

The ACA Code and ethical decision rules

The structure of the 2014 Code, the standards the exam tests most, the legal instruments that cross it, and the rules for choosing the most ethical answer.

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Professional Practice and Ethics is twelve percent of the exam, and it is the domain experienced clinicians lose points on, because they answer as the counselor they have become rather than the counselor the Code describes. The items are scenarios with four defensible-sounding responses, and the keyed one follows a small set of rules. This guide gives you the Code as a structure, the standards that recur, the law that crosses them, and the rules, then thirty cards for the facts.

The Code as a structure

The 2014 ACA Code of Ethics has a preamble, a purpose statement, nine sections lettered A through I, and a glossary. Knowing the letters is worth points because items name them. Section A is the counseling relationship: welfare, informed consent, boundaries and multiple relationships, fees, termination and referral, and the 2014 rule that counselors do not refer based on personal values. Section B is confidentiality and privacy: its limits, groups and families, minors, records and consultation. Section C is professional responsibility: competence, advertising and credentials, impairment and wellness. Section D is relationships with other professionals, including consultation and employer policies.

Section E is evaluation, assessment and interpretation: competence to test, informed consent for assessment, release of data, diagnosis, instrument selection, conditions of administration, and multicultural issues in testing. Section F is supervision, training and teaching, including gatekeeping and the prohibition on sexual relationships with supervisees and students. Section G is research and publication. Section H, new in 2014, is distance counseling, technology and social media. Section I is resolving ethical issues: knowledge of the Code, conflicts with law, suspected violations and cooperation with ethics committees.

Six moral principles underlie the Code and are tested by name, from Kitchener: autonomy, the client's right to self-determination; nonmaleficence, doing no harm; beneficence, promoting welfare; justice, fairness and equal treatment; fidelity, honoring commitments and trust; and veracity, truthfulness. When an item asks which principle a described action honors or violates, two usually fit, and the better answer is the one the stem's verb points to: respecting a choice is autonomy, preventing damage is nonmaleficence, keeping a promise is fidelity.

Section	Covers	Items that live here
A	The counseling relationship	Informed consent, boundaries, former clients, gifts, bartering, termination, values-based referral
B	Confidentiality and privacy	Limits, minors, groups, records, consultation, deceased clients
C	Professional responsibility	Competence, credentials, advertising, impairment, wellness
D	Relationships with other professionals	Consultation, employer policies, interdisciplinary teams
E	Evaluation, assessment, interpretation	Test competence, consent for testing, release of data, diagnosis, norms

Section	Covers	Items that live here
F	Supervision, training, teaching	Gatekeeping, supervisee rights, no sexual relationships, informed consent in supervision
G	Research and publication	IRB, consent, authorship, plagiarism
H	Distance counseling, technology, social media	Telehealth consent, licensure where the client is, security, social media policy
I	Resolving ethical issues	Conflicts with law, informal resolution first, reporting, cooperation

Confidentiality and its limits

Confidentiality is the ethical duty not to disclose what a client reveals; privacy is the client's right to control information about themselves; privileged communication is the legal protection, granted by statute, that keeps a counselor from being compelled to testify, and it belongs to the client, not the counselor. Privilege varies by state and is not absolute. The exam tests the three terms as a set and penalizes using them interchangeably.

The limits are the items. Serious and foreseeable harm to the client or an identifiable other, the duty to warn and protect from Tarasoff, refined by Jaffee v. Redmond's recognition of psychotherapist privilege in federal court. Suspected abuse or neglect of a child, elder or dependent adult, where mandated reporting law requires a report on reasonable suspicion without investigation by the counselor. A court order, as distinct from a subpoena. Clients with a communicable, life-threatening disease, where the Code permits, and does not require, disclosure to an identifiable third party at demonstrable risk if the client has not informed them and will not. And consultation, which is permitted without identifying information or with the client's consent.

A subpoena is a request from an attorney; the response is to assert privilege on the client's behalf, consult, and release nothing until the client consents or a judge orders it, and then release only what is ordered. Confidentiality survives death, with disclosure governed by law and the client's documented wishes. In groups, counselors explain that they cannot guarantee other members' confidentiality. With couples and families, counselors state at the outset whose confidences will be kept and whose will not, and a no-secrets policy is the usual answer. With minors, the parent or guardian holds the legal right to information, the counselor advocates for the minor's privacy, and the limits are explained to both at the start.

Exam tip. Subpoena: assert privilege, consult, wait. Court order: comply, minimally. Mandated report: reasonable suspicion is enough; do not investigate first. These three sequences settle most legal items in the domain.

Boundaries, multiple relationships and the five-year rule

The 2014 Code moved from "dual relationships" to boundaries and relationships, and the language matters. Sexual or romantic relationships with current clients, their romantic partners or family members are prohibited. With former clients, they are prohibited for five years after the last professional contact, and even after five years the counselor must document in advance that the relationship is not exploitative and does not risk harm; items that describe three years out are describing a violation whatever the circumstances. Nonprofessional interactions with former clients, attending a wedding, a graduation, a hospital visit, are permitted when potentially beneficial, with the rationale and consent documented in advance.

The Code treats boundary extensions as decisions to be justified rather than prohibited, and the keyed answers follow that logic: consider the client's welfare, consult, document, and take steps to remedy any harm. Bartering is permitted if the client requests it, it is not exploitative or harmful, it is an accepted practice in the community, and

there is a written contract. Gifts are evaluated by the therapeutic relationship, the gift's monetary value, the client's motivation and the counselor's motivation for accepting or declining; a modest, culturally meaningful gift at termination is usually accepted and documented. Role changes, from individual to couples counseling, from counselor to supervisor, require informed consent about the change and its consequences.

Termination is addressed in Section A as well. Counselors terminate when the client no longer needs or benefits from services or is being harmed by them, and may terminate when the counselor is in jeopardy or when fees are unpaid after the client has been informed. Abandonment, ending services without reasonable notice and referral, is prohibited, and the counselor arranges coverage during absences and transfer when services end. The 2014 Code's standard on values is tested heavily: counselors do not refer clients because the counselor disagrees with the client's values, and must seek training on competence with the population rather than referring out of discomfort.

Competence, impairment and the colleague

Competence is bounded by education, training, supervised experience and credentials, and counselors practice only within those boundaries, gaining new competence through training and supervision before practicing in a new specialty. Continuing education is an obligation, not a formality. Counselors monitor their own effectiveness, seek supervision and consultation, and refrain from offering services when physical, mental or emotional problems are likely to harm clients. Impairment is tested with burnout, substance use, grief and illness, and the answer is to seek help, limit or suspend practice, and arrange coverage.

For a colleague's suspected impairment or violation, Section I gives a sequence: if the issue is not serious and informal resolution is feasible, address it directly and privately with the colleague first; if that fails, or the violation is substantial and has harmed or is likely to harm, report to the appropriate authority, which may be the state board, the ACA ethics committee or the employer. Impairment calls for the conversation first; sexual misconduct with a client is reportable without it. Counselors cooperate with ethics investigations and do not file or encourage frivolous complaints.

Advertising and credentials sit in Section C. Counselors represent their credentials accurately, claim only degrees in counseling or related fields, do not use "Dr." in a counseling context unless the doctorate is in counseling or a closely related field, and do not imply that certification is licensure. Testimonials are not solicited from current clients or others who may be vulnerable to undue influence. Public statements are accurate, and counselors do not use their position to recruit clients from their employment setting into private practice.

Exam tip. A colleague who is drinking gets a private conversation first. A colleague who is sleeping with a client gets reported. Read for impairment versus misconduct before choosing between the two sequences.

Section H: distance counseling, technology and social media

Section H is the newest and most heavily tested addition. Counselors who provide distance counseling develop competence in it and understand that laws and regulations apply where the client is located as well as where the counselor is; practicing across a state line without authority is practicing without a license in the client's state. Informed consent for distance services adds the risks and benefits of technology, the security of the platform, emergency procedures in the client's location, verification of the client's identity and location at each session, response times for electronic communication, and a plan for technology failure.

Counselors use encrypted, compliant platforms, take precautions to protect records stored electronically, inform clients of the limits of confidentiality online, and acknowledge that electronic records may be accessed by others. They verify the client's identity at each contact and the client's location. They assess whether distance services are

appropriate for the client and arrange in-person or alternative services when they are not. Recording of sessions requires consent of all parties.

Social media gets its own standards. Counselors keep professional and personal web presences separate, do not search for information about clients online without consent or a clinical justification, and explain in informed consent how they handle social media, including that they do not accept friend requests from clients. They do not disclose client information on social media in any form. Artificial intelligence tools for notes, scheduling or screening fall under the same logic: client consent, a compliant platform, and the counselor's responsibility for every output. The counselor who uses a tool without telling the client fails on consent whatever the tool does.

Ethics and law

When ethical responsibilities conflict with law, regulation or other authority, the Code instructs counselors to make known their commitment to the Code and take steps to resolve the conflict; if it cannot be resolved by that means, counselors may adhere to the law. The sequence, attempt resolution first and then comply, is what items test, and options that have the counselor simply break the law for ethical reasons, or simply comply without raising the conflict, are both wrong. Where the law is stricter than the Code, the law governs; where the Code is stricter, the Code governs the counselor's ethics even if the law permits more.

HIPAA sets a federal floor for protected health information; state law that is stricter controls. HIPAA distinguishes the medical record, which clients may access, from psychotherapy notes, the counselor's process notes kept separately, which receive extra protection and are not released with the record. FERPA governs education records in schools and gives parents, and students at eighteen, access rights; school counselors' personal notes kept as a memory aid are not education records if not shared. The exam offers FERPA as a distractor in clinical settings and HIPAA in school settings.

Licensure is the state's legal permission to practice and protects both title and practice; certification is a voluntary national credential from NBCC and protects title only; accreditation, from CACREP, applies to programs, not people. Scope of practice is defined by the state practice act. The Counseling Compact allows licensed counselors in member states to practice in other member states through a privilege; it does not replace licensure. Items that confuse these four terms are common, and the question to ask is who issues it and what it permits.

Term	Who issues it	What it does
Licensure	State board	Legal permission to practice; protects title and practice
Certification (NCC)	NBCC	Voluntary national credential; protects title; portability
Accreditation (CACREP)	CACREP	Approves programs, not individuals
Privilege to practice (Compact)	Compact Commission via home state	Practice in member states without a second license
Privileged communication	State statute	Legal protection from compelled testimony; belongs to the client

Ethical decision-making models

The Code requires counselors to use and document a credible ethical decision-making model without naming one, so items test the shared structure and ask you to recognize authors. The shared structure, in Forester-Miller and Davis's version written for the ACA: identify the problem; apply the Code; determine the nature and dimensions of the dilemma using the moral principles, consultation and the literature; generate potential courses of action; consider the consequences of each and choose; evaluate the choice against justice, publicity and universality; and implement it. Consultation sits inside the process, not after it.

Other models are tested by their distinctive feature. Kitchener gave the field the principles. Corey, Corey and Callanan describe eight steps and emphasize involving the client in the process. Welfel's model runs to ten steps and adds reflection on the outcome afterward. Cottone's social constructivism model treats the decision as negotiated among the people involved rather than made by the counselor alone, through negotiation, consensualizing and arbitration. Rest's four-component model, moral sensitivity, moral judgment, moral motivation and moral character, describes what has to be present in the person for any model to work. Garcia's transcultural integrative model adds explicit attention to culture at each step.

Three tests appear in several models and are worth knowing as questions: justice, would I treat others the same way in this situation; publicity, would I be comfortable if this action were reported publicly; and universality, would I recommend this action to another counselor in the same situation. Aspirational ethics, striving for the highest standard, is distinguished from mandatory ethics, meeting the minimum, and the Code describes itself as both.

Choosing the most ethical answer

Four rules settle most items. First, safety before everything: imminent risk to the client or an identifiable other is addressed before any other consideration, including confidentiality and autonomy. Second, the client is in the room: the keyed answer involves the client in the decision, explains, seeks consent, and documents, and options in which the counselor acts alone or acts on the client are usually wrong. Third, the least intrusive adequate response: assess before acting, consult before reporting, and discuss before terminating; the option that jumps to the maximum response, hospitalization, the board, the police, is wrong unless the stem has established that the lesser steps are inadequate. Fourth, the textbook over the creative: the exam wants the Code's answer, not the one a seasoned clinician might improvise.

The distractors are predictable. An option that is true but answers a different question than the qualifier asked. An option that is legal but not what the Code requires, or ethical in spirit but illegal. An option that skips a step in a sequence, reporting before consulting, terminating before discussing, disclosing before assessing the risk. And the option that protects the counselor rather than the client, which the exam penalizes consistently; self-protective documentation is right, but self-protective silence or referral is not.

Worked: a client in his fourth session mentions that he has thought about "making it all stop" and has his late mother's pain medication at home. Options: refer to psychiatry; explore the meaning in the context of grief; conduct a suicide risk assessment covering plan, intent, means and history and build a safety plan including the medication; call emergency services. Safety first eliminates the exploratory option as a first step. Least intrusive adequate response chooses the assessment over the emergency call, because imminence has not been established; the call becomes right only if the assessment shows imminent risk. The assessment is the answer, and nearly every risk item has the same shape.

The ACA Code and ethical decision rules: fold-and-cut cards

Print these pages single-sided. Cut along the dashed lines, then fold each strip on the dotted line so the term is on the front and the answer on the back. Shuffle in with your other cards; the ones you miss come back first.

THE ACA CODE AND ETHICAL DECISION RULES · 1

ACA Code sections A–I

A relationship, B confidentiality, C responsibility, D other professionals, E assessment, F supervision, G research, H technology, I resolving issues.

THE ACA CODE AND ETHICAL DECISION RULES · 2

Six moral principles

Autonomy, nonmaleficence, beneficence, justice, fidelity, veracity (Kitchener plus veracity).

THE ACA CODE AND ETHICAL DECISION RULES · 3

Confidentiality vs. privacy vs. privilege

Ethical duty vs. client's right vs. legal protection from compelled testimony (belongs to the client).

THE ACA CODE AND ETHICAL DECISION RULES · 4

Tarasoff

Duty to warn and protect an identifiable third party from serious, foreseeable harm.

THE ACA CODE AND ETHICAL DECISION RULES · 5

Jaffee v. Redmond (1996)

U.S. Supreme Court recognized psychotherapist-client privilege in federal court.

THE ACA CODE AND ETHICAL DECISION RULES · 6

Subpoena vs. court order

Attorney's request: assert privilege, consult, wait. Judge's order: comply, release only what is ordered.

THE ACA CODE AND ETHICAL DECISION RULES · 7

Mandated reporting standard

Reasonable suspicion of abuse or neglect; report, do not investigate.

THE ACA CODE AND ETHICAL DECISION RULES · 8

Communicable disease disclosure

Permitted, not required, to an identifiable third party at demonstrable risk whom the client will not inform.

THE ACA CODE AND ETHICAL DECISION RULES · 9

Sexual relationship with a former client

Prohibited for 5 years after last contact; after that, document in advance that it is non-exploitative.

THE ACA CODE AND ETHICAL DECISION RULES · 10

Bartering is acceptable when

Client requests it, not exploitative, accepted in the community, written contract.

THE ACA CODE AND ETHICAL DECISION RULES · 11

Evaluating a gift

Therapeutic relationship, monetary value, client's motivation, counselor's motivation. Document.

THE ACA CODE AND ETHICAL DECISION RULES · 12

Values-based referral

Prohibited. Counselors seek training rather than refer because of their own values.

THE ACA CODE AND ETHICAL DECISION RULES · 13

Abandonment

Ending services without reasonable notice and referral. Prohibited; arrange coverage and transfer.

THE ACA CODE AND ETHICAL DECISION RULES · 14

Colleague impairment sequence

Private informal conversation first; report if it fails or harm is likely. Misconduct with a client: report.

THE ACA CODE AND ETHICAL DECISION RULES · 15

Use of "Dr." in counseling

Only when the doctorate is in counseling or a closely related field.

THE ACA CODE AND ETHICAL DECISION RULES · 16

Testimonials

Not solicited from current clients or anyone vulnerable to undue influence.

THE ACA CODE AND ETHICAL DECISION RULES · 17

Where the law applies in telehealth

Where the client is located as well as where the counselor is. Verify location each session.

THE ACA CODE AND ETHICAL DECISION RULES · 18

Telehealth consent additions

Platform security, emergency plan at the client's location, identity verification, response times, technology failure plan.

THE ACA CODE AND ETHICAL DECISION RULES · 19

Social media rule

Separate personal and professional presence; no friend requests from clients; no searching clients without consent or clinical reason.

THE ACA CODE AND ETHICAL DECISION RULES · 20

Code conflicts with law

Make the commitment to the Code known, try to resolve; if unresolved, may adhere to the law.

THE ACA CODE AND ETHICAL DECISION RULES · 21

HIPAA psychotherapy notes

Process notes kept separately; extra protection; not released with the record.

THE ACA CODE AND ETHICAL DECISION RULES · 22

FERPA vs. HIPAA

Education records in schools (parents, students at 18) vs. protected health information in health settings.

THE ACA CODE AND ETHICAL DECISION RULES · 23

Licensure vs. certification vs. accreditation

State permission to practice vs. NBCC voluntary credential vs. CACREP approval of programs.

THE ACA CODE AND ETHICAL DECISION RULES · 24

Forester-Miller and Davis

ACA practitioner's guide: 7-step model built on Kitchener's principles.

THE ACA CODE AND ETHICAL DECISION RULES · 25

Corey, Corey and Callanan

Eight steps; involve the client in the process.

THE ACA CODE AND ETHICAL DECISION RULES · 26

Cottone

Social constructivism model: decision negotiated among the people involved.

THE ACA CODE AND ETHICAL DECISION RULES · 27

Rest's four components

Moral sensitivity, judgment, motivation, character.

THE ACA CODE AND ETHICAL DECISION RULES · 28

Justice, publicity, universality tests

Treat others the same? Comfortable if public? Recommend to another counselor?

Aspirational vs. mandatory ethics

Striving for the highest standard vs. meeting the minimum requirement.

Four rules for the most ethical answer

Safety first; client in the room; least intrusive adequate response; textbook over creative.