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MASTERING THE NATIONAL COUNSELOR EXAMINATION AND THE COUNSELOR PREPARATION COMPREHENSIVE EXAMINATION

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Third Edition

Mastering the National Counselor Examination and the Counselor Preparation Comprehensive Examination

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This effort is dedicated to The One: the Giver of energy, passion, and understanding, who makes life worth living and endeavors worth pursuing and accomplishing, the Teacher of love and forgiveness.—BTE

For Charlotte, Grace, and Chris—my sources of joy and balance. Thank you for making everything more meaningful.—DGH

I dedicate this work to my husband, John, for his unwavering support and understanding during the writing process, and to my family, who always encouraged me to pursue my vocational aspirations.—SC

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PREFACE

Mastering the National Counselor Examination and the Counselor Preparation Comprehensive Examination is a powerful resource and tool to help you prepare for two of the most important examinations in counselor preparation and credentialing: the National Counselor Examination for Licensure and Certification (NCE) and the Counselor Preparation Comprehensive Examination (CPCE). This study guide is organized into nine chapters, with the first eight chapters coinciding with the Council for Accreditation of Counseling and Related Educational Programs (CACREP) core content areas:

Chapter 1: Professional Orientation and Ethical Practice
Chapter 2: Social and Cultural Diversity
Chapter 3: Human Growth and Development
Chapter 4: Lifestyle and Career Development
Chapter 5: Helping Relationships
Chapter 6: Group Work
Chapter 7: Assessment
Chapter 8: Research and Program Evaluation

Each chapter is made up of sections addressing major topics within its CACREP core content area. Each section has five self-administered, multiple-choice questions to test your knowledge of the presented material and allow you to maximize your learning while making the reviewing of course material more manageable. This study guide also contains a glossary of key terms and several full-length practice tests to help you retain this information. Finally, Chapter 9: *From Envisioning to Actualization: Marketing Yourself in the 21st Century* is about you: what you need to know about getting a job and marketing yourself as a professional counselor as you make the transition from student to practitioner.

NEW TO THIS EDITION

This edition features several important additions and content revisions:

- Additional case studies are provided in most chapters to enhance practical perspectives.
- Citations have been replaced and updated across all chapters to give the most recent scholarly information, while maintaining the focus on classic citations underscoring the rich history of counseling theory and research.
- New test preparation items have been included comprising two full-length sample NCE administrations and two full-length CPCE administrations.
- The glossary of key terms has been updated to facilitate vocabulary review as an additional study aid.
- Revised and updated content has been provided to better align with the 2016 CACREP standards and current NCE and CPCE content.

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Stephanie A. Crockett, PhD, NCC, is an associate professor of counseling at Oakland University (OU) and Program Coordinator of the counseling PhD program. She has served in several national leadership positions for the Association for Assessment and Research in Counseling (AARC). She currently serves as an editorial board member for both the *Journal of Counseling and Development* and *The Professional Counselor*. Her research and professional interests include counseling research methods and assessment, gender issues in counseling, and career development and counseling. She has published many refereed articles in professional counseling journals and authored several book chapters. Dr. Crockett teaches courses in research methods, lifespan development, professional issues and counseling ethics. She has received several national awards, including the Leadership Fellow Award from Chi Sigma Iota, and the Glen E. Hubele National Graduate Student Award from the American Counseling Association.

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CONTENTS

INTRODUCTION

Before delving into each of the CACREP core content areas, it is important to present some introductory information about the NCE and CPCE and some test-preparation and test-taking strategies for mastering the NCE and CPCE.

ABOUT THE NATIONAL COUNSELOR EXAMINATION (NCE) FOR LICENSURE AND CERTIFICATION

To obtain certification from the National Board for Certified Counselors (NBCC), professional counselors must first pass the National Counselor Examination for Licensure and Certification (NCE), which NBCC creates and administers. Counselors who pass the exam and meet NBCC's standards of education and training are entitled to receive NBCC's general practitioner credential, the National Certified Counselor (NCC) credential. Although taking and passing the NCE is voluntary, many states require the NCE for their own licensure and credentialing purposes. One of the primary benefits of taking the NCE and working toward the NCC is that the credential is nationally recognized and strengthens the credential holder's professional reputation (NBCC, 2019b).

The NCE is a paper-and-pencil multiple-choice test. It contains 200 multiple-choice questions, which test-takers are allowed up to four hours to complete. The NCE aims to assess test-takers' knowledge and understanding of areas thought to be essential for effective and successful counseling practice. The NCE's test questions stem from CACREP's (2016) eight core content areas and five work behaviors. The eight content areas and the topics they cover are

1. ***Professional Orientation and Ethical Practice.*** Professional counselors' roles and functions; history and philosophy of the counseling profession; professional credentialing; professional organizations; legal and ethical standards.
2. ***Social and Cultural Foundations.*** Multicultural and pluralistic trends; theories of multicultural counseling; identity development and social justice; strategies for working with and advocating for diverse populations; counselors' roles in developing cultural self-awareness.
3. ***Human Growth and Development.*** Theories of individual and family development across the lifespan; learning theories; personality, cognitive, and moral development; normal and abnormal behavior.
4. ***Career and Lifestyle Development.*** Career development theories and decision-making models; vocational assessment instruments and techniques relevant to career planning and decision making; the relationship between work, leisure, and family; career counseling for specific populations.
5. ***Helping Relationships.*** Wellness and prevention; essential interviewing and counseling skills; counseling theories; family theories and related interventions; counselor characteristics and behaviors that influence helping processes.
6. ***Group Work.*** Principles of group dynamics; theories of group counseling; group leadership styles; methods for evaluation of effectiveness.
7. ***Assessment and Testing.*** Basic concepts of standardized and nonstandardized testing; statistical concepts associated with assessment and testing; principles of validity and reliability; interpretation of testing results; ethical and legal consideration in assessment and testing.
8. ***Research and Program Development.*** Qualitative and quantitative research designs; descriptive and inferential statistics; program evaluation and needs assessment; research's role in the use of evidence-based practices; ethical and cultural considerations in research.

The NBCC seeks to reflect the actual work that professional counselors do by incorporating work behavior categories into the NCE. The five work behaviors provide the context for the eight CACREP content areas. The following are the five categories:

1. *Fundamental Counseling Issues*
2. *Counseling Process*
3. *Diagnostic and Assessment Services*
4. *Professional Practice*
5. *Professional Development, Supervision, and Consultation*

The NCE is administered throughout the United States two times each year (April and October), and each administration of the NCE involves a varying set of questions from the NCE test item bank (NBCC, 2019a). Of the 200 multiple-choice questions administered, only 160 count toward the test-takers' final score. Thus, the highest score an examinee can receive on the NCE is 160. The NBCC includes the 40 remaining questions for field-testing purposes to determine whether these 40 questions may be suitable for inclusion in future examinations. Examinees are not informed of which questions are scored. Each multiple-choice question has four answer choices, with only one correct answer per question. Test-takers are not penalized for guessing, so examinees should be sure to select an answer for each question. According to the NBCC, the questions on the test do not equally represent the eight content areas. The NCE has 30 professional orientation and ethical practice items, 11 social and cultural diversity items, 12 human growth and development items, 19 career development items, 36 helping relationship items, 16 group work items, 20 assessment items, and 16 research and program evaluation items.

The minimum passing score for the NCE changes for each examination and is decided according to a modified Angoff procedure, which calculates the likelihood that a nominally skilled individual would answer each question correctly and then, on the basis of that information, determines a cutoff score for the

entire set of items. Thus, the NCE is a criterion-referenced test, and the total score is interpreted as pass or fail based on a determined cutoff score. Usually within eight weeks after taking the test, candidates receive their score report in the mail. The score report includes candidates' scores in each of the 13 domains (delineated above), their score for the entire test, and the minimum passing score for the version of the NCE the examinee completed.

ABOUT THE COUNSELOR PREPARATION COMPREHENSIVE EXAMINATION (CPCE)

The Counselor Preparation Comprehensive Examination (CPCE) was created by the Research and Assessment Corporation for Counseling (RACC) and the Center for Credentialing and Education (CCE), both affiliates of NBCC, for use in colleges and universities with master's programs in counseling. Over 330 colleges and universities use the CPCE for program evaluation and, frequently, as an exit exam (Center for Credentialing and Education, 2009). Results of the test give an educational institution a sense of their students' and their program's strengths and weaknesses in relation to national data. In addition, many colleges and universities use this examination to encourage their students to engage in frequent, cumulative studying and reviewing of the information learned in their courses and field experiences.

The format of the CPCE resembles the NCE. The CPCE comprises 160 questions, with 20 questions for each of the eight CACREP areas. Only 17 questions from each area count toward the test-takers' score, which means that the highest score a person can achieve on the examination is 136. Because the CPCE is based on the same eight CACREP areas as the NCE, students have the ability to simultaneously prepare for both examinations. However, the CPCE does not offer a cutoff score to indicate a passing or failing score; instead, university program faculty are left with that responsibility if they intend to use the CPCE scores for high-stakes evaluation decisions.

PREPARATION STRATEGIES FOR SUCCESS

Taking the NCE or CPCE is undoubtedly an important event in your counseling career. Although the breadth of expected knowledge can be overwhelming—even intimidating—mastering the domain of knowledge of essential counseling information is definitely possible. Remember, you have already learned a large portion of this information in your classes. So, to prepare for these tests, much of your time will be dedicated to reviewing previously mastered information and concepts and ensuring that you understand how to apply them. Before you start working through this study guide, consider the following strategies for success as you work toward your test date.

1. ***Manage your time and plan ahead.*** Neither the NCE nor the CPCE lends itself to cramming; therefore, it is much more advantageous to begin studying ahead of time. One of the easiest ways to make the tasks of learning and reviewing so much information easier is to break up the task into manageable sections. Write out a study schedule for yourself, and plan on reviewing only small segments of information at each study session so that you do not become overwhelmed or frustrated. It may be helpful for your schedule to include when you will study (e.g., the date and time), what you will study (e.g., the material and any page numbers), and how you will study (e.g., read, highlight key terms, and answer multiple-choice questions). It is also important to schedule time off from studying. Allowing yourself to mentally recharge will help you approach the material with greater clarity and focus. Do not put yourself at a disadvantage by procrastinating.
2. ***Practice.*** Practice is a key factor in preparing for both the NCE and CPCE. Specifically, it is important to be familiar with the test format and types of questions that will be asked on each exam. This study guide is packed with sample questions similar to those that you will encounter on the NCE and CPCE. The more familiar you are with applying this information to sample questions, the better prepared you will be for the actual tests.
3. ***Apply rather than memorize.*** Although you may feel pressure to memorize everything word for word, doing so is not an effective study strategy. Both the NCE and CPCE will require you to apply the knowledge you have gained. Nor is it useful to memorize the test questions you review during your preparation for the exams. Each administration of the NCE and CPCE includes new questions, so you will not find any questions in this study guide that will occur exactly as written on future NCEs or CPCEs. Of course, some of the questions in this guide will resemble some of the actual questions. After all, the questions all measure the same domain of knowledge. But it is a much better use of your time to master the domain of knowledge presented in this guide than to master an item set.
4. ***Employ a study strategy.*** The use of a study strategy can help you to both learn and apply the material you study. One of the most well-known strategies for retaining the material you read is Survey, Question, Read, Recite, and Review (SQ3R). Specifically, this strategy recommends first surveying the material's words in boldface type, tables, headings, and introductory sentences. Next, you are advised to turn headings and boldface words into questions, then to read the text to answer the previously developed questions. Finally, you should restate the material in your own words and engage in an ongoing process of review. Other study strategies that can be employed to assist you in reading and reviewing the test material include taking notes, highlighting key words and phrases, reviewing key words presented in the glossary, reviewing flash cards, and forming a peer study group. Given that there are numerous study strategies and that everyone learns differently, it is important for

you to find and use the strategies that will work best for you.

5. ***Give yourself positive reinforcements.*** Studying for the NCE and CPCE is hard work. Be sure to reward yourself with enjoyable activities or treats as you work through the study material. Build in time between study sessions to relax, too.
6. ***Apply the Premack principle to your study schedule.*** The Premack principle demands that high-frequency behaviors (i.e., what people like to do) should follow low-frequency behaviors (i.e., what people don't like to do); thus, you should do what you don't want to do before you do what you do want to do! As pertains to studying for the NCE or CPCE, complete a period of study and follow it with an activity that you find more enjoyable and rewarding.
7. ***Seek accommodations.*** If you have a disability and will need accommodations while taking the NCE, it is your responsibility to contact the NBCC prior to your test date. E-mails can be sent to examinations@nbcc.org, or you can contact a representative at (336) 547-0607. If you decide to send an e-mail regarding accommodations, include your name, address, phone number, and state or residence, along with your question or request. When taking the CPCE, notify your program faculty ahead of time regarding your need for accommodations.
8. ***Take good care of yourself before the exam.*** Keep in mind that cramming the night before the exam will most likely make you more anxious, so try instead to engage in a relaxing activity that will calm your nerves and enable you to get a good night's sleep. Make sure that you are fully rested and have had a nutritious breakfast before taking the exam so that you will be mentally alert and focused when you arrive at the test center.
9. ***Arrive prepared for the examination.*** Remember to bring several sharp #2 pencils, your admission ticket, and two forms of identification (one with a photo). If you are not familiar with the area where you will take the test, print out directions beforehand. Finally, be sure to arrive at least 30 minutes early so that you are not rushing before the exam.

TEST-TAKING STRATEGIES

With successful preparation, counselors and counselor trainees will have the necessary competence *and* confidence when taking the NCE and CPCE. In addition, mastering these exams involves several strategies to use while taking the exam itself. During the exam, remember the following:

1. ***Answer all questions.*** As mentioned, you will not be penalized for guessing. If you do not know the correct answer to a question, it is better to use your common sense and guess than to leave the answer blank.
2. ***Make educated guesses.*** You are better off making an educated guess about a question than leaving it blank. With no penalty for guessing, you have a 25% chance of guessing correctly, whereas if you leave the question blank you will automatically receive zero points for that question. When guessing, start by eliminating obviously incorrect answers and then use cues and common sense to infer which remaining answer makes the most sense.
3. ***Pace yourself.*** On the NCE, you will have 4 hours to answer 200 questions, which gives you 60 minutes for every 50 questions. Do not spend more than 1 minute on each question on your initial pass through the items. If you are unsure of the answer to a question, skip it and return to it later so that you give yourself adequate time to respond to the questions that you are sure about first.
4. ***Stay calm.*** No doubt you have learned some useful relaxation techniques over the years to help you through school. Likely, you have also learned counseling techniques to help your clients cope with stress. Use these skills to help you through your exam. For example, if you find yourself stressed during the test, try some deep breathing exercises, progressive muscle relaxation, positive self-talk, or visual imagery to help alleviate some of your anxiety.
5. ***Think and read carefully.*** Some questions on the NCE and CPCE will include qualifiers that ask you to choose the answer that is "not true" or the "best" choice. The former asks you to choose the answer that does not accurately answer the question. Regarding "best" choice questions, a question may have four answer options, several of which may seem right, and your task will be to select the choice that is *better* than all the others. Therefore, make sure you read each question and *all of the possible answer options* thoroughly before marking your response. For example, the first answer choice you read may seem correct, but perhaps the second, third, or fourth option is even better, so do not be tempted to rush through a question just because one of the first choices you read seems to fit.
6. ***Skip difficult or confusing questions.*** All questions are worth the same number of points, so if you are hung up on a question, skip it and come back to it later, or make a guess. Spending too much time on questions you are unsure about takes away precious time from questions to which you do know the answers.
7. ***Check your answer sheet frequently.*** Pay close attention to your answer sheet to be sure that you are marking answers to the correct questions, especially if you are temporarily skipping some questions. Place a question mark, hyphen, or some other symbol next to the questions you are skipping so that you do not accidentally mark that question with the answer to a different item.
8. ***Keep your answer sheet neat.*** If you need to write down anything to assist you in working through a question, use your response booklet. Your answer sheet will be optically scanned, so it is important that you completely color in all of your answer choices and avoid leaving

stray marks on the answer sheet. If you put a question mark or hyphen next to an item you want to come back to, make sure you erase it after you have returned and filled in the answer.

9. ***Stay focused.*** Ignore any distractions that arise. Instead, keep your concentration centered on the test questions. Four hours is adequate time to complete the test if you maintain your focus.
10. ***Keep the test in perspective.*** You are not expected to receive a perfect score on these tests, and you can get many questions wrong and still pass, so do not stress out if you do not know the answer to every question. Study, practice, prepare, and try your best—that is all you can do!

Note: Starting in 2017–2018, the CPCE will be offered as a computer administered examination to universities.

CHAPTER 1

Professional Orientation and Ethical Practice

1.1 INTRODUCTION TO PROFESSIONAL ORIENTATION AND ETHICAL PRACTICE

Professional orientation and ethical practice encompass much of the counseling curriculum. Professional counselors must become very familiar with ethical and legal practice considerations and with historical perspectives and advocacy models. Counselors also must understand the roles of professional organizations and counseling specialties in counseling practice, as well as the diverse nature of credentialing.

Administrations of the NCE include (in addition to some trial items that do not count) 30 scored items (of the 160 total, or about 19%) designed to measure professional issues and ethical practice (rank = 2 of 8; the second most items of any of the eight domains). The average item difficulty index was .74 (rank = 1 of 8; the easiest domain of item content), meaning that the average item in this domain was correctly answered by 74% of test-takers.

Over the past several years, administrations of the CPCE have included 17 scored items designed to measure professional issues and ethical practice, plus several trial items that do not count in your score. The average item difficulty index was .68, meaning that the average item in this domain was correctly answered by 68% of test-takers, which made this set of items among the easiest on the examination.

The Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016) defined standards for Professional Orientation and Ethical Practice as follows:

> studies that provide an understanding of the following aspects of professional functioning:
>
> a. history and philosophy of the counseling profession and its specialty areas;
> b. the multiple professional roles and functions of counselors across specialty areas and their relationships with human service and integrated behavioral health care systems, including interagency and interorganizational collaboration and consultation;
> c. counselors' roles and responsibilities as members of interdisciplinary community outreach and emergency management response teams;
> d. the role and process of the professional counselor advocating on behalf of the profession;
> e. advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients;
> f. professional counseling organizations, including membership benefits, activities, services to members, and current issues;
> g. professional counseling credentialing, including certification, licensure, accreditation practices and standards, and the effects of public policy on these issues;
> h. current labor market information relevant to opportunities for practice within the counseling profession;
> i. ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling;
> j. technology's impact on the counseling profession;
> k. strategies for personal and professional self-evaluation and implications for practice;
> l. self-care strategies appropriate to the counselor role; and
> m. the role of counseling supervision in the profession.

Each of these standards is addressed throughout Chapter 1. In the remainder of this first section, we discuss key historical events in counseling; key legal issues, including important laws, abuse, and minor consent; accreditation and CACREP; advocacy counseling; health maintenance organizations (HMOs); liability insurance; licensure; and the National Board for Certified Counselors (NBCC).

1.1.1 Key Historical Events in Counseling

The counseling profession today comprises counselors who work in a myriad of settings, from educational institutions and hospitals to community health centers. As evidenced by the numerous counseling specializations and associations, counseling is an inclusive profession dedicated to meeting the needs of diverse individuals and families at every stage of the life cycle. However, the counseling profession had its genesis in the late 1800s with vocational guidance. During the following decades, individuals began introducing additional approaches to counseling and types of counseling services to the public to promote the wellness of clients and students in need, and the profession slowly expanded from its vocational guidance roots. The timeline in Table 1.1 highlights some of the key historical events that transformed the counseling profession into the diverse field that it is today.

1.1.2 Key Legal Issues in Counseling

It is the responsibility of professional counselors to abide by the American Counseling Association (ACA) *Code of Ethics* (2014), which provides counselors with mandatory ethics rules they *must* follow and aspirational ethics rules they *should* follow if they want to meet the highest standards of professional practice and conduct (Remley & Herlihy, 2016). Likewise, it is also the duty of professional counselors to be knowledgeable of and adhere to applicable laws. The principal difference between ethics and laws is that **ethics** are developed by associations to help members practice in a reputable manner, whereas **laws** are included in the penal code and often carry more serious consequences when individuals fail to comply with them. Violation of ethical standards may carry sanctions, but those penalties vary greatly and are determined by ethics committees rather than courts. Although the law trumps ethics in all circumstances, professional counselors rarely have to violate ethical standards to follow the law. When studying for the NCE or CPCE, counselors should become thoroughly familiar with the NBCC *Code of Ethics* (NBCC, 2016; see www.nbcc.org/ethics/) and the ACA *Code of Ethics* (ACA, 2014; see http://www.counseling.org/Resources/aca-code-of-ethics.pdf; and see Section 1.4) and be able to apply these ethical concepts to practice situations. This

TABLE 1.1 Timeline of Historical Events.

- **Late 1800s**—Vocational guidance counseling emerges as a result of the Industrial Revolution and social reform movements.
- **Early 1900s**—Frank Parsons, heralded as the founder of vocational guidance, opens the Bureau of Vocational Guidance in Boston, which helps match individuals with suitable careers based on their skills and personal traits.
- **1908**—Frank Parsons dies, and his influential book *Choosing a Vocation* is published posthumously.
- **1913**—The National Vocational Guidance Association (NVGA) is founded.
- **1913**—Clifford Beers, the leader of the mental health movement, which advocated for the construction of mental health clinics and more humane treatment of institutionalized patients with psychological disorders, founds the Clifford Beers Clinic in New Haven, Connecticut, considered the first outpatient mental health clinic in America.
- **1930s**—E. G. Williamson creates the Minnesota Point of View, a trait and factor theory considered to be one of the first counseling theories.
- **1932**—The Wagner O'Day Act is passed, which creates U.S. Employment Services to aid the unemployed in finding work through vocational guidance.
- **1940s and 1950s**
  - Carl Rogers' humanistic approach to psychology gains widespread support in the counseling profession.
  - Soldiers return home after World War II and increase the need for counseling, readjustment, and rehabilitation services.
  - Increased numbers of counselors begin working full-time at postsecondary educational institutions, community agencies, and vocational rehabilitation centers.
  - More associations sprout up to help new counseling specializations form a unified and professional identity.
- **1952**—To gain a larger voice in the counseling field, the American Personnel and Guidance Association (APGA; since renamed the American Counseling Association [ACA]) is formed as a union among the National Vocational Guidance Association (NVGA; since renamed the National Career Development Association [NCDA]), the National Association of Guidance and Counselor Trainers (NAGCT; since renamed the Association for Counselor Education and Supervision [ACES]), the Student Personnel Association for Teacher Education (SPATE; since renamed the Counseling Association for Humanistic Education and Development [C-AHEAD] and most recently the Association for Humanistic Counseling [AHC]), and the American College Personnel Association (ACPA).
- **1952**—The American School Counselor Association (ASCA) is formed and becomes a division of APGA the next year.
- **1958**—Congress passes the National Defense Education Act (NDEA) in response to the launch of the *Sputnik* satellite in 1957, which signaled that the Russians were leading in the Space Race. The NDEA provides schools with increased funds to improve their curriculum and hire school counselors to pick out students showing promise in math and science.

(Continued)

TABLE 1.1 Timeline of Historical Events. (*Continued*)

- **1958**—The American Rehabilitation Counseling Association (ARCA), a division of APGA, is chartered.
- **1961**—APGA publishes its first code of ethics.
- **1963**—President Lyndon Johnson signs into law the Community Mental Health Act, which allots money for the creation of mental health centers.
- **1965**—The Association for Measurement and Evaluation in Guidance (AMEG), currently known as the Association for Assessment and Research in Counseling (AARC), is chartered as a division of APGA.
- **1966**—The National Employment Counseling Association (NECA), a division of APGA, is chartered.
- **1970s**
  - Legislation for individuals with disabilities emerges, leading to a heightened demand for rehabilitation counselors and school counselors.
  - Individuals in the counseling field publish books and articles that increase the counseling profession's interest in multicultural issues, such as cultural identity development, multicultural awareness, racism, and counseling minorities.
- **1972**—The Association for Multicultural Counseling and Development (AMCD), a division of APGA, is founded.
- **1973**—The Association for Specialists in Group Work (ASGW), a division of APGA, is created.
- **1974**—The Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) and the International Association of Addictions and Offender Counselors (IAAOC), both divisions of APGA, are chartered.
- **1975**—The U.S. Supreme Court's decision in *Donaldson v. O'Connor* results in the deinstitutionalization of patients in state mental hospitals. This precedent-setting decision was one of the most significant in mental health law. It barred mental institutions from committing individuals involuntarily if they were not an immediate threat to themselves or other people.
- **1976**—Virginia is the first state to offer counselors the option to seek licensure.
- **1978**—The American Mental Health Counselors Association (AMHCA), a division of APGA, is chartered.
- **1981**—The Council for Accreditation of Counseling and Related Educational Programs (CACREP) is established to provide accreditation for master's and doctoral programs in counseling that adhere to its standards of preparation.
- **1982**—The National Board for Certified Counselors (NBCC), which develops and implements the first national examination to certify counselors, the National Counselor Exam (NCE), is formed by APGA.
- **1983**—APGA changes its name to the American Association of Counseling and Development (AACD).
- **1984**—The Association for Counselors and Educators in Government (ACEG), a division of AACD, is chartered. The division has since been renamed the Military and Government Counseling Association (MGCA).
- **1985**—Chi Sigma Iota, the international honor society for the counseling profession, is founded.
- **1986**—The Association for Adult Development and Aging (AADA), a division of AACD, is chartered.
- **1989**—The International Association of Marriage and Family Counselors (IAMFC), a division of AACD, is chartered.
- **1991**—The American College Counseling Association (ACCA), a division of AACD, is chartered.
- **1993**—AACD, formerly known as APGA, changes its name to the American Counseling Association (ACA).
- **1995**—ACA makes a major revision to its code of ethics, allowing members and divisions to submit suggestions and ideas and revising the format of the document to make it more cohesive and organized.
- **1997**—The Association for Gay, Lesbian, and Bisexual Issues in Counseling (AGLBIC) is chartered by ACA.
- **2002**—Counselors for Social Justice (CSJ), a division of ACA, is chartered.
- **2004**—The Association for Creativity in Counseling (ACC), a division of ACA, is established.
- **2005**—The ACA *code of ethics* is revised and includes new sections on technology, end-of-life care, making diagnoses, ending practice, and choosing therapeutic interventions.
- **2007**—The AGLBIC name is changed to the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC).
- **2009**—California becomes the final state to offer counselors the option to seek licensure. Also, CACREP publishes revisions to its accreditation standards.
- **2010–2012**—Three legal cases (i.e., *Keeton v. Anderson-Wiley, 2011*; *Ward v Polite, 2012*; *Ward v. Wilbanks, 2010*), involving the role of value conflicts for counselor trainees working with lesbian, gay, bisexual, transgender, and questioning (LGBTQ) clients, set the stage for clarifying the role of counselor personal values in the *ACA Code of Ethics* (2014).
- **2013**—The Association for Child and Adolescent Counseling (ACAC), a division of the ACA, is chartered.
- **2014**—The seventh and most recent revision of the *ACA Code of Ethics* is published. This edition includes new or expanded guidelines to address issues related to technology and social media, distance counseling, multiculturalism and social advocacy, imposition of personal values, confidentiality, record-keeping, diagnosis, end-of-life care, and selection of counseling interventions (ACA, 2017a).
- **2017**—CACREP and the Council on Rehabilitation Education (CORE) merges. Rehabilitation counseling programs seeking accreditation now apply through CACREP.

section presents an overview of some of the key legal issues that are crucial for you to be aware of, including the Family Educational Rights and Privacy Act (FERPA), Individuals with Disabilities Education Improvement Act (IDEA), U.S. Rehabilitation Act of 1973 (Section 504), Health Insurance Portability and Accountability Act (HIPAA), Patient Protection and Affordable Care Act of 2010, Mental Health Parity and Addiction Equity Act, and legal considerations related to child abuse and neglect, counseling minors, and elder abuse.

1.1.2.1 FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

Enacted in 1974, the **Family Educational Rights and Privacy Act (FERPA)**, also known as the Buckley Amendment, is a federal law that affects any counselor who works in an educational setting that receives funding from the U.S. Department of Education (USDE, 2015a). Private schools, colleges, or universities that do not receive *any* funds from the USDE for *any* of their programs do not have to follow this act, but those institutions represent the minority.

Key Points of FERPA

- FERPA was created to specify the rights of parents (if the child is a minor) and nonminor students to access and examine the educational record, petition to have incorrect information found in the record amended and ensure that certain information is not released to outside agencies without permission.
- An **educational record** refers to any document or information kept by the school relating to a student, such as attendance, achievement, behavior, activities, and assessment.
- Parents have the right to access their children's educational information until the child is 18 years old or begins college, whichever comes first, at which point the rights shift to the student.
- Educational institutions are required to obtain written permission before releasing any information in a student's educational record.
- An exception to the preceding rule is that schools have the ability to give out **directory information** about students without consent. Directory information includes the student's name, address, telephone number, date of birth, place of birth, honors or awards, and dates of attendance at the school. However, schools must send an annual notice to students and parents informing them that they have the right to have their information, or their child's information, barred from release.
- Educational institutions that fail to comply with FERPA may face punitive action, such as loss of federal funding.
- Professional counselors' personal notes on students, considered an expansion of the counselor's memory that are kept separate from the educational record in a secure location, are considered confidential (Hall & Ratliff, 2017; Stone, 2013). Students and parents do not have the right to access counselors' personal notes. That said, *general* counseling case notes may be considered part of a student's educational record, depending on the state.

1.1.2.2 INDIVIDUALS WITH DISABILITIES EDUCATION IMPROVEMENT ACT (IDEA)

Also pertaining to counselors who work in educational settings, the Individuals with Disabilities Education Improvement Act (IDEA) is a civil rights law passed to guarantee that students with disabilities receive the services they need to gain the benefits of education. Like FERPA, this act applies to any school that receives federal funding and prohibits educational institutions from putting any student at a disadvantage based on a disability. It is important for professional counselors to be knowledgeable of this act if they work in an educational institution, because part of their role is to advocate for the academic needs of their clients.

Key Points of IDEA

- Children are eligible to receive services under IDEA from birth until the age of 21 years.
- Counselors and educators serve as advocates for children with special education needs. School counselors are frequently part of the child study team, which evaluates a child's educational, psychological, sociological, and medical needs to determine eligibility for services.
- To qualify for eligibility under IDEA, a student must have a documented disability in at least one of the following areas: intellectual disability, hearing impairment (including deafness), speech or language impairment, visual impairment (including blindness), serious emotional disturbance, orthopedic impairment, autism, traumatic brain injury, other health impairment, or specific learning disability. In addition, the student must *need* special education services as a result of a disability.
- All students with disabilities must be given **free appropriate public education (FAPE)** that addresses their individual needs and helps ready them for higher levels of education or employment.
- Every student who is eligible to receive special education services under IDEA must have an **individualized education plan (IEP)** on file (USDE, 2007). School systems convene meetings of multidisciplinary teams to create the IEP. A student's IEP delineates what services the student will receive; when and how often; and goals for the student's learning, which are updated and reviewed yearly.
- It is required that each student's IEP ensure that the child receive the benefits of education in the **least restrictive environment (LRE)**, which was mandated to allow as many students as possible to remain in regular classrooms if their needs could be met there with only limited accommodation.
- Students covered under IDEA often are also covered under the more expansive Section 504 of the U.S. Rehabilitation Act of 1973.

1.1.2.3 U.S. REHABILITATION ACT OF 1973 (SECTION 504)

The **U.S. Rehabilitation Act of 1973 (Section 504)**, a civil rights act, protects individuals with disabilities from being discriminated against or denied equal access to services and opportunities because of their disability—IDEA being one of those protections. Often, in a school setting, students who do

not qualify for special education services under IDEA may be eligible for accommodations under Section 504, which has a more inclusive definition of *disability*. Unlike IDEA, Section 504 applies not only to educational institutions receiving federal funds but also to any organization or employer in the United States receiving federal funds.

Key Points of Section 504

- Eligible individuals must have a physical or psychological impairment that substantially limits at least one **major life activity**. These major life activities include walking, seeing, hearing, speaking, breathing, working, performing manual tasks, learning, and caring for oneself (USDOE, 2015b; U.S. Department of Health and Human Services [USDHHS], 2017a).
- To receive consideration, individuals must also be viewed as having the disability or have documentation of the disability, and it must interfere with their ability to meet their needs.
- In a school setting, when a student indicates a need, a multidisciplinary team meets to assess the student's eligibility under Section 504. If the student is eligible, a **504 plan** is constructed, which dictates the accommodations or other special considerations the student is entitled to receive. The team looks at multiple sources of information when determining students' eligibility, including any test scores, grades, educational records, and medical documentation.
- Although there exists a whole host of possible accommodations a student may be given, a few examples of accommodations that school personnel make for eligible individuals include building ramps and installing elevators for students who are wheelchair-bound or injured, giving students more time to complete tests or other classroom tasks, and allowing students to use laptop computers to take notes.

1.1.2.4 HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

HIPAA is a federal law, passed in 1996, to protect the privacy of individuals' medical and mental health records. Health organizations were to be compliant with this law by 2003. Under HIPAA, patients are given rights to control who can view their health records as well as the ability to inspect their own medical record and request that changes be incorporated (USDHHS, 2017b). In essence, patients have a right to control who sees their identifiable health record. HIPAA applies to doctors, nurses, hospitals, clinics, insurance companies, health maintenance organizations (HMOs), Medicare, Medicaid, mental health professionals, and a variety of other health care providers. In fact, it would be difficult to find a health care provider who is *not* subject to the stipulations outlined in HIPAA, so understanding this law is essential to avoid violating the confidentiality of private client information.

Key Points of HIPAA

- All patients must be given a copy of the HIPAA **privacy policy**, which outlines their rights; with whom their **protected health information (PHI)**—that is, individually identifiable health information—might be used or shared; and the procedures for requesting that their information not be released to certain parties.
- Patients, for their part, are required to sign a document affirming that they have received information on HIPAA.
- Health organizations must secure all PHI from unauthorized individuals and organizations.
- Patients have a right to obtain a copy of their medical record usually within 30 days.
- Patients have a right to request changes to adjust inaccurate health information in their record. Should there be a disagreement by the health organization about making such changes, the disagreement must be noted in the file.
- Health organizations are to honor reasonable requests to contact patients in different locations or by different methods.
- A counselor following HIPAA must allow clients to view their records and petition for changes to the counselor's notes if they believe any information is false or inaccurate (USDHHS, 2017b).

1.1.2.5 PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010

The Patient Protection and Affordable Care Act of 2010, commonly referred to as the Affordable Care Act (ACA), provides health care to Americans and includes consumer protections from private health insurance companies and limits long-term health care expenses.

Key Points of the ACA

- The ACA mandates coverage of preventive health services such as depression, substance use, and HIV screenings; smoking cessation screenings; obesity screening and counseling, domestic violence screening and counseling; and behavioral assessments (ACA, 2012).
- Health insurance companies, with the exception of grandfathered plans, cannot deny or charge more to individuals due to a pre-existing health condition (USDHHS, 2017c).
- For insurance plans that cover dependents, children can be covered under their parent or guardian's plan until the age of 26 years.
- Lifetime and annual dollar limits on insurance benefits are not allowed for any insurance policy.

1.1.2.6 MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT

The Mental Health Parity and Addiction Equity Act (MHPAEA) was signed into law in 2008. It requires insurance companies offering coverage for mental health and substance use related services to make that coverage comparable to general medical coverage.

Key Points of the MHPAEA

- The MHPAEA was developed to protect consumers directly from large group insurance plans, preventing annual and lifetime benefit limits for those receiving mental health and/or substance use services.

- The ACA augments the protections of the MHPAEA by identifying mental health and substance use services as one of the essential health benefits that must be covered by insurance plans. As such, it indirectly protects consumers who are enrolled in small health plans as well.

1.1.2.7 CHILD ABUSE AND NEGLECT The federal **Child Abuse Prevention and Treatment Act (CAPTA)** defines child abuse and neglect as "Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or, an act or failure to act which presents an imminent risk of serious harm" (Child Welfare Information Gateway, 2018).

Key Points of CAPTA

- Any counselor who suspects child abuse or neglect is required by law to report the suspicion to the local **child protective services (CPS)** agency within 72 hours from the time of first awareness of the potentially abusive or neglectful event (Hall & Ratliff, 2017; Stone, 2013). Counselors also must submit a written report to CPS after submitting the initial account.
- Anyone who reports suspected abuse or neglect will not be held liable, even if CPS fails to find any evidence supporting the claim during the investigation (Stone, 2013), unless a false report was filed with malicious intent.
- The ACA *Code of Ethics* (2014, B.2.a.) upholds this legal duty, allowing counselors to ethically break confidentiality to protect a client from a potentially dangerous situation.

1.1.2.8 COUNSELING MINORS When counseling minors, particularly in a nonschool setting, it is crucial for counselors to obtain **informed consent** from the parents or legal guardian and assent, or agreement, of minors before any counseling begins. The necessity of informed consent in school systems ordinarily is dictated by local school or state policies (Hall & Ratliff, 2017; Stone, 2013).

Key Points of Informed Consent

- During the informed consent and assent process, minors and their parents must receive details on what they can expect from counseling, limitations to confidentiality, and their right to withdraw from treatment at any time (ACA, 2014, A.2.a., A.2.b., & A.2.d.). This information must be conveyed in a developmentally and culturally sensitive manner.
- Informed consent should be given in writing to parents and explained by the counselor to minors in age-appropriate language so that they are able make an educated decision about whether they want to enter into the counseling relationship. Some minor children, because of substantial disability (e.g., intellectual disability) or age, are unable to give assent for counseling, requiring special precautions in care and parental consent.
- All counselors should note that although, ethically, the child (if under the age of 18 years) should be able to expect confidentiality, parents still retain the legal right to know what their child discusses in counseling sessions should they choose to exercise that right. Therefore, counselors must carefully balance the needs of both parties to most effectively implement services and must work diligently to uphold the minor's ethical rights whenever feasible.
- Some states allow minors of a certain age to consent to various community health services, including mental health and substance abuse treatment, without parental consent. However, these **minor consent laws** vary among states, so it is essential to become very familiar with the laws governing the state where you are practicing or plan to practice. The Guttmacher Institute (2018) provides a summary of how minor consent laws are handled by state.
- In a school setting, most professional school counselors are *not* required to obtain parental consent before delivering counseling services to students, although professional school counselors should familiarize themselves with the policies of their state and local school boards.

1.1.2.9 ELDER ABUSE Elder abuse typically involves three different forms of maltreatment toward a vulnerable or incapacitated older adult: physical, sexual, or verbal abuse; financial exploitation; and neglect of a caregiver to provide proper care. Estimates of elder abuse frequency typically range from 2% to 10% depending on type, definition, and degree of reporting. Perpetrators of elder abuse are generally male and can include family members, paid caregivers, or fellow residents in a care facility (Dong, 2015; Forman & McBride, 2010).

Key Points of Elder Abuse

- Elder abuse is a criminal offense in all 50 states, with a majority of states having mandatory reporting laws (Administration on Aging [AoA], 2017). In cases where an older adult is neglecting him- or herself in some manner, some states allow law enforcement to intervene when these individuals refuse services (Forman & McBride, 2010).
- The Older Americans Act was passed in 1965 by Congress to increase social and nutrition services for older persons and was most recently reauthorized in 2016. Two specific pieces of this legislation, Title II—Elder Abuse Prevention and Services and Title VII—Vulnerable Elder Rights Protection, are particularly salient to the topic of elder abuse. Collectively, these chapters discuss inclusion of long-term care ombudsman programs, legal assistance, greater coordination with law enforcement and court systems, and greater allotment of funds for detection, assessment, and intervention of elder abuse (AoA, 2017).
- The AoA was developed as part of the Older Americans Act and oversees major grant programs and other initiatives related to this legislation. It is a useful resource for counselors to be familiar with, particularly for dealing with elder abuse.

1.1.3 Accreditation and the Council for Accreditation of Counseling and Related Educational Programs (CACREP)

Accreditation is a process that eligible educational institutions and organizations can elect to undergo (i.e., it is voluntary) to demonstrate that the institution meets set standards. Although accreditation applies to many careers and professions, for the purposes of this study guide, we are concerned with **educational accreditation**.

- An educational institution seeking accreditation must apply to the appropriate association. For example, for colleges and universities to have their counseling programs accredited, they apply to the **Council for Accreditation of Counseling and Related Educational Programs (CACREP)**, the association in charge of the accreditation for the majority of counseling and counseling-related programs and undergo its accreditation process.
- The purpose of accreditation for educational institutions is to signify to the public that the accredited program's educators and curriculum adhere to specific standards of quality; only those institutions that meet the specified criteria become accredited (CACREP, 2016).
- Institutions may seek accreditation for a variety of reasons:
  - It increases the institution's status and prestige.
  - It requires institutions to hold themselves accountable for the quality of their program and educators.
  - It encourages colleges and universities to continually evaluate and assess the effectiveness of their programs and make changes and improvements as necessary to ensure adherence to the standards of accreditation. Educational institutions accredited by CACREP must undergo and pass the accreditation process every eight years to retain their certification, so the process of meeting CACREP's standards is ongoing (CACREP, 2016).
  - Students who graduate from an accredited institution may be more marketable than those students graduating from an unaccredited institution, because they have succeeded in meeting specified programmatic standards. Part of this may result from similarities between CACREP requirements and state licensure requirements.

CACREP was established in 1981 to promote excellence in counseling and counseling-related educational programs. CACREP has developed and revised educational standards over the years that institutions must meet to gain the organization's accreditation approval. These standards were created to respond to society's comprehensive needs, ensuring that institutions seeking accreditation are providing students with the necessary tools to address those needs at graduation and on entrance into the counseling profession (CACREP, 2016).

CACREP accredits master's-level programs in addiction counseling; career counseling; clinical mental health counseling; marriage, couple, and family counseling; school counseling; college counseling; and doctoral-level programs in counselor education and supervision (CACREP, 2016). Currently, more than 330 universities in the United States have received CACREP accreditation. In addition, CACREP now accredits rehabilitation counseling programs since the 2017 merger with CORE.

1.1.4 Advocacy Counseling

Advocacy counseling is concerned with supporting and promoting the needs of clients (e.g., individuals, groups, and communities) and the counseling profession at all levels (local, state, regional, and national). Examples of advocacy counseling include teaching clients to self-advocate, being involved in changes in public policy, writing to or meeting with policymakers about bills that affect counselors and clients, or backing licensure laws. Advocacy counseling also can take many other forms, such as educating people about the counseling profession, providing leadership and advocacy training, networking with the media to have important issues covered, and working with community organizations to meet the needs of clients.

- Counselors are expected to be advocates not only for their profession but also for their clients, and to help clients overcome any barrier that is preventing them from making progress. The ACA *Code of Ethics* (2014, A.7.a.) demands that counselors empower clients to advocate for themselves when needed or that counselors advocate on their clients' behalf (with client consent) when clients are unable to do so for themselves. ACA has published "Advocacy Competencies" and the "Multicultural and Social Justice Counseling Competencies," which with counselors should be familiar (see www.counseling.org/knowledge-center/competencies).

1.1.5 Health Maintenance Organizations (HMO)

A **health maintenance organization (HMO)**, also known as a managed care organization, is a health care organization that allows members to access health and mental health services at a lower cost than many standard health insurance plans. Although members often pay only a small fee per month, a frequent criticism is that they can visit only hospitals and providers that are part of their HMO's network, and often they must receive a referral from their primary-care physician before visiting any specialists, including counselors.

- A benefit for mental health providers who are part of an HMO is that they are given a stable influx of clients and are ensured payment if they follow the organization's regulations. However, a criticism of HMOs is that mental health providers must give the organization a diagnosis and detailed history of each client before the HMO will approve and pay for the treatment, perhaps infringing on the client's confidentiality. Mental health professionals also are often limited in how much time they have to treat clients, and they are usually required to follow specific guidelines or treatment modalities in working with their clients.

1.1.6 Liability Insurance

In the field of counseling, **liability insurance** has become a necessity for all counselors, counseling students, and counselor educators. In the event that professional counselors find themselves in a legal dispute or the subject of a complaint, having liability insurance can be instrumental in the protection of their assets and also greatly reduces the financial burden they may face if found guilty of **malpractice** or **negligence**. Many professional organizations, such as ACA and NBCC, offer reasonably priced liability insurance to members.

- Although counselors are urged to abide by applicable ethics codes, and doing so will help decrease the likelihood of negligence or malpractice, there is always inherent risk in treating clients, and even the best-intentioned professionals can make mistakes. Even counselors who are wrongly accused of negligence or unethical behavior will still have to respond to the claim, which is costly and can jeopardize their assets (Remley & Herlihy, 2016; Wheeler & Bertram, 2015).

1.1.7 Licensure

Licensure in the counseling field emerged in the 1970s in an effort to validate the counseling profession by passing state laws controlling who could legally practice counseling (Wheeler & Bertram, 2015). The underlying purpose of state licensure is to protect the public by ensuring that only qualified professionals, granted a license from the state, can legally render certain counseling services. Just as people must obtain a driver's license to legally operate a vehicle, so too must professional counselors procure a license to practice in most states. Once an individual has been licensed, he or she usually is granted the title of Licensed Professional Counselor (LPC), or a similar title as determined by a specific state's law; some examples include Licensed Clinical Professional Counselor (LCPC), Licensed Mental Health Counselor (LMHC), and Licensed Clinical Mental Health Counselor (LCMHC).

- Although the requirements for obtaining licensure vary from state to state, most states require individuals to achieve at least a master's degree from an approved institution (thereby fulfilling specific coursework requirements), accrue a certain number of years or hours of supervised clinical experience, and pass an examination, such as the NCE.
- Licensure differs from certification: licensure is sanctioned and regulated by a state or territory. As such, the state dictates professional requirements for counselors and restricts who can use or practice with that professional counselor title. **Certification** is determined by a particular trade and thus is not governed by a state.
- Virginia was the first state to license professional counselors (in 1976). All 50 states have licensure laws, as do the District of Columbia, Guam, and Puerto Rico (American Association of State Counseling Boards [AASCB], 2019a).
- Although professional counselors can secure national certification, to enhance their professional credibility, through the NBCC, currently there is no nationally recognized licensure. Licensure portability would establish **reciprocity** for licensed counselors. This would allow a counselor who is licensed in one state to work in another state without having to reapply for licensure or fulfill additional requirements.
- In 2017, representatives of the AASCB, the Association for Counselor Education and Supervision, the American Mental Health Counselors Association (AMHCA), and the National Board of Certified Counselors (NBCC) served on a portability task force to recommend the minimum licensure requirements needed to allow for licensure portability. These recommendations are referred to as the National Counselor Licensure Endorsement Process. The process would allow any counselor currently licensed at the highest level of licensure of independent practice within his or her state to also be licensed in any other state or territory, provided that he or she (a) has engaged in ethical practice with no disciplinary sanctions within the previous five years; (b) has possessed the license for at least three years; (c) has completed a comprehensive exam if required by the state regulatory body; and (d) meets all supervised experienced standards of the state, holds the National Certified Counselor (NCC) credential, in good standing, from the NBCC, or holds a graduate-level degree from a CACREP-accredited program (AMHCA, 2019).

1.1.8 The National Board for Certified Counselors

The **National Board for Certified Counselors (NBCC)** is the chief credentialing organization in the United States for professional counselors seeking certification. Founded in 1982 as the result of an ACA committee recommendation, NBCC is a nonprofit organization that certifies counselors who have met its criteria for education and training and have passed the **National Counselor Examination (NCE)**, which it developed and administers. The mission of NBCC is to promote and recognize counselors who meet established standards of quality in delivering counseling services.

- Certification with NBCC is voluntary, but counselors who obtain certification strengthen their professional reputation. In some cases, the certification has made counselors eligible for salary increases.
- NBCC offers counselors general and specialty credentialing options (NBCC, 2017). NBCC's premier credential is the **National Certified Counselor (NCC)**. Specialties within this credential are the National Certified School Counselor (NCSC), the Certified Clinical Mental Health Counselor (CCMHC), and the Master Addictions Counselor (MAC). Candidates must first attain the NCC before they can earn a specialty credential; in some cases, though, they may apply concurrently for both the general and a

specialty credential. Acquiring a specialty credential provides counselors with greater notoriety within the counseling community and can increase financial remuneration or professional opportunities.

- The Center for Credentialing and Education (CCE), an affiliate of NBCC, offers the Approved Clinical Supervisor (ACS) credential to promote the professional identity and accountability of clinical supervisors (CCE, 2019).
- The NCC is NBCC's general-practice credential. To be eligible for the NCC, the candidate must meet one of the following educational requirements: (1) be a current student in a counseling program that participates in the Graduate Student Application process; (2) have earned at least a master's degree from a CACREP-accredited program; (3) have earned at least a master's degree in a counseling field and have taken courses in the following areas: human growth and development, social/cultural foundations, helping relationships, group work, career and lifestyle development, assessment, research and program evaluation, and professional orientation and ethical practice, and have been employed in the counseling profession under supervision for two or more years; or (4) hold a counseling license conferred by the candidate's state board and possess at least a master's degree in a mental health field.

1.1.9 Practice Multiple-Choice Items: Introduction to Professional Orientation and Ethical Practices

1. The American Counseling Association was originally named
   a. American Association of Counseling and Development.
   b. American Personnel and Guidance Association.
   c. National Vocational Guidance Association.
   d. American Counseling Association.
2. When working with an 8-year-old child in a nonschool setting, it is commonly necessary to obtain
   a. assent from the child and informed consent from the parent.
   b. informed consent from only the child.
   c. informed consent from only the parent.
   d. informed consent from both the child and the parent.
3. The Buckley Amendment is also known as the
   a. Health Insurance Portability and Accountability Act.
   b. Section 504 of the U.S. Rehabilitation Act.
   c. Individuals with Disabilities Education Improvement Act.
   d. Family Educational Rights and Privacy Act.
4. When a client discloses that she has been a victim of elder abuse, counselors
   a. should refer to consent laws within their particular state.
   b. are encouraged to contact protective services immediately.
   c. are commonly mandated to report to law enforcement.
   d. should review guidelines set forth by HIPAA.
5. Each of the following statements is correct EXCEPT
   a. licensure was created to protect the public.
   b. counselors who hold a license from one state have reciprocity in every other state.
   c. Virginia was the first state to license counselors.
   d. the requirements for acquiring licensure vary from state to state.

1.2 COUNSELING SPECIALIZATIONS

The counseling profession contains a number of specializations, each of which is dedicated to addressing the needs of a particular group of people. Each specialization requires counselors to meet its specific training requirements, and all are driven by the same overarching mission to promote the growth and potential of all individuals.

A **professional counselor** works in diverse settings with diverse clientele, including colleges, hospitals, clinics, private practices, and schools. Many of the counselors from special counseling disciplines are described in the sections that follow. Other types of professional counselors not described here include career and substance abuse counselors. These specialty areas are described in other chapters of this study guide within a more specific context. Regardless of the specialization within counseling, all professional counselors are concerned with working not only to treat but also to prevent psychological problems, and to promote healthy human development through all stages of life. Professional counselors often work with clients to overcome developmental and unexpected life changes, come to terms with their environment, adjust to foreign situations, and find ways to improve the quality of clients' lives.

If properly trained in administration of psychological tests, professional counselors are eligible in most states to administer such tests as part of their practice. As previously mentioned, to become a professional counselor, individuals must earn at least a master's degree in the field of counseling. This second section of Chapter 1 outlines the predominant counseling and related specializations currently in existence, specifically clinical mental health counseling, college admissions counseling, college counseling, rehabilitation counseling, school counseling, and other types of mental health counseling.

1.2.1 Clinical Mental Health Counseling

Mental health counselors first surfaced in the 1940s and 1950s but did not benefit from formal training or employment in significant numbers until the passing of the Community Mental Health Act of 1963, which provided funding for the establishment of mental health centers across the United States to provide greater access to mental health care services.

- Clinical mental health counselors work with individuals, groups, and families in many different settings, including community organizations, hospitals, drug and alcohol treatment centers, and private practices.
- Mental health counselors are trained in assessment; diagnosis; treatment planning; psychotherapy; substance abuse treatment, prevention, and intervention; crisis counseling; and brief therapy (American Mental Health Counselors Association [AMHCA], 2017).
- To become licensed as a mental health counselor, individuals must earn a master's degree in a counseling field, pass their state's required examination, and have at least two years of work experience under supervision (AMHCA, 2017).
- Many mental health counselors work toward the NCC credential and the CCMHC specialty credential, both granted by NBCC, to forward their careers, become eligible providers for certain insurance companies, or strengthen their professional reputation.
- AMHCA is the division of ACA that serves as the professional association for mental health counselors.

1.2.2 College Admissions Counseling

College admissions counseling focuses on helping students maneuver through the college admissions process to select and, ideally, to secure entry into suitable postsecondary educational institutions.

- College admissions counselors work in a variety of settings, most commonly in colleges, universities, and high schools. Often, *professional school counselors* who work in high schools are highly involved in this process, although some high schools employ a separate counselor whose sole responsibility is to work with students interested in attending college; these individuals are usually called *college counselors*, but the role is relegated to college admissions counseling—not to the wellness and mental health roles of the college counselors discussed in the next section. *Educational consultants* are people who work outside the school district and provide college counseling services to students for a fee (National Association for College Admission Counseling, 2015). Finally, some areas have *commercial college counseling centers* that offer students a variety of services ranging from test preparation classes to assistance with college applications.
- The bulk of college admissions counseling occurs at the secondary level, particularly in students' junior and senior years, although some schools believe it is useful to integrate college counseling programs into the middle school curricula as well.
- Counselors at the high school and college levels assist students in the college admissions process through academic advising, during which they help students choose high school courses beneficial to their postsecondary aspirations and often administer **interest assessments**, which facilitate students' personal exploration of career options in concert with their interests. College admissions counselors also work with students individually to discuss specific college options, and they work with groups to guide students in preparing to complete college applications, take the Scholastic Achievement Test (SAT) or American College Testing (ACT) examinations, and obtain financial aid, if necessary.
- The **National Association for College Admission Counseling (NACAC)** is the professional association for individuals who work in this specialization. NACAC is not affiliated with ACA.

1.2.3 College Counseling

The previous section provided an overview of college admission counseling primarily at the secondary level. *College counseling* at the postsecondary level has a much different charter, and counselors who work in this specialty have a distinct job description. Although college admissions counselors are concerned with helping students apply and gain admittance to postsecondary schools, college counselors in higher education work in *counseling centers* on college campuses to support students who have *mental health and educational concerns* that are negatively affecting their personal, social, and academic endeavors.

- Individuals working in college counseling centers are often professional counselors and psychologists who hold doctoral degrees; they may also be counseling interns. College counselors engage in individual and group counseling and serve as liaisons to community services and resources. Most college counseling services are free to students.
- College counselors help students deal with diverse issues, including homesickness, social problems, relationship issues, academic problems, stress, eating disorders, and mental illnesses. Because of the variety of issues presented to college counselors, most are trained in crisis counseling, diagnosis, and treatment planning.
- The American College Counseling Association, a division of ACA, is the professional association for counselors working in higher education.

1.2.4 Rehabilitation Counseling

A **certified rehabilitation counselor (CRC)** seeks to help individuals with disabilities work through personal and vocational issues they may encounter as a result of their impairment. CRC clients have wide-ranging disabilities. Some are a result of illness, although others are due to accidents, birth defects, or many other causes.

- CRCs are employed in a wide range of settings, such as public vocational rehabilitation agencies, hospitals, community centers, schools, and employee assistance programs.
- After conducting a thorough assessment of the client and gathering information on the client's condition and job skills from a variety of sources, CRCs begin to work with the client to improve the quality of the client's life and help

him or her cope with disabilities, find jobs that match skill levels and interests, and learn to live more independently (Commission on Rehabilitation Counselor Certification [CRCC], 2019a). Part of a CRC's work may also involve connecting clients with community resources, such as health care and occupational training. The ultimate goal of a CRC's work is to assist individuals with disabilities in either returning to their place of employment or finding a different vocation.

- To become a CRC, individuals must be granted certification from the CRCC (see CRCC, 2019b). Certification with CRCC is voluntary; however, some employers require rehabilitation counselors to become certified.

1.2.4.1 THE COMMISSION ON REHABILITATION COUNSELOR CERTIFICATION

The **Commission on Rehabilitation Counselor Certification (CRCC)** is a nonprofit organization that was formed in 1974 to certify rehabilitation counselors who meet particular professional standards and have achieved adequate education and work experience related to rehabilitation (CRCC, 2019a). CRCC is the equivalent of the National Board for Certified Counselors (NBCC) for rehabilitation counselors seeking certification.

- CRCC operates with the belief that effective rehabilitation counselors work in a holistic fashion, take into consideration each client's environment and background, believe in the innate dignity of all individuals, and commit to adhering to its code of professional ethics (CRCC, 2019a). Accordingly, requirements for certification are based around these principles.
- Eligible applicants must submit an application to CRCC and pass its examination to become certified by the organization. Once counselors have become certified, CRCC requires them to renew their certification every five years, which entails either retaking their exam or accumulating at least 100 hours of continuing education (CRCC, 2019a).

1.2.5 School Counseling

Professional school counselors work in elementary, middle, and high schools to serve the *personal–social*, *career*, and *academic* needs of the school's students. School counseling began as a profession dedicated primarily to vocational guidance, and then school counselors began also addressing the personal–social issues of students in need through individual counseling. Since then, the role of the school counselor has undergone a substantial transformation. Today, the role of the school counselor, as outlined by the American School Counselor Association (ASCA), is that of an educator with special training in counseling who is committed to increasing student achievement and success (ASCA, 2019).

- ASCA's main ideal is that school counselors should meet the needs of every student (ASCA, 2019), not just the ones who seek help or are referred to the counselor by teachers or parents. Implementation of a comprehensive, developmental school counseling program is accomplished through individual counseling, individual student planning, group counseling, delivery of classroom guidance lessons, and consultation. In addition, ASCA urges school counselors to infuse their work with accountability, collaboration, advocacy, and leadership to ensure that all students have equal access to a high-quality education.
- To help school counseling programs meet the needs of all students, ASCA (2012) published the *ASCA National Model: A Framework for School Counseling Programs*, which provides school counselors with guidelines on how to reshape their programs to fully meet ASCA's standards and ensure that they are comprehensive, accountable, and developmental.

1.2.6 Other Types of Mental Health Counseling

A **mental health practitioner** is a person trained to treat individuals with mental health issues and mental illnesses. Many types of the professional counselors reviewed in preceding subsections are mental health practitioners, but this extensive occupational category incorporates a wide range of professionals, a handful of whom are described in this section, including psychologists, psychiatrists, psychoanalysts, social workers, psychiatric nurses, and marriage and family therapists. All these professionals help individuals with similar concerns and problems, but they differ in the types of treatment that they have been educated and trained to administer in working with clients.

1.2.6.1 PSYCHOLOGISTS

A **psychologist** diagnoses and treats psychological, learning, and behavioral disorders in a variety of settings, including clinics, schools, hospitals, counseling centers, and private and group practice. Psychologists use interviewing and psychological testing when assessing and diagnosing client issues. Specializations within the field include clinical, counseling, and school psychology. To obtain licensure in most states, individuals must earn a doctoral degree in psychology.

1.2.6.2 PSYCHIATRISTS

A **psychiatrist** is a medical doctor who works with clients with severe psychological disorders. Psychiatrists provide psychotherapy, prescribe medications, perform physical examinations, and order laboratory testing for clients. To become a psychiatrist, individuals must earn a medical degree, participate in a residency program, and pass licensure examinations.

1.2.6.3 PSYCHOANALYSTS

A **psychoanalyst** helps clients resolve psychological issues through psychoanalysis—an intervention developed by Sigmund Freud—a long-term process that attempts to help clients remedy and alleviate their symptoms through exploring their unconscious conflicts. To become a psychoanalyst, individuals are usually required to earn a terminal degree in the mental health field, train at a psychoanalysis institute, and engage in personal psychoanalysis by a trained psychoanalyst. Psychoanalysts generally work in private practice.

1.2.6.4 SOCIAL WORKERS A **social worker** is characterized by his or her commitment to pursuing social reform, social justice, and affecting public policy. The social worker's role is one of counselor, case manager, and change agent, which is accomplished through delivering therapeutic treatments to clients, connecting clients with valuable community resources, advocating to fix societal conflicts, working with communities to develop programs to meet the needs of citizens, conducting research, and teaching. Educational requirements for social workers include a minimum of a bachelor's degree in social work.

1.2.6.5 PSYCHIATRIC NURSES **Psychiatric nursing** is a specialization within the nursing profession. Psychiatric nurses are trained to deliver counseling services to patients with severe psychological disorders, develop nursing care programs, and, in many states, prescribe medication. Individuals can pursue psychiatric nursing at the bachelor's, master's, and doctoral levels.

1.2.6.6 MARRIAGE AND FAMILY THERAPISTS A **marriage and family therapist** approaches working with individuals, couples, and families from a systems theory perspective, helping clients to develop more effective patterns of interaction with significant others and family members. To become a marriage and family therapist, individuals must earn at least a master's degree in marriage and family therapy.

1.2.7 Counselor Supervision Models

Counselor supervisors are experienced professionals who train new counselors and help them in the development and improvement of their clinical skills. All counselor supervisors are responsible for their own clients, and for those of their supervisees. Before becoming a counselor supervisor, professional counselors should undergo training to learn the necessary skills to assist and guide their supervisees. In addition, counselors should use a specific supervision model to facilitate the supervision process. A few general types of such models are as follows:

- **Theory-based models of supervision** extend the basic counseling theories to the supervisory relationship. For example, a counselor who uses a cognitive-behavioral supervision approach would concentrate on teaching new skills to counselor-trainees, encouraging them to practice their skills and working with them to help improve particular areas of weakness. A counselor using a client-centered approach would establish a warm, trusting environment where counselor-trainees feel comfortable and confident enough to practice and refine their counseling skills.
- **Developmental supervision approaches** emphasize counselor-trainees' progress through a series of stages as they become more experienced, competent, and independent. To meet the needs of the trainee at each stage, supervisors must adjust and adapt their supervisory style.
- Beyond theory-based and developmental supervision approaches, some models have been developed *specifically* for supervision. For example, the **discrimination model** requires the supervisor to be aware of the supervisee's intervention, conceptualization, and personalization skills and address supervisee needs by adopting the role of either teacher, counselor, or consultant as needed. Case Study 1.1 illustrates the use of the discrimination supervision model.

Supervision can occur in a variety of formats. Supervisors might meet privately with supervisees to discuss particular cases, meet with supervisees in a group format, watch videotapes of supervisee counseling sessions, or sit in during a supervisee session with a client (called a **live observation**). It is of utmost importance for a counselor supervisor to establish positive, honest, and trusting working relationships with his or her supervisees to foster their professional growth and reduce their anxiety.

CASE STUDY 1.1 KRISTINA AND CARLEEN

Kristina is providing clinical supervision for Carleen, an intern who works at a substance abuse agency. During one of their weekly sessions, Carleen presents a video recording of a recent session she had with a 17-year old client fighting an addiction to heroin. The video excerpt that Carleen shares with Kristina shows Carleen using the solution-focused technique of asking the miracle question.

With the discrimination model, Kristina can select one of three foci in her approach to supervision. With the *intervention* focus, Kristina would attend to the specific technique's components and how well Carleen is performing that technique. With a *conceptualization* focus, Kristina would devote time to how Carleen understands the client and the presenting issue and the rationale for Carleen selecting solution-focused interventions. For the *personalization* focus, Kristina would process with Carleen how she adds her personal style or personality to her theoretical orientation in general as well as her work with this specific client.

Once a focus is selected, Kristina should decide which role she would like to have in her work with Carleen and that focus. Kristina as a *teacher* could devote substantial supervision time to instruction, guiding Carleen through how to work through other solution-focused interventions. Kristina as a *counselor* would spend time with Carleen reflecting on how her work with this client affects her personally as someone recovering from addiction. Kristina as a *consultant* might provide addiction support resources that Carleen could give to her client and the client's family.

1.2.8 Practice Multiple-Choice Items: Counseling Specialization

1. CRCC certifies the following type of counselor.
   a. Clinical mental health counselors
   b. School counselors
   c. Addictions counselors
   d. Rehabilitation counselors
2. The mental health practitioners who most commonly administer psychological testing are
   a. psychiatrists.
   b. psychologists.
   c. social workers.
   d. psychiatric nurses.
3. Shawna, a college sophomore, would like support with her inability to focus in class. She is most encouraged to work with which of the following types of counselor?
   a. school counselor
   b. college admissions counselor
   c. college counselor
   d. psychoanalyst
4. By license, all _____ can prescribe medication to their clients.
   a. psychiatrists
   b. psychologists
   c. professional counselors
   d. social workers
5. Kismari earned a master's degree in a school counseling program and has three years of supervised work experience. In her work, she has helped students process bullying, handle family issues, and prepare for college applications. While this has been a common experience for her and her former classmates, the school counseling field
   a. was initially primarily dedicated to providing vocational guidance.
   b. usually works more closely with the juvenile justice department.
   c. approaches work with individuals from a systems theory perspective.
   d. is committed to affecting public policy.

1.3 PROFESSIONAL ORGANIZATIONS

In this third section of Chapter 1, you will find brief summaries in alphabetical order of over 20 **professional associations** and organizations important to the counseling profession, that demonstrate the scope and diversity of this profession. Many of these professional associations are ACA divisions (see Table 1.2). Professional associations serve a multitude of purposes within the counseling field. They unite members through a shared identity, advocate on behalf of the profession, provide members with professional development opportunities and access to valuable resources, and often publish journals containing current research and news about their counseling specializations.

1.3.1 American Association of State Counseling Boards

Founded in 1986 through an ACA committee recommendation, the **American Association of State Counseling Boards (AASCB)** was created to connect states that have licensure boards to promote communication to the public and collaboration among states regarding licensure laws and legal matters (AASCB, 2019b). The mission of AASCB is to ensure that all proficient counselors have the ability to become licensed by their state boards as well as to spark discussion and cooperation among state boards with the purpose of making the licensure process simpler and more standardized across states.

1.3.2 American College Counseling Association

The **American College Counseling Association (ACCA)**, a division of ACA, was chartered in 1991 to unify counseling professionals working at postsecondary institutions in support of the mental health and growth of students (ACCA, 2019). ACCA's mission is to bring together college counselors from all professional backgrounds to improve the profession, share ideas, encourage ethical practice, and advocate for college counseling. ACCA publishes the *Journal of College Counseling*.

1.3.3 American Counseling Association (ACA)

The **American Counseling Association (ACA)**, headquartered in Alexandria, Virginia, was first established in 1952 as the American Personnel and Guidance Association (APGA) when four autonomous associations (National Vocational Guidance Association, National Association of Guidance and Counselor Trainers, Student Personnel Association for Teacher Education, and American College Personnel Association) united to gain more of a presence in the counseling field and in governmental and legislative initiatives at the federal level. The organization changed its name in 1983 to the American Association of Counseling and Development (AACD) and again in 1993 to ACA, which is the name it still uses today. The final name change was endorsed to demonstrate the shared affiliation of all members. Today, ACA has more than 55,000 members and serves as a nationally recognized organization with 20 divisions, which represent nearly all the diverse disciplines within the counseling field (see Table 1.2).

ACA's mission statement is "To enhance the quality of life in society by promoting the development of professional counselors, advancing the counseling profession and practice of counseling to promote respect for human dignity and diversity" (ACA, 2017b). Working under that charter, ACA is a nonprofit organization that advocates and provides services not only for professional counselors in the United States but also for counselors in more than 50 other countries. With the goal of helping professional counselors, and the profession itself, ACA offers

TABLE 1.2 American Counseling Association Divisions.

ACA Divisions Related to Special Populations	ACA Divisions Related to Counseling Settings
Association for Assessment and Research in Counseling (AARC)	American College Counseling Association (ACCA)
Association for Adult Development and Aging (AADA)	Association for Counselor Education and Supervision (ACES)
Association for Child and Adolescent Counseling (ACAC)	American Mental Health Counselors Association (AMHCA)
Association for Creativity in Counseling (ACC)	American Rehabilitation Counseling Association (ARCA)
Association for Humanistic Counseling (AHC)	
Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC)	International Association of Addictions and Offender Counselors (IAAOC)
Association for Multicultural Counseling and Development (AMCD)	International Association of Marriage and Family Counselors (IAMFC)
Association for Specialists in Group Work (ASGW)	Military and Government Counseling Association (MGCA)
Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC)	National Career Development Association (NCDA)
Counselors for Social Justice (CSJ)	National Employment Counseling Association (NECA)

benefits and support to those in need, has created a code of ethics to which members must adhere, offers continuing educational opportunities to help members stay current in their individual areas, publishes literature on topics of interest to counselors, and promotes the profession's mission in Congress and in the media. The flagship journal of the ACA is the *Journal of Counseling & Development*. The ACA governs over four regions (Midwest, North Atlantic, Southern, and Western) and has 56 chartered branches in the United States, Europe, and Latin America.

1.3.4 American Mental Health Counselors Association

The **American Mental Health Counselors Association (AMHCA)** was formed in 1976 and became a division of ACA in 1978 to help mental health counselors establish a clear and unified identity, separate from other counseling professionals. One of AMHCA's primary goals when it was formed was to begin the process of establishing licensure laws in states without licensure laws as well as to create accreditation standards for relevant counseling programs. The present vision of AMHCA is to advocate for the profession, provide members with professional development opportunities, and continue promoting licensure for mental health counselors (AMHCA, 2019). AMHCA publishes the *Journal of Mental Health Counseling*.

1.3.5 American Rehabilitation Counseling Association

Founded in 1958, the **American Rehabilitation Counseling Association (ARCA)**, a division of ACA, is the professional association for rehabilitation counselors, educators, and students. The missions of ARCA are to foster quality practice, education, and research within the profession; improve the lives of people who have disabilities; advocate the removal of barriers for people with disabilities; and raise public awareness regarding rehabilitation counseling (ARCA, 2019). ARCA publishes the *Rehabilitation Counseling Bulletin*.

1.3.6 American School Counselor Association

Established in 1953, the **American School Counselor Association (ASCA)**, was created to serve the needs of all professional school counselors by hosting professional development classes and seminars, publishing cutting-edge research on effective programs, providing helpful and practical resources to members, and promoting ethical behavior (ASCA, 2019). The vision of ASCA is to function as the voice for school counselors, advocating on their behalf, and to provide professional school counselors with the tools they need to successfully support students. ASCA publishes *Professional School Counseling*, which keeps readers informed about research and new ideas within the school counseling field. ASCA ceased to be a division of the ACA in 2018.

1.3.7 Association for Adult Development and Aging

The **Association for Adult Development and Aging (AADA)**, chartered by ACA in 1986, was created to improve the counseling services available to adults at all stages of life through advancing counselor education and preparation related to human development and aging (AADA, 2019). AADA is also committed to campaigning for higher standards of care for older adults and partners with organizations that share its mission. AADA publishes *Adultspan*, a journal that prints current research on aging and adult development.

1.3.8 Association for Assessment and Research in Counseling

The **Association for Assessment and Research in Counseling (AARC)**, a division of ACA since 1965, was founded to guide the proper development, training, and use of assessment, research, and evaluation in the realm of counseling and education (AARC, 2019). In addition, AARC backs legislation that is in alignment with its mission and encourages professional development for individuals who use diagnostic or assessment tools

and conduct research and evaluation in their practice. AARC leaders and members have been involved in numerous committees formed to develop guidelines for the ethical use of tests and other evaluation tools, such as the "Responsibilities of Users of Standardized Tests" and ACA's "Position Statement on High Stakes Testing." AARC publishes two journals: *Measurement and Evaluation in Counseling and Development (MECD)* and *Counseling Outcome Research and Evaluation (CORE)*.

1.3.9 Association for Counselor Education and Supervision

The primary goal of the **Association for Counselor Education and Supervision (ACES)** is to enhance counseling services in all specializations through the promotion of quality education, supervision, and credentialing of counselors (ACES, 2019). The vision of ACES is to support educational programs and supervisory practices that are culturally competent and shown both to be successful and to possess value to the community. ACES was one of the founding associations of ACA. ACES publishes the *Counselor Education & Supervision* journal.

1.3.10 Association for Child and Adolescent Counseling

The **Association for Child and Adolescent Counseling (ACAC)** was chartered in 2013 to promote awareness and knowledge of counseling considerations related to children and adolescents. ACAC's mission is focused on prevention and intervention, professional development, and raising standards of practice that support the welfare of individuals birth to adolescence. The ACAC publishes the *Journal of Child and Adolescent Counseling*.

1.3.11 Association for Creativity in Counseling

The **Association for Creativity in Counseling (ACC)** was established in 2004 and has since become a division of ACA. ACC champions imaginative and creative approaches to counseling and comprises counseling professionals from diverse specializations, including dance, art, music, and play therapy (ACC, 2019). ACC's mission is to increase the recognition and appreciation of creative approaches to counseling within the profession, promote the use of such techniques, and determine which factors serve to increase creativity in counselors and in clients. ACC publishes the *Journal of Creativity in Mental Health*.

1.3.12 Association for Humanistic Counseling

The **Association for Humanistic Counseling (AHC)** was formed in 1931 and became one of the founding organizations of ACA in 1952. AHC has evolved over the years to become "the heart and conscience of the counseling profession" (AHC, 2019).

- According to AHC (2019), some of the core convictions of humanistic counselors include the belief in the worth and dignity of all human beings, self-determination, the capacity for clients to make progress and enhance their own lives, and the need for clients to help others and the community to grow and improve their mental health.
- AHC attempts to look after the mental health and wellness of clients and counselors. The association hosts a Wellness Center for counselors at each ACA convention. It also gathers donations from ACA members to support its Empty Plate Project, which gives money to a local social service agency during each convention (AHC, 2019).
- AHC publishes the *Journal of Humanistic Counseling*.

1.3.13 Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling

The **Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC)** was established in 1975 (known then as the Caucus of Gay and Lesbian Counselors) in the midst of the gay activism of the 1970s to fight in the crusade for recognition of sexual minority issues within the counseling profession (ALGBTIC, 2019).

- The organization, originally called the Association for Gay, Lesbian, and Bisexual Issues in Counseling (AGLBIC), received in 1997 divisional status from ACA after more than 20 years of endeavoring to gain the association's official endorsement. The same year, ALGBTIC created *Competencies for Counseling LGBQQIA Individuals*, which provides counselors with an overview of the skills counselors should possess to work effectively with these clients. In 2010, ALGBTIC published the *American Counseling Association Competencies for Counseling with Transgender Clients*, which guides counselors in culturally affirmative work with transgender clients and their families and communities.
- The overriding mission of ALGBTIC is to improve the delivery of counseling services to sexual minorities and to promote professional understanding of the effect of society on lesbian, gay, bisexual, and transgender (LGBT) issues and challenges (ALGBTIC, 2019). Also at the core of ALGBTIC's mission is the attempt to remove barriers that interfere with the development of LGBT clients and to ensure that LGBT counselors and counseling students have the same access to quality education and equal professional standing as other counselors and students.
- ALGBTIC publishes the *Journal of LGBT Issues in Counseling*.

1.3.14 Association for Multicultural Counseling and Development

Created in 1972 to raise awareness about multicultural issues in counseling, the **Association for Multicultural Counseling and Development (AMCD)**, like ALGBTIC, encountered difficulty in its attempts to become a division of ACA and receive the association's official recognition and support (ACA, 2017c). However, it eventually secured divisional status.

The mission of AMCD is to foster the growth and mental health of all individuals by working to identify and eliminate obstacles preventing the development of clients, appreciate human diversity and multiculturalism, and ensure

that counselors and counseling students from all backgrounds receive equal status, treatment, and access to higher education (ACA, 2017c). The AMCD Multicultural Counseling Competencies were published in 1992 to guide counselors in delivering effective counseling services to clients from dissimilar backgrounds. AMCD produces the *Journal of Multicultural Counseling and Development*.

1.3.15 Association for Specialists in Group Work

The **Association for Specialists in Group Work (ASGW)**, a division of ACA since 1973, was founded to serve as the international association for group workers. ASGW's undertakings are to create standards of ethical group practice, promote group work, encourage research on counseling groups, and inspire members to become leaders in the field through modeling successful techniques in group practice (ASGW, 2019). ASGW publishes the Journal for Specialists in Group Work as well as best practice guidelines, training standards, and multicultural group work principles.

1.3.16 Association for Spiritual, Ethical, and Religious Values in Counseling

The **Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC)** was originally developed as a joining together of the Catholic members of APGA and Catholic guidance councils across the United States, the first of which was formed in 1951 in the Archdiocese of New York to provide guidance for students at diocesan parochial schools (ASERVIC, 2019). These two groups joined forces in 1961 to create the National Catholic Guidance Conference (NCGC), and in 1974 the NCGC was granted divisional status in APGA. The name of the organization was changed in 1993 to the name it uses today. No particular religious group controls the association, so the name change was enacted to reflect the increased diversity of members and member faiths.

The mission of ASERVIC is to promote the incorporation of spiritual, religious, and ethical values into counselors' educational programs and professional practice (ASERVIC, 2019). To help achieve this goal, ASERVIC has generated *Competencies for Integrating Spirituality into Counseling*, which is aimed at helping counselors work with clients from various religious and spiritual backgrounds in an ethical and sensitive manner. ASERVIC publishes the journal *Counseling and Values*.

1.3.17 Chi Sigma Iota

Chi Sigma Iota (CSI) is the international honor society for professional counselors, counselor educators, and counseling students. CSI was created in 1985 to foster achievement and scholarship within the profession and to acknowledge exceptional leaders in the field (CSI, 2019).

- To become a member of CSI, professional counselors and counselor educators must have achieved a GPA of 3.5 or above, based on a 4.0 scale, in their counseling program and be endorsed by their chapter. In addition, they must be credentialed as counselors at either the state or national level.
- Counseling students who have completed at least one semester of full-time coursework at the graduate level in a counseling program, have attained a GPA of 3.5 or above, and have been recommended by their chapter are also eligible to join.
- Members are able to apply for CSI's award, research grant, fellowship, and internship programs.

1.3.18 Counselors for Social Justice

Counselors for Social Justice (CSJ), a division of ACA since 2002, was established with the mission of "confronting oppressive systems of power and privilege" relevant to counselors and their clients (CSJ, 2019). CSJ aspires not only to advocate on behalf of clients but also to empower clients to fight injustices affecting them. Counselors working with a social justice philosophy recognize the necessity of considering their clients' cultural backgrounds and the social contexts in which they live when developing treatment plans and counseling goals. CSJ, in conjunction with Psychologists for Social Responsibility, publishes the *Journal for Social Action in Counseling and Psychology*.

1.3.19 International Association of Addictions and Offender Counselors

The **International Association of Addictions and Offender Counselors (IAAOC)**, a division of ACA, was chartered in 1974. The association comprises substance abuse and corrections counselors, students, and counselor educators who are dedicated to helping individuals with addictions and those who have engaged in adult or juvenile criminal behaviors (IAAOC, 2019). The mission of IAAOC is to promote suitable services for, and treatment of, clients addressing these issues and also to forward this counseling specialization by endorsing ongoing research, training, advocacy, prevention, and intervention related to these groups.

IAAOC was a strong proponent of the development of the Master Addictions Counselor (MAC) credential, one of NBCC's specialty credentials, which is available to counselors who have achieved advanced training and experience in addictions counseling and who have also passed the Examination for Master Addictions Counselors. IAAOC publishes the *Journal of Addictions and Offender Counseling*.

1.3.20 International Association of Marriage and Family Counselors

The **International Association of Marriage and Family Counselors (IAMFC)** was founded in 1986 at Ohio University and chartered by ACA in 1989. IAMFC's mission is to encourage leadership and distinction in marriage and family counseling. Some of IAMFC's goals include advocating on behalf of clients and the profession; disseminating helpful information to the public about couples and family counseling, thereby increasing

the public knowledge of IAMFC; promoting excellence in counselor preparation that includes training in systems theory; encouraging research related to marriage and family counseling; and offering professional development opportunities to counselors (IAMFC, 2019). IAMFC publishes *The Family Journal: Counseling and Therapy for Couples and Families*.

1.3.21 Military and Government Counseling Association

Founded in 1978, the **Military and Government Counseling Association (MGCA)** became a division of ACA in 1984. Prior to 2015, the MGCA was known as the Association for Counselors and Educators in Government. Formed to connect counselors and educators working in government and military settings, MGCA's mission is to provide adequate support to its members so that counselors and educators in government can work effectively with their clients, and to create a network of professionals to share ideas and give assistance to other members (MGCA, 2019).

1.3.22 National Career Development Association

The **National Career Development Association (NCDA)**, one of the founding associations of ACA in 1952, was established in 1913 to champion the career development issues faced by people of all ages and to serve as the leading association for individuals who provide career services (NCDA, 2019). NCDA is involved in creating standards of practice for career counselors, establishing ethical guidelines for counselors working in career services settings, and appraising career materials and resources. The association also advocates on behalf of its members in Congress.

- In November of each year, NCDA sponsors National Career Development Month, which aims to inspire career development professionals to celebrate and host career-related activities. During this career development month, NCDA holds a poetry and poster contest centered around a career theme that is open to children and to adults (NCDA, 2019).
- NCDA publishes the journal *Career Development Quarterly*.

1.3.23 National Employment Counseling Association

The **National Employment Counseling Association (NECA)** was chartered by ACA in 1966. The mission of NECA is to make strides in the field of employment counseling by providing members with helpful resources, promoting research and knowledge related to effective career counseling techniques and tools to best serve job seekers and society, staying abreast of legislation affecting employment counselors, and creating a community in which professionals can network and share ideas (NECA, 2019). The *Journal of Employment Counseling* is the official journal of NECA.

1.3.24 Practice Multiple-Choice Items: Professional Organizations

1. The _____ is *not* a founding member of ACA.
   a. Association for Humanistic Counseling (AHC)
   b. American School Counselor Association (ASCA)
   c. National Career Development Association (NCDA)
   d. Association for Counselor Education and Supervision (ACES)
2. The most recently established division of ACA is
   a. Association for Creativity in Counseling (ACC).
   b. Counselors for Social Justice (CSJ).
   c. Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC).
   d. Association for Child and Adolescent Counseling (ACAC).
3. NECA and NCDA are both professional associations devoted to the specialization of
   a. career counseling.
   b. rehabilitation counseling.
   c. college counseling.
   d. marriage and family counseling.
4. The Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) began as an association for counselors who were
   a. Jewish.
   b. Protestant.
   c. Catholic.
   d. Baptist.
5. Lamar is interested in joining a professional organization that fosters scholarship and excellence in the counseling profession. Which of the following organizations would be most suitable for him to join?
   a. American Association of State Counseling Boards (AASCB)
   b. Chi Sigma Iota (CSI)
   c. National Career Development Association (NCDA)
   d. Counseling Scholarship Association (CSA)

1.4 ETHICAL AND LEGAL ISSUES

1.4.1 Ethics

Ethics are moral principles that guide an individual's behavior. For professional counselors, ethics and, more specifically, codes of ethics are what guide professional practice to ensure that the welfare and safety of clients and counselors are secure. According to Remley and Herlihy (2016), codes of ethics serve a variety of purposes. The most fundamental objective of codes of ethics is to give information to professionals about how to practice in an ethical manner. To behave ethically, counselors are required to familiarize themselves deeply with applicable

ethical codes. Although many ethical standards are straightforward, others are more complex and ambiguous, necessitating that counselors take adequate time to ensure they understand both the content of the code and how to resolve any ethical quandaries they may encounter.

Codes of ethics are also established as accountability measures and as means to enhance professional practice (Remley & Herlihy, 2016). For example, when professions have ethical codes, they are able to hold their members liable for any breaches of ethical conduct. Also, by including in their codes not only **mandatory ethics**, which are the lowest standards to which all members must comply to behave ethically, but also **aspirational ethics**, which describe best practices, professions can inspire members to work on continually improving their own knowledge base and skills to advance their practice and the reputation of the profession itself.

1.4.1.1 PRINCIPLES OF ETHICAL CODES

Many codes of ethics embrace certain principles considered necessary for ethical conduct in that field. In the counseling profession, these principles are autonomy, nonmaleficence, beneficence, justice, and fidelity (Remley & Herlihy, 2016). When confronted with questions about ethics on the NCE or CPCE, it can be immensely helpful to think through these five principles; they will assist in determining whether an ethical violation is evident in a scenario and what a sound course of action might be in a given situation.

- **Autonomy** refers to the ability of clients to exercise free will and act independently. For counselors, this means respect for clients' rights to make their own decisions, even if the counselor does not agree with them or believe it is in their best interest.
- **Nonmaleficence** is the foundational principle on which counselors operate. It means to do no harm to clients. In any situation, counselors' first priority should be to ensure that the client is not injured—physically, mentally, or psychologically—or could potentially become injured as a result of the counselor's actions.
- **Beneficence**, in contrast to nonmaleficence, means doing only good. For counselors, this means being proactive in advancing the health and well-being of their clients.
- **Justice** is characterized by fairness. Counselors adhering to the principle of justice will not discriminate against clients and will ensure that all clients receive equal treatment.
- **Fidelity** means being faithful and loyal. For counselors, this means facilitating trust, keeping one's word, and fulfilling any obligations they make to clients.

In some situations, these principles will contend with each other (Remley & Herlihy, 2016). In these cases, the counselor must judge which principle takes precedence. Case Study 1.2 outlines one scenario in which a school counselor should consider additional information in accordance with these five ethical principles due to question of ethics.

1.4.1.2 ETHICAL DECISION MAKING

When faced with ethical dilemmas, it is also helpful to use some form of decision-making model. Herlihy and Corey (2014) describe one possible model in the *ACA Ethical Standards Casebook*, which serves as a helpful guide for counselors:

1. Identify the problem or concern.
2. Study pertinent codes of ethics and research.
3. Reflect on the principles of autonomy, nonmaleficence, beneficence, justice, and fidelity.
4. Consult with other professionals.
5. Maintain an awareness of your emotions to ensure that emotions do not cloud your judgment.
6. Include the client in the decision-making process whenever feasible.
7. Decide how you would like to see the situation resolved and brainstorm courses of action.
8. Examine the possible consequences for all courses of action and then select the one you would like to take.
9. Assess your chosen course of action.
10. Take action.

1.4.2 ACA *Code of Ethics*

As the professional association for all counselors, ACA publishes its *Code of Ethics* to serve as a basis for ethical behavior, providing counselors with a foundation and model for behavior, a useful resource when ethical questions arise, and a procedure for filing and responding to ethical complaints (ACA, 2014). Since 1961, when the first *Code of Ethics* was created, ACA's *Code of Ethics* has undergone six revisions to update both its content and format, aiming to ensure the code's continued relevance and comprehensiveness. For example, the most recent edition includes new or expanded guidelines to address issues related to technology and social media, distance counseling,

CASE STUDY 1.2 MARIELA

Mariela, a recently hired middle school counselor, has noticed that the school system has been using a district-developed survey to evaluate the risk of bullying behaviors. Upon further inspection, she discovers the survey, the Bully Behaviors Scale, has no apparent psychometric evidence and was actually created by one of the seventh-grade teachers after she noticed some bullying occurring in her classroom. Currently, the Bully Behaviors Scale is administered annually in December to all middle school students in grades six through eight. Descriptive data per item are shared with all middle school teachers and administrators. To address ethical issues, she considers the five principles of ethical codes.

multiculturalism and social advocacy, imposition of personal values, confidentiality, record-keeping, diagnosis, end-of-life care, and selection of counseling interventions (ACA, 2017a). As the profession evolves, so too does the ethical code, and it is the responsibility of professional counselors to stay abreast of any changes that are implemented. As important issues surface within the profession, ACA revises its code to ensure that professional counselors understand how best to respond.

Becoming intimately familiar with the content of the ACA and NBCC codes of ethics will prove invaluable when answering ethics questions on the NCE or CPCE. To help facilitate that process, this section summarizes the key points of the nine sections that constitute the ACA *Code of Ethics*:

A. The Counseling Relationship
B. Confidentiality and Privacy
C. Professional Responsibility
D. Relationships with Other Professionals
E. Evaluation, Assessment, and Interpretation
F. Supervision, Training, and Teaching
G. Research and Publication
H. Distance Counseling, Technology, and Social Media
I. Resolving Ethical Issues

You should review the most current version of the ACA *Code of Ethics* prior to taking the NCE or CPCE. Vist http://www.counseling.org/Resources/aca-code-of-ethics.pdf to access the entire document.

1.4.2.1 SECTION A: THE COUNSELING RELATIONSHIP

Section Highlights **Counselors must:**

- Keep accurate records and document their activities as required by their employer and by the law.
- Develop realistic counseling plans in conjunction with clients.
- Obtain informed consent (verbally and in writing) from clients.
- Obtain assent from those unable to give informed consent (e.g., minors).
- Seek permission to make contact and work collaboratively with any additional counselors or mental health professionals whom their client is seeing.
- Avoid any romantic or sexual relationships with clients, their significant others, or their family members. In addition, counselors must not engage in any romantic or sexual relationships with previous clients, their significant others, or their family members for five years after the date the client was last seen professionally.
- Avoid any virtual relationships with current clients, including through social or other media.
- Avoid any interactions with clients outside of the professional context unless the interaction could be potentially beneficial (e.g., attending a wedding, graduation, or funeral). If counselors decide to engage in a potentially beneficial interaction, they must gain consent from the client and document their reasoning in writing.
- Gain consent from the client before changing roles in the counseling relationship (e.g., switching from acting as an individual counselor to a family counselor).
- Advocate on behalf of clients, with their consent, to help them overcome barriers to improvement, and encourage clients to advocate on their own behalf when possible.
- Screen potential group members prior to starting a group, and only select clients whose goals align with the group's purpose.
- Establish appropriate fees, and discuss openly with clients how non-payment of fees is handled.
- Refrain from engaging in bartering unless it is fair, suggested by the client, and an admissible convention in the community.
- Exercise prudence when offered a gift from a client. Consider the potential effect on the counseling relationship before deciding to accept or decline the gift.
- Terminate the counseling relationship when it is evident that the client no longer needs or is benefiting from treatment.
- Make arrangements for clients to continue to receive care in the case of extended absence, illness, or death.

1.4.2.2 SECTION B: CONFIDENTIALITY AND PRIVACY

Section Highlights **Counselors must:**

- Address the issue of confidentiality in a culturally sensitive manner, inform clients of the limits to confidentiality, and refrain from divulging confidential information about clients to outside parties without client consent or a legal or ethical rationale.
- Request private information from clients only when it is clinically warranted.
- Understand exceptions to confidentiality such as when:
  - There is a duty to protect the client or identified others from serious and foreseeable harm.
  - Clients disclose that they have a life-threatening and communicable disease that they may be infecting an identified other with and refuse to inform that person of their disease. However, counselors are only "justified" (ACA, 2014, B.2.c) in breaking confidentiality under these circumstances, not required to do so.
  - Terminally ill clients who wish to hasten their lives request confidentiality and applicable laws and professional consultation regarding the specific circumstances allow a counselor to maintain confidentiality.
  - Counselors are ordered by the court.
- Communicate their plans to break confidentiality to the client, if possible and appropriate.
- Only disclose the minimum amount of information required when breaking confidentiality is necessary.
- Obtain client consent before sharing confidential information with treatment teams or third-party payers.
- Ensure that any confidential discussions with clients occur in private settings.
- Discuss confidentiality and its limits when conducting group work, marriage counseling, or family counseling.

- Recognize the rights of parents and legal guardians to access confidential information of minor clients and work in concert with parents and legal guardians to meet the needs of the minor.
- Keep records in a safe location, protected from those who do not have the authority to access them.
- Allow clients to have "reasonable access" (ACA, 2014, B.6.e.) to their records, and answer any questions clients have about the information found therein.
- Obtain consent before recording a session with a client, observing a session with a client, or showing a recorded session to an outside party.
- Discuss the limits of confidentiality with research participants, and refrain from publishing information about any participants that could reveal their identities, unless consent has been obtained.
- Protect the identity of clients when consulting with other professionals, unless the client has given his or her prior consent.

1.4.2.3 SECTION C: PROFESSIONAL RESPONSIBILITY

Section Highlights **Counselors must:**

- Practice within the parameters of their education, training, and experience.
- Only accept jobs that align with their qualifications; only hire employees who are capable and qualified.
- Evaluate the effectiveness of their skills and techniques and work to improve any weaknesses identified.
- Participate in continuing education and professional development to stay informed about current techniques and procedures and to improve their effectiveness.
- Remain cognizant of their own level of functioning and abstain from performing professional duties when they are experiencing an impairment (e.g., emotional, psychological, and physical) that is likely to interfere with their ability to help their clients.
- Select a "records custodian" (ACA, 2014, C.2.h.)—a colleague whom they will inform of their plan regarding what should happen to their records and clients in the event of their death, impairment, or discontinuation of practice.
- Truthfully represent their services in advertisements.
- Refrain from pressuring individuals with whom they are in a professional relationship to buy their products (e.g., books).
- Honestly represent their qualifications and credentials (e.g., counselors should not put the prefix "Dr." before their name if their doctoral degree is in a field unrelated to counseling).
- Accurately represent the accreditation status of their degree program, as well as their professional membership statuses.
- Denounce and avoid participation in any culturally based discriminatory behavior or sexual harassment, whether physical, verbal, or nonverbal.
- Ensure representations made on reports or through media for public consumption are objective, scientific, and based in sound professional practices. Counselors are to clarify when they are speaking from their personal perspective rather than professional opinion.
- Engage in pro bono work in the public.
- Use non-harmful techniques that are "grounded in theory and/or have an empirical or scientific foundation" (ACA, 2014, C.7.a.) or else label their techniques as "developing" or "unproven," and make sure to discuss any possible risks with the client.

1.4.2.4 SECTION D: RELATIONSHIPS WITH OTHER PROFESSIONALS

Section Highlights **Counselors must:**

- Show respect for professionals and organizations that use counseling procedures or techniques that are different from the ones they use.
- Strive to create positive relationships with other professionals (inside and outside of their field) to enrich their own practice and effectiveness with clients.
- Protect client confidentiality and promote the welfare of the client when working in interdisciplinary teams.
- Recognize that by accepting employment at an organization, they are indicating their accordance with that organization's practices and procedures.
- Notify their employer about any improper or unethical organizational practices that negatively affect clients, or counselors' ability to provide services, and work to change those policies.
- Refrain from firing or persecuting an employee who has revealed, in an ethical manner, improper or unethical practices within his or her organization.
- Only function in a consultative capacity in areas for which they are trained and qualified.
- Obtain informed consent before providing consultation.
- Ensure that the problem to be addressed and the goals to be worked toward during the consultation process are constructed in collaboration with the consultee.

1.4.2.5 SECTION E: EVALUATION, ASSESSMENT, AND INTERPRETATION

Section Highlights **Counselors must:**

- Safeguard client welfare by making accurate interpretations of assessment results, explaining to clients the results and their interpretations in terms they can understand, and working to ensure that other professionals do the same.
- Only use assessment tools that they are trained and qualified to use.
- Monitor the use of assessment techniques by any individuals under their supervision to ensure that they are being used appropriately.
- Obtain informed consent prior to engaging in an assessment of a client.
- Release to relevant parties and qualified personnel accurate and appropriate assessment interpretations.

- Make culturally sensitive diagnoses of mental disorders, recognizing historical and social prejudices associated with diagnosing pathology.
- Consider abstaining from making a diagnosis if they think it would damage the client in any way.
- Only use assessment tools with sound psychometric properties.
- When choosing assessment tools for culturally diverse populations, exercise discretion to ensure their suitability. If counselors use assessments that were not normed on the client's population, they make sure to report the results in the appropriate context. For example, if a counselor uses an assessment for depression that was not normed on any Native American individuals, the counselor would take that into account when making an interpretation of a Native American client's results.
- Administer assessment tools "under the same conditions that were established in the standardization" (ACA, 2014, E.7.a.), document any "irregularities" or disruptions that occur during administration, and consider any irregularities or disruptions in the interpretation of results.
- Ensure technologically administered assessments function properly and provide accurate results.
- Refrain from using any assessments or results from assessments that are dated or no longer used in the evaluation of a certain construct.
- Follow the appropriate, contemporary procedures when creating assessments.
- Refuse to perform forensic evaluations on current or former clients, as well as refuse to accept clients who are currently or have previously been evaluated for forensic purposes.

1.4.2.6 SECTION F: SUPERVISION, TRAINING, AND TEACHING

Section Highlights **Supervisors must:**

- Observe the performance of counselors-in-training and ensure that clients' needs are being met. To that end, counseling supervisors discuss cases with supervisees, observe live counseling sessions, and watch recorded sessions.
- Ensure that supervisees discuss the limits of confidentiality with clients in regard to the supervisory relationship.
- Complete training in supervision before supervising counselors-in-training.
- Avoid romantic or sexual relationships with supervisees.
- Refrain from entering into a supervisory relationship with family members, friends, or significant others.
- Avoid any interactions with supervisees outside of the professional context unless the interaction could be potentially beneficial (e.g., attending a wedding, graduation, or funeral). If counseling supervisors decide to engage in a potentially beneficial interaction, they must gain consent from the supervisee and document their reasoning in writing.
- Recognize that they, along with their supervisees, may end the supervisory relationship at any time provided that sufficient notice and rationale are given.
- Provide supervisees with regular formal and informal evaluation and feedback. If counseling supervisors notice that a supervisee is struggling in a certain area, they help him or her in gaining assistance to improve his or her performance.
- Propose supervisee dismissal from his or her training program if the supervisee exhibits an unreasonable lack of skill in his or her performance.
- Endorse supervisees who they believe are competent and ready for employment or to move forward in their training program.

Counselor educators must:

- Be knowledgeable about ethical, legal, and regulatory aspects of the profession and perform their job in an ethical and professional manner no matter which type of class modality (e.g., traditional, hybrid, and online formats).
- Teach only within areas of knowledge and competence, and when technology is used, deliver instruction with technology in a competent manner.
- Integrate information about multiculturalism into all classes to foster counselors who are culturally competent.
- Involve students in both academic coursework and supervised practical training regardless of the class modality.
- Teach students about the ethical issues related to the counseling profession and their ethical obligations as students.
- Use client, student, or supervisee information as case examples in instruction only when there is consent to do so, or the information has been appropriately deidentified.
- Develop procedures for assigning students to field placements, ensuring that all site supervisors are qualified to carry out their duties. In addition, counselor educators must ensure that both students and supervisors understand their responsibilities and ethical obligations.
- Give prospective students sufficient information and orientation about the counseling program's goals, requirements, and expectations—as well as appropriate career advisement.
- Use discretion when integrating activities or assignments in class that involves self-disclosure, making it clear to students that their level of self-disclosure will not affect their grade in the class.
- Require as appropriate that students address personal concerns that may hinder their professional practice.
- Provide students with regular formal and informal evaluation and feedback. If counselor educators notice that students are struggling in a certain area, they help them in gaining assistance to improve their performance.
- Refrain from engaging in person or electronically in romantic or sexual relationships with current students in a program or those whom they have power or authority.
- Prior to engaging in social, sexual, or other intimate relationships with former students, discuss with them potential risks of entering those relationships.
- Avoid any interactions with students outside of the professional context unless the interaction could be potentially beneficial (e.g., attending a wedding, graduation,

or funeral). If counselor educators decide to engage in a potentially beneficial interaction, they must gain consent from the student and document their reasoning in writing.
- Promote the recruitment of diverse faculty members and students.
- Actively infuse multicultural competency in academic training and supervision practices.

1.4.2.7 SECTION G: RESEARCH AND PUBLICATION

Section Highlights **Counselors who conduct research must:**

- Abide by relevant ethics and laws pertaining to research practices, including approval of research on human subjects through an institutional review board (IRB) as applicable.
- Hold themselves accountable for the safety of research participants.
- Understand that the principal researcher holds the greatest responsibility for ensuring ethical conduct, although others involved in a research project are, of course, also obligated to adhere to ethical standards.
- Take appropriate preventative measures to avoid creating disturbances in the lives of research participants.
- When students or supervisees have an opportunity to participate in a study, ensure they are aware that their decision whether to participate has no influence on their academic standing or the supervisory relationship.
- Obtain informed consent from research participants, ensuring that participants know that they may choose to drop out of the study at any time.
- Avoid using deception as part of a research study unless it is necessary, is justifiable, and will not cause harm to the participants. After the study is complete, researchers inform the participants about the deception and the rationale for using it.
- Keep confidential any information gleaned about research participants during the study.
- Explain the exact purpose of the study to research participants once it has been completed.
- Report the results of the study to pertinent organizations, sponsors, and publications.
- Dispose, in a timely manner, of any materials related to a completed study that contains confidential information about participants.
- Consider the risks and benefits of extending the researcher-participant relationship beyond "conventional parameters" (ACA, 2014, G.3.a.), and document why other activities outside traditional research activities were undertaken and how, if relevant, unintended harm was addressed.
- Recognize that romantic or sexual relationships with research participants are not permitted.
- Faithfully report the results of their studies, even if the results are negative or discouraging, and include an explanation about the limitations of the study. Take reasonable steps to bring attention to and correct any published errors.
- Disguise the identities of participants in any information disseminated about the study, unless participants have given their consent.
- Publish enough information and detail about their study so that interested researchers can replicate it.
- Use client, student, or supervisee information as case examples in research and publication only when there is consent to do so, or the information has been appropriately deidentified.
- Give credit in publications through such means as "joint authorship, acknowledgement, footnote statements" (ACA, 2014, G.5.d.) to individuals who have made substantial contributions to the research.
- Refrain from submitting articles for consideration to more than one publication outlet at a time.
- Maintain author confidentiality when serving as a professional reviewer for a publication. In addition, counselors should only evaluate submissions that they are qualified to review.

1.4.2.8 SECTION H: DISTANCE COUNSELING, TECHNOLOGY, AND SOCIAL MEDIA

Section Highlights **Counselors must:**

- Be knowledgeable and skilled when engaging with technology in distance counseling, technology and social media, attending to ethical, legal, and technical considerations.
- Obtain informed consent from clients involved in distance counseling, technology, and social media within the counseling process, sharing that they may withdraw at any time.
- Acknowledge to clients the limitations of confidentiality through electronic means.
- Acknowledge to clients the limitations of technology itself in the counseling process, including related to technology applications and the counseling relationship itself.
- Verify the identity of clients before engaging in distance counseling, technology, and social media.
- Ensure that clients are capable of using the appropriate technology before engaging in distance counseling, technology, and social media.
- Terminate distance counseling when it is determined to be ineffective.
- Consider communication differences that exist between face-to-face and electronic communication, minimizing the impact of these differences to the extent possible.
- Maintain electronic records in accordance with relevant laws and statutes.
- Provide electronic resources that are accessible to clients for links such as licensure and professional certification boards.
- Ensure that Websites are language- and disability-accessible to prospective and current clients.

1.4.2.9 SECTION I: RESOLVING ETHICAL ISSUES

Section Highlights **Counselors must:**

- Familiarize themselves with the ACA *Code of Ethics*, along with any other relevant codes of ethics (i.e., codes of ethics from other professional associations).
- Realize that not understanding the *Code of Ethics* is not a valid excuse for acting in an unethical manner while carrying out their professional duties.
- Try to resolve any conflicts that arise between the code of ethics and the law. When unable to do so, counselors may follow the law.
- Confront counselors who they believe are violating, or may be violating, the ethical code, and try to resolve the issue informally.
- Report any ethical violations that cannot be resolved informally to ACA's Ethics Committee or other applicable committees.
- Consult with colleagues, supervisors, organizations, or other professionals when in doubt about the ethical, appropriate course of action to take in a situation.
- Only file ethical complaints when they have sufficient information to back up the claim.
- Refrain from discriminating against individuals based only on the knowledge that they have filed ethics complaints or have had ethics complaints filed against them.
- Cooperate with any investigations made by ethics committees.

1.4.3 National Board for Certified Counselors *Code of Ethics*

The NBCC *Code of Ethics* (2016) applies directly to professional counselors who have been certified by its board. Any counselors who pass the NCE and subsequently become certified must abide by NBCC's ethical code and so, too, must any counselors aiming to become certified by NBCC. Unlike ACA's code, which provides counselors with mandatory and aspirational ethics, the NBCC code consists solely of mandatory ethics. The most recent revision includes a preamble and the following directives:

1. ***NCCs take appropriate action to prevent harm.*** This directive references standards related to issues of confidentiality and client privacy, gifts and bartering, multiple relationships with current and past clients and supervisees, sexual harassment, sexual or intimate relationships with previous clients after two years but never with current clients or supervisees, availability of the counselor and protection of records, gatekeeping responsibilities of supervisors, confidentiality of client information during consultation, handling of assessment and research data, and the use of social media.
2. ***NCCs provide only those services for which they have education and qualified experience.*** This directive alludes to the mandate for counselors to engage only in clinical, assessment, and other professional activities in which they are generally and multiculturally competent, and to seek supervision or consultation when necessary.
3. ***NCCs promote the welfare of clients, students, supervisees, or the recipients of professional services provided.*** Counselors and supervisors are to provide adequate information about their respective activities to individuals with whom they work. In addition, this directive highlights guidelines for with whom and how counselors consult and how assessments are to be administered and interpreted appropriately with clients.
4. ***NCCs communicate truthfully.*** This directive asserts that counselors accurately represent their credentials to others; provide accurate records for clients, supervisees, and other relevant parties; and integrate assessment and research information into their work honestly.
5. ***NCCs recognize that their behavior reflects on the integrity of the profession as a whole, and thus, they avoid actions which can reasonably be expected to damage trust.*** Counselors are to act responsibly with client records by retaining them for at least five years, releasing client information appropriately; understand restrictions for which they may provide forensic evaluations; interact with clients professionally and avoid any conflicts of interest and situations with the potential for exploitation; and provide accurate information about clients when working with other professionals or integrating assessment data.
6. ***NCCs recognize the importance of and encourage active participation of clients, students, or supervisees.*** This directive requires counselors to work collaboratively with other professionals with whom clients are working, outline limits to confidentiality when working with multiple clients at a time, provide and obtain informed consent related to the counseling process, respond to client requests for records within a reasonable time frame, work collaboratively with clients and keep ongoing records, discuss termination or provide referrals as necessary, and provide clients with accurate information related to assessments and research.
7. ***NCCs are accountable in their actions and adhere to recognized professional standards and practices.*** This directive relates to counselors' responsibility to comply with procedures and policies of NBCC and university/work settings, as well as follow assessment and research guidelines.

1.4.4 Legal Issues in Counseling

Along with adhering to ethical codes, counselors must be knowledgeable of and follow relevant legal guidelines. Some of the most consequential laws related to counselors were highlighted in Section 1.1 of this chapter. In this section, legal concepts and definitions are discussed. Having a clear knowledge of this information will benefit you when taking the NCE or CPCE and in your professional counseling career.

- **Liability** is the legal responsibility of the counselor to act with due care in professional practice. Counselors who neglect to practice with due care become vulnerable to legal action being taken against them.
- If clients believe that they have been injured or wronged in some way by the behavior of a counselor and want legal retribution, the client can file a tort. According to Wheeler and Bertram (2015), a **tort** is a legal response to harm against an individual person or property. The two types of torts that are essential for counselors to be aware of are negligence and malpractice.
- Negligence and malpractice are both usually considered an **unintentional tort**, meaning that the counselor did not plan or aim to cause harm to the client (Wheeler & Bertram, 2015). However, either tort could be considered an **intentional tort** if it seems obvious that the counselor's action would result in harm to the client, even if the counselor did not intend to injure the client.
- Negligence occurs when counselors fail to use reasonable care in carrying out their professional duties, resulting in injury to the client. For the plaintiff to win in a negligence case, they must prove the following four components (Wheeler & Bertram, 2015):

  1. The defendant owed the plaintiff some kind of legal duty as stipulated by their counselor-client relationship.
  2. The defendant breached that legal duty.
  3. The plaintiff has an authentic injury (e.g., physical, financial, and psychological).
  4. The defendant's breach of duty caused the plaintiff's injury.

- Malpractice occurs when professional counselors fail to provide the standard of care expected of them based on their credentials, skills, and experience (Wheeler & Bertram, 2015). Standard of care is often established by comparing the defendant's behavior to that expected of other professional counselors with comparable credentials in similar situations. Like in a negligence case, the plaintiff is required to prove the same four components outlined above for negligence: legal duty, breach of legal duty, real injury, and causal connection between duty and injury. Unlike a negligence case, however, for a malpractice lawsuit to be brought against a counselor, it is ordinarily necessary for the counselor to be licensed or certified by his or her state.
- Another type of tort is **defamation**, which occurs when a counselor mars someone's reputation through the intentional spreading of falsehoods. There are two types of defamation: libel and slander. **Libel** is defamation through writing, whereas **slander** is defamation through a spoken statement(s). It is possible for a counselor to be held liable for defamation if counseling notes, records, or communications with others about a client are erroneous, injurious to that person's reputation, and shared maliciously (Wheeler & Bertram, 2015).

1.4.5 Duty to Warn and Protect

There are limits to counselor-client confidentiality. Counselors are ethically and legally obligated to break client confidentiality under certain circumstances. Although counselors' obligations vary by state, counselors have a duty in general to protect clients from harming themselves or someone else and to protect clients from individuals who are threatening to harm them. This section provides a review of counselors' duty to warn, with specific attention given to cases of child abuse and neglect, elder abuse, domestic violence, suicide, and a discussion of the precedent-setting legal case *Tarasoff v. Regents of the University of California*, which addressed counselors' responsibilities when clients threaten to harm others.

- ***Child and elder abuse or neglect.*** The protocol for handling cases of potential child or elder abuse are fairly straightforward. According to Wheeler and Bertram (2015), all states legally require counselors to report any cases of suspected or known child abuse or neglect to the appropriate authorities. Likewise, almost all states also require counselors to report any suspicion of elder abuse as well as abuse of a person who is disabled or vulnerable due to a severe mental illness. Essentially, it has been decided by the courts that protecting these vulnerable groups from possible harm overrides the need for confidentiality. Counselors who fail to report these cases are likely to lose if they find themselves in a legal battle.
- ***Domestic violence.*** The majority of states do not have a legal requirement mandating that counselors report suspected or known domestic violence to law enforcement agencies, although some states require physicians to report suspected cases or provide patients with helpful resources or referral information. Counselors should research the domestic violence laws in their state to address these cases.
- ***Suicide and self-harm.*** As outlined in the ACA *Code of Ethics*, counselors can ethically break confidentiality when clients make serious threats to harm themselves (ACA, 2014, B.2.a.). The two moral principles that conflict in these circumstances are autonomy and beneficence (Remley & Herlihy, 2016; Wheeler & Bertram, 2015). However, in certain cases, such as **suicide**—the taking, whether intentional or unintentional, of one's own life—beneficence is more important than preserving client autonomy. This means that the counselor is ethically justified in breaching confidentiality, or violating autonomy, in order to promote the ultimate welfare of the client. For clients who make overtures that could lead to suicide, it is appropriate for the counselor to breach confidentiality to protect the client by contacting the family of the client, and possibly hospitalizing the client (if the risk appears imminent). In cases of client self-harm, such as cutting (self-mutilation), counselors walk a finer line, during which time autonomy may triumph (e.g., when the client's cutting is superficial and does not lead to infection).
- In both cases (suicide and self-harm), it is important for counselors to make a thorough assessment of the client's

behavior, prior history, and future plans before making any decisions. As always, counselors should document any actions they take along with the rationale behind their decisions and consult with others when unsure about how to proceed. In addition, counselors should be familiar with any specific laws related to suicide in their state, particularly in relation to minors.

- ***Clients who are a threat to others.*** In 1974, the Supreme Court of California ruled in *Tarasoff v. Regents of the University of California* that mental health practitioners could be held legally responsible for failing to take adequate steps to warn third parties about clients who present a serious threat to them (Wheeler & Bertram, 2015). In 1976, the law was extended to require counselors not only to warn but also to protect third parties from serious and foreseeable harm. That is, if a client makes a serious threat to harm someone the counselor can identify, the counselor must warn the third party about the threat that has been made and take steps to protect the identified individual, such as notifying the police. Although most states have now adopted this precedent, it is important for all counselors to determine to what extent it applies in their state. For example, although the majority of states fully follow the *Tarasoff* ruling, Texas is one state that does not.
- ***Background.*** The *Tarasoff* case arose after a graduate student at the University of California, Prosenjit Poddar, disclosed to his psychologist (employed by the university) his plans to kill a woman, Tatiana Tarasoff, who would not enter into a romantic relationship with him (Wheeler & Bertram, 2015). The psychologist notified campus police; however, he did not warn Tatiana Tarasoff or city police, and Poddar was released after campus officials decided that he did not seem to pose a threat. On release, Poddar proceeded to kill Tarasoff, after which her family filed a case against the psychologist, the campus police, and others at the university.

When uncertain about what course of action to take in any of these circumstances, it can be helpful to:

- Familiarize oneself with applicable laws and related court decisions.
- Review codes of ethics.
- Consult with a lawyer, colleague, or supervisor.
- Document the decisions made in relation to these cases, including an explanation of why certain decisions were made.

1.4.6 Privileged Communication and Confidentiality

Confidentiality refers primarily to counselors' ethical duty to keep client disclosures private, whereas **privileged communication** is a legal term that protects certain counselor-client communication in the court systems (Wheeler & Bertram, 2015). For example, in most states, counselors, like doctors, are protected under privileged communication from having to reveal information about a client in a legal proceeding, even if they receive a subpoena (see explanation below). Both confidentiality and privileged communication belong to the client, meaning that a client can choose to waive his or her right to either, allowing the counselor to ethically and legally disclose private information about the client.

- Privilege varies among states, so be sure to research the laws in your area. Some states have limitations to the privileged communication statute. For example, some states do not recognize privilege in criminal court cases and child custody cases, so it is essential that one be aware of how the law is applied in one's state.
- A **subpoena** is a legal document that orders a person to appear in court to serve as a witness or to provide the court with certain documents (Wheeler & Bertram, 2015). It is not uncommon for counselors to receive subpoenas, especially in child abuse and custody cases. The most important aspect for counselors to remember is to always consult with an attorney before providing any information to the court in order to best protect the client's confidentiality and determine if privileged communication applies.
- In addition to seeking legal advice, the counselor should contact the client or the client's attorney to ascertain how the client would like the counselor to proceed (Wheeler & Bertram, 2015). If the client is agreeable to the counselor providing the requested information, the counselor should ask the client to sign a written authorization. If the client does *not* want the counselor to divulge information, the counselor should ask the client's attorney to file a motion to quash the subpoena. At this point, the court will normally decide whether the counselor's information is necessary and, if so, will provide the counselor with a court order demanding the release of information. If a counselor receives both a subpoena and a court order, he or she *must* comply or be held in contempt of court. However, as outlined in the ACA *Code of Ethics*, if counselors have to share private information, they should only disclose information germane to the case and nothing more (ACA, 2014, B.2.e.).

1.4.7 Practice Multiple-Choice Items: Ethical and Legal Issues

1. A counselor who receives both a subpoena and a court order must
   - **a.** assert privilege.
   - **b.** request that the client's attorney immediately file a motion to quash.
   - **c.** provide the court with the appropriate information or be held in contempt of court.
   - **d.** only comply with the court order.
2. Libel is all of the following, EXCEPT
   - **a.** the intentional spreading of falsehoods through spoken word.
   - **b.** the intentional spreading of falsehood through writing.
   - **c.** a type of defamation.
   - **d.** addressed by tort law.

3. An ethical principle that encourages counselors to actively promote the welfare of their clients is known as
   a. justice.
   b. beneficence.
   c. autonomy.
   d. fidelity.
4. Claudia is considering friending a client on Facebook to augment their counseling sessions. According to the ACA Code of Ethics, personal virtual relationships between counselors and former clients are
   a. allowed if the virtual relationship is beneficial to counseling.
   b. allowed if the counselor maintains separate personal and professional profiles.
   c. allowed if both the client and counselor agree to use social media.
   d. never allowed.
5. When counselors are unable to use encryption software while performing distance counseling, they are ethically required to
   a. refrain from providing their services over the Internet.
   b. be extra careful with any information they store on their computer.
   c. use code words to identify their clients.
   d. tell their clients, but offer the services anyway.

1.5 KEY POINTS FOR CHAPTER 1: PROFESSIONAL ORIENTATION AND ETHICAL PRACTICE

- The counseling profession emerged in the late 1800s in the form of vocational guidance.
- IDEA and FERPA prohibit discrimination against individuals with disabilities.
- Counselors who suspect child abuse are legally and ethically required to file a report with child protective services.
- CACREP is an accreditation body that approves educational institutions with counseling programs that meet predetermined standards of quality.
- Counselors obtain liability insurance to protect their assets in the event that a negligence or malpractice case is brought against them.
- Licensure laws regulate who is allowed to practice counseling.
- NBCC offers voluntary certification to counselors who meet its criteria for education, training, and experience, and who have passed the NCE.
- The counseling profession is composed of numerous specializations and associations.
- ACA serves as the professional voice for all counselors, regardless of specialization.
- Ethical codes provide counselors with a guide for professional behavior.
- When faced with an ethical dilemma, counselors should consult codes of ethics, other professionals, applicable laws, and ethics committees, as appropriate.
- Counselors are justified in breaching confidentiality if clients make a serious and impending threat to hurt themselves or an identified third party, or if someone makes a serious and impending threat to hurt the client.
- Laws always overrule ethics.
- In malpractice and negligence cases, these four aspects are examined to determine whether the defendant is liable: legal duty between plaintiff and defendant, breach of legal duty by the defendant, injury caused to the plaintiff, and causal connection between the defendant's breach of duty and the plaintiff's injury.
- Privileged communication is a legal term, whereas confidentiality is an ethical principle.
- Malpractice is considered professional negligence. Anyone can be sued for negligence; only certain professionals can be sued for malpractice.

CHAPTER 2

Social and Cultural Diversity

2.1 INTRODUCTION TO SOCIAL AND CULTURAL DIVERSITY

Social and cultural diversity is a core subject area that addresses how culture and social justice efforts affect the counseling relationship and the worlds of clients and counselors in general. Hays and McLeod (2018) stated,

> We as a profession are attending more to the complexities of both counselors and clients in their cultural makeup, the systems by which they are surrounded, and the impact these two components have on what earlier counselors and psychotherapists viewed as "universal" expressions of mental health. In addition, we are challenging each other to address biases and assumptions we have that prevent us from forming an affirming, therapeutic alliance with clients we counsel. (p. 3)

This CACREP core area is becoming increasingly important in counselor preparation, given that the U.S. population is steadily becoming more culturally diverse. Several racial and ethnic groups make up the population of the United States today. The predominant racial group in 2015 was White (77.3%; 63.7% non-Hispanic), followed by Black/African American (13.2%), Asian American (5.5%), and all other races (e.g., Native American, Alaska Native, Native Hawaiian making up about 4% of the total U.S. population; U.S. Census Bureau, 2015a). However, the percentage of those identifying as White, non-Hispanic is projected to continue to decrease. Individuals within these racial groups may also identify as Latino: approximately 17.7% of the U.S. population identities as Latino (U.S. Census Bureau, 2017a). The overall foreign-born population in 2014 made up approximately 13% of the U.S. population (Colby & Ortman, 2015). Individuals from Latin America (e.g., the Caribbean, Central America, and South America) represent the largest number (53%) of foreign-born individuals presently in the United States (U.S. Census Bureau, 2017b).

Over the past several years, administrations of the National Counselor Examination (NCE) have included only 11 (of the 160 total, or about 7%) of the scored items (plus some trial items that do not count) designed to measure social and cultural diversity (rank = 8 of 8, the fewest items of any of the eight domains). The average item difficulty index was .69 (rank = 6 of 8, the third most challenging domain of item content), meaning that the average item in this domain was correctly answered by 69% of test-takers.

Over the past several years, administrations of the Counselor Preparation Comprehensive Exam (CPCE) have included 17 scored items designed to measure social and cultural diversity, plus several trial items that do not count in one's score. The average item difficulty index was .57, meaning that the average item in this domain was correctly answered by 57% of test-takers, making this set of items the most difficult on the examination.

The Council for Accreditation of Counseling and Related Programs (CACREP, 2016, pp. 9–10) defined standards for Social and Cultural Diversity as studies that provide an understanding of the cultural context of relationships, issues, and trends in a multicultural society, including all of the following:

- **a.** multicultural and pluralistic characteristics within and among diverse groups nationally and internationally;
- **b.** theories and models of multicultural counseling, cultural identity development, and social justice and advocacy;

c. multicultural counseling competencies;
d. the impact of heritage, attitudes, beliefs, understandings, and acculturative experiences on an individual's views of others;
e. the effects of power and privilege for counselors and clients;
f. help-seeking behaviors of diverse clients;
g. the impact of spiritual beliefs on clients' and counselors' worldviews; and
h. strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination.

Eight major sections make up Chapter 2 , including: Introduction to Social and Cultural Diversity; Key Cultural Group Categories; Social Justice Concepts; Cultural Identity Development; Counseling Racial and Ethnic Groups; Counseling Other Cultural Groups; and Additional Considerations in Multicultural Counseling Practice. We continue the Introduction section with a discussion of foundational terms, key historical events, and salient ethical considerations in multicultural counseling.

2.1.1 Culture and Multicultural Counseling

Before moving forward, it is important to define culture and multicultural counseling. **Culture** consists of the shared values, practices, social norms, and worldviews associated with a particular cultural group; groups can be categorized based on race, ethnicity, gender, ability, status, and sexual orientation, to name a few (Hays & Erford, 2018). Culture includes behaviors, attitudes, feelings, and cognitions related to our identities living within the world. Culture exists on three levels: universal, group, and individual—that is, culture organizes how groups as a whole, individuals within a particular group, and individuals as a human race behave, think, and feel. Because of this, we each have a unique cultural makeup that affects our experiences in counseling and in the world.

- The extent to which a group membership is labeled as "cultural" depends on how broadly individuals define culture. For example, a broad definition might include variables such as race, ethnicity, gender, sexual orientation, educational status, language, and geographical origin. A more narrow definition might label culture as race and gender only.
- Because we have varying ways of defining culture, we may consider certain cultural group memberships as more significant to ourselves and more valued when examining mental health issues. As professional counselors, we may use a biased lens (our own cultural values) to examine client issues. Oftentimes, the dominant cultural view is regarded in counseling as more important, leading the counselor to evaluate and treat clients from this perspective and disregard individual culture. Typically, the counselor does not understand the client's worldview or cultural identity and thus fails to integrate this information in practice. This is known as **cultural encapsulation**.
- **Multicultural counseling** may be defined as the integration of cultural identities within the counseling process. **Cultural identity** refers to the degree to which individuals identify belonging to subgroups of various cultural groups or categories—that is, how the combinations of the various cultural group memberships for the client and counselor interact to affect the counseling relationship and the process and outcome of counseling. Most counseling scholars note that all counseling is multicultural counseling in some manner.

2.1.2 Key Historical Events in Social and Cultural Diversity

Culture's role in mental health was first discussed in the 1960s and 1970s when scholars stated that the cultural identities of clients should be acknowledged because they affect clients' experiences in counseling. In addition, several scholars wrote about the negative ways in which counselors inhibit clients' well-being when not addressing client cultural experiences in counseling sessions. Table 2.1 presents some key historical events in social and cultural diversity. This list is not intended to be exhaustive.

2.1.3 Key Ethical Issues in Social and Cultural Diversity

Attending to social and cultural diversity (and avoiding cultural encapsulation) is an ethical imperative. Avoiding cultural bias is integral to all major counseling documents, including the ACA *Code of Ethics* (ACA, 2014), CACREP standards (CACREP, 2016), NBCC *Code of Ethics* (NBCC, 2016), and all ACA division guidelines, to name a few. Ramsey (2009) identified several pertinent ethical challenges:

- Counselors have an ethical obligation to build their knowledge, awareness, and skills to work with culturally diverse clientele—that is, multicultural counseling competence (described in more detail in the next subsection) is a continual developmental process.
- Counselors must be aware of both the strengths and challenges of traditional counseling theories and must familiarize themselves with indigenous healing practices.
- Although counselors are charged with practicing only within the bounds of their competence, it is unlikely that counselors will be knowledgeable about every culture. However, it is important for counselors to "stretch the boundaries" (Ramsey, 2009, p. 497) of their competence to increase their cultural awareness, knowledge, and skills.
- Counselors make client referrals when the setting in which they work fails to provide for the client, and that setting cannot or will not alter its policies and procedures to cater to that client.
- Counselor educators are to be properly trained in social and cultural diversity issues and are to implement a culturally sensitive and advocacy-based curriculum.
- Counselors must consider client cultural idioms of distress and cultural bias among practitioners when evaluating client symptomology and providing clinical diagnoses.

TABLE 2.1 Key Historical Events in Social and Cultural Diversity.

- **1962**—C. Gilbert Wrenn authors *The Culturally Encapsulated Counselor*.
- **1970s**—William Cross, Jr., develops one of the first racial identity development models, the Cross Nigrescence Model.
- **1990s**—Janet Helms edits *Black and White Racial Identity: Theory, Research and Practice*. This book and subsequent research make significant strides in cultural identity development research.
- **1991**—The ACA (known then as the American Association of Counseling and Development) approves the multicultural counseling competency standards (see Section 2.1.3 for more information).
- **1991**—Paul Pedersen labels multiculturalism as the "fourth force" in counseling, moving to center stage the importance of culture in counseling. This force follows the three forces of psychodynamic, (cognitive-) behaviorism, and humanism-existentialism.
- **1992**—The Multicultural Counseling Competency standards are published concurrently in the *Journal of Counseling & Development* and the *Journal of Multicultural Counseling and Development*.
- **1996**—Patricia Arredondo and colleagues operationalize the 31 multicultural counseling competency standards in a seminal article (see Arredondo, Toporek, Brown, Jones, Locke, Sanchez, & Stadler, 1996).
- **2001**—The U.S. Department of Health and Human Services (USDHHS, 2001) publishes the Surgeon General's Report (*Mental Health: Culture, Race and Ethnicity—A Supplement to Mental Health: A Report of the Surgeon General*) that highlights significant research related to how race and ethnicity (and associated oppression and resiliency experiences) influence mental health outcomes.
- **2003**—The Advocacy Competencies are approved by the American Counseling Association (Lewis, Arnold, House, & Toporek, 2003).
- **2004**—Manivong Ratts and colleagues (Ratts, D'Andrea, & Arredondo, 2004) label social advocacy as the "fifth force" of counseling.
- **2005**—The ACA *Code of Ethics* is revised to include a greater emphasis on culture.
- **2014**— The ACA *Code of Ethics* is revised again to more explicitly direct counselors toward multicultural counseling competency.
- **2015**—The Multicultural and Social Justice Counseling Competencies (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2015) are developed, expanding the 1992 Multicultural Counseling Competency standards to speak more in-depth to social justice praxis and advocacy interventions.

- Counseling researchers must consider culture throughout the research process, including involving a representative sample, avoiding harm in data collection, and interpreting data in a culturally sensitive manner.

2.1.4 Multicultural Counseling Competence

- Ratts et al. (2015) developed the Multicultural and Social Justice Counseling Competencies (MSJCC) that speaks to four developmental domains of counselor self-awareness, counseling relationship, client worldview, and counseling and advocacy interventions pertinent to effective multicultural counseling (see Figure 2.1). These domains are represented by concentric circles and are assumed to build upon each other as competency is facilitated. The MSJCC framework assumes that a counselor and client enter the counseling relationship with differential degrees of privilege and oppression across multiple cultural identity statuses. The framework includes quadrants, each with the four aforementioned domains and based on privilege and oppression statuses of the counselor and client. For the first three domains (i.e., counselor self-awareness, counseling relationship, and client worldview), guidelines in terms of attitudes and beliefs, knowledge, skills, and action are provided. The fourth domain (i.e., counseling and advocacy interventions) specifies that social action should be employed at six levels: intrapersonal, interpersonal, institutional, community, public policy, and international.
- In developing MCC, counselors are to be familiar with two perspectives that can be considered a continuum: etic vs. emic perspectives. An **etic** perspective refers to viewing clients from a universal perspective. This likely means that an individual client's culture is minimized to focus more on basic counseling processes and strategies that apply across individuals. As there is more attention to social and cultural diversity, counselors are increasingly taking an emic perspective in their work with clients. An **emic** perspective refers to using counseling approaches that are specific to a client's culture. Thus, a counselor using an emic perspective would more likely use indigenous healing practices and look for alternative explanations of symptoms based on specific cultural expressions.

2.1.5 Communication Patterns

Communication between a counselor and client, an important aspect of multicultural counseling, affects the extent to which trust and empathy in the counseling relationship are established. Both verbal communication and nonverbal communication are important to attend to in counseling dyads.

- Most major counseling theories rely on spoken words as a primary tool for promoting growth and change. Individuals who are not fluent in the dominant language (i.e., English) may be marginalized and prevented from accessing resources and opportunities that are available to individuals who are fluent in standard English.

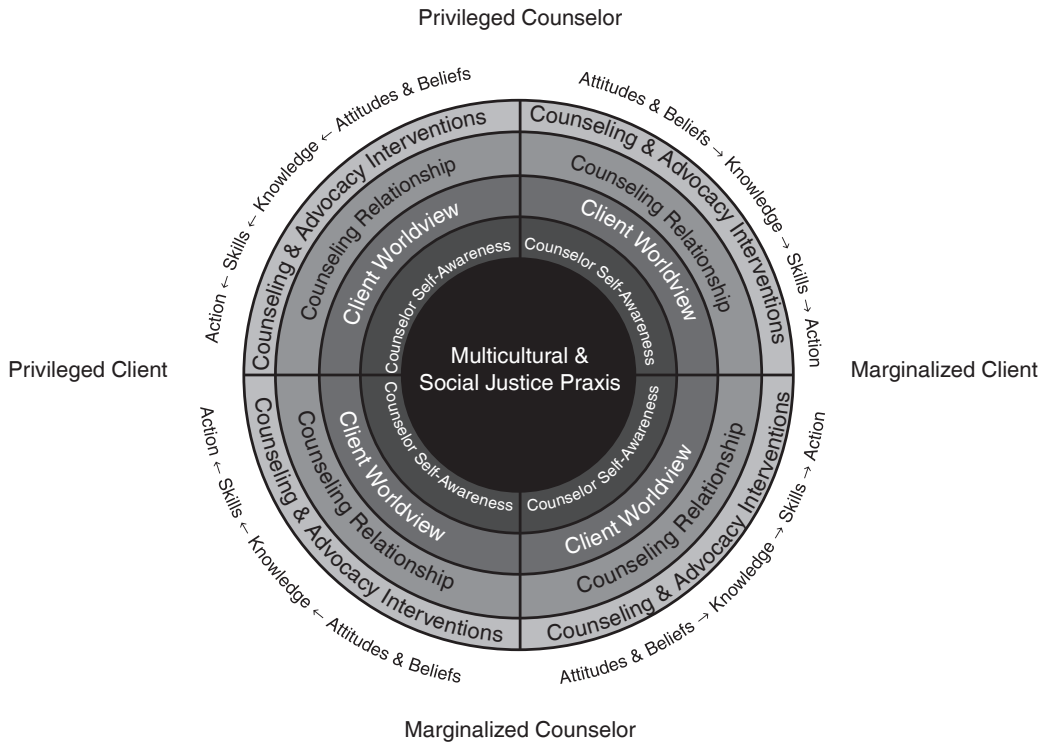

FIGURE 2.1 The Multicultural and Social Justice Counseling Competencies (MSJCC).

Source: From "Multicultural and Social Justice Counseling Competencies" by Manivong Ratts, Anneliese A. Singh, Sylvia Nassar-McMillan, S. Kent Butler and Julian Rafferty McCullough. Copyright ©2015. Reprinted with permission of the authors.

- Many clients who speak English as a second language may prefer to express themselves in their native language during the counseling process, and counselors should encourage clients to use the language with which they feel most comfortable expressing themselves. At a minimum, counselors must be aware of community resources for clients who do not speak the dominant language.
- Approximately 85% of communication is nonverbal (Ivey, Ivey, & Zalaquett, 2018). Even though the notion of nonverbal communication is universal across cultures, the same nonverbal expressions can have drastically different meanings in different cultures. For example, acceptable interpersonal distance and eye contact vary from culture to culture.
- Nonverbal communication includes many types:
  - **High-context communication** involves individuals relaying messages by relying heavily on surroundings; it is assumed that "many things can be left unsaid," and thus nonverbal cues create social harmony. **Low-context communication** refers to individuals communicating primarily verbally to express thoughts and feelings.
  - **Paralanguage** refers to verbal cues other than words. These may be volume, tempo, prolongation of sound, disfluencies (e.g., utterances such as *uh* and *um*), and pitch (highness or lowness of one's voice).
  - **Kinesics** involve postures, body movements, and positions. These might include facial expressions, eye contact and gazes, and touch.
  - **Chronemics** is how individuals conceptualize and act toward time. **Monochromic time** refers to an orientation toward time in a linear fashion (use of schedules and advanced planning of activities), and **polychromic time** refers to the value of time as secondary to relationships among people.
  - **Proxemics** is the use of personal physical distance. The four interpersonal distance "zones" include intimate distance (0 to 18 inches), personal distance (18 inches to 4 feet), social distance (4 to 12 feet), and public distance (12 feet or more).

2.1.6 Acculturation

Acculturation is the process in which an individual (usually an immigrant) makes sense of a host culture's value system in relation to his or her own. An individual may completely embrace or reject a new culture, reject both cultures, or integrate the new culture to some degree into a current value system.

- Acculturation level is largely determined by the number of years a client has been involved in the acculturation process, the client's country of origin, and the age at which the client began the acculturation process.
- Paniagua (2014) identified four main models of acculturation with which counselors should be familiar. These include the (a) **assimilation model**, in which highly acculturated individuals identify solely with the new culture and adopt values and customs of the other, more dominant