

# The *ACA Code of Ethics*: Articulating Counseling's Professional Covenant

Richard F. Ponton and Jill D. Duba

The *ACA Code of Ethics* (American Counseling Association, 2005) is an articulation of the ever-changing relationship between counseling professionals and society. It provides clear parameters of behaviors to meet the changing needs of the people counselors are called to serve. This article reviews the 2005 *Code* as both a statement of counselor identity and an ethical covenant with society.

In the mid-1970s, there was a local tavern located in a small town in New Jersey. Long and narrow, a favorite stop on the way home from work for many of the men of the town, it was indeed a place “where everybody knew your name.” What made this bar different from all the others was that at the very end, where the bar curved toward the wall, was a sign that read “Professional’s Corner.” In this blue-collar bar, the rule was that if you wore a necktie to work, you sat down there. Those in ties saw it as an honor; however, no one really knew which group established the corner.

The generation that frequented that bar has certainly retired, the bar is closed, and that Professional’s Corner is long forgotten. Nevertheless, there continues to be in society at large a professional corner, with its criteria for admission, its rights, and its responsibilities. For nearly 100 years, the counseling profession has been establishing its place at the professional corner. The development of professional organizations, educational programs and standards, and the legal recognition of licensure contributes to the profession’s place at that professional corner. Still, the essential element of a profession, its ticket to the professional corner, is the relationship of the profession, collectively and individually, with society. In late 2005, the American Counseling Association (ACA) reaffirmed the essence and revised the articulation of that relationship by revising the *Code of Ethics and Standards of Practice* (ACA, 1995). The purpose of this article is to reflect on the relationship of the *ACA Code of Ethics* (ACA, 2005) in the context of the counseling profession’s relationship to society.

## The Definition of Profession

To begin a discussion about the context of the counseling profession, we believe that it is important to set the stage of what the term *profession* actually means. There is little in the counseling literature that defines a profession with accuracy. Like the people in the tavern, the literature has defined professional groups not in terms of the nature of the service they perform, but rather by what external signs they have in common with others who are called professional. Clearly, professionalism goes beyond that tavern’s criterion of wearing a necktie to work. The classical concept of the professional was limited to physicians, clergy, and lawyers.

By the 18th century, it had extended to military officers. During the 19th century, with increased technology and urbanization, the term *professional* was applied to an ever-widening group of occupations (Gardner & Shulman, 2005).

An occupation does not become a profession merely because its members decide it will be one. It does not become a profession merely by an act of state or federal legislature. Furthermore, it does not even become a profession by collecting the various “hallmarks,” like a Boy Scout collecting merit badges to reach the next rank. Rather, as the histories of professions demonstrate, they begin with and grow from significant needs of society. In the case of the classical professions, health, order, meaning, and security were clearly the existential needs recognized by society. It was those needs that established the vocation, the calling, of physician, lawyer, clergyman, and soldier, respectively. Those needs were so important, and so specific, that it was necessary to call men—and only men (Witz, 1992)—to address them on behalf of the public. Those needs were so vital that the men who were so called would have to be imbued with public respect and trust, extraordinary privilege, and exception from certain societal norms. They would be learned and would maintain an esoteric body of knowledge. They, in each of their respective fields, would be granted a monopoly, autonomy, and self-regulation. In response to such a call from society and such trust, these men would publicly promise (the meaning of the word *profess*) to act *pro bono publico*—for the good of the public.

Modern professions share much in common with the classical professions. The hallmarks that have come to characterize a profession are based on the medieval models: a guild, high levels of education, public recognition, and a specialized body of knowledge. It may be argued, however, that the most important commonality between the classical and modern professions is the vocation to address the very same existential needs of society—that is, that each profession is called in some way to address one or more of the needs of health, order, meaning, or security. As society became more complex and the world of work became more diversified, the occupations that were entrusted to meet those essential needs expanded as the needs became more complex and diversified. In medieval

**Richard F. Ponton**, Department of Human Services, Township of Ocean, Oakhurst, New Jersey; **Jill D. Duba**, Department of Counseling and Student Affairs, Western Kentucky University. Both authors are members of the American Counseling Association’s Professional Standards Committee. Correspondence concerning this article should be addressed to Richard F. Ponton, Department of Human Services, Township of Ocean, PO Box 910, Oakhurst, NJ 07755 (e-mail: rponton@oceanhds.org).

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times, people's need for health was met by physicians. Currently, the complexity of health care is revealed by the 356 associations of professionals listed in a directory of medical academies and health care professional associations (Pohly, n.d.). Another example of expansion of occupations to meet ever-increasing complexity of need might be in the area of security. Similar to how 18th-century society protected itself with soldiers from those who would kill, rob, and rape, today, society protects itself with police officers, security specialists, and even computer scientists. From accountants to zoologists, society calls on professionals to promise to act *pro bono publico* because it needs to be able to trust them to help it meet its existential needs. Welie (2004) defined a profession as

a collective of expert service providers who have jointly and publicly committed to always give priority to the existential needs and interests of the public they serve above their own and who in turn are trusted by the public to do so. (p. 531)

Welie (2004) made a cogent argument regarding the nature of this public promise for modern professions, suggesting that the promise creates a social contract between society and both the collective profession and the individual professional. Thus, professions and their members are obliged to act in the public good rather than in their own best interest. The choice of professional altruism has been made by the profession throughout its history and by each individual practitioner on entering the profession. Hence, Welie asserted that "unlike charity, professional altruism is not an option but an obligation that binds each and every member, individually and collectively" (p. 530).

## Counseling as a Profession

Counseling as a distinct discipline is approaching its 100th year in the United States. Reminiscent of the television advertisement that asked "Is it soup yet?" we counselors collectively wonder, "Are we a profession yet?" Bradley (1978) addressed that question in the 1970s, Aubrey (1983) addressed it in the 1980s, and Van Hesteren and Ivey (1990) and Hanna and Bemak (1997) addressed it again in the 1990s. In the current decade, the same question continues to be raised (Myers, Sweeney, & White, 2002; Pistole & Roberts, 2002). In 1997, Hanna and Bemak asserted that "counseling has accomplished all, or nearly all, of the requisites for status as a profession. Counselors have a national professional association, viable divisions, and an array of state associations" (p. 194). Gale and Austin (2003) suggested a similar notion regarding the development of professional identity: "Counseling has attained many criteria identified as essential to a profession: a professional organization, an ethical code and standards of practice, an accrediting body to prescribe curriculum and to sanction preparation programs, credential, and licensing governing practice" (p. 3). Nonetheless, the identity crisis of the counseling profession continues. We suggest that the question of professional identity cannot be adequately addressed in the absence of the notion of voca-

tion. That is, for counselors to collectively and individually answer the question, "Who am I as a counselor?" counselors must first ask, "Who are we called to be by the society that has created the profession?" More succinctly, what is the existential need of society that has called the profession of counseling into being?

The history of the counseling profession illumines the nature of its vocation. Vacc and Loesch (1994) pointed out that "the history of the counseling profession traces its beginnings to approximately the turn of the twentieth century . . . when educational professionals began to realize that young people in society needed help in making effective vocational decisions" (p. 30). Indeed, Frank Parsons is credited with the establishment of the first counselor education and certification program (Schmidt, 2003). He was not only interested in vocational guidance; he was a social reformer who had written about women's suffrage, taxation, and universal education (Zunker, 2002). Parsons was a reformer of the Progressive Era (Zytowski, 2001), and his contributions to society and the profession of counseling that grew from the seeds he planted in Boston were a response to the needs of society for personal meaning and social order—the same needs that call us counselors as a profession today. Parsons's contribution to vocational counseling suggested that for society to function well, individuals' needs and strengths must be considered and that the match between an individual and an occupation is a matter of both social need and personal choice. From the early decades of the 20th century, with the discipline's emphasis on vocational guidance, to the middle decades with the shift in emphasis toward individual needs and mental health (Bradley, 1978), and into the present (Gale & Austin, 2003), the profession has continued to carry out the theme first articulated by Parsons. The theme is later outlined by Van Hesteren and Ivey (1990), namely, that the counseling profession is "first and foremost concerned with positive human change . . . [and] is focused on both individuals and systems within which we all live" (p. 524). Furthermore, counseling specialties share "a common interest in facilitating human and systemic growth, the interaction of people and systems growing in a mutual dialogue or dialectic" and "are constantly aware that developmental change occurs within a cultural context" (Van Hesteren & Ivey, 1990, p. 524).

The thread of common mission sought by Heppner, Rogers, and Lee (1984) is found in a realization that, in all specialties of counseling, the vocation that the counseling profession receives from society grows from the ever more complex existential need for meaning and order in modern cultures. In whatever specialty counselors practice, they are asked to provide expertise to the problem of balancing an individual's needs, strengths, and identity with the group or society within which that individual functions. As Steenbarger (1991) stated, "Counseling's identity is inextricably bound with those preventative and developmental activities issuing from organismic (growth-oriented, holistic) and contextualistic (person/environment sensitive) perspectives" (p. 380).

## Professional Ethics and the Covenant

Emanating from the existential needs of society, professions are established and maintained by the mutual interaction of society and the professions, both collectively and individually. Therefore, professional ethics can be seen as the implicit and explicit understanding of the relationship between the profession and society. Miller (1990) suggested that a model of understanding the relationship of a profession to society is the covenant. She suggested that a covenant model of the professional relationship with society and consequent obligations to society was useful in broadening the narrow quid pro quo agreement that is inherent in a contract model of professional responsibility. Engel (2004) stated,

The making of covenants is one of the oldest and most enduring ways in which human beings have established social relations founded on shared values and purposes. . . . The making, breaking, and remaking of covenants has defined much of the course of Western history, and it is likely it has played a similar role in the histories of all the world's peoples. (p. 32)

The essential ingredients of a covenant are informed agreement and voluntary consent by equals as a gift or entrustment. Engel (2004) explained that covenants are by their nature a "moral practice" (p. 34), allowing, as consistent with the covenant relationship, some behaviors and disallowing other behaviors as inconsistent. The covenant promise is made by professionals to society both individually and collectively. Like all covenants (e.g., marriage), that professional promise both grows from and shapes the identity of those who live the covenantal relationship. Miller (1990) pointed out that in the covenant model, the individual "in assuming professional identity . . . promises to return the gift he or she has received in being trained for and granted professional status" (p. 121).

This kind of covenantal relationship was the foundation of oaths promised throughout history and within the classical professions. An oath has long been established as part of the special nature of a profession. For example, the modern use of the Hippocratic oath for physicians can be traced to the Renaissance esteem for the ancient Greeks and the moral precepts of Hippocrates (Baker, 1999). Throughout most of history, however, the professional oath, an ethic of character, was a general promise to act to the best of one's ability with fidelity and honor for the benefit of the public one served. In 1794, Thomas Percival of Manchester, England, published the first code of ethics for physicians and in a later version (1803) coined the term *professional ethics*. Percival's innovation grew both from his own dissatisfaction with the unethical behavior of his colleagues and from the social context of the late 18th and early 19th centuries in which people were less trustful of the ethics of character. His code specified what members of the medical profession agreed were the behaviors associated with fidelity, honor, and the benefit of patients. The code was written in the second and third person, rather than the more subjective first person, reflecting the shift from interior character to exterior expectations. He both affirmed the core responsibility and asserted the moral authority and independence of those practicing medicine (McCullough, 2004).

## ACA's Ethics Code

Modern professions have adopted the model of a specified code of ethics to ensure common standards, minimize interpersonal strife (Baker, 1999), and guide professionals through the most common pitfalls in practice (Welfel, 2002). More specifically, ACA (2005) proposed five main purposes for its code of ethics: (a) to clarify the nature of ethical responsibilities, (b) to support the mission of the organization, (c) to establish principles that inform best practice, (d) to assist members in constructing a course of action, and (e) to serve as the basis for processing ethical complaints and inquiries. The *ACA Code of Ethics* (ACA, 2005) reflects the counseling profession's understanding of the responsibilities inherent in the covenantal relationship with society. Changes in the ACA ethics code reflect the profession's understanding of changes in the role of the professional or changes in the society counselors serve.

In the Preamble, ACA (2005) affirms the profession's dedication to society and the mission to which counselors are called: "ACA members are dedicated to the enhancement of human development throughout the life span. Association members recognize diversity and embrace a cross-cultural approach in support of the worth, dignity, potential, and uniqueness of people" (p. 3). Responding to the societal need for tolerance and equality, the *ACA Code of Ethics* (ACA, 2005) clearly indicates that "an important component . . . is an emphasis on multicultural and diversity and issues facing counseling professionals" (Glossoff & Kocet, 2006, p. 6).

The Introduction to each of the eight sections of the *ACA Code of Ethics* (ACA, 2005) articulates the understanding shared by professional counselors of their covenantal relationship and the specific manner in which they fulfill the meaning and order needs of society at this time in history. Section A of the 2005 *Code* suggests that counselors address those societal needs in professional relationships with clients that foster client growth and recognize contextualistic variables that affect the client. Modifications of the section reflect a changing in the understanding of the boundaries between clients and counselors (Kocet, 2006). Reflecting a significant change in cultural mores, another change in this section is the addition of ethics concerning assisting clients with end-of-life issues (Standard A.9.). The counseling relationship changes as a function of the technology that supports it. The 2005 revision of the ACA ethics code clarifies issues of the covenant of counseling that are related to computer technology and the Internet.

Section B of the *ACA Code of Ethics* (ACA, 2005) articulates the shared belief that counselors recognize that "trust is a cornerstone" (p. 7) of their covenantal relationship with society and that they affirm their responsibility to promote that trust through their respect for each client's personhood, culture, and story. Whether the issue is related to confidentiality and boundaries with minors or sharing information with insurance companies, or even sharing information after a client's death, the guiding principles of the covenant are clear throughout the section, and the modifications point to strengthening those principles of respect for and collaboration with the client as the covenantal cornerstone.

The counseling profession is called by society to apply some specialized knowledge and skill toward the accomplishment of the goals set forth in the Preamble. The Introduction to Section C outlines that responsibility. Counselors are called to “engage in counseling practices that are based on rigorous research methodologies” (ACA, 2005, p. 9) and to provide services within the framework of their profession and the limitations of their competence. The 2005 revision of the ACA ethics code demonstrates the increasing societal expectation and professional commitment to efficacy in its call for the use of empirically supported techniques and the identification of those that are not (Standard C.6.e.).

Section D of the *ACA Code of Ethics* (ACA, 2005) shifts the focus from the profession’s understanding of its relationship with clients to the relationship of counselors to “colleagues and constituents” (Kocet, 2006 p. 232). Clearly, this section demonstrates an understanding within the counseling profession that counselors are one of a number of helping professionals working together in various employment settings (Kocet, 2006). Consequently, counselors are responsible for the maintenance of positive and effective relationships with colleagues, employers, and employees because those relationships are in the best interest of the clients and society served by the profession.

From the very beginning of professional counseling, counseling professionals have applied the use of testing and assessment to the assistance of individuals and society. Section E outlines the covenant between society and the counseling profession regarding assessment. The changes in the ACA (2005) ethical code highlight the growing realization that respecting clients’ rights in the assessment process are paramount, as well as attending to the growing societal dependence on assessment results in litigation.

A profession not only provides specific services to contemporary society but also ensures the adequate training of professionals for the future. ACA’s understanding of the implications for training new professionals is articulated in the Introduction to Section F of the *ACA Code of Ethics* (ACA, 2005). Counselors assist others entering the profession by serving as counselor educators or supervisors. In those roles, counselors model the values they are teaching as they interact with students, namely, justice, equality, competence, and caring. Furthermore, counselors expect those who are preparing to be counselors to maintain the professional covenant with their clients and society.

Counselors are called as a profession by society to respond to certain societal needs with specialized knowledge of both individuals and the ever-changing societal context in which they live. Section G of the *ACA Code of Ethics* (ACA, 2005) outlines the counseling profession’s understanding of the need for continuing research to contribute to that knowledge base of the profession. The changes in the ACA (2005) ethics code highlight the profession’s promise to safeguard the rights and well-being of those participating in research studies as well as its expectation of competent and honest research from counselors.

Finally, counselors recognize both the human frailty and subjective understanding that lead to the breakdown of a covenant. In Section H of the *ACA Code of Ethics* (ACA, 2005), members of the counseling profession acknowledge their responsibility to call one another to fidelity to the covenant.

## Conclusion

It is noteworthy that the sections of the *ACA Code of Ethics* (ACA, 2005) develop the framework for the counseling profession in a manner that reflects the professionalism of counseling. Gardner and Schulman (2005) stated,

Six commonplaces are characteristic of all professions, properly construed: a commitment to service in the interest of clients in particular and the welfare of society in general; a body of theory or special knowledge, . . . a specialized set of skills, practices, and performances, unique to the profession; the developed capacity to render judgments with integrity under conditions of both technical and ethical uncertainty; an organized approach to learning from experience, both individually and collectively and thus growing new knowledge from the context of practice; and the development of a professional community responsible for the oversight and monitoring of quality in both practice and professional education. (p. 14)

Percival’s contribution to medical ethics was his innovation that beyond the articulation of the covenant of a profession, the code must provide a framework within which that covenant is lived. The 2005 revision of the ACA ethics code provides in each section clear parameters of behaviors that are understood by the profession to be consistent or inconsistent with the covenant. Codes of ethics do not come to professions on stone tablets from high mountains; rather, they are always a work in progress. They are developed by committees, examined by professionals and the public they serve, and then lived out by frail humans and adapted to changing contexts. The *ACA Code of Ethics* (ACA, 2005) reflects the profession’s continuing growth in multicultural understanding and global awareness; a greater recognition of the client as a member of a social network that extends far beyond the counseling room; a greater awareness and clarity of shared expectations of the role of counselors as employer, employee, teacher, and supervisor; and a clarification of the primacy of law in the resolution of ethical dilemmas.

Moleski and Kiselica (2005) stated that “although professional codes of conduct provide guidelines for how counselors should behave with clients, they do not furnish all the answers” (p. 3). For this reason, the Preamble of the *ACA Code of Ethics* (ACA, 2005) notes that professional counselors need to engage in a “carefully considered ethical decision-making process” (p. 3) and an evaluation of the context of the situation. In other words, the 2005 *ACA Code of Ethics* provides the framework for ethical thinking, not the answers to every ethical question. Miller (1990) referred to this as a “habit of mind” (p. 123) that is associated with the covenant relationship of the professional. This habit of mind is reflected in a series of articles published in *Counseling Today*

examining the 2005 *ACA Code of Ethics* revisions and discussing the ethical issues facing counselors (Kaplan, 2006).

The *ACA Code of Ethics* (ACA, 2005) is a gift to the profession from our colleagues who developed them. The ACA ethical code is a promise that counselors make collectively, as a profession, to the public they serve. Most important, the ACA ethics code is a gift that each counselor gives, freely and faithfully, to those they serve by their covenant promise.

The *ACA Code of Ethics* (ACA, 2005) provides a marker in the development of the counseling profession, as well as an illustration of the covenant relationship between counseling professionals and society. The counseling profession continues to develop through its attention to the needs of society. As society changes, the needs of individuals within society will continue to change. Societal changes such as increasing multilingualism, greater impact of managed care or universal health care, further changes in technology, and changes in supervision trends or educational expectations are examples of the many that may affect the profession. Consequently, the counseling profession will also continue to alter its services and interventions. These shifts in need, services, and interventions will further affect the very relationship between society and professional counselors and lead to future revisions of the ACA ethics code.

This covenantal relationship between the counseling profession and society behooves professional counselors to act ethically, with fidelity and honor, while exercising their training and education to serve society and clients to their benefit. The 2005 revision of the ACA ethics code sets the premise for this evolving relationship between the counseling profession and society. By adhering to the *ACA Code of Ethics* (ACA, 2005), professional counselors will behave in ways that are in the best interest of clients and the society at large, will incorporate training and education to the utmost standard of delivering services, and will be guided toward professional behavior within all contexts of practice. Finally, and perhaps most important, the ACA ethical code serves to protect this covenantal relationship as it continues to evolve.

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