Professional Counseling Orientation & Ethical Practice

Ethics is the thread that runs through the whole exam. Expect it inside case questions from every other area, often as the “best first step.” Know the history well enough to place landmark events, and know the ACA Code well enough to apply it.

> **Where it shows up on the NCE:** Professional Practice & Ethics; also appears in Intake, Treatment Planning and Counseling Skills case questions.

Landmarks in the profession

Year	Event	Why it matters
1907–1909	Jesse B. Davis starts school guidance; Frank Parsons opens the Vocation Bureau (Boston) and writes *Choosing a Vocation*	Parsons is the “father of guidance”; trait-and-factor roots
1908	Clifford Beers, *A Mind That Found Itself*	Launches the mental hygiene movement
1942	Carl Rogers, *Counseling and Psychotherapy*	Shift to client-centered, nondirective counseling
1952	APGA forms (renamed AACD in 1983, ACA in 1992)	Professional identity and association
1958	National Defense Education Act (after Sputnik)	Funds training of school counselors
1963	Community Mental Health Centers Act	Expands community-based mental health services
1976	Virginia passes the first counselor licensure law	Start of state licensure
1981 / 1982	CACREP founded / NBCC founded (NCC credential)	Program accreditation / national certification
2009	California licenses counselors	All 50 states now license professional counselors
2014	Current ACA Code of Ethics	Still in force; a revision is in progress (see note)

Credentials: know the difference

Licensure	State law. Regulates title and/or practice. Required to practice independently (LPC, LMHC, LPCC).
Certification	Voluntary, usually national. Example: NCC through NBCC. Shows you met a standard; does not grant the right to practice.
Accreditation	Applies to programs, not people. CACREP accredits counselor education programs.

Registry	A list of practitioners; the weakest form of credentialing.

Ethical principles behind the code

- **Autonomy**: respect the client's right to choose.
- **Nonmaleficence**: avoid harm. Often the deciding principle on the exam.
- **Beneficence**: act for the client's good and the good of society.
- **Justice**: treat people fairly and equitably.
- **Fidelity**: keep promises and honor trust.
- **Veracity**: be truthful.

ACA Code of Ethics (2014): the nine sections

Section	Covers
A	The counseling relationship: informed consent, boundaries, values, termination, referral
B	Confidentiality and privacy, including exceptions, minors, groups and records
C	Professional responsibility: competence, advertising, credentials
D	Relationships with other professionals
E	Evaluation, assessment and interpretation
F	Supervision, training and teaching
G	Research and publication
H	Distance counseling, technology and social media
I	Resolving ethical issues

Rules that are tested again and again

Former clients	No romantic or sexual relationship with a former client, their partner or family member for 5 years, and only after deciding it is not exploitive (A.5.c). Never with current clients.
Boundary extensions	Not all dual relationships are banned. Document the rationale, the benefit and the safeguards (A.6.b).
Values	Do not impose your values. Do not refer a client solely because of your personal values (A.11.b).
Confidentiality limits	Serious and foreseeable harm to self or others, required reporting of abuse, court order, and client consent. Explain the limits at the start (informed consent is ongoing).
Subpoena vs. court order	A subpoena is not a court order. Respond, contact the client, and assert privilege; release records only with consent or a court order.
Privilege	Privileged communication is a legal right that belongs to the client, not the counselor.
Minors	Parents/guardians generally hold legal rights; counselors work to respect the minor's confidentiality as far as law allows.

Groups	Confidentiality cannot be guaranteed in groups or family counseling. Say so up front.

Laws and cases

Law / case	Key point
***Tarasoff* (1976)**	Duty to protect identifiable victims from a client's serious threat. State laws vary.
***Jaffee v. Redmond* (1996)**	Federal psychotherapist–patient privilege, extended to licensed clinical social workers
HIPAA (1996)	Privacy of health information; psychotherapy notes get extra protection
FERPA (1974)	Parents' access to education records; rights transfer to the student at 18
42 CFR Part 2	Stricter confidentiality for substance use disorder treatment records
Malpractice	Four elements: duty, breach of duty, harm, and causation

An ethical decision-making sequence (Forester-Miller & Davis)

1. Identify the problem.
2. Apply the ACA Code.
3. Determine the nature and dimensions of the dilemma, and consult.
4. Generate potential courses of action.
5. Consider the consequences of each option.
6. Evaluate the selected course (tests of justice, publicity and universality).
7. Implement the course of action.

Exam traps

- When a question asks what to do **first**, the answer is usually to consult the code, consult a supervisor, or ensure safety, not to take drastic action.
- Referral is not a way out of a values conflict.
- "Always" and "never" answers are usually wrong, except for sexual relationships with current clients.
- Informed consent is a process, not a single signature.

Quick self-check

1. Who holds the privilege in privileged communication?
2. How many years must pass before any romantic relationship with a former client may be considered?
3. Which body accredits counseling programs?
4. A records subpoena arrives. What do you do?
5. Which principle means "do no harm"?

Answers: 1. The client. · 2. Five years, and only if it is not exploitive. · 3. CACREP. · 4. Respond, contact the client, assert privilege; release only with consent or a court order. · 5. Nonmaleficence.

The 2014 ACA Code of Ethics is still in force while ACA finalizes its revision. Use the 2014 Code for the exam until NBCC states otherwise.

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