3.c) Sexual Harassment and Research Participants
- G.3.d) Potentially Beneficial Interactions

G.4) Reporting Results

- G.4.a) Accurate Results
- G.4.b) Obligation to Report Unfavorable Results
- G.4.c) Reporting Errors
- G.4.d) Identity of Participants
- G.4.e) Replication Studies

G.5) Publication

- G.5.a) Recognising Contributions
- G.5.b) Plagiarism
- G.5.c) Review/Republication of Data or Ideas
- G.5.d) Contributors
- G.5.e) Agreement of Contributors
- G.5.f) Student Research
- G.5.g) Duplicate Submission
- G.5.h) Professional Review

2005 modifications: The term research subjects has been replaced by the terms research participants. According to new standards G.1.c. the independent researchers have an ethical obligation to consult with researchers who are familiar with Institutional Review Board requirements in order to provide appropriate safeguards for research participants. This section also deals with issues related to publication. The new standards specifically state that the counselors do not plagiarise the work of others. The professional review has also been expanded in the new code.

4.5.8 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

- H.1.a) Knowledge
- H.1.b) Conflicts Between Ethics and Laws

H.2) Suspected Violations

- H.2.a) Ethical Behaviour Expected

- H.2.b) Informal Resolution
- H.2.c) Reporting Ethical Violations
- H.2.d) Consultation
- H.2.e) Organisational Conflicts
- H.2.f) Unwarranted Complaints
- H.2.g) Unfair Discrimination against Complainants and Respondents

H.3) Cooperation with Ethics Committees

2005 modifications: The 2005 code provides greater clarity to counselors about ways to address potential conflicts between ethical guidelines and legal requirements. Standard H.1.b. notes that in such situations counselors make known their commitment to the 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. Another change in this section is the expanded list of potential agencies and organisations to which information regarding suspected or documented ethical violations may be reported to include “state or national certification bodies, state licensing boards or appropriate institutional authorities. (standard H.2.c.) Finally there is a new standard (H.2.g) that protects the rights of ACA members who have made or been the subject of an ethics complaint.

4.6 LET US SUM UP

The challenge of working ethically means that counselors will inevitably encounter situations where there are competing obligations. Counselors are having code of ethics to guide them in the practice of helping others. Counselors generally consult ethical standards of ACA when they face ethical dilemmas. In making ethical decisions, counselors rely on personal values as well as ethical standards. They also consult with professional colleagues. It is imperative that counselors become well informed regarding ethics for their as well as their client’s welfare. Counselors should have academic and working knowledge of ethics.

These ethics are intended to be of assistance in such circumstances by directing attention to the variety of ethical factors that may need to be taken into consideration and to alternative ways of approaching ethics that may prove more useful. No statement of ethics can totally alleviate the difficulty of making professional judgments in circumstances that may be constantly changing and full of uncertainties. By accepting this statement of ethics, members of the American Counseling Association are committing themselves to engaging with the challenge of striving to be ethical, even when doing so involves making difficult decisions or acting courageously.

4.7 UNIT END QUESTIONS

- 1) Define Ethics.
- 2) Discuss the ethical principles of counseling.
- 3) What are the purposes of ACA code of ethics?
- 4) Explain Section C of ACA.

- 5) Explain the meaning of Beneficence and Nonmaleficence.
- 6) What are professional codes of ethics?

4.8 SUGGESTED READINGS

Corey, G. (2008): *Theory and Practice of Counseling and Psychotherapy*. USA: The Thompson Brooks.

Narayana Rao (2008): *Counseling and Guidance*. New Delhi: Tata Mc-Graw Hill.

Tim Bond (2000): *Standards and Ethics for Counselling in Action*. SAGE Publication

Samuel T. Gladding (2009): *Counseling: A Comprehensive Profession*. Publisher: Pearson/Merrill Prentice Hall.