8. Professional Orientation and Ethical Practice

1. Counseling defined
The American Counseling Association (ACA) has defined counseling as: The application of mental health, psychological or human development principles, through cognitive, affective, behavioral or systemic interventions, strategies that address wellness, personal growth, or career development, as well as pathology.

In 2010 the ACA sponsored task force, 20/20: A Vision for the Future of Counseling, achieved consensus on the following definition of counseling:
Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.

2. Historical review
1879--First psychological laboratory established-Wilhelm Wundt
1890--Sigmund Freud used psychoanalysis in treating mental illness
1898--Jesse Davis began working as a counselor in a Detroit high school
1908--Clifford Beers exposed conditions in mental health institutions by writing, A Mind That Found Itself
1908--Frank Parsons directed the Vocation Bureau in Boston
1909--Parson’s book, Choosing A Vocation, was published; established the trait-factor guidance approach
1913--National Vocational Guidance Association founded-first professional counseling association
1917--Smith-Hughes Act grants federal funds for vocational education and guidance
1927--Strong-Vocational Interest Blank published
1939--E.G. Williamson published How To Counsel Students which modified Parson’s trait-factor approach
1942--Carl Rogers published Counseling and Psychotherapy
1945+ during the post WWII years, counseling services to veterans in the VA were greatly expanded
1951--The American Personnel and Guidance Association was founded 1954--The Office of Vocational Rehabilitation was created
1958--The National Defense Education Act was passed. This provided money for training of school counselors
1960’s--Several new theoretical counseling approaches were developed such as behavioral, reality, gestalt, and rational emotive
1962--Gilbert Wrenn published The Counselor in A Changing World emphasizing counseling as a profession focused on developmental needs
1976--State of Virginia passed the first general practice counselor licensure law
1981--Council for the Accreditation of Counseling and Related Educational Programs (CACREP) was established
1980’s--Counseling credentialing (licensure and certification) mushroomed
1983--APGA changed its name to American Association for Counseling and Development (AACC); became ACA in 1992
1990’s--Counseling expands services and specialty areas increase
1990’s and onward--more federal legislation recognizes counseling as a distinct profession
2000’s--there are more than 55,000 nationally certified counselors and more than 110,000 licensed counselors
2010--California passed counselor licensure legislation. Now all 50 states, the District of Columbia, and Puerto Rico have licensure
2011--2020 ongoing issues are professional identity, licensure portability, and role of CACREP in setting standards

3. Upheaval in the profession
A significant professional issue at this time includes the roles, values, and influence being exerted by the national counselor accreditation agency, CACREP (Council for the Accreditation of Counseling and Related Educational Programs). Because the profession of counseling (e.g., American Counseling Association) is seeking to be more unified and recognized within and outside the profession, it is focusing on CACREP as a unifying force. As a result, outside constituencies including academic institutions, licensure authorities, and hiring bodies are moving to include or require CACREP program graduation as a requirement for admission or eligibility.

For the many thousands of professional counselors who did not graduate from or are enrolled in a non-CACREP program, this is a dilemma. For example, some states are moving toward licensing only CACREP graduates as professional counselors. Beginning in 2022, the National Board for Certified Counselors (NBCC) will only certify CACREP graduates. The US Department of Defense TRICARE program will require Certified Clinical Mental Health Counselors for independent practice. Such counselors are certified through NBCC.

There will be pressure on academic institutions that have counselor education programs to see that these programs are CACREP-approved in order to make their graduates more viable in the counseling profession. Some entities (such as school districts hiring counselors) are willing to consider non-CACREP graduates although they may prefer CACREP graduates.

Because master's degree programs in counseling psychology are not eligible for accreditation by the American Psychological Association or CACREP, some non-CACREP graduate education programs have formed a coalition with these psychology programs to form a new accrediting body. The mission of the Master's in Psychology and Counseling Accreditation Council (MPCAC) is “to accredit academic programs in psychology and counseling, which promote training in the scientific practice of professional psychology and counseling at the master’s level.” Some counselors and
educators in the counseling and psychology professions view this accreditation as an alternative to CACREP.

4. Other current and continuing trends and issues
A. Disaster mental health
A number of events, circumstances and natural phenomena are leading to an increased focus of the profession on disaster, trauma and crisis counseling. Natural disasters, wars and conflicts, terrorism and other traumatic events require particular mental health diagnostic skills and treatment interventions. Beginning with the 2010 national convention of the ACA, a new category of programs titled Disaster Mental Health appeared. The recent revision of the Council for Accreditation of Counseling and Related Educational Programs (CACREP) includes counselor training standards for disaster, trauma and crisis counseling.

B. Definition and scope of practice
Counseling continues to define areas of interest and competence such as violence/trauma/crises, multiculturalism, spirituality, wellness, and technology. Because of the diversity of what counselors do, a 'collective identity' is difficult to establish. Scope of counseling practice is dynamic as changing state laws and other professions exert influence on the profession.

C. Portability
The American Association of State Counseling Boards (AASCB) is taking an active role in implementing a process of easing the transition of licensed counselors moving from one state to another. Some of the issues involved include states have different educational requirements, titles of licensed professional counselors differ, different licensure exams are used, and scope of practice is different. You can access AASCB at: www.aascb.org.

D. Social justice counseling
Building on the advances of multicultural counseling, the principle of social justice is expanding. Social justice counseling addresses issues of unequal power, unearned privilege and oppression, and seeks a greater balance of power and resources in society. To better empower clients, advocacy competencies for counselors have been identified by ACA and implemented in counselor training programs.

E. Mind-body connections and implications
There is a need for counselors to understand the relationships between body functions, nutrition, medications/drugs, and mental states and behavior. Much behavior may be rooted in biological and brain functions which cannot be overlooked to ensure proper diagnoses and counseling approaches. This trend is manifested through coursework in counselor training programs as well as workshops and seminars for professionals in the field.

F. Distance and technology in providing counseling
The use of distance counseling and various media is increasing. A variety of social media may be used as an adjunct to building and maintaining a counseling relationship.
There is great potential to benefit or harm consumers. Distance counseling and technology guidelines have been published by ACA in their Code of Ethics.

5. ACA Advocacy Competencies
In order to provide a more socially just community and system in which their clients live, counselors feel the need to advocate for their clients, not only in the counseling office but in the communities from which they come. This is true for their school clients as well as clients in the community. At the direction of ACA, a task force developed a set of counselor advocacy competencies that applied to individual clients and students, to the community and systems, and to the general public in social and political arenas. The advocacy competencies, as endorsed and adopted by ACA in 2003, follow.

ACA Advocacy Competencies

A. Client/Student Empowerment
- An advocacy orientation involves not only systems change interventions but also the implementation of empowerment strategies in direct counseling.
- Advocacy-oriented counselors recognize the impact of social, political, economic, and cultural factors on human development.
- They also help their clients and students understand their own lives in context. This lays the groundwork for self-advocacy.

Empowerment Counselor Competencies
Indirect interventions, the counselor is able to:
- Identify strengths and resources of clients and students.
- Identify the social, political, economic, and cultural factors that affect the client/student.
- Recognize the signs indicating that an individual's behaviors and concerns reflect responses to systemic or internalized oppression.
- At an appropriate development level, help the individual identify the external barriers that affect his or her development.
- Train students and clients in self-advocacy skills.
- Help students and clients develop self-advocacy action plans.
- Assist students and clients in carrying out action plans.

B. Client/Student Advocacy
- When counselors become aware of external factors that act as barriers to an individual's development, they may choose to respond through advocacy.
• The client/student advocate role is especially significant when individuals or vulnerable groups lack access to needed services.

**Client/Student Advocacy Counselor Competencies**

In environmental interventions on behalf of clients and students, the counselor is able to:

- Negotiate relevant services and education systems on behalf of clients and students.
- Help clients and students gain access to needed resources.
- Identify barriers to the well-being of individuals and vulnerable groups.
- Develop an initial plan of action for confronting these barriers.
- Identify potential allies for confronting the barriers.
- Carry out the plan of action.

**D. Community Collaboration**

- Their ongoing work with people gives counselors a unique awareness of recurring themes. Counselors are often among the first to become aware of specific difficulties in the environment.
- Advocacy-oriented counselors often choose to respond to such challenges by alerting existing organizations that are already working for change and that might have an interest in the issue at hand.
- In these situations, the counselor's primary role is as an ally. Counselors can also be helpful to organizations by making available to them our particular skills: interpersonal relations, communications, training, and research.

**Community Collaboration Counselor Competencies**

- Identify environmental factors that impinge upon students' and clients' development.
- Alert community or school groups with common concerns related to the issue.
- Develop alliances with groups working for change.
- Use effective listening skills to gain understanding of the group's goals.
- Identify the strengths and resources that the group members bring to the process of systemic change.
- Communicate recognition of and respect for these strengths and resources.
- Identify and offer the skills that the counselor can bring to the collaboration.
- Assess the effect of counselor's interaction with the community.

**E. Systems Advocacy**

- When counselors identify systemic factors that act as barriers to their students' or clients' development, they often wish that they could change the environment and prevent some of the problems that they see every day.
- Regardless of the specific target of change, the processes for altering the status quo have common qualities. Change is a process that requires vision,
persistence, leadership, collaboration, systems analysis and strong data. In many situations a counselor is the right person to take leadership.

**Systems Advocacy Counselor Competencies**

In exerting systems-change leadership at the school or community level, the advocacy-oriented counselor is able to

- Identify environmental factors impinging on students' or clients' development.
- Provide and interpret data to show the urgency for change.
- In collaboration with other stakeholders, develop a vision to guide change.
- Analyze the sources of political power and social influence within the system.
- Develop a step-by-step plan for implementing the change process.
- Develop a plan for dealing with probable responses to change.
- Recognize and deal with resistance.
- Assess the effect of counselor’s advocacy efforts on the system and constituents.

**F. Public Information**

- Across settings, specialties, and theoretical perspectives, professional counselors share knowledge of human development and expertise in communication.
- These qualities make it possible for advocacy-oriented counselors to awaken the general public to systemic issues regarding human dignity.

**Public Information Counselor Competencies**

In informing the public about the role of environmental factors in human development, the advocacy oriented counselor is able to:

- Recognize the impact of oppression and other barriers to healthy development.
- Identify environmental factors that are protective of healthy development.
- Prepare written and multimedia materials that provide clear explanations of the role of specific environmental factors in human development.
- Communicate information in ways that are ethical and appropriate for the target population.
- Disseminate information through a variety of media.
- Identify and collaborate with other professionals who are involved in disseminating public information.
- Assess the influence of public information efforts undertaken by the counselor.

**G. Social/Political Advocacy**

- Counselors regularly act as change agents in the systems that affect their own students and clients most directly. This experience often leads toward the recognition that some of the concerns they have addressed affected people in a much larger arena.
- When this happens, counselors use their skills to carry out social/political advocacy.

**Social/Political Advocacy Counselor Competencies**
In influencing public policy in a large, public arena, the advocacy-oriented counselor is able to:

- Distinguish those problems that can best be resolved through social/political action.
- Identify the appropriate mechanisms and avenues for addressing these problems.
- Seek out and join with potential allies.
- Support existing alliances for change.
- With allies, prepare convincing data and rationales for change.
- With allies, lobby legislators and other policy makers.
- Maintain open dialogue with communities and clients to ensure that the social/political advocacy is consistent with the initial goals.

6. Profession
A profession is a vocational activity with an underlying body of theoretical and research knowledge, and a publicly professed, self-imposed set of behavioral guidelines. Counseling is a profession arising out of the many influences of the past 140 years.

7. Accreditation
Accreditation is a process through which public recognition is granted to a college or university or specialized program of study which meets certain established qualifications or standards. Accreditation applies to programs of study, not to individuals.

8. Council for Accreditation of Counseling and Related Educational Programs (CACREP)
- The Council was founded in 1981. This is the body that accredits counselor training programs at the master's and doctoral levels. It establishes standards for professional competence and prepares future practitioners. CACREP encourages continual review and development of academic and professional practice programs. Most state licensure boards accept CACREP standards and requirements for licensure.
- CORE (Council on Rehabilitation Education) is an official affiliate of CACREP. Standards for Clinical Rehabilitation Counseling have been adopted. Some CORE programs may also be eligible for accreditation of their clinical mental health programs.
- The CACREP standards are under revision for publication in 2016. The current standards identify six master’s level programs: addictions; career; clinical mental health; marriage, couple and family; school; and student affairs and college. The one doctoral program accredited by CACREP is counselor education and supervision.
There are about 700 accredited programs in the US and many institutions have two or more. Additionally, about 60 accredited doctoral programs exist.

9. Other accrediting bodies
- American Psychological Association (APA) accredits clinical, counseling, school, and combined areas psychology programs—all at the doctoral level. Nearly 400 separate programs are accredited.
- American Association for Marriage and Family Therapy (AAMFT) accredits marriage and family therapy training programs at the master’s, doctoral, and postdoctoral levels. About 120 AAMFT programs have been accredited.

10. Certification
Certification is a voluntary process through which recognition is granted to an individual who has met certain predetermined qualifications. Certification is a title control process. For example: For the designation National Certified Counselor, the word controlled is 'Certified.' Others cannot use that word without threat of lawsuit by whoever does the certification. National Counselor Certification is mobile; it goes with you wherever you move.

11. National Board for Certified Counselors, Inc. (NBCC)
- This Board provides for generic counselor certification (National Certified Counselor-NCC). General requirements include a master’s degree in counseling, coursework in eight content areas, pre-degree field experiences (practica, internships), 3,000 hours of post-degree supervised (100 hours) work experience over a two-year time period, and successful completion of the National Counselor Exam (NCE). There are over 55,000 active certificants.
- Following receipt of the NCC, specialty counselor certification is also possible in these areas with an exam required:
  - National Certified School Counselor (NCSC).
  - Certified Clinical Mental Health Counselor (CCMHC).
  - Master Addictions Counselor (MAC).
- NBCC requires continuing education units to remain certified - 100 clock hours for each five years of certification.
- Graduate students in counseling near the end of their programs can apply for and take the NCE. If they are in a CACREP program, they can become certified upon graduation without post-degree work experience. Graduate students in a non-CACREP program become Board Eligible at graduation and must complete post-degree work experience (3,000 hours).
- Beginning in 2022, only CACREP graduates will be eligible for national certification by NBCC. Existing national certified counselors who are non-CACREP graduates, will be able to continue their certification status.
- Other certifying bodies include:
Commission on Rehabilitation Counselor Certification
States certify school counselors, drug and alcohol counselors, and other counseling related groups

12. Licensure
Licensure refers to the passing of a law at the state level to control the practice and/or title of an occupation (e.g. counseling). In this process, a state gives permission to an individual to practice counseling (as defined in that state’s law) and to use a title such as Licensed Professional Counselor or something similar. There is no licensure at the national level.

- General requirements around the country for licensure are a master’s degree in counseling, coursework in the eight content areas, pre-degree field experiences, post-degree supervised counseling work experience, and successful completion of an exam.
- There are variations in requirements from state to state. For example, some require a 48-hour master’s degree and others 60. Most states require between 2,000 and 4,000 hours of post-degree work experience. Most states use the National Counselor Examination for licensure, some use the National Clinical Mental Health Counseling Examination, and some states allow either exam.
- Some states have two levels of licensure and use a different exam for each level.
- The vast majority of states have ‘title and practice-control’ laws which mean no one practices counseling unless he or she has a license.
- A few states have ‘title-control’ laws which mean anyone can practice counseling but cannot use the title (e.g., Licensed Professional Counselor) legally unless they are licensed. Licensure is state-bound. It does not move with you although you can go through the licensure process in another state. You can be licensed in several states simultaneously. Most states require continuing education hours for licensure renewal.

All 50 states, the District of Columbia and Puerto Rico have licensure of counselors. Portability of the licensure credential between states is difficult without going through the licensure process again in the ‘new’ state.

Some threats to licensure for counselors include:
- As state licensure laws are revised, the scope of practice for counselors may be redefined more narrowly, and
- Proposed changes to some states’ laws have suggested that counselors not to be allowed to use psychological tests.

13. Reciprocity
This is a process whereby one credentialing agency (e.g., state) accepts the credential of another agency as equivalent to its own. For example: One state licensure board accepts the license of another state as equivalent. Some states call this process endorsement instead of reciprocity.
14. Confidentiality and privileged communication

Confidentiality is an ethical concept. It springs from the privacy expected in a counseling relationship and is respected by the counselor.

Privileged communication is a legal concept. It is granted to counselors when a state law has been passed, such as a licensure law. This legal right to privileged counselor-client communication is similar to the privilege exercised by those in medical, legal, and psychology professions. It means that in a court of law, the counselor does not have to reveal what was said in counseling. There are several circumstances under which privileged communication is waived and confidentiality is broken. These include:

- Client is a danger to self or others
- Child abuse or neglect is alleged
- Client requests that counseling records be released
- A lawsuit is filed against you
- The material is used in supervisory sessions
- Involuntary hospitalization is being considered
- A court orders the release of information

15. Duty to warn (Tarasoff Case)

The Tarasoff family sued the Board of Regents of the University of California after Tatiana Tarasoff was murdered by Prosenjit Poddar, a client of a university psychologist. In session, Poddar had threatened to kill Tarasoff. The California court ruled in this 1976 case that failure to warn an intended victim was professionally irresponsible. Under such circumstances, you must break confidentiality (and waive the privilege if you have it) and warn the intended victim(s). Clearly, the ability of the counselor to adequately and appropriately determine the client's intentions is critical. Court cases in other states have generally reaffirmed and expanded this landmark legal decision.

16. Duty to protect

In cases of suicidal clients, there is an obligation to protect the client. Formal operating procedures and referral options should be identified in advance. Following are some signs in assessing the seriousness of suicide risk:

- direct verbal warnings and previous attempts,
- definite plan established and the means available (gun, pills, etc.),
- depression and sense of hopelessness,
- giving possessions away,
- history of alcohol or drug abuse.

The duty to protect also applies to others such as children, and in most states, the elderly and others with physical or mental disabilities.

17. Physician-assisted suicide
As of 2015, five states allow physician-assisted suicide: Oregon, Vermont, Washington, Montana, and New Mexico (one county only). In general, the individual must have a terminal illness. Physicians are allowed to prescribe medications to hasten death and cannot be prosecuted for doing so.

18. Statement of disclosure and informed consent
A statement of disclosure or informed consent is an ethical necessity and may be required by law in some states. This document may identify counseling procedures, techniques, counselor credentials, and grievance procedures and is given to the potential client before the counseling relationship begins. The disclosure can alert the client in advance under what circumstances you as a counselor, will break confidentiality depending upon disclosures made by the client. Informed consent includes the process for releasing client information.

19. Professional liability
Counselors can be held liable, sued, and taken to court for causing harm through mental distress, defamation, sexual harassment or conduct, negligence, misrepresentation of professional service, and battery. Malpractice is the failure to provide professional services, or to provide those services at a level below that which would be expected of a professional in similar circumstances. In order for a malpractice claim to succeed in a court of law, all four of the following conditions must be met:
- a professional relationship was established,
- there was a breach of duty -- the therapist was negligent or services did not meet community standards,
- the client suffered physical or psychological injury,
- the injury was caused by the breach of duty.

20. Professional liability insurance
This insurance is highly recommended. Several insurance providers are available. The American Counseling Association sponsors a professional liability insurance program for members through the Healthcare Providers Service Organization (HPSO). Different rates are available for counselors employed, counselors self-employed, and graduate students.

This federal law is also referred to as the Buckley Amendment. The intent of the act was to protect the privacy of individuals. It allows parents of students under 18 years of age and students themselves, if they are at least eighteen years old, access to information in their educational (not counseling) records.

22. Title IX of the educational amendments
This 1972 legislation bans sex discrimination in schools (K-12 and colleges) in academics and athletics. The focus of this law has been mostly on providing women equal opportunities as men in sports. The same sports do not need to be available, but
women must be provided the same proportional participation opportunities (same number of athletes, not number or kinds of teams).

23. Third party payment
This is reimbursement from an insurance company (third party) to a private practice counselor who provides services to a client insured by that company, usually through the client's employer. Payment to master's level counselors, even if they are licensed, is not automatic. Much depends on their state's counselor licensure law. Marital therapy is often not reimbursed. Some private practice counselors will only see clients who can pay them directly and the client may or may not file for insurance reimbursement. In some states, insurance laws have been changed so licensed counselors must be reimbursed by insurance companies for the treatment of certain mental illnesses.

24. Managed health care
Managed health care refers to requirements promoted by insurance companies to reduce health care costs. It includes strict compliance with policies regarding diagnosis, treatment plan, record-keeping, etc. Many mental health professionals including counselors, social workers, and psychologists, who choose to practice privately, apply for provider list status which are managed by Health Maintenance Organizations (HMOs) or Preferred Provider Organizations (PPOs). Without such provider status, many potential clients cannot be referred to them.

25. Affordable Care Act - 2010
The purpose of the Affordable Care Act is to increase the quality and affordability of health insurance, lower the uninsured rate by expanding public and private insurance coverage, and lower the costs of healthcare for both individuals and the government. A number of tools were designed to accomplish this-including mandates, subsidies, and insurance exchanges-meant to increase coverage and affordability. Insurance companies must cover all applicants within new minimum standards and offer the same rates regardless of pre-existing conditions. In general, mental health care services are to be treated the same as regular health care. This extends the requirement of the Mental Health Parity and Addiction Equity Act which was passed in 2008. In other words, if health care plans cover mental health and addictive disorder services, they must do so under the same terms and conditions as apply to substantially all other general medical services covered. Health care plans cannot discriminate against counselors providing services which are authorized under their state's license or certification. Health care plans must cover a package of benefits including mental health and substance use disorder services, including behavioral health treatment.

26. Health Insurance Portability and Accountability Act (HIPPA)
This national law establishes standards for protecting the privacy of patient information in the health industry including psychotherapy records which include medication, treatment, diagnostic and clinical test information. It regulates the transmission of client
records and insurance claim information including that sent through electronic means. Clients must sign a document stating they have been informed of HIPPA rules. Mental health clients must sign a release before their information may be shared with others. HIPPA allows them to inspect their records and request changes. Strictly general, summary counseling notes, not at all medical in nature, are not subject to HIPPA and require a separate release of information for disclosure. For more information, visit: www.hhs.gov/ocr/privacy/hippa/understanding/summary.

27. Mental Health Parity, TRICARE, and the VA
The federal law titled Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act is now in effect. Private sector health plans covering 50 or more employees and state and local government plans (not self-insured) must now provide the same level of coverage to individuals with mental health and addiction issues as to individuals with medical and surgical issues. The law does not speak to providers of those mental health or addiction services.

TRICARE allows active and retired military service members and their families to get services from TRICARE Certified Mental Health Counselors without first seeing a physician, or getting a referral from a physician. Other licensed professional counselors can continue to practice under the supervision of a TRICARE-authorized physician.

The Veteran’s Administration has approved the hiring of licensed professional mental health counselors. If they have one or more years of mental health counseling experience, they are authorized to practice independently within the various VA institutions and its components.

28. Employee assistance counseling
Counselors who work in Employee Assistance Programs (EAPs) identify, counsel and/or refer out troubled workers. Sometimes the EAP is located within the company and other times the company has a contract with an outside EAP provider.

29. Counseling program planning and development
The planning of a counseling program begins with conceptualization of the program and then proceeds to development, implementation and evaluation.

Critical steps in program planning include:
1) **Conceptualize the system:** Examine and understand the broader system in which the counseling program will be located.
2) **Establish philosophy and assess needs:** The general philosophy or mission of the counseling program must be established. An assessment of needs is a critical data gathering effort.
3) **Develop goals and objectives** of the counseling program:
   - **Goals** are broad statements of the general intentions of the program.
Objectives are specific, behavioral, and measurable and based on the goals of the program. Goals and objectives are developed based, in part, on the needs assessment data collected.

4) **Process information:** Throughout the planning of the counseling program, a feedback loop of information should be in place to assure program development is proceeding appropriately, all steps are covered, etc.

5) **Conduct a pilot study:** If possible, a small scale pilot should be conducted in order to determine if development is on target, and any major problems may be uncovered before full-scale implementation.

6) **Develop a plan:** The plan is a roadmap guiding the development to assure the goals and objectives will be met. Personnel, facilities, resources, and money are part of the plan.

7) **Implementation:** Depending on how extensive the counseling program is to be, a plan and schedule for implementation, hiring, training and related issues must be developed.

8) **Operate the counseling program:** The doors open and clients make use of the services. Fine tuning of procedures and services occurs.

9) **Evaluate the program:** This is the process of determining whether the goals and objectives established for the counseling program have been met.

10) **Modify the counseling program:** Depending on the data gathered in the evaluation process, the program will be modified, or perhaps, eliminated.

### 30. Needs assessment

A need is a discrepancy between what is and what is desired. A needs assessment measures these discrepancies. The actual form of the needs assessment may vary although a written questionnaire is often used. For efficiency and cost purposes, a needs assessment may be conducted electronically. However, needs assessments may also be conducted through interviews and focus groups. To insure validity of the needs assessed, random sampling is critical in order to get a representative response and accurate picture of the needs. The needs assessment process should be structured so the data gathered can be compiled, analyzed and interpreted.

### 31. Counseling program management

Managing a counseling program requires the knowledge and skills that other management positions require. Management requires some or all of the following skills and activities:

- **Strategic planning** - assessing the nature of the counseling program and what it might look like in the future.
- **Program design and development** - in addition to goals and objectives, performance objectives and standards must be designed or adapted from other similar counseling programs.
- **Budgeting** - forecasting and resource allocation skills are necessary. Managing the budget is essential.
- **Personnel management** - hiring and training staff and professional employees including attention to affirmative action issues.
- **Supervision** - occurs at two levels. There must be program supervision as well as supervision of personnel around job performance and counseling skills.
- **Evaluation** - necessary to determine whether the counseling program is meeting its goals and objectives and whether staff are meeting performance standards.
- **Marketing and public relations** - successful program management includes developing and disseminating information about the counseling program, advocacy, fund raising efforts, etc.

32. Code of ethics
A code of ethics is a profession’s statement of standards as to what is right or wrong regarding professional behavior. A code of ethics comes from the distilled wisdom of its members, cultural values and mores, and legal judgments and opinions. You are encouraged to study the ACA Code of Ethics. A number of ethical issues or dilemmas, which may be presented in vignette form, will appear on the CPCE.

33. Principles underlying ethical decision making
Faced with the same ethical dilemma, different counselors might use different principles to guide them. The following principles have been identified as those which typically underlie an ethical decision made by counselors:
- beneficence, working for the good of the individual and society
- nonmaleficence, not doing or inflicting harm
- autonomy, respecting freedom of choice and self-determination
- justice, treating individuals equitably, fairly
- fidelity, honoring commitments and keeping promises
- veracity, being truthful with individuals
A number of ethical decision making models have been proposed. A common thread includes the steps found in a problem-solving process. Obtaining consultation during this process is an important additional step.

34. Legal and ethical issues and dilemmas
State laws for counselor licensure usually incorporate many standards of practice from the ACA Code of Ethics. In fact, many states now require that licensed counselors follow the ACA Code of Ethics. A number of ethical and legal issues are presented here. They are separated for ease in conceptualization and study.

A. **Professional Standards of Practice**
   1) Know what these standards are and apply them as well as you can. Read your state statute and the ACA Code of Ethics.
2) Use some form of diagnostic system so you can assess the needs of clients and apply your services reasonably tailored to the needs of the clients.

3) Apply services which have a theoretical basis so you can justify the methods and techniques you use.

4) Your training and/or experience level must be consistent with the diagnostic system and theoretical methods and techniques you use.

5) Counselors must know and practice within their boundaries of competence based on such things as education, training, and supervised experience. Be careful not to misrepresent your training or credentials.

6) Be prepared to terminate the relationship if your services are no longer helpful.

B. Ethical Standards of Practice

1) Subscribe to a professional code of ethics and operate accordingly.

2) Know what is ethical in terms of professional practice in your field.

3) Obtaining informed consent will prevent troubles later.

4) Let clients know in advance what you will do (such as break confidentiality) to different client disclosures.

5) For minors, you may need to get a guardian's consent before a counseling relationship can begin.

6) Let clients know if you are recording, receiving supervision, or are in a training program.

7) Sexual contact is not ethical. A hug or touch used appropriately may enhance therapy. Sexual attraction toward clients should be recognized, not acted upon, and may be a good reason to obtain consultation. Sexual relationships between counselor educators and their students or supervisees are unethical. Sexual contact is unethical if it occurs less than five years after therapy ends (ACA Code of Ethics). Some state laws may mandate a different time period.

8) The ACA Code of Ethics indicates that counselors may be 'justified' in telling a partner that a client is HIV Positive, has AIDS, or other life-threatening disease, if the client does not do so. No state law requires disclosure to a client's partner. Be sure to seek consultation.

9) Ethical practice requires confidentiality which is the basis of trust. You must recognize the limitations to confidentiality which include:
   - serious and foreseeable harm to the client or others
   - discussion with other counseling professionals who may be helpful
   - discussion with superiors or instructor if the counselor is a student
   - client requests counseling records be released
   - a lawsuit is filed against you
   - when a court orders it
   - clerical personnel in the counseling office
   - managed care providers and insurance companies
10) Managing and maintaining boundaries and professional relationships may carry risks. There could be a power differential that could be exploitative. Sometimes such relationships cannot be avoided. This may occur most frequently in small communities. Examples are:
   - The 17-year old daughter of your office secretary wants counseling and you are the only therapist for many miles
   - One of your clients joins the community fraternal organization to which you belong

Engaging in more than one role may be beneficial for the client and not unethical. Examples are:
   - You are invited to an important event in the client's life such as a wedding or funeral
   - You attend a community event that is highly valued to the client such as a cultural festival or Gay Pride activity

11) Counselors will be committed to increasing their knowledge, awareness, and sensitivity in order to work effectively with diverse client groups. Without adequate preparation, counseling such individuals may be unethical. Some cultures may have customs and traditions which may require particular counselor sensitivity.

For example:
   - Giving a gift to the counselor is highly valued and refusing the gift may be very culturally insensitive
   - Confidentiality may be perceived differently within a collectivistic culture than in many other cultures

12) Practicing distance counseling demands informed consent about the relationship, technology, and social media issues.

For example:
   - Googling a client is an invasion of privacy
   - the counselor may need to establish a personal as well as a professional Facebook account
   - following a client on social media outlets without permission is unethical

C. Legal Standards of Practice

1) There is considerable overlap of legal and ethical practices in counseling. As licensure laws were formulated and passed by states, many ethical principles of the counseling profession were built into the law. There are some behaviors and practices that only the law addresses.

2) The law requires the reporting of abuse or suspected abuse of children who are under 18 years of age, in many states, reporting of abuse is also required when elderly or those with disabilities are involved.

3) Sexual contact between clients and counselors is illegal in most states.

4) The laws in some states allow counselors to put 'holds' on clients for medical observation and assessment.
5) Legally, parents of minors have a right to know about matters pertaining to their children. Ethically, it might be helpful to the counseling relationship if the parents agree to the need for confidentiality. Under some circumstances, minors can enter counseling without parental consent.

6) 'Privileged communication' is a legal right offered to counselors in most states, usually through licensure statutes.

7) Assigning diagnostic codes (or certain codes) to clients simply for insurance reimbursement purposes may constitute insurance fraud and is both unethical and illegal.

35. Ethical issues in group counseling
Some ethical issues which apply to group counseling include:

a. Informed consent: providing information (about rights and expectations) to prospective group members prior to the start of the group.

b. Confidentiality: group members have an ethical obligation to maintain confidentiality. However, confidentiality cannot be assured when there are multiple clients, and group members must be informed of that. Exceptions to confidentiality should be identified. Privileged communication (a legal concept) is ordinarily not applicable.

c. Social relationships: group members are discouraged from forming social relationships and discussing group issues in cliques or subgroups outside the group session. Discussion of this possibility should occur in the group and agreement should be reached as to how to deal with it.

d. Diverse groups: group leaders may need to discuss their values and their cultural assumptions. They need to respect cultural differences and world views of group members and model these behaviors for group members. Group members need to respect other members’ diversity.

36. Ethical issues in family counseling
Some ethical issues which apply to family counseling include:

a. Counselor responsibility and values: who is the client -- the family or each member of the family? Does the counselor align with the abused spouse? Or the neglected child? What if one spouse wants to divorce and the other wants to preserve the marriage?

b. Confidentiality and secrets: family members should discuss the limits of confidentiality. Will material brought up in individual sessions remain confidential or will 'such secrets' be brought into the family session? Child abuse and incest must be reported.

c. Custody and other legal implications: diagnostic labels on family members could be used in court later. What will be the counselor’s role or how will the counselor’s information be used in child custody hearings? Who is the client?

d. What is the counselor’s perception of the role of women in families? Does the counselor espouse traditional gender roles?
e. Role values and expectations: There are many issues in counseling when the families are different culturally. What are the family roles and dynamics in that culture?

37. Chi Sigma Iota
This is the Counseling Academic and Professional Honor Society International which began in 1985 at Ohio University. The purpose of Chi Sigma Iota is to promote scholarship, research, professionalism, and excellence in counseling. Members are students, educators and counseling practitioners. About 100,000 individuals have been initiated into CSI in chapters in the US and abroad. An important function of Chi Sigma Iota is the development of leaders in the field of counseling.

38. American Counseling Association
ACA consists of 20 divisions. Many divisions and ACA have agreed that counselors may be members of a division and not be required to join ACA. As of 2015, the 20 chartered divisions in ACA are:

1. Association for Child and Adolescent Counseling
2. American College Counseling Association
3. Association for Counselor Education and Supervision
4. National Career Development Association
5. The Association for Humanistic Counseling
6. American School Counselor Association
7. American Rehabilitation Counseling Association
8. Association for Assessment and Research in Counseling
10. Association for Multicultural Counseling and Development
11. Association for Spiritual, Ethical and Religious Values in Counseling
12. Association for Specialists in Group Work
13. International Association of Addictions and Offender Counselors
15. Association for Adult Development and Aging
16. International Association of Marriage and Family Counselors
17. Association for Counselors and Educators in Government
18. Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling
19. Association for Creativity in Counseling
20. Counselors for Social Justice

ACA has over 50 chartered branches in the U.S. and in many international territories and regions with a total membership of over 55,000.
Professional Orientation and Ethical Practice Study Questions

1. Which of the following captures the essence of informed consent?
   A. Having members sign a contract before joining a group.
   B. Telling members in some detail about the nature and purpose of the group.
   C. Having members decide upon all the activities of the group.
   D. Making sure that groups will always be composed of voluntary members.

2. Several principles may underlie an ethical decision made by a counselor. Which of the following is NOT one of those principles?
   A. Autonomy.
   B. Nonmaleficience.
   C. Pro bono.
   D. Fidelity.

3. Graduation from a CACREP program has been growing in importance over the last few years. Which of the following statements is NOT true?
   A. More employers of counselors and school districts prefer to hire CACREP graduates.
   B. The number of CACREP-accredited master's degree programs is slowly decreasing around the country.
   C. A new accrediting body called Master's in Psychology and Counseling Accreditation Council has been established.
   D. Beginning in 2022, only CACREP graduates will be eligible for national counselor certification by the National Board for Certified Counselors.

4. A counselor performs pre-marital counseling in conjunction with a church whose pastor refers couples to her. Ordinarily, the counselor sees the couple together twice, two times individually, and twice together again for a total of six sessions. In her second individual session with Torn, the counselor learns that he has not broken off his affair with another woman not his prospective marriage partner. An appropriate counselor response is to
   A. insist Tom tell his future wife.
   B. remind Tom of their agreement there would be no secrets.
   C. refer the couple to a more experienced pre-marital counselor.
   D. decide to provide Tom more individual counseling sessions.

5. Accreditation of counselor training programs requires that counseling theories are taught followed by a developmental process of skill building and application in practica and internships. A key component of accreditation is evaluation of this skill development. The body which accredits more counselor training programs than any other is
   A. American Association for Marriage and Family Therapy
   B. Council for Accreditation of Counseling and Related Educational Programs
C. American Psychological Association  
D. North Central Association of Schools and Colleges

6. Linda, an applicant for a graduate program in business, is a client of a mental health counselor. One day the counselor receives a call from the university where Linda is applying and asks for a recommendation for her. She listed the counselor as a reference on her graduate school application. An appropriate response by the counselor is
   A. tell the university that she will encourage Linda to share everything she wants with the university directly.
   B. knowing Linda is very excited to enroll in that program, tell the university she would be an excellent student.
   C. tell the university what questions they might ask Linda if they interview her.
   D. tell the university Linda must sign a release of information agreement before any information can be provided

7. A part-time clerical staff person has been hired for a private counseling agency. The professional staff has heard that this worker has been perusing computer files of active clients. There is no evidence that this worker has told anyone else of this confidential material. In this situation, the responsibility of the professional staff is to
   A. impress the staff person of the gravity of confidentiality of counseling information and train her in appropriate clerical duties.
   B. find out if the clerical worker has shared any confidential information with anyone outside of the office.
   C. dismiss the clerical worker.
   D. suggest that the clerical worker read the code of ethics

8. A school counselor notices what appear to be bruises on a sixth grade girl in counseling. The counselor recalls seeing the girl in the hallway a month earlier and she had a black eye. In response to the counselor's questions, the girl is evasive. Upon continued questioning, she says she hurt herself falling down while inline skating. The counselor
   A. dismisses the matter.
   B. schedules another appointment.
   C. notifies the appropriate authorities of suspected child abuse.
   D. sends the girl to inline skating lessons.

9. In a private mental health agency, your supervisor asks you to take an individual into counseling who has been her acquaintance for some years. After seeing the acquaintance three times, the supervisor asks to see your file since she made the referral to you to begin with. You
   A. give your supervisor a 'skeleton' file.
   B. stop seeing the client and refer the client elsewhere.
C. ask the client for written permission so you can talk to your supervisor if she has a legitimate 'need to know.'
D. report your supervisor to an ethics grievance committee.

10. Which of the following statements is NOT accurate?
A. Some counselor behaviors may be specified in an ethical code but not in a legal code.
B. Some counselor behaviors may be specified in a legal code but not in an ethical code.
C. Some counselor behaviors may be specified in neither the legal nor ethical codes.
D. A good code of ethics covers all counselor behaviors.

11. At a treatment center for delinquent girls, one of Carmen's clients expresses considerable rage toward her probation officer for "putting me in this place." The girl has a plan to harm the probation officer when she gets an opportunity. Carmen believes she is in breaking confidence and warning the probation officer because of the
A. Buckley amendment.
B. 72-hour hold law.
C. mandatory disclosure rule.
D. Tarasoff case.

12. Before writing an article for publication in a specific journal, the researcher should
A. examine copies of that journal before writing the manuscript.
B. identify at least two additional journals for simultaneous submission.
C. find a co-author.
D. contact the journal editor.

13. The use of distance counseling technology and social media in counseling is expanding. Which of the following statements is most correct?
A. Counselors who do distance counseling are subject to their state's laws and regulations but probably not to the state where their client lives.
B. If the counselor has a Facebook account, a professional and a personal profile account should be established.
C. Because of the distance involved, creating and maintaining professional boundaries across state lines are less important than face-to-face counseling.
D. To increase their knowledge of their clients' issues, counselors should routinely access clients' social media sites.

14. Twelve year old Teddy is brought to counseling by her mother at the suggestion of her middle school counselor. She seems depressed and her academic work is suffering. Teddy is one of three children and although her parents are recently separated, both have custodial rights. After a few sessions, the school counselor calls and asks Teddy's counselor to provide her some information. Teddy's counselor must
A. obtain a release of information form signed by Teddy.
B. obtain a release of information signed by the mother since she brought Teddy to counseling.
C. obtain a release of information signed by both parents since both are custodial parents.
D. obtain a release signed by a court-appointed guardian.

15. In addition to developing exams and providing for the certification of National Certified Counselors, the National Board for Certified Counselors provides for the specialty certification of all the following EXCEPT
A. marriage and family counselors.
B. school counselors.
C. mental health counselors.
D. addiction counselors.

16. A high school counselor specializes in assisting graduating seniors to get into their college of choice with the best possible chance for financial aid. Which of the following counselor activities is NOT unethical?
A. Providing old copies of standardized tests.
B. Outlining essays which students will send to colleges.
C. Calling college financial aid officers on behalf of students.
D. Suggesting parents ‘doctor’ tax statements to increase financial aid eligibility

17. Boundary and professional relationship issues have become more complex as presented in the most recent ACA Code of Ethics. Which of the following statements is LEAST accurate?
A. When professional boundaries are extended, counselors use informed consent, consultation and supervision.
B. Attending a commitment ceremony of a gay couple who are in counseling can occur with the proper precautions.
C. A counselor may establish and engage in a personal virtual (social or other media) relationship with a client.
D. Counselors obtain informed consent and allow the client the right to refuse the switching of counselor roles such as going from family to individual counseling.

18. The supervisor of interns at a counseling agency informs the three new interns of the standardized assessment instruments used there. All interns are expected to use them and derive diagnostic information from them. One of the interns has received no training in one of the instruments. She should
A. tell the supervisor immediately and ask for training.
B. administer the instrument but do not use the information for diagnosis until she has been trained.
C. complain to her university professor about the lack of training for this instrument.
D. sit in with the other interns when they use the instrument to learn about it.

19. More and more counselors move into supervision and counseling program management positions. In developing a new counseling program, identify the steps or processes which are in the proper order.
   A. Assess needs, implementation, develop a plan, evaluation.
   B. Develop a plan, evaluation, assess needs, implementation.
   C. Evaluation, develop a plan, assess needs, implementation.
   D. Assess needs, develop a plan, implementation, evaluation.

20. A 42-year-old African American Iraq War veteran has been assigned to a young, white female counselor at the VA Hospital. He is experiencing symptoms of PTSD and has been in and out of counseling for several years. During the second session with his new counselor, the client gets frustrated and angry and says, "I'm not getting any help here! This is just getting worse. What are you writing down about me? I want to see my records." The counselor
   A. deflects the client's request for the records and focuses on the anger.
   B. tells the client that the agency's policy is to not release records to clients.
   C. can ethically deny records to clients if they may be harmed by the contents.
   D. can ethically provide 'sanitized' summaries to the client.

21. In a training session on ethical and legal issues, the trainer discussed a number of professional issues of which counselors should be aware. At one point, he asked the participants this question: "Name a professional counselor activity that doesn't require the passage of a state law?" The trainer took responses from the audience. Jackson said, "Involuntary commitment." Marcia responded with, "Licensure." Naomi suggested, "Accreditation." Phil said, "Privileged communication." The correct response came from
   A. Naomi.
   B. Phil.
   C. Jackson.
   D. Marcia.

22. A client of a community agency counselor reveals he has the HIV virus but no symptoms of AIDS. The client has not told his gay partner and refuses to do so because he (the client) may never actually get AIDS. After further counseling and continued refusal by the client to tell his partner, the counselor ethically believes she must
   A. refer the client to a specialized AIDS counseling service.
   B. tell the client's partner after telling the client she would do so.
   C. contact the state public health officer.
   D. terminate the relationship.

23. With privileged communication, counselor-client communications are confidential. Which of the following is NOT an exception to privileged communication?
A. lawsuit filed against you.
B. The client requests release of his or her records.
C. The client is a danger to others.
D. The client's employer requests information.

24. The mother of a junior high school student who has been suspended asks to see her son's school file. She has the right to see the file because of
A. PL 94-142.
B. the state's counselor certification law.
D. the state's law for reporting abuse.

25. The American Counseling Association performs many functions and services on behalf of its members EXCEPT
A. represent counseling on legislative issues.
B. print and publish numerous journals and books for counselors.
C. sponsor and co-sponsor conferences in this and other countries.
D. require state branch members to be ACA members as well.

26. A career counselor beginning practice in a new community is designing a brochure describing his qualifications and services. Which of the following is inappropriate for the publication?
A. Master of Science Degree.
B. A complete range of career counseling services available.
C. Various interest and aptitude tests available.
D. Selection of a more satisfying career guaranteed

27. One of Annika's clients is a high school sophomore referred by an assistant principal for truancy and disruptive behavior. During their second session, the student inadvertently tells Annika that he earns 'spending money' selling marijuana to other students. At this point in the session, Annika lets the student know she will need to tell the principal about this activity. The student gets angry and accuses her of being a 'snitch.' Annika reminds the student that
A. the student handbook forbids drugs on campus.
B. marijuana is a gateway drug to more serious drugs.
C. he signed a disclosure form when counseling began indicating the counselor's need to report.
D. students who purchased marijuana from this client are at risk for expulsion.

28. A counselor is developing a genogram during the second session in family counseling. As the clients talk of their family backgrounds, the counselor realizes that the wife in counseling is actually her second or third cousin of which the woman is unaware. The counselor decides
A. to ignore this knowledge and not tell the woman.
B. to stop the counseling after this session, not tell the woman, and refer the family to another counselor.
C. to let the client know they are relatives and refer the family after explaining her ethical position.
D. to tell the woman they are relatives, mutually agree not to see each other outside of counseling, and continue counseling.

29. Privileged communication is a(n) ___________ concept.
A. ethical
B. legal
C. both ethical and legal
D. neither ethical nor legal

30. Jo received her master's degree from a CACREP program and at graduation, became a National Certified Counselor. Soon after, she was hired in her first professional position in a small mental health agency immediately assuming supervisory responsibilities for several counselors only one of whom had a master's degree. Agency clients included individuals, couples, and families. Jo never had a course in supervision and had only one course in marriage and family. After Jo began the job
A. she told the staff she wouldn't be much help in supervision for a while.
B. She enrolled in a supervision and in another marriage and family course at the nearest graduate program in counseling.
C. she scheduled experts in supervision and marriage and family to provide in-service training during the next three months.
D. she identified other resources in the agency and the community to help with supervision until she became more skilled

31. Which of the following statements about licensure of professional counselors is true?
A. With a doctorate, you can become licensed automatically.
B. Most states make up their own exam for licensure.
C. Some states have 'title-control' laws which means anyone can counsel legally.
D. Some states' licensure laws allow 36-credit hour master's degree for licensure.

32. Legislative language which bans sex discrimination in academics and sports in schools is found in
A. Title IX of the educational amendments.
B. Buckley amendment.
C. Americans with Disabilities Act.
D. Job Training Partnership Act.
33. After a counseling program has been developed and implemented, a key step to assure its successful operation is
A. designing goals and objectives.
B. doing a needs assessment.
C. conducting a pilot study.
D. conducting an evaluation.

34. A career counselor with experience working in business is asked to provide organizational development consultation to a large company. As the consultation proceeds over a few weeks’ time, it becomes clear that some of the workers in the company would benefit from therapy. The company asks the consultant to provide this counseling since they know him and believe he is doing a good job. The most appropriate reason for the counselor to decline is
A. it has been years since he did personal counseling.
B. that would conflict with his role in the company as a consultant.
C. he would rather do career counseling.
D. he has good friends who could do the counseling.

35. Portability is a current and important issue within the field of professional counseling. To have portability means
A. you can practice counseling in more than one state.
B. you will never need more graduate credits no matter what state you move to.
C. a degree in a non-related field will be acceptable along with extensive experience.
D. the process of becoming licensed in another state will be expedited.
Professional Orientation and Ethical Practice Question Answers

1. B
2. C
3. B
4. B
5. B
6. D
7. A
8. C
9. C
10. D
11. D
12. A
13. A
14. C
15. A
16. C
17. C
18. A
19. D
20. C
21. A
22. B
23. D
24. C
25. D
26. D
27. C
28. C
29. B
30. D
31. C
32. A
33. D
34. B
35. D