

Code of Ethics And Committee Process

Revised December 2022

ASACB CODE of ETHICS

The ASACB Code of Ethics and Standards of Practice are based on the ACA Code of Ethics and Standards of Practice. The ACA Code of Ethics and Standards of Practice are reprinted with permission of the American Counseling Association. No further reproduction is authorized without the permission of the American Counseling Association.

SECTION A: THE COUNSELING RELATIONSHIP

Introduction Counselors facilitate client growth and development in ways that foster the interest and welfare of clients and promote the formation of healthy relationships. Trust is the cornerstone of the counseling relationship, and counselors have the responsibility to respect and safeguard the client's right to privacy and confidentiality. Counselors actively attempt to understand the diverse cultural backgrounds of the clients they serve. Counselors also explore their own cultural identities and how these affect their values and beliefs about the counseling process. Additionally, counselors are encouraged to contribute to society by devoting a portion of their professional activities for little or no financial return (pro bono publico).

A.1. Client Welfare

A.1.a. Primary Responsibility The primary responsibility of counselors is to respect the dignity and promote the welfare of clients.

A.1.b Positive Growth and Development Counselors encourage client growth and development in ways that foster the client's interest and welfare; counselors avoid fostering dependent counseling relationships.

A.1.c. Records and Documentation Counselors create, safeguard, and maintain documentation necessary for rendering professional services. Regardless of the medium, counselors include sufficient and timely documentation to facilitate the delivery and continuity of services. Counselors take reasonable steps to ensure that documentation accurately reflects client progress and services provided.

If amendments are made to records and documentation, counselors take steps to properly note the amendments according to agency or institutional policies.

A.1.d. Treatment Plans Counselors and their clients work jointly in developing integrated, individual treatment plans that offer a reasonable promise of success and are consistent with the abilities, temperament, developmental level, and circumstances of clients.

Counselors and clients regularly review and revise counseling plans to assess their continued viability and effectiveness, respecting clients' freedom of choice. (See A.2.a. and H.2.a)

A.1.e. Support Network Involvement Counselors recognize that support networks hold various meanings in the lives of clients and consider enlisting the support, understanding, and involvement of others (e.g., religious/spiritual/community leaders, family members, friends) as positive resources, when appropriate, with client consent.

A.2. Informed Consent in the Counseling Relationship

A.2.a. Informed Consent Clients have the freedom to choose whether to enter or remain in a counseling relationship and need adequate information about the counseling process and the counselor.

Counselors have an obligation to review in writing and verbally with clients the rights and responsibilities of both counselors and clients. Informed consent is an ongoing part of the counseling process, and counselors appropriately document discussions of informed consent throughout the counseling relationship.

A.2.b. Types of Information Needed Counselors explicitly explain to clients the nature of all services provided. They inform clients about issues such as, but not limited to, the following: the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services; the counselor's qualifications, credentials, relevant experience, and approach to counseling; continuation of services upon the incapacitation or death of the counselor; the role of technology; and other pertinent information.

Counselors take steps to ensure that clients understand the implications of diagnosis and the intended use of tests and reports. Additionally, counselors inform clients about fees and billing arrangements, including procedures for nonpayment of fees. Clients have the right to confidentiality and to be provided with an explanation of its limits (including how supervisors and/or treatment or interdisciplinary team professionals are involved), to obtain clear information about their records, to participate in the ongoing counseling plans, and to refuse any services or modality changes and to be advised of the consequences of such refusal.

A.2.c. Developmental and Cultural Sensitivity Counselors communicate information in ways that are both developmentally and culturally appropriate. Counselors use clear and understandable language when discussing issues related to informed consent. When clients have difficulty understanding the language that counselors use, counselors provide necessary services (e.g., arranging for a qualified interpreter or translator) to ensure comprehension by clients. In collaboration with clients, counselors consider the cultural implications of informed consent procedures, and, where possible, counselors adjust their practices accordingly.

A.2.d. Inability to Give Consent When counseling minors, incapacitated adults, or other persons unable to give voluntary consent, counselors seek the *approval* of clients for services and include them in decision-making as appropriate. Counselors recognize the need to balance the ethical rights of clients to make choices, their capacity to give consent or assent to receive

services, and parental or familial legal rights and responsibilities to protect these clients and make decisions on their behalf.

A.2.e. Mandated Clients Counselors discuss the required limitations to confidentiality when working with clients who have been mandated for counseling services.

Counselors also explain what type of information and with whom that information is shared before the beginning of counseling. The client may choose to refuse services. In this case, counselors will, to the best of their ability, discuss with the client the potential consequences of refusing counseling services.

A.3. Clients Served by Others When counselors learn that their clients are in a professional relationship with other mental health professionals, they request release from clients to inform the other professionals and strive to establish positive and collaborative professional relationships.

A.4. Respecting Diversity

A.4.a. Nondiscrimination Counselors do not condone or engage in discrimination based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status. (See C.5.a.)

A.4.b. Respecting Differences Counselors will actively attempt to understand the diverse cultural backgrounds of the clients with whom they work. This includes but is not limited to, learning how the counselor's own cultural/ethnic/racial identity impacts his/her values and beliefs about the counseling process. (See A.12.b, B.3.k., E.8., F.2.b., F.7.a., F.7.c., F.11. F.11.b.)

A.5. Personal Needs and Values

A.5.a. Personal Needs In the counseling relationship, counselors are aware of the intimacy, responsibilities, and power differential inherent in the counseling relationship; maintain respect for clients and avoid actions that seek to meet their personal needs at the expense of clients.

A.5.b. Personal Values Counselors are aware of their own values, attitudes, beliefs, and behaviors and how these apply in a diverse society and avoid imposing their values on clients. (See C.5.a.)

A.6. Prohibited Non-counseling Roles and Relationships

A.6.a. Sexual and/or Romantic Relationships Prohibited Sexual and/or romantic counselor–client interactions or relationships with current clients, their romantic partners, or their family members are prohibited. This prohibition applies to both in-person and electronic interactions or relationships.

A.6.b. Previous Sexual and/or Romantic Relationships Counselors are prohibited from engaging in counseling relationships with persons with whom they have had a previous sexual and/or romantic relationship.

A.6.c. Sexual and/or Romantic Relationships with Former Clients Sexual and/or romantic counselor–client interactions or relationships with former clients, their romantic partners, or their shared household family members are prohibited. This prohibition applies to both in-person and electronic interactions or relationships. Counselors, before engaging in sexual and/or romantic interactions or relationships with a former client’s romantic partners, or their family members, demonstrate forethought and document (in written form) whether the interaction or relationship can be viewed as exploitive in any way and/or whether there is still potential to harm the former client; in cases of potential exploitation and/or harm, the counselor avoids entering such an interaction or relationship.

A.6.d. Friends or Family Members Counselors are prohibited from engaging in counseling relationships with friends or family members with whom they cannot remain objective.

A.6.e. Personal Virtual Relationships with Current Clients Counselors are prohibited from engaging in a personal virtual relationship with individuals with whom they have or had a counseling relationship (e.g., through social and other media).

A.7. Managing and Maintaining Boundaries and Professional Relationships

A.7.a. Previous Relationships Counselors consider the risks and benefits of accepting as clients those with whom they have had a previous relationship. These potential clients may include individuals with whom the counselor has had a casual, distant, or past relationship. Examples include mutual or past membership in a professional association, organization, or community. When counselors accept these clients, they take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired, and no exploitation occurs.

A.7.b. Extending Counseling Boundaries Counselors consider the risks and benefits of extending current counseling relationships beyond conventional parameters. Examples include attending a client’s formal ceremony (e.g., a wedding/commitment ceremony or graduation), purchasing a service or product provided by a client (excepting unrestricted bartering), and visiting a client’s ill family member in the hospital. In extending these boundaries, counselors take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and that no harm occurs.

A.7.c. Documenting Boundary Extensions If counselors extend boundaries as described in A.7.a. and A.7.b., they must officially document, before the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the client or former client and other individuals significantly involved with the client or former client. When unintentional harm occurs to the client or former client, or an individual

significantly involved with the client or former client, the counselor must show evidence of an attempt to remedy such harm.

A.7.d. Role Changes in the Professional Relationship When counselors change a role from the original or most recent contracted relationship, they obtain informed consent from the client and explain the client's right to refuse services related to the change. Examples of role changes include but are not limited to 1. changing from individual to relationship or family counseling, or vice versa; 2. changing from an evaluative role to a therapeutic role or vice versa, and 3. changing from a counselor to a mediator role or vice versa. Clients must be fully informed of any anticipated consequences (e.g., financial, legal, personal, therapeutic) of counselor role changes.

A.7.e. Nonprofessional Interactions or Relationships (Other Than Sexual or Romantic Interactions or Relationships) Counselors avoid entering into nonprofessional relationships with former clients, their romantic partners, or their family members when the interaction is potentially harmful to the client. This applies to both in-person and electronic interactions or relationships.

A.8. Roles and Relationships at Individual, Group, Institutional, and Societal Levels

A.8.a. Advocacy When appropriate, counselors advocate at individual, group, institutional, and societal levels to address potential barriers and obstacles that inhibit access and/or the growth and development of clients.

A.8.b. Confidentiality and Advocacy Counselors obtain client consent before engaging in advocacy efforts on behalf of an identifiable client to improve the provision of services and to work toward the removal of systemic barriers or obstacles that inhibit client access, growth, and development.

A.9. Multiple Clients When a counselor agrees to provide counseling services to two or more persons who have a relationship, the counselor clarifies at the outset which person or persons are clients and the nature of the relationships the counselor will have with each involved person. If it becomes apparent that the counselor may be called upon to perform potentially conflicting roles, the counselor will clarify, adjust, or withdraw from roles appropriately.

A.10. Group Work

A.10.a. Screening Counselors screen prospective group counseling/therapy participants. To the extent possible, counselors select members whose needs and goals are compatible with the goals of the group, who will not impede the group process, and whose well-being will not be jeopardized by the group experience.

A.10.b. Protecting Clients In a group setting, counselors take reasonable precautions to protect clients from physical, emotional, or psychological trauma.

A.11. Fees and Business Practices

A.11.a. Self-Referral Counselors working in an organization (e.g., school, agency, institution) that provides counseling services do not refer clients to their private practice unless the policies of a particular organization make explicit provisions for self-referrals. In such instances, the clients must be informed of other options open to them should they seek private counseling services.

A.11.b. Unacceptable Business Practices Counselors do not participate in fee splitting, nor do they give or receive commissions, rebates, or any other form of remuneration when referring clients for professional services.

A.11.c. Establishing Fees In establishing fees for professional counseling services, counselors consider the financial status of clients and the locality. If a counselor's usual fees create an undue hardship for the client, the counselor may adjust fees, when legally permissible, or assist the client in locating comparable, affordable services.

A.11.d. Nonpayment of Fees If counselors intend to use collection agencies or take legal measures to collect fees from clients who do not pay for services as agreed upon, they include such information in their informed consent documents and also inform clients in a timely fashion of intended actions and offer clients the opportunity to make payment.

A.11.e. Bartering Counselors may barter only if the bartering does not result in exploitation or harm if the client requests it, and if such arrangements are an accepted practice among professionals in the community. Counselors consider the cultural implications of bartering and discuss relevant concerns with clients and document such agreements in a clear written contract.

A.11.f. Receiving Gifts Counselors understand the challenges of accepting gifts from clients and recognize that in some cultures, small gifts are a token of respect and gratitude. When determining whether to accept a gift from clients, counselors consider the therapeutic relationship, the monetary value of the gift, the client's motivation for giving the gift, and the counselor's motivation for wanting to accept or decline the gift.

A.12. Termination and Referral

A.12.a. Competence Within Termination and Referral If counselors lack the competence to be of professional assistance to clients, they avoid entering or continuing counseling relationships. Counselors are knowledgeable about culturally and clinically appropriate referral resources and suggest these alternatives. If clients decline the suggested referrals, counselors discontinue the relationship.

A.12.b. Values Within Termination and Referral Counselors refrain from referring prospective and current clients based solely on the counselor's personally held values, attitudes, beliefs, and behaviors. Counselors respect the diversity of clients and seek training in areas in which

they are at risk of imposing their values onto clients, especially when the counselor's values are inconsistent with the client's goals or are discriminatory in nature.

A.12.c. Appropriate Termination Counselors terminate a counseling relationship when it becomes reasonably apparent that the client no longer needs assistance, is not likely to benefit, or is being harmed by continued counseling. Counselors may terminate counseling when in jeopardy of harm by the client or by another person with whom the client has a relationship, or when clients do not pay fees as agreed upon. Counselors provide pre-termination counseling and recommend other service providers when necessary.

A.12.d. Appropriate Transfer of Services When counselors transfer or refer clients to other practitioners, they ensure that appropriate clinical and administrative processes are completed, and open communication is maintained with both clients and practitioners.

A.13. Abandonment and Client Neglect Counselors do not abandon or neglect clients in counseling. Counselors assist in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions such as vacations, illness, and following termination.

A.14. Computer Technology

A.14.a. Use of Computers When computer applications are used in counseling services, counselors ensure that: (1) the client is intellectually, emotionally, and physically capable of using the computer application; (2) the computer application is appropriate for the needs of the client; (3) the client understands the purpose and operation of the computer applications; and (4) a follow-up of client use of a computer application is provided to correct possible misconceptions, discover inappropriate use, and assess subsequent needs.

A.14.b. Explanation of Limitations Counselors ensure that clients are provided information as a part of the counseling relationship that adequately explains the limitations of computer technology.

A.14.c. Access to Computer Applications Counselors provide equal access to computer applications in counseling services. (See A.4.a)

SECTION B: CONFIDENTIALITY AND PRIVACY

Note: For all issues pertaining to confidentiality, counselors should reference Confidentiality: A Guide to the New Federal Regulations emphasizing CFR 42 –Part 2.

Introduction Counselors recognize that trust is a cornerstone of the counseling relationship. Counselors aspire to earn the trust of clients by creating an ongoing partnership, establishing, and upholding appropriate boundaries, and maintaining confidentiality. Counselors communicate the parameters of confidentiality in a culturally competent manner.

B.1. Respecting Client Rights

B.1.a Right to Privacy Respect for Privacy. Counselors respect their client's right to privacy and avoid illegal and unwarranted disclosures of confidential information. (See B.3.a., B.3.c., B.4.h., F.1.c., H.6.c)

B.1.b Client Waiver The right to privacy may be waived by the client and their legally recognized representative.

B.1.c. Exceptions The general requirement that counselors keep the information confidential does not apply when disclosure is required to prevent clear and imminent danger to the client or others or when legal requirements demand that confidential information be revealed. Counselors consult with other professionals when in doubt as to the validity of an exception.

B.1.d. Respect for Confidentiality Counselors protect the confidential information of prospective and current clients. Counselors disclose information only with appropriate consent or with sound legal or ethical justification.

B.1.e. Explanation of Limitations When counseling is initiated and throughout the counseling process as necessary, counselors inform clients of the limitations of confidentiality and identify foreseeable situations in which confidentiality be breached. (See G.2.a.) For all issues pertaining to confidentiality, counselors should reference Confidentiality: A Guide to the New Federal Regulations emphasizing CFR 42 – Part 2.

B.2. Exceptions

B.2.a. Serious and Foreseeable Harm and Legal Requirements The general requirement that counselors keep the information confidential does not apply when disclosure is required to protect clients or identified others from serious and foreseeable harm or when legal requirements demand that confidential information must be revealed. Counselors consult with other professionals when in doubt as to the validity of an exception. Additional considerations apply when addressing end-of-life issues.

B.2.b. Confidentiality Regarding End-of-Life Decisions Counselors who provide services to terminally ill individuals who are considering hastening their own deaths have the option to maintain confidentiality, depending on applicable laws and the specific circumstances of the situation and after seeking consultation or supervision from appropriate professional and legal parties

B.2.c. Contagious, Life-Threatening Diseases When clients disclose that they have a disease commonly known to be both communicable and life-threatening, counselors may be justified in disclosing information to identifiable third parties, if the parties are known to be at serious and foreseeable risk of contracting the disease. Before making a disclosure, counselors assess the intent of clients to inform third parties about their disease or to engage in any behaviors that

may be harmful to an identifiable third party. Counselors adhere to relevant state laws concerning disclosure about disease status.

B.2.d. Court-Ordered Disclosure When ordered by a court to release confidential or privileged information without a client's permission, counselors seek to obtain written, informed consent from the client or take steps to prohibit the disclosure or have it limited as narrowly as possible because of potential harm to the client or counseling relationship.

B.2.e. Minimal Disclosure When circumstances require the disclosure of confidential information, only essential information is revealed. To the extent possible, clients are informed before confidential information is disclosed.

B.3. Information Shared with Others

B.3.a. Subordinates Counselors make every effort to ensure that the privacy and confidentiality of clients are maintained by subordinates, including employees, supervisees, students, clerical assistants, and volunteers.

B.3.b. Interdisciplinary Teams When services provided to the client involve participation by an interdisciplinary or treatment team, the client will be informed of the team's existence and composition, the information being shared, and the purposes of sharing such information.

B.3.c. Confidential Settings Counselors discuss confidential information only in settings in which they can reasonably ensure client privacy.

B.3.d. Third-Party Payers Counselors disclose information to third-party payers only when clients have authorized such disclosure.

Subcontractor Arrangements When counselors work as subcontractors for counseling services for a third party, they have a duty to inform clients of the limitations of confidentiality that the organization may place on counselors providing counseling services to clients. The limits of such confidentiality ordinarily are discussed as part of the intake session. (See B.1.e.)

B.3.e Confidentiality of Records and Transmitting Confidential Information Counselors are responsible for securing the safety and confidentiality of any counseling records they create, maintain, transfer, or destroy whether the records are written, taped, computerized, or stored in any other medium. (See B.1.a.). Counselors take precautions to ensure the confidentiality of all information transmitted through the use of any medium such as fax, email, mail, etc.

B.3.f. Deceased Clients Counselors protect the confidentiality of deceased clients, consistent with legal requirements and the documented preferences of the client.

B.3.g. Groups and Families In group work and with families, counselors clearly define confidentiality and the parameters for the specific group being entered, explain its importance, and discuss the difficulties related to confidentiality involved in group work and/or with

families. The fact that confidentiality cannot be guaranteed is clearly communicated to group members/ family members.

B.3.h. Family Counseling In family counseling, information about one family member cannot be disclosed to another family member without permission. Counselors protect the privacy rights of each family member.

B.3.i. Minor or Incompetent Clients When counseling clients who are minors or individuals who are unable to give voluntary, informed consent, parents or guardians may be included in the counseling process as appropriate. Counselors act in the best interests of clients and take measures to safeguard confidentiality.

B.3.j. Release of Confidential Information Information When counseling minor clients or adult clients who lack the capacity to give voluntary consent to release confidential information, counselors seek permission from an appropriate third party to disclose information. In such instances, counselors inform clients consistent with their level of understanding and take appropriate measures to safeguard client confidentiality.

B.3.k. Responsibility to Parents and Legal Guardians Counselors inform parents and legal guardians about the role of counselors and the confidential nature of the counseling relationship, consistent with current legal and custodial arrangements. Counselors are sensitive to the cultural diversity of families and respect the inherent rights and responsibilities of parents/guardians regarding the welfare of their children/charges according to the law. Counselors work to establish, as appropriate, collaborative relationships with parents/guardians to best serve clients.

B.4.a. Records Requirement of Records. Counselors maintain records necessary for rendering professional services to their clients and as required by laws, regulations, or agency or institutional procedures.

B.4.b. Permission to Record or Observe Counselors obtain permission from clients prior to electronically recording or observing sessions. Counselors obtain permission from clients prior to allowing any person to observe counseling sessions, review session transcripts, or view recordings of sessions with supervisors, faculty, peers, or others within the training environment.

B.4.c. Client Access Counselors recognize that counseling records are kept for the benefit of clients, and therefore provide access to records and copies of records when requested by competent clients unless the records contain information that may be misleading and detrimental to the client. In situations involving multiple clients, access to records is limited to those parts of records that do not include confidential information related to another client.

B.4.d. Assistance with Records When clients request access to their records, counselors provide aid and consultation in interpreting counseling records.

B.4.e. Disclosure or Transfer Counselors obtain written permission from clients to disclose or transfer records to legitimate third parties unless exceptions to confidentiality exist as listed in Section B. Steps are taken to ensure that receivers of counseling records are sensitive to their confidential nature.

B.4.f. Storage and Disposal After Termination Counselors store records following termination of services to ensure reasonable future access, maintain records in accordance with federal and state laws and statutes such as licensure laws and policies governing records, and dispose of client records and other sensitive materials in a manner that protects client confidentiality. Counselors apply careful discretion and deliberation before destroying records that may be needed by a court of law, such as notes on child abuse, suicide, sexual harassment, or violence.

B.4.g. Reasonable Precautions Counselors take reasonable precautions to protect client confidentiality in the event of the counselor's termination of practice, incapacity, or death and appoint a records custodian when identified as appropriate.

B.4.h. Consultation Information obtained in a consulting relationship is discussed for professional purposes only with persons concerned with the case. Written and oral reports present data germane to the purposes of the consultation, and every effort is made to protect client identity and avoid undue invasion of privacy.

Section C Professional Responsibility

Introduction Counselors aspire to open, honest, and accurate communication in dealing with the public and other professionals. Counselors facilitate access to counseling services, and they practice in a nondiscriminatory manner within the boundaries of professional and personal competence; they also have a responsibility to abide by the ASACB Code of Ethics. Counselors actively participate in local, state, and national associations that foster the development and improvement of counseling. Counselors are expected to advocate to promote changes at the individual, group, institutional, and societal levels that improve the quality of life for individuals and groups and remove potential barriers to the provision or access of appropriate services being offered. Counselors have a responsibility to the public to engage in counseling practices that are based on rigorous research methodologies. Counselors are encouraged to contribute to society by devoting a portion of their professional activity to services for which there is little or no financial return (*pro bono publico*). In addition, counselors engage in self-care activities to maintain and promote their own emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities.

C.1. Knowledge of Standards Counselors have a responsibility to read, understand, and follow the Code of Ethics and the Standards of Practice. Counselors are to be familiar with the Code of

Ethics and Standards of Practice and other applicable ethics codes from other professional organizations of which they are members or from certification and licensure bodies. A lack of knowledge or misunderstanding of ethical responsibility is not a defense against a charge of unethical conduct. (See F.4.c)

C.2. Professional Competence

C.2.a. Boundaries of Competence Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state, and national professional credentials, and appropriate professional experience. Counselors will demonstrate a commitment to gaining knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population.

C.2.b. New Specialty Areas of Practice Counselors practice in specialty areas new to them only after appropriate education, training, and supervised experience. While developing skills in new specialty areas, counselors take steps to ensure the competence of their work and to protect others from possible harm.

C.2.c. Qualified for Employment Counselors accept employment only for positions for which they are qualified by education, training, supervised experience, state, and national professional credentials, and appropriate professional experience. Counselors hire for professional counseling positions only individuals who are qualified and competent.

C.2.d. Monitor Effectiveness Counselors continually monitor their effectiveness as professionals and take steps to improve when necessary. Counselors in private practice take reasonable steps to seek out peer supervision to evaluate their efficacy as counselors.

C.2.e. Ethical Issues Consultation Counselors take reasonable steps to consult with other counselors or related professionals when they have questions regarding their ethical obligations or professional practice. (See H.1)

C.2.f. Continuing Education Counselors recognize the need for continuing education to maintain a reasonable level of awareness of current scientific and professional information in their fields of activity. They take steps to maintain competence in the skills they use, are open to new procedures, and keep current with the diverse and/or special populations with whom they work.

C.2.g. Impairment Counselors refrain from offering or accepting professional services when their physical, mental, or emotional problems are likely to harm a client or others. They are alert to the signs of impairment, seek assistance for problems, and, if necessary, limit, suspend, or terminate their professional responsibilities, until it is determined that they may safely resume their work. Counselors assist colleagues or supervisors in recognizing their own professional impairment and provide consultation and assistance when warranted with

colleagues or supervisors who are showing signs of impairment and intervene as appropriate to prevent imminent harm to clients.

C.2.h. Counselor Incapacitation, Death, Retirement, or Termination of Practice Counselors prepare a plan for the transfer of clients and the dissemination of records to an identified colleague or records custodian in the case of the counselor's incapacitation, death, retirement, or termination of practice.

C.3. Advertising and Soliciting Clients

C.3.a. Accurate Advertising When advertising or otherwise representing their services to the public, counselors identify their credentials in an accurate manner that is not false, misleading, deceptive, or fraudulent.

C.3.b. Testimonials Counselors who use testimonials do not solicit them from clients or other persons who, because of their circumstances, may be vulnerable to undue influence.

C.3.c. Statements by Others When feasible, counselors make reasonable efforts to ensure that statements made by others about them or about the counseling profession are accurate.

C.3.d. Recruiting Through Employment Counselors do not use their places of employment or institutional affiliation to recruit clients, supervisors, or consultees for their private practices.

C.3.e. Products and Training Advertisements Counselors who develop products related to their profession or conduct workshops or training events ensure that the advertisements concerning these products or events are accurate and disclose adequate information for consumers to make informed choices.

C.3.f. Professional Association Involvement. Counselors (are encouraged to) actively participate in local, state, and national associations that foster the development and improvement of counseling.

C.4. Professional Qualifications

C.4.a. Accurate Representation Counselors claim or imply only professional qualifications completed and correct any known misrepresentations of their qualifications by others. Counselors truthfully represent the qualifications of their professional colleagues. Counselors clearly distinguish between paid and volunteer work experience and accurately describe their continuing education and specialized training.

C.4.b. Credentials Counselors claim only licenses or certifications that are current and in good standing.

C.4.c. Educational Degrees Counselors clearly differentiate between earned and honorary degrees.

C.4.d. Implying Doctoral-Level Competence Counselors clearly state their highest earned degree in counseling or a closely related field. Counselors do not imply doctoral-level competence when possessing a master's degree in counseling or a related field by referring to themselves as "Dr." in a counseling context when their doctorate is not in counseling or a related field. Counselors do not use "ABD" (all but dissertation) or other such terms to imply competency.

C.4.e. Accreditation Status Counselors accurately represent the accreditation status of their degree program and college/university.

C 5 Public Responsibility

C.5.a. Nondiscrimination Counselors do not condone or engage in discrimination against prospective or current clients, students, employees, supervisees, or research participants based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital/ partnership status, language preference, socioeconomic status, immigration status, or any basis proscribed by law.

C.5.b. Sexual Harassment. Counselors do not engage in sexual harassment. Sexual harassment is defined as sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with professional activities or roles, and that either (1) is unwelcome, is offensive, or creates a hostile workplace environment, and counselors know or are told this, or (2) is sufficiently severe or intense to be perceived as harassment to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or multiple persistent or pervasive acts.

C.5.c Exploitation of Others Counselors do not exploit others in their professional relationships. Counselors are to provide accurate, honest, and unbiased reporting of their professional activities and judgments to appropriate third parties including courts, health insurance companies, those who are recipients of evaluation reports, and others.

C.5.d. Contributing to the Public Good (Pro Bono Publico) Counselors make a reasonable effort to provide services to the public for which there is little or no financial return (e.g., speaking to groups, sharing professional information, offering reduced fees).

C.5.e. Personal Public Statements When making personal statements in a public context, counselors clarify that they are speaking from their personal perspectives and that they are not speaking on behalf of all counselors or the profession.

C.6. Treatment Modalities

C.6.a. Scientific Basis for Treatment When providing services, counselors use techniques/procedures/modalities that are grounded in theory and/or have an empirical or scientific foundation. Counselors are respectful of approaches to professional counseling that differ from their own.

C.6.b. Development and Innovation When counselors use developing or innovative techniques/procedures/ modalities, they explain the potential risks, benefits, and ethical considerations of using such techniques/procedures/ modalities. Counselors work to minimize any potential risks or harm when using these techniques/procedures/modalities

C.6.c. Harmful Practices Counselors do not use techniques/procedures/modalities when substantial evidence suggests harm, even if such services are requested.

SECTION D: RELATIONSHIPS WITH OTHER PROFESSIONALS

Introduction Professional counselors recognize that the quality of their interactions with colleagues can influence the quality of services provided to clients. They work to become knowledgeable about colleagues within and outside the field of counseling. Counselors develop positive working relationships and systems of communication with colleagues to enhance services to clients.

D.1. Relationships With Colleagues, Employers, and Employees

D.1.a. Different Approaches Counselors are respectful of approaches that are grounded in theory and/or have an empirical or scientific foundation but may differ from their own. Counselors acknowledge the expertise of other professional groups and are respectful of their practices.

D.1.b. Forming Relationships Counselors work to develop and strengthen relationships with colleagues from other disciplines to best serve clients.

D.1.c. Interdisciplinary Teamwork Counselors who are members of interdisciplinary teams delivering multifaceted services to clients remain focused on how to best serve clients. They participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the counseling profession and those of colleagues from other disciplines.

D.1.d. Establishing Professional and Ethical Obligations Counselors who are members of interdisciplinary teams work together with team members to clarify the professional and ethical obligations of the team as a whole and of its individual members. When a team decision raises ethical concerns, counselors first attempt to resolve the concern within the team. If they cannot reach a resolution among team members, counselors pursue other avenues to address their concerns consistent with the client well-being.

D.1.e. Confidentiality When counselors are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, they clarify role expectations and the parameters of confidentiality with their colleagues.

D.1.f. Personnel Selection and Assignment When counselors are in a position requiring personnel selection and/or assigning of responsibilities to others, they select competent staff and assign responsibilities compatible with their skills and experiences.

D.1.g. Employer Policies The acceptance of employment in an agency or institution implies that counselors agree with its general policies and principles. Counselors strive to reach an agreement with employers as to acceptable standards of conduct that allow for changes in institutional policy conducive to the growth and development of clients.

D.1.h. Negative Conditions Counselors alert their employers of inappropriate policies and practices. They attempt to effect changes in such policies or procedures through constructive action within the organization. When such policies are potentially disruptive or damaging to clients or may limit the effectiveness of services provided and change cannot be affected, counselors take appropriate further action. Such action may include referral to appropriate certification, accreditation, or state licensure organizations, or voluntary termination of employment.

D.1.i. Exploitative Relationships Counselors do not engage in exploitative relationships with individuals over whom they have supervisory, evaluative, or instructional control or authority.

D.1.j. Protection from Punitive Action Counselors do not harass a colleague or employee or dismiss an employee who has acted in a responsible and ethical manner to expose inappropriate employer policies or practices.

D.2. Provision of Consultation Services

D.2.a. Consultant Competency Counselors are reasonably certain that they or the organization represented has the necessary competencies and resources for giving the kind of consulting services needed and that appropriate referral resources are available.

D.2.b. Consultation as an Option Counselors may choose to consult with any other professionally competent person about their clients. In choosing consultants, counselors avoid placing the consultant in a conflict-of-interest situation that would preclude the consultant from being a proper party to the counselor's efforts to help the client. Should counselors be engaged in a work setting that compromises this consultation standard, they should consult with other professionals.

D.2.c. Understanding with Client When providing consultation, counselors attempt to develop with their clients a clear understanding of the problem definition, goals for change and predicted consequences of interventions selected.

D.2.d. Consultant Goal The consulting relationship is one in which client adaptability and growth toward self-direction are consistently encouraged and cultivated. (See A.1.b.)

SECTION E: EVALUATION, ASSESSMENT, AND INTERPRETATION (See C.2.a)

Introduction Counselors use assessment as one component of the counseling process, considering the clients' personal and cultural context. Counselors promote the well-being of individual clients or groups of clients by developing and using appropriate educational, mental health, psychological, and career assessments.

E.1. General

E.1.a. Assessment The primary purpose of assessment is to provide measures that are objective and interpretable in either comparative or absolute terms, to gather information regarding the client for a variety of purposes, including, but not limited to, client decision-making, treatment planning, and court proceedings. Counselors recognize the need to interpret the statements in this section as applying to the whole range of assessments that may include both qualitative and quantitative methodologies.

E.1.b. Client Welfare Counselors promote the welfare and best interests of the client in the development, publication, and utilization of assessment techniques. They do not misuse assessment results and interpretations and take reasonable steps to prevent others from misusing the information these techniques provided. They respect the client's right to know the results, the interpretations made, and the basis for their conclusions and recommendations.

E.2. Competence to Use and Interpret Assessment Instruments (See C.2.a)

E.2.a. Limits of Competence Counselors use only those testing and assessment services for which they have been trained and are competent. Counselors using technology-assisted test interpretations are trained in the construct being measured and the specific instrument being used prior to using its technology-based application. Counselors take reasonable measures to ensure the proper use of assessment techniques by persons under their supervision.

E.2.b. Appropriate Use Counselors are responsible for the appropriate application, scoring, interpretation, and use of assessment instruments whether they score and interpret such tests themselves or use technology or other services.

E.2.c. Decisions Based on Results Counselors responsible for decisions involving individuals or policies that are based on assessment results have a thorough understanding of test measurement including validation criteria, test research, and guidelines for test development and use.

E.2.d. Accurate Information Counselors provide accurate information and avoid false claims or misconceptions when making statements about assessment instruments or techniques. Special efforts are made to avoid unwarranted connotations of such terms as IQ and grade equivalent scores. (See C.5.c.)

E.3. Informed Consent in Assessment

E.3.a. Explanation to Clients Prior to assessment, counselors explain the nature and purposes of assessment and the specific use of results by potential recipients. The explanation will be given in terms and language that the client (or other legally authorized person on behalf of the client) can understand.

E.3.b. Recipients of Results Counselors consider the client's and/ or examinee's welfare, explicit understandings, and prior agreements in determining who receives the assessment results. Counselors include accurate and appropriate interpretations with any release of individual or group assessment results.

E.4. Release of Data to Qualified Personnel

E.4.a. Release of Raw Data. (See B.4.a) Counselors release assessment data in which the client is identified only with the consent of the client or the client's legal representative. Such data are released only to persons recognized by counselors as qualified to interpret the data.

E.5. Proper Diagnosis (See C.2.a.)

E.5.a. Proper Diagnosis Counselors take special care to provide proper substance use disorder diagnosis. Assessment techniques (including personal interviews) used to determine client care (e.g. focus of treatment, type of treatment, or recommended follow-up) are carefully selected and appropriately used. (See A.2.b. and C.5.c.)

E.5.b. Cultural Sensitivity Counselors recognize that culture affects the way clients' problems are defined and experienced. Clients' socioeconomic and cultural experience is considered when diagnosing substance use disorders.

E.6. Instrument Selection (See C.2.a.)

E.6.a. Appropriateness of Instruments Counselors carefully consider the validity, reliability, psychometric limitations, and appropriateness of instruments when selecting assessments and, when possible, use multiple forms of assessment, data, and/or instruments in forming conclusions, diagnoses, or recommendations.

E.6.b. Culturally Diverse Populations Counselors are cautious when selecting tests for culturally diverse populations to avoid the inappropriateness of testing that may be outside of socialized behavioral or cognitive patterns.

E.7. Conditions of Assessment Administration

E.7.a. Administration Conditions Counselors administer assessments under the same conditions that were established in their standardization. When assessments are not administered under standard conditions, as may be necessary to accommodate clients with disabilities, or when unusual behavior or irregularities occur during the administration, those

conditions are noted in interpretation, and the results may be designated as invalid or of questionable validity.

E.7.b. Provision of Favorable Conditions Counselors provide an appropriate environment for the administration of assessments (e.g., privacy, comfort, and freedom from distraction).

E.7.c. Technological Administration Counselors ensure that technologically administered assessments function properly and provide clients with accurate results.

E.7.d. Unsupervised Assessments Unless the assessment instrument is designed, intended, and validated for self-administration and/or scoring, counselors do not permit unsupervised use.

E.8. Multicultural Issues/ Diversity in Assessment Counselors select and use with caution assessment techniques formed on populations other than that of the client. Counselors recognize the effects of age, color, culture, disability, ethnic group, gender, race, language preference, religion, spirituality, sexual orientation, and socioeconomic status on test administration and interpretation, and they place test results in proper perspective with other relevant factors.

E.9. Scoring and Interpretation of Assessments

E.9.a. Reporting When counselors report assessment results, they consider the client's personal and cultural background, the level of the client's understanding of the results, and the impact of the results on the client. In reporting assessment results, counselors indicate reservations that exist regarding validity or reliability due to circumstances of the assessment or inappropriateness of the norms for the person tested.

E.9.b Research Instruments. Counselors use caution when interpreting the results of research instruments possessing insufficient technical data to support respondent results. The specific purposes for the use of such instruments are stated explicitly to the examinee.

E.9.c. Assessment Services Counselors who provide assessment, scoring, and interpretation services to support the assessment process confirm the validity of such interpretations. They accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use. At all times, counselors maintain their ethical responsibility to those being assessed.

E.10. Assessment Security Counselors maintain the integrity and security of tests and assessments consistent with legal and contractual obligations. Counselors do not appropriate, reproduce, or modify published assessments or parts thereof without acknowledgment and permission from the publisher.

E.11. Obsolete Assessment and Outdated Results Counselors do not use data or results from assessments that are obsolete or outdated for the current purpose (e.g., noncurrent versions of

assessments/ instruments). Counselors make every effort to prevent the misuse of obsolete measures and assessment data by others.

E.12. Assessment Construction Counselors use established scientific procedures, relevant standards, and current professional knowledge for assessment design in the development, publication, and utilization of assessment techniques.

SECTION F: TEACHING, TRAINING, AND SUPERVISION

Introduction Counselor supervisors, trainers, and educators aspire to foster meaningful and respectful professional relationships and to maintain appropriate boundaries with supervisees and students in both face-to-face and electronic formats. They have theoretical and pedagogical foundations for their work; have knowledge of supervision models; and aim to be fair, accurate, and honest in their assessments of counselors, students, and supervisees.

F.1. Counselor Supervision and Client Welfare

F.1.a. Client Welfare A primary obligation of counseling supervisors is to monitor the services provided by supervisees. Counseling supervisors monitor client welfare and supervisee performance and professional development. To fulfill these obligations, supervisors meet regularly with supervisees to review the supervisees' work and help them become prepared to serve a range of diverse clients. Supervisees have a responsibility to understand and follow the ACA and ASACB Code of Ethics.

F.1.b. Counselor Credentials Counseling supervisors work to ensure that supervisees communicate their qualifications to render services to their clients.

F.1.c. Informed Consent and Client Rights Supervisors make supervisees aware of client rights, including the protection of client privacy and confidentiality in the counseling relationship. Supervisees provide clients with professional disclosure information and inform them of how the supervision process influences the limits of confidentiality. Supervisees make clients aware of who will have access to records of the counseling relationship and how these records will be stored, transmitted, or otherwise reviewed.

F.2. Counselor Supervision Competence

F.2.a. Supervisor Preparation Prior to offering supervision services, counselors are trained in supervision methods and techniques. Counselors who offer supervision services regularly pursue continuing education activities, including both counseling and supervision topics and skills.

F.2.b. Multicultural Issues/ Diversity in Supervision and/or programs Counseling supervisors are aware of and address the role of multiculturalism/ diversity in the supervisory relationship. Counselors are responsive to their institution and program's recruitment and retention needs

for training program administrators, staff, trainees, interns and supervisees with diverse backgrounds and special needs.

F.2.c. Online Supervision When using technology in supervision, counselor supervisors are competent in the use of those technologies. Supervisors take the necessary precautions to protect the confidentiality of all information transmitted through any electronic means.

F.3. Supervisory Relationship

F.3.a. Extending Conventional Supervisory Relationships Counseling supervisors clearly define and maintain ethical professional, personal, and social relationships with their supervisees. Supervisors consider the risks and benefits of extending current supervisory relationships in any form beyond conventional parameters. In extending these boundaries, supervisors take appropriate professional precautions to ensure that judgment is not impaired and that no harm occurs.

F.3.b. Sexual Relationships Sexual or romantic interactions or relationships with current supervisees are prohibited. This prohibition applies to both in-person and electronic interactions or relationships.

F.3.c. Sexual Harassment Counseling supervisors do not condone or subject supervisees to sexual harassment.

F.3.d. Friends or Family Members Supervisors are prohibited from engaging in supervisory relationships with individuals with whom they have an inability to remain objective. Counselors do not accept close relatives as trainees, interns or supervisees.

F.3.e. Dual Relationships as Supervisors Counselors avoid dual relationships, such as performing the role of site supervisor and training program supervisor in the trainee's, intern's, or supervisee's training program. Counselors do not accept any form of professional services, fees, commissions, reimbursement, or remuneration from a site for trainee, intern, or supervisee placement.

F.4. Supervisor Responsibilities

F.4.a. Informed Consent for Supervision Supervisors are responsible for incorporating into their supervision the principles of informed consent and participation. Supervisors inform supervisees of the policies and procedures to which supervisors are to adhere and the mechanisms for due process appeal of individual supervisor actions. The issues unique to the use of distance supervision are to be included in the documentation as necessary.

F.4.b. Emergencies and Absences Supervisors establish and communicate to supervisees procedures for contacting supervisors or, in their absence, alternative on-call supervisors to assist in handling crises.

F.4.c. Standards for Trainees, Interns and Supervisees Trainees, interns, and supervisees preparing to become counselors adhere to the Code of Ethics and the Standards of Practice. Trainees, interns, and supervisees have the same obligations to clients as those required of counselors. Supervisors make their supervisees aware of professional and ethical standards and legal responsibilities.

F.5. Student and Supervisee Responsibilities

F.5.a. Ethical Responsibilities Students and supervisees have a responsibility to understand and follow the ASACB Code of Ethics. Students and supervisees have the same obligation to clients as those required of professional counselors.

F.5.b. Impairment Students and supervisees monitor themselves for signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when such impairment is likely to harm a client or others. They notify their faculty and/or supervisors and seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until it is determined that they may safely resume their work.

F.5.c. Professional Disclosure Before providing counseling services, students and supervisees disclose their status as supervisees and explain how this status affects the limits of confidentiality. Supervisors ensure that clients are aware of the services rendered and the qualifications of the students and supervisees rendering those services. Students and supervisees obtain client permission before they use any information concerning the counseling relationship in the training process.

F.6. Counseling Supervision Evaluation, Remediation, and Endorsement

F.6.a. Evaluation Supervisors document and provide supervisees with ongoing feedback regarding their performance and schedule periodic formal evaluative sessions throughout the supervisory relationship.

F.6.b. Gatekeeping and Remediation Through initial and ongoing evaluation, supervisors are aware of supervisee limitations that might impede performance. Supervisors assist supervisees in securing remedial assistance when needed. They recommend dismissal from training programs, applied counseling settings, and state or voluntary professional credentialing processes when those supervisees are unable to demonstrate that they can provide competent professional services to a range of diverse clients. Supervisors seek consultation and document their decisions to dismiss or refer supervisees for assistance. They ensure that supervisees are aware of options available to them to address such decisions.

F.6.c. Counseling for Trainees, Interns and Supervisees If trainees, interns, or supervisees request counseling, supervisors or counselor educators provide them with acceptable referrals. Supervisors or counselor educators do not serve as counselors to trainees, interns, or

supervisees over whom they hold administrative, teaching, or evaluative roles unless this is a brief role associated with training experience. Supervisors address interpersonal competencies in terms of the impact of these issues on clients, the supervisory relationship, and professional functioning.

F.6.d. Endorsements Supervisors endorse supervisees for certification, licensure, employment, or completion of an academic or training program only when they believe that supervisees are qualified for the endorsement. Regardless of qualifications, supervisors do not endorse supervisees whom they believe to be impaired in any way that would interfere with the performance of the duties associated with the endorsement.

F.7. Responsibilities of Counselor Educators

F.7.a. Counselor Educators/ Trainers Counselor educators who are responsible for developing, implementing, and supervising educational programs are skilled as teachers and practitioners. They are knowledgeable regarding the ethical, legal, and regulatory aspects of the profession; are skilled in applying that knowledge; and make students, trainees, interns, and supervisees aware of their responsibilities. Whether in traditional, hybrid, and/or online formats, counselor educators conduct counselor education and training programs in an ethical manner and serve as role models for professional behavior. Counselor educators should make an effort to infuse material related to multiculturalism /diversity into all courses and/or workshops that are designed to promote the development of professional counselors.

F.7.b. Counselor Educator Competence Counselors who function as counselor educators or supervisors provide instruction within their areas of knowledge and competence and provide instruction based on current information and knowledge available in the profession. When using technology to deliver instruction, counselor educators develop competence in the use of the technology.

F.7.c. Diversity in Programs Counselors are responsive to their institution and program's recruitment and retention needs for training program administrators, staff, trainees, interns and supervisees with diverse backgrounds and special needs.

F.7.d. Integration of Study and Practice In traditional, hybrid, and/or online formats, counselor educators establish education and training programs that integrate academic study and supervised practice.

F.7.e. Teaching Ethics Throughout the program, counselor educators ensure that students are aware of the ethical responsibilities and standards of the profession and the ethical responsibilities of students to the profession. Counselor educators infuse ethical considerations throughout the curriculum.

F.7.f. Use of Case Examples The use of client, student, or supervisee information for the purposes of case examples in a lecture or classroom setting is permissible only when (a) the

client, student, or supervisee has reviewed the material and agreed to its presentation or (b) the information has been sufficiently modified to obscure identity.

F.7.g. Student-to-Student Supervision and Instruction When students function in the role of counselor educators or supervisors, they understand that they have the same ethical obligations as counselor educators, trainers, and supervisors. Counselor educators make every effort to ensure that the rights of students are not compromised when their peers lead experiential counseling activities in traditional, hybrid, and/or online formats (e.g., counseling groups, skills classes, clinical supervision). When trainees, interns, or supervisees are assigned to lead counseling groups or provide clinical supervision for their peers, counselors take steps to ensure that trainees, interns, and supervisees placed in these roles do not have personal or adverse relationships with peers.

F.7.h. Innovative Theories and Techniques Counselor educators promote the use of techniques/procedures/ modalities that are grounded in theory and/or have an empirical or scientific foundation. When counselor educators discuss developing or innovative techniques/ procedures/modalities, they explain the potential risks, benefits, and ethical considerations of using such techniques/ procedures/modalities. Counselors present varied theoretical positions so that students and supervisees may make comparisons and have opportunities to develop their own positions. (See C.6.a.)

F.7.i. Field Placements Counselor educators develop clear policies and provide direct assistance within their training programs regarding appropriate field placement and other clinical experiences. Counselor educators provide clearly stated roles and responsibilities for the student or supervisee, the site supervisor, and the program supervisor. They confirm that site supervisors are qualified to provide supervision in the formats in which services are provided and inform site supervisors of their professional and ethical responsibilities in this role.

F.8. Student Welfare

F.8.a. Counselor Education and Training Program Information and Orientation Counselor educators recognize that program orientation is a developmental process that begins upon students' initial contact with the counselor education program and continues throughout the educational and clinical training of students. Counselor education faculty provide prospective and current students with information about the counselor education program's expectations, including 1. the values and ethical principles of the profession; 2. the type and level of skill and knowledge acquisition required for successful completion of the training; 3. technology requirements; 4. program training goals, objectives, and mission, and subject matter to be covered; 5. bases for evaluation; 6. training components that encourage self-growth or self-disclosure as part of the training process; 7. the type of supervision settings and requirements of the sites for required clinical field experiences; 8. student and supervisor evaluation and dismissal policies and procedures; and 9. up-to-date employment prospects for graduates.

F.8.b. Student Career Advising Counselor educators provide career advisement for their students and make them aware of opportunities in the field.

F.8.c. Self-Growth Experiences Self-growth is an expected component of counselor education. Counselor educators are mindful of ethical principles when they require students to engage in self-growth experiences. Counselor educators and supervisors inform students that they have a right to decide what information will be shared or withheld in class. Counselor Educators use professional judgment when designing training experiences conducted by the counselors themselves that require trainees, interns and supervisee self-growth or self-disclosure. Safeguards are provided so that trainees, interns, and supervisees are aware of the ramifications their self-disclosure may have on counselors whose primary role as teacher, trainer, or supervisor requires on ethical obligations to the profession. Evaluative components of experiential training experiences explicitly delineate predetermined academic standards that are separate and not dependent on the trainees', interns', or supervisees' level of self-disclosure.

F.8.d. Addressing Personal Concerns Counselor educators may require students to address any personal concerns that have the potential to affect professional competency.

F.9. Evaluation and Remediation

F.9.a. Evaluation of Students Counselor educators clearly state to students, interns, trainees, and supervisees prior to and throughout the training program, the levels of competency expected, appraisal methods, and timing of evaluations for both didactic and clinical competencies. Counselor educators provide students, interns, trainees, and supervisees with ongoing feedback regarding their performance throughout the training program.

F.9.b. Limitations Counselor educators, through ongoing evaluation and appraisals, are aware of the academic and/or personal limitations and address the inability of some student, trainees, interns, and supervisees to achieve counseling competencies. Counselor educators do the following: 1. assist students in securing remedial assistance when needed, 2. seek professional consultation and document their decision to dismiss or refer students for assistance, and 3. ensure that students have recourse in a timely manner to address decisions requiring them to seek assistance or to dismiss them and provide students with due process according to institutional policies and procedures.

F.9.c. Counseling for Students If students request counseling, or if counseling services are suggested as part of a remediation process, counselor educators assist students in identifying appropriate services.

F.10. Roles and Relationships Between Counselor Educators and Students

F.10.a. Sexual or Romantic Relationships Counselor educators are prohibited from sexual or romantic interactions or relationships with students currently enrolled in a counseling or

related program and over whom they have power and authority. This prohibition applies to both in-person and electronic interactions or relationships. Counselor Educators clearly define and maintain ethical, professional, and social relationship boundaries with their trainees, interns, and supervisees. They are aware of the differential in power that exists between the supervisor and the trainees, interns, or supervisees. Counselors explain to the trainees, interns, and supervisees the potential for the relationship to become exploitative.

F.10.b. Sexual Harassment Counselor educators do not condone or subject students to sexual harassment. (See A.6., A.7., and C.5.b.)

F.10.c. Relationships with Former Students Counselor educators are aware of the power differential in the relationship between faculty and students. Faculty members discuss with former students the potential risks when they consider engaging in social, sexual, or other intimate relationships.

F.10.d. Nonacademic Relationships (Dual Relationships) Counselor educators avoid non-academic relationships with students, trainees, interns, or supervisees in which there is a risk of potential harm to the student, or which may compromise the training experience or grades assigned, such as performing the role of a site supervisor and training program supervisor in the student's, trainee's, intern's, or supervisee's training program. In addition, counselor educators do not accept any form of professional services, fees, commissions, reimbursement, or remuneration from a site for student or supervisor placement.

F.10.e. Counseling Services Counselor educators do not serve as counselors to students currently enrolled in a counseling or related program and over whom they have power and authority.

F.10.f. Extending Educator Student Boundaries Counselor educators are aware of the power differential in the relationship between faculty and students. If they believe that a nonprofessional relationship with a student may be potentially beneficial to the student, they take precautions like those taken by counselors when working with clients. Examples of potentially beneficial interactions or relationships include, but are not limited to, attending a formal ceremony; conducting hospital visits; providing support during a stressful event; or maintaining mutual membership in a professional association, organization, or community. Counselor educators discuss with students the rationale for such interactions, the potential benefits and drawbacks, and the anticipated consequences for the student. Educators clarify the specific nature and limitations of the additional role(s) they will have with the student prior to engaging in a nonprofessional relationship. Nonprofessional relationships with students should be time-limited and/or context-specific and initiated with student consent.

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

F.11.a. Diversity in Programs Counselor educators are committed to recruiting and retaining a diverse faculty. Counselor educators actively attempt to recruit and retain a diverse student body. Counselor educators demonstrate commitment to multicultural/diversity competence by recognizing and valuing the diverse cultures and types of abilities that students bring to the training experience. Counselor educators provide appropriate accommodations that enhance and support diverse student well-being and academic performance. Counselor Educators are responsive to their institution and program’s recruitment and retention needs for administrators, staff, trainees, interns, and supervisees with diverse backgrounds and special needs.

F.11.b. Multicultural/Diversity Competence Counselor educators actively infuse multicultural/diversity competency in their training and supervision practices. They actively train students, interns, trainees, and supervisees to gain awareness, knowledge, and skills in the competencies of multicultural practice.

F.11.c. Contributions to Research Counselor Educators give credit to students, trainees, interns, or supervisees for their contributions to research and scholarly projects. Credit is given through co-authorship, acknowledgment, footnote statement, or other appropriate means in accordance with such contributions. (See G.5.c. and G.5.d.)

SECTION G. Research and Publication

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

G.1. Research Responsibilities (See C.2.a)

G.1.a. Conducting Research Counselors plan, design, conduct, and report research in a manner that is consistent with pertinent ethical principles, federal and state laws, host institutional regulations, and scientific standards governing research with human subjects. Counselors design and conduct research that reflects cultural sensitivity appropriateness. They seek consultation when appropriate. (See A.4.a. and B.4.h.)

G.1.b. Confidentiality in Research Counselors are responsible for understanding and adhering to state, federal, agency, or institutional policies or applicable guidelines regarding confidentiality in their research practices.

G.1.c. Independent Researchers When counselors conduct independent research and do not have access to an institutional review board, they are bound to the same ethical principles and federal and state laws pertaining to the review of their plan, design, conduct, and reporting of research.

G.1.d. Deviation from Standard Practice Counselors seek consultation and observe stringent safeguards to protect the rights of research participants when research indicates that a deviation from standard or acceptable practices may be necessary.

G.1.e. Precautions to Avoid Injury Counselors who conduct research with human subjects are responsible for the subject's welfare throughout the experiment and take reasonable precautions to avoid causing injurious psychological, physical, or social effects to their subjects.

G.1.f. Principal Researcher Responsibility The ultimate responsibility for ethical research practice lies with the principal researcher. All others involved in the research activities share ethical obligations and responsibility for their own actions.

G.2. Rights of Research Participants

G.2.a. Informed Consent in Research Individuals have the right to decline requests to become research participants. In seeking consent, counselors use language that 1. accurately explains the purpose and procedures to be followed; 2. identifies any procedures that are experimental or relatively untried; 3. describes any attendant discomforts, risks, and potential power differentials between researchers and participants; 4. describes any benefits or changes in individuals or organizations that might reasonably be expected; 5. discloses appropriate alternative procedures that would be advantageous for participants; 6. offers to answer any inquiries concerning the procedures; 7. describes any limitations on confidentiality; 8. describes the format and potential target audiences for the dissemination of research findings; and 9. instructs participants that they are free to withdraw their consent and discontinue participation in the project at any time, without penalty.

G.2.b. Student/Supervisee Participation Researchers who involve students or supervisees in research make clear to them that the decision regarding participation in research activities does not affect their academic standing or supervisory relationship. Students or supervisees who choose not to participate in research are provided with an appropriate alternative to fulfill their academic or clinical requirements.

G.2.c. Client Participation Counselors conducting research involving clients make clear in the informed consent process that clients are free to choose whether to participate in research activities. Counselors take necessary precautions to protect clients from adverse consequences of declining or withdrawing from participation.

G.2.d. Confidentiality of Information Information obtained about research participants during the course of research is confidential. When the possibility exists, that others may obtain access

to such information, ethical research practice requires that the possibility, together with the plans for protecting confidentiality, be explained to participants as a part of the procedure for obtaining informed consent. (See B.2.d.)

G.2.e. Persons Incapable of Giving Informed Consent. When a research participant is not capable of giving informed consent, counselors provide an appropriate explanation to, obtain agreement for participation from, and obtain the appropriate consent of a legally authorized person.

G.2.f. Commitments to Research Participants Counselors take reasonable measures to honor all commitments to research participants. Counselors take reasonable precautions to avoid causing disruptions in research participant’s lives due to participation in research.

G.2.g. Explanations After Data Collection After data are collected, counselors provide participants with full clarification of the nature of the study to remove any misconceptions participants might have regarding the research. Where scientific or human values justify delaying or withholding information, counselors take reasonable measures to avoid causing harm.

G.2.h. Informed Consent for Sponsors In the pursuit of research, counselors give sponsors, institutions, and publication channels the same respect and opportunity for giving informed consent that they accord to individual research participants. Counselors are aware of their obligation to future research workers and ensure that host institutions are given feedback information and proper acknowledgment.

G.2.i. Research Records Custodian As appropriate, researchers prepare and disseminate to an identified colleague or records custodian a plan for the transfer of research data in the case of their incapacitation, retirement, or death.

G.3. Managing and Maintaining Boundaries

G.3.a. Extending Researcher– Participant Boundaries Researchers consider the risks and benefits of extending current research relationships beyond conventional parameters. When a nonresearched interaction between the researcher and the research participant may be potentially beneficial, the researcher must document, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the research participant. Such interactions should be initiated with the appropriate consent of the research participant. Where unintentional harm occurs to the research participant, the researcher must show evidence of an attempt to remedy such harm.

G.3.b. Relationships with Research Participants Sexual or romantic counselor–research participant interactions or relationships with current research participants are prohibited. This prohibition applies to both in-person and electronic interactions or relationships.

G.3.c. Sexual Harassment and Research Participants Researchers do not condone or subject research participants to sexual harassment.

G.4. Reporting Results

G.4.a. Accurate Results Counselors plan, conduct, and report research accurately. Counselors do not engage in misleading or fraudulent research, distort data, misrepresent data, or deliberately bias their results. They describe the extent to which results are applicable for diverse populations. When reporting research results, counselors explicitly mention all variables and conditions known to the investigator that may have affected the outcome of a study or the interpretation of data.

G.4.b. Obligation to Report Unfavorable Results Counselors report the results of any research of professional value. Results that reflect unfavorably on institutions, programs, services, prevailing opinions, or vested interests are not withheld.

G.4.c. Reporting Errors If counselors discover significant errors in their published research, they take reasonable steps to correct such errors in a correction erratum or through other appropriate publication means.

G.4.d. Identity of Participants Counselors who supply data, aid in the research of another person, report research results, or make original data available take due care to disguise the identity of respective subjects in the absence of specific authorization from the subjects to do otherwise. (See B.1.e. and G.1.b.) In situations where participants self-identify their involvement in research studies, researchers take active steps to ensure that data are adapted/changed to protect the identity and welfare of all parties and that discussion of results does not cause harm to participants.

G.4.e. Replication Studies Counselors are obligated to make available sufficient original research data to qualified professionals who may wish to replicate the study.

G.5. Publications and Presentations

G.5.a. Use of Case Examples The use of participants', clients', students', or supervisees' information for the purpose of case examples in a presentation or publication is permissible only when (a) participants, clients, students, or supervisees have reviewed the material and agreed to its presentation or publication or (b) the information has been sufficiently modified to obscure identity.

G.5.b. Plagiarism Counselors do not plagiarize; that is, they do not present another person's work as their own.

G.5.c. Recognition of Others and Previous Work When conducting and reporting research, counselors are familiar with and give recognition to previous work on the topic, observe copyright laws, and give full credit to those to whom credit is due. (See F.11.c.)

G.5.d. Contributors Counselors give credit through joint authorship, acknowledgment, footnote statements, or other appropriate means to those who have contributed significantly to research or concept development in accordance with such contributions. The principal contributor is listed first, and minor technical or professional contributions are acknowledged in notes or introductory statements.

G.5.e. Agreement of Contributors Counselors who conduct joint research with colleagues or students/supervisors establish agreements in advance regarding the allocation of tasks, publication credit, and types of acknowledgment that will be received.

G.5.f. Student Research Manuscripts or professional presentations in any medium that are substantially based on a student's course papers, projects, dissertations, or theses are used only with the student's permission and list the student as lead author. (See F.11.c.)

G.5.g. Duplicate Submissions Counselors submit manuscripts for consideration to only one journal at a time. Manuscripts that are published in whole or in substantial part in one journal or published work are not submitted for publication to another publisher without acknowledgment and permission from the original publisher.

G.5.h. Professional Review Counselors who review material submitted for publication, research, or other scholarly purposes respect the confidentiality and proprietary rights of those who submit it. Counselors make publication decisions based on valid and defensible standards. Counselors review article submissions in a timely manner and based on their scope and competency in research methodologies. Counselors who serve as reviewers at the request of editors or publishers make every effort to only review materials that are within their scope of competency and avoid personal biases.

Section H: Distance Counseling, Technology, and Social Media

Introduction Counselors understand that the profession of counseling may no longer be limited to in-person, face-to-face interactions. Counselors actively attempt to understand the evolving nature of the profession regarding distance counseling, technology, and social media and how such resources may be used to better serve their clients. Counselors strive to become knowledgeable about these resources. Counselors understand the additional concerns related to the use of distance counseling, technology, and social media and make every attempt to protect confidentiality and meet any legal and ethical requirements for the use of such resources.

H.1. Knowledge and Legal Considerations

H.1.a. Knowledge and Competency Counselors who engage in the use of distance counseling, technology, and/ or social media develop knowledge and skills regarding related technical, ethical, and legal considerations (e.g., special certifications, additional course work).

H.1.b. Laws and Statutes Counselors who engage in the use of distance counseling, technology, and social media within their counseling practice understand that they may be subject to laws and regulations of both the counselor’s practicing location and the client’s place of residence. Counselors ensure that their clients are aware of pertinent legal rights and limitations governing the practice of counseling across state lines or international boundaries.

H.2. Informed Consent and Security

H.2.a. Informed Consent and Disclosure Clients have the freedom to choose whether to use distance counseling, social media, and/or technology within the counseling process. In addition to the usual and customary protocol of informed consent between counselor and client for face-to-face counseling, the following issues, unique to the use of distance counseling, technology, and/ or social media, are addressed in the informed consent process:

- distance counseling credentials, physical location of practice, and contact information.
- risks and benefits of engaging in the use of distance counseling, technology, and/or social media.
- possibility of technology failure and alternate methods of service delivery.
- anticipated response time.
- emergency procedures to follow when the counselor is not available.
- time zone differences.
- cultural and/or language differences that may affect delivery of services.
- possible denial of insurance benefits and or social media policy.

H.2.b. Confidentiality Maintained by the Counselor Counselors acknowledge the limitations of maintaining the confidentiality of electronic records and transmissions. They inform clients that individuals might have authorized or unauthorized access to such records or transmissions (e.g., colleagues, supervisors, employees, information technologists).

H.2.c. Acknowledgment of Limitations Counselors inform clients about the inherent limits of confidentiality when using technology. Counselors urge clients to be aware of authorized and/ or unauthorized access to information disclosed using this medium in the counseling process.

H.2.d. Security Counselors use current encryption standards within their websites and/or technology-based communications that meet applicable legal requirements. Counselors take reasonable precautions to ensure the confidentiality of information transmitted through any electronic means.

H.3. Client Verification Counselors who engage in the use of distance counseling, technology, and/ or social media to interact with clients take steps to verify the client’s identity at the

beginning and throughout the therapeutic process. Verification can include, but is not limited to, using code words, numbers, graphics, or other nondescript identifiers.

H.4. Distance Counseling Relationship

H.4.a. Benefits and Limitations Counselors inform clients of the benefits and limitations of using technology applications in the provision of counseling services. Such technologies include, but are not limited to, computer hardware and/or software, telephones and applications, social media and Internet-based applications and other audio and/or video communication, or data storage devices or media.

H.4.b. Professional Boundaries in Distance Counseling Counselors understand the necessity of maintaining a professional relationship with their clients. Counselors discuss and establish professional boundaries with clients regarding the appropriate use and/or application of technology and the limitations of its use within the counseling relationship (e.g., lack of confidentiality, times when not appropriate to use).

H.4.c. Technology-Assisted Services When providing technology-assisted services, counselors make reasonable efforts to determine that clients are intellectually, emotionally, physically, linguistically, and functionally capable of using the application and that the application is appropriate for the needs of the client. Counselors verify that clients understand the purpose and operation of technology applications and follow up with clients to correct possible misconceptions, discover appropriate use, and assess subsequent steps.

H.4.d. Effectiveness of Services When distance counseling services are deemed ineffective by the counselor or client, counselors consider delivering services face-to-face. If the counselor is not able to provide face-to-face services (e.g., lives in another state), the counselor assists the client in identifying appropriate services. H.4.e. Access Counselors provide information to clients regarding reasonable access to pertinent applications when providing technology-assisted services.

H.4.e. Access Counselors provide information to clients regarding reasonable access to pertinent applications when providing technology-assisted services.

H.4.f. Communication Differences in Electronic Media Counselors consider the differences between face-to-face and electronic communication (nonverbal and verbal cues) and how these may affect the counseling process. Counselors educate clients on how to prevent and address potential misunderstandings arising from the lack of visual cues and voice intonations when communicating electronically.

H.5. Records and Web Maintenance

H.5.a. Records Counselors maintain electronic records in accordance with relevant laws and statutes. Counselors inform clients on how records are maintained electronically. This includes, but is not limited to, the type of encryption and security assigned to the records, and if/for how long archival storage of transaction records is maintained.

H.5.b. Client Rights Counselors who offer distance counseling services and/or maintain a professional website provide electronic links to relevant licensure and professional certification boards to protect consumer and client rights and address ethical concerns.

H.5.c. Electronic Links Counselors regularly ensure that electronic links are working and are professionally appropriate.

H.5.d. Multicultural and Disability Considerations Counselors who maintain websites provide accessibility to persons with disabilities. They provide translation capabilities for clients who have a different primary language, when feasible. Counselors acknowledge the imperfect nature of such translations and accessibility.

H.6. Social Media

H.6.a. Virtual Professional Presence In cases where counselors wish to maintain a professional and personal presence for social media use, separate professional and personal web pages and profiles are created to clearly distinguish between the two kinds of virtual presence.

H.6.b. Social Media as Part of Informed Consent Counselors clearly explain to their clients, as part of the informed consent procedure, the benefits, limitations, and boundaries of the use of social media.

H.6.c. Client Virtual Presence Counselors respect the privacy of their clients' presence on social media unless given consent to view such information.

H.6.d. Use of Public Social Media Counselors take precautions to avoid disclosing confidential information through public social media.

Section I Resolving Ethical Issues

Introduction Professional counselors behave in an ethical and legal manner. They are aware that client welfare and trust in the profession depend on a high level of professional conduct. They hold other counselors to the same standards and are willing to take appropriate action to ensure that standards are upheld. Counselors strive to resolve ethical dilemmas with direct and open communication among all parties involved and seek consultation with colleagues and supervisors when necessary. Counselors incorporate ethical practice into their daily professional work and engage in ongoing professional development regarding current topics in ethical and legal issues in counseling. Counselors become familiar with the ASACB Policy and

Procedures for Processing Complaints of Ethical Violations and use it as a reference for assisting in the enforcement of the ASACB Code of Ethics

I.1. Standards and the Law

I.1.a. Knowledge of Standards Counselors know and understand the ASACB Code of Ethics and other applicable ethics codes from professional organizations or certification and licensure bodies of which they are members. Lack of knowledge or misunderstanding of an ethical responsibility is not a defense against a charge of unethical conduct.

I.1.b. Ethical Decision-Making When counselors are faced with an ethical dilemma, they use and document, as appropriate, an ethical decision-making model that may include, but is not limited to, consultation; consideration of relevant ethical standards, principles, and laws; generation of potential courses of action; deliberation of risks and benefits; and selection of an objective decision based on the circumstances and welfare of all involved.

I.1.c. Conflicts Between Ethics and Laws If ethical responsibilities conflict with the law, regulations, and/or other governing legal authority, counselors make known their commitment to the ASACB Code of Ethics and take steps to resolve the conflict. If the conflict cannot be resolved using this approach, counselors, acting in the best interest of the client, may adhere to the requirements of the law, regulations, and/or other governing legal authority.

I.2. Suspected Violations

I.2.a. Informal Resolution When counselors have reason to believe that another counselor is violating or has violated an ethical standard and substantial harm has not occurred, they attempt to first resolve the issue informally with the other counselor if feasible, provided such action does not violate confidentiality rights that may be involved.

I.2.b Reporting Suspected Violations When an informal resolution is not appropriate or feasible, counselors, upon reasonable cause, take action, such as reporting the suspected violation to the ASACB ethics committee, unless this action conflicts with confidentiality rights that cannot be resolved.

I.2.c. Consultation When uncertain as to whether a particular situation or course of action may be in violation of the Code of Ethics, counselors consult with other counselors who are knowledgeable about ethics, with colleagues, or with appropriate authorities.

I.2.d. Organizational Conflicts If the demands of an organization with which counselors are affiliated pose a conflict with the Code of Ethics, counselors specify the nature of such conflicts and express to their supervisors or other responsible officials their commitment to the Code of Ethics. When possible, counselors work to change within the organization to allow full adherence to the Code of Ethics.

I.2.e. Unwarranted Complaints Counselors do not initiate, participate in, or encourage the filing of ethics complaints that are retaliatory in nature or are made with reckless disregard or willful ignorance of facts that would disprove the allegation.

I.2.f. Unfair Discrimination Against Complainants and Respondents Counselors do not deny individuals employment, advancement, admission to academic or other programs, tenure, or promotion based solely on their having made or their being the subject of an ethics complaint. This does not preclude taking action based on the outcome of such proceedings or considering other appropriate information.

I.3. Cooperation With Ethics Committees Counselors assist in the process of enforcing the Code of Ethics. Counselors cooperate with investigations, proceedings, and requirements of the ASACB Ethics Committee or ethics committees of other duly constituted associations or boards having jurisdiction over those charged with a violation. Counselors are familiar with the ASACB policies and procedures and use it as a reference in assisting the enforcement of the Code of Ethics.

Section J: Filing Complaints

1. Only written complaints, signed by complainants, will be considered.
2. Individuals eligible to file complaints will complete the *Ethics Reporting Form*, and send a letter outlining the nature of the complaint to the Ethics Committee at the ASACB office. The complaint shall include, if possible,
 - a. The name and address of the complainant.
 - b. The name and address of the charged counselor.
 - c. The names and addresses of any other persons who have knowledge of the facts involved;
and
 - d. A brief description of the reason why the complaint is being filed.
3. The ASACB administrator or Ethics Co-Chair will communicate in writing with complainants. Receipt of the complaint and confirmation of registration or certification status of the charged counselor as defined in Section F.1 above will be acknowledged to the complainant.
4. If the complaint does not involve a registered or certified counselor as defined in F.1, above, the Administrator or Ethics Co-Chair will notify the complainant.
5. The complaint will be assigned to one of the Committee Co-Chairs to determine whether the complaint, if true, would violate one or more sections of the Code of Ethics. The complainant will be notified of the decision of the Ethics Committee Co-Chair within thirty (30) days from receipt of the complaint.

6. If the Co-Chair administering the complaint determines that there is insufficient information to make a fair determination of whether the behavior alleged in the complaint would be cause for action by the Ethics Committee, the ASACB Administrator or Ethics Co-Chair may request further information from the complainant or others. They shall be given thirty (30) days from receipt of a request to respond.
7. When complaints are accepted, complainants will be informed that copies of the formal complaints plus evidence and documents in support of the complaint will be provided to the charged counselor and that the complainant must authorize the release of such information to the charged counselor before the complaint process may proceed.
8. The ASACB Administrator, after receiving approval of the Committee Co-Chair administering a complaint, will formulate a formal complaint which will be presented to the complainant for his or her signature.
 - a. When the correspondence from complainants is received, and the ASACB Administrator and the Committee Co-Chair administering the complaint have identified all ASACB Code of Ethics that might have been violated if the accusations are true.
 - b. The formal complaint will be sent to complainants with instructions on how to access a copy of the Policies and Procedures, and a copy of the ASACB Code of Ethics on the website at www.asacb.com Complainants will be asked to sign and return the completed complaint.

It will be explained to complainants that sections of the codes that might have been violated may be added or deleted by the complainant before signing the formal statement.
 - c. If complainants elect to add or delete sections of the Code of Ethics in the formal complaint, the unsigned formal complaint shall be returned to the ASACB office, and a revised formal complaint will be sent for their signature.
9. When the completed formal complaint is presented to the complainant for signature, he or she will be asked to submit all the evidence and documents he or she wishes to be considered by the Committee in reviewing the complaint. The complainant shall submit all evidence and documentation in support of the claim within thirty (30) days of filing the formal complaint. The Committee may accept, at its discretion, evidence or documentation submitted late if good cause is shown.
10. Counselors may cooperate with investigations, proceedings, and requirements of the ASACB Ethics Committee or ethics committee of other duly constituted associations or boards having jurisdiction over those charged with a violation. Counselors are required to see the formal complaint through to its conclusion. Failure to comply may result in an ethical violation in and of itself. [See SP-51.]

Section K: Notice to Charged Counselor

1. Once signed formal complaints have been received, charged counselors will be sent a copy of the formal complaint by U.S. mail, certified, with return receipt requested, and the website www.asacb.com on which to reference the Policies and Procedures, and the Code of Ethics, as well as notification of their right to request a hearing, (including the time limit within which to request a hearing, and that the failure to request a hearing within the time limit constitutes a waiver of the hearing).
2. Charged counselors will be asked to respond to the complaint against them by addressing each section of the ASACB Code of Ethics they have been accused of having violated. They will be informed that if they wish to respond they must do so in writing within sixty (60) days of receipt of the complaint.
3. Charged counselors will be informed that they must submit all evidence and documents they wish to be considered by the Committee in reviewing the complaint within sixty (60) days of receipt of the complaint.
4. After charged counselors have received notification that a complaint has been brought against them, they will be given sixty (60) days to notify the Committee Co-Chair via the ASACB office in writing, by certified mail, if they wish to request a formal, face-to-face hearing before the Committee. Charged counselors may waive their right to a formal hearing before the Committee and shall sign a waiver of the right to a hearing. (See Section O: Hearings).
5. If the Committee Co-Chair determines that there is insufficient information to make a fair determination of whether the behavior alleged in the complaint would be cause for action by the Ethics Committee, the ASACB Administrator may request further information from the charged counselor or others. They shall be given thirty (30) days from the receipt of the request to respond.
6. The Committee may, at its discretion, delay or postpone its review of the case with good cause, including if the Committee wishes to obtain additional information. The charged member may request in writing that the Committee delay or postpone its review of the case for good cause.
7. If the ASACB is unable to reach the Charged Counselor by Certified Mail; or the Charged Counselor fails to respond to the Certified Mail; then the ASACB will suspend the Charged Counselor's credential or CIT/PIT registration status for a period of ninety (90) days. Notice of the suspension will be posted on the ASACB website (www.asacb.com).
8. If the Charged Counselor does not respond to the ASACB within the ninety (90) day suspension, then the Charged Counselor's credential or CIT/PIT status is revoked.
9. If the Charged Counselor later tries to re-register with the ASACB, they must submit a request, in writing, to the ASACB. The Board would then review the complaint that was filed,

along with the request, to determine if the counselor can proceed. The Board could decide the following:

1. To allow the counselor to proceed:
 - a. Immediately with no further action.
 - b. The counselor may proceed with a predetermined waiting period.
 - c. The counselor may proceed with an education stipulation to be completed prior to registration
 - d. The counselor may proceed with a stipulation of supervision.
 - e. The counselor may proceed with a combination of b, c, and d.
2. The counselor is not eligible to re-register based on the nature of the complaint.

Section L: Disposition of Complaints Without Hearing

1. After receiving the responses from the charged counselors, the Ethics Co-Chair will be provided copies of (a) the complaint, (b) supporting evidence and documents sent to charged counselors, (c) the response from the charged counselor, and (d) supporting evidence and documents provided by the charged counselor and others.
2. Decisions will be rendered based on the evidence and documents provided by the complainant and the charged counselor or others.

The Committee Co-Chair administering a complaint will not participate in the decision regarding that particular complaint.