

Original Article:

**DIFFERENCES IN COMPETENCY
AND QUALIFICATION REQUIREMENTS BETWEEN
APA AND ACA CODE OF ETHICS**

Michael W. Firmin, Ph.D.
Cedarville University, USA

Kristin DeWitt, Psy.D.
Cedarville University, USA

Taylor E. Zurlinden, M.A.
East Carolina University, USA

Lauren A. Smith, B.A.
University of Dayton, USA

Aubrey L. Shell, M.S.
Indiana University – Purdue University, USA

Abstract

We conducted a section-by-section and line-by-line comparison of the ethical codes published by the American Psychological Association (APA, 2016) and the American Counseling Association (ACA, 2014). Overall, 144 differences exist between the two codes and, here, we focus on two constructs where 67 significant differences exist: competency and qualification requirements. Overall, we note that APA tends to focus on general ethical principles that practitioners must follow, whereas the ACA typically is much more prescriptive in delineating behavioral expectations. We summarize various differences that possess potential clinical practice implications and draw particular attention to the differences in how the words “and/or” are used in the respective ethical codes. We provide a discussion that focuses on four (4) specific ramifications of the differences between the two ethical codes, particularly for professionals who supervise others outside of their own APA or ACA professional contexts.

Keywords: ethical codes, APA, ACA, competency requirements, qualification requirements

AUTHOR NOTE: Please address all correspondence to: Dr. Michael Firmin, Department of Psychology, Cedarville University, 251 N. Main Street, Cedarville, Ohio 45314, USA. Email: firmin@cedarville.edu

INTRODUCTION

In the history of professional human services, ethical codes first originated in the American Psychological Association (APA) under the direction of Carl Rogers. As the 1947 APA president, Rogers commissioned the initial task team in order to explore the establishment of a formal ethical code to be adopted by the organization. The context for the commission was the trials of multiple German medical doctors who, at the time, were being charged with crimes against humanity. Walsh (2015) notes that the high-profile cases receiving international notoriety prompted the APA leaders to take proactive steps in order to help ensure that American psychologists would never be party to such immoral behaviors. Rogers was a committed humanist (he later signed the *Humanist Manifesto II*) and advocated that science never be used for purposes that were implemented by the failed Nazi leadership. A model was conceptualized in which sustained professional membership would be contingent on upholding the values, goals, and intentions of a standardized code of ethics (Yep, 2015).

By 1953, the initial code was published as a 170-page document and, naturally, this entity stands in stark contrast to the current 16-page APA text (Fisher, 2013). Input into the original creation of the code was extensive with over 2,000 psychologists having made varying levels of contributions. The members who drafted the document procured participation by psychologists through a national survey; obviously, in a pre-internet and non-electronic document era, this was a relatively substantial feat. The survey results were analyzed and formulated by an eight-member Committee on Ethical Standards for Psychology that was chaired by Nicholas Hobbs.

Since the elongated product was not practical as a formalized ethical code, an auxiliary text was generated and titled: "A Summary of Ethical Principles." Smith (2003) notes that the original conception of a professional ethics code was that it would be a living document which would involve multiple revisions over time, as society faced new questions, challenges, and dilemmas related to professional psychology practice. This intention has been implemented over the ensuing decade by both the APA and ACA, as both organizations have updated their respective codes multiple times.

What today is called The American Counseling Association (ACA) originally was formed as the American Personal and Guidance Association (APGA) in 1952. In 1983, the organization changed its name to the American Association of Counseling and Development (AACD) and the present name was formally adopted in 1992. The original organization comprised four independent associations, titled the National Vocational Guidance Association (NVGA), the National Association of Guidance and Counselor Trainers (NGCT), the Student

Personnel Association for Teacher Education (SPATE), and the American College Personnel Association (ACPA). The groups met in order to share research, collaborate, and further their respective professions (Gladding, 2013). When he was the 1953 APGA president, Donald Super commissioned a task force to create a code of ethics, similar to

what was concurrently being developed by the APA (Herlihy & Corey, 2015). Eight years later, the first APGA code was published, consisting of eight pages, which stands in contrast to the current 2014 ACA document, which is 23 pages in length.

Sinclair (2017) notes that “the increase in attention to ethics in literature over time is striking” (p. 20) and has set the tone for the development of ethical codes on an international scale. For example, the British Psychological Society followed the U.S. example and formulated its first committee in order to establish a professional ethical code in 1954 (“History,” 2009) and, as recent as 1986, the Canadian Psychological Association (CPA) adopted a formal code for its members, largely following an American model, with the exception of adopting a hierarchy concept when drafting their code (Gothjelpsen & Truscott, 2018). The APA and ACA ethical codes also have impacted international efforts, such as the Helsinki Declaration by the World Medical Association (WMA, 1964), which addressed general ethical principles that should be considered by all medical professionals on a global scale, as well as the Universal Declaration of Ethical Principles of Psychologists by the International Union of Psychological Science (IUPS, 2008). In summary, while both the APA and ACA ethical codes are important in their own rights, as they impact their own respective members—the codes also have had a world-wide impact in promoting and enforcing ethical behavior among a wide-spectrum of human service professionals.

Various Differences between the APA and ACA

While the counseling and psychologist professions overlap in a number of respects, they also possess significant differences. Gladding (2013), for example, notes a number of salient variances: doctoral requirement (psychologists) versus master’s degree requirement (counselors), focus on treating psychopathology (psychologists) versus emphasis on normal human adjustment issues (counselor), qualified to conduct evaluations (psychologists) versus qualified to provide in therapeutic services (counselors). Psychologists frame their practice in terms such as scientist-practitioner and clinical-scientist models whereas professional counselors tend to frame their roles as human service providers who are informed by research and evidenced-based-practice. (Pastorino & Doyle-Portillo, 2019). Compared to master’s-level counselors, psychologists require more extensive education, training, and supervised experience, undergo a more rigorous licensure exam, and overall generally tend to self-report higher salaries (Cacioppo & Freberg, 2019; Kononovitch, 2019). Given these and other differences, one single code of ethics does not govern practitioners within both APA and ACA organizations. Rather, each professional association has formulated ethical codes that govern the members of the respective groups—based, in part, on the unique features of each profession.

Competency and Qualification Requirements

Moving from general to more specific considerations regarding the APA and ACA ethical codes, this present article focuses particularly on competency and qualification

requirements. The respective ethical codes serve a gatekeeper function, since parameters are established regarding who is able to professionally identify as psychologists and professional counselors. Although membership in the APA or ACA is not required, per se, in order to practice as a psychologist or professional counselor—nonetheless, most state licensure boards use the respective APA/ACA ethical codes as their foundational basis for establishing both competency and qualification standards.

Central to both competency-and-qualification ethical requirements is the commitment by the APA and ACA to protect the welfare of clients who are served by professional psychologists and professional counselors. Established standards help to ensure that sufficient safeguards exist so that the rights of clients are not violated, human dignity is honored, and professional decisions are made with the primacy of clients' best interests attended (Katarzyna, 2013). Giorgini et al., (2015) argue that enforceable ethical codes are necessary for professional associations, since they provide stable charters that help define fundamental components such as competency and minimum professional qualifications. Similarly, Levitt et al. (2015) advocate consistency and structure are needed in order for the public to trust professionals and to be assured that they are being served by both qualified and competent individuals.

As such, the primary directive of professional ethical codes is to ensure the general public good and welfare. Secondly, however, Francis and Dugger (2014) and Kaplan (2014) note that professional ethical codes also help to unite respective professions. Publicly ratified ethical documents reflect the commonly understood values of professional organizations and provide an umbrella of shared values and ideals. Members who agree to abide by these codes become knit in a common bond of connected expectations. In the context of the present study, psychologists share a conjoined commitment to their own adopted competency and qualification rules and, professional counselors likewise share solidarity among themselves through their own joint agreement regarding expected competencies and qualifications.

Rationale for Comparing APA and ACA Ethical Codes

The importance for comparing the two professional ethical codes can be underscored in three domains. First, some human service professionals are dually-licensed. In particular, some mental health professionals possess licenses to practice psychology, professional counseling, and/or marriage & family therapy (Burke, 2019). This path most often occurs because licensed professional counselors (LPC) only require a master's degree in order to earn a license—whereas psychologists require the doctoral degree for entry-level practice. As such, some professionals begin as master's-level practitioners and then eventually move forward to earn their doctoral degrees in counseling psychology. These individuals hold feet in both professions and, as such, must be cognizant and care to follow both ethical codes. Second, when professional organizations periodically update their respective codes, they routinely compare their codes with other professions (Fisher, 2013).

Naturally, no profession is explicitly or tacitly compelled to make changes congruent with other codes—but they are, nonetheless, influenced by the expected-norms of other organizations. As such, having a relatively succinct comparison of the respective codes can be a potentially invaluable resource to committees who revise future professional codes. Third, various psychologists supervise interns, practicum students, and master's-level counselors who are obtaining their required two years of post-master's supervised experience. Many U.S. states allow such supervision practice toward licensure ("Licensure Requirements," 2010) and such psychologists must be aware of the counselors' ethical codes and be professionally responsible in order to ensure that no ACA ethical breaches occur—since the LPCs must follow this code—rather than the APA code. In sum regarding this point, human service professionals should be aware of the ethical similarities and differences of codes—outside of their own—since professions often overlap and intersect with one another.

Although both the APA and the ACA share the same general ideals of public protection and beneficence of client welfare, they differ in various points regarding how these principles relate to the establishment of qualifications for entering the profession and how competency is to be established and maintained. These differences are the thin end of the wedge regarding the present research study. As such, the study's objective is to present a comparison regarding differences contained in the APA and ACA ethical codes. Naturally, it is not feasible to indicate every single difference between the two codes, nor is doing so prudent. Many differences simply relate wordsmithing variations with no impactful application regarding the differences. Rather, we report the more salient variations between the documents, where meaningful practice ramifications potentially exist.

Overall, we found a total of 144 differences between the APA and ACA ethical codes, including but not limited to codes that differ in areas such as technology, culture, relationships, competence, and qualifications. As examples that impact practice-differences regarding professional behaviors, we identified 17 differences that impact clinical practice, six differences that impact assessment practices, and three differences that impact required documentation (Firmin, DeWitt, Kuhlwein Tiffan, & Gibbs, 2017) Additionally, we also reported 36 significant technology and cultural differences between the two codes, that impact assigning diagnoses, requirements for hiring diverse faculty, supervision requirements, instructional expectations in the classroom, and specifics regarding how technology should and should not be used in clinical settings (Firmin, Dewitt, Gillette, Kuhlwein, & Hobbs, 2015). As mentioned previously, due to the broad range of differences found, we attempted to narrow the scope of the results presented in the present article in order to form a more coherent and palatable article for readers. The present article specifically focuses on competency and qualifications, since both of these categories can influence training for professionals and the limits of their practice. Both of these topics are important to consider for professionals in the respective fields and

professionals who may frequently encounter individuals practicing in these professional domains.

METHOD

An archival research method was used in conducting the current study. Archival research involves inspecting previously generated documents to draw new levels of analysis (Goodwin, 2009). This type of research can be used to discover patterns, relationships, and/or links in the current literature. (Sarafino, 2009). The archival data assessed in the present study are the ACA (2014) and the APA (2016) ethical codes. The APA has published 21 “specialty guidelines” (APA, 2019) but none of them are enforceable by the organization. As such, these published principles are not codes that are investigated nor is discipline exercised but—rather, the guidelines are strictly aspirational. As such, we compare the two ethical codes in the present study, since both the APA ethical code and the ACA ethical codes are both enforceable.

We completed a comprehensive examination of the two documents in order to discover the patterns, relationships, and/or links between them. Our examination consisted of comparing the codes on a section-by-section basis in order to determine how the two codes aligned in content. For example, both the APA and ACA code have sections addressing competence. In order to evaluate areas where the two codes were different, we performed a line-by-line appraisal within the corresponding sections. Where no match was found within the section, a comprehensive search of the complete document occurred in order to determine whether or not the code addressed the topic in a different location. If no match existed, then the difference was classified as an omission. Differences in wording were analyzed in order to determine whether or not the difference possessed functional consequences. On one hand, if two codes used different words in order to communicate the same general objective it was classified as a nonrelevant difference. On the other hand, when one code requires a, b, “or,” c—while the other code requires a, b, “and” c, then this occurrence was recorded as a consequential difference. The word “and,” in this case, indicates that professionals must meet all three of the requirements, whereas the word “or” indicates that a professional need only to meet one of the requirements. Our research team worked independently when appraising the APA and ACA ethical codes and identified all differences. Afterward, we worked as a group and carefully compared the potential differences found by each research team member. The current article reports findings on which the entire research team universally agreed were consequential differences between the two codes. Using this procedure, we report the undisputed conclusion for each ethical code difference.

RESULTS

Overall, we found 144 total differences exist between the APA and ACA ethical codes. As we noted earlier, limited journal publication space prohibits us from presenting all the study's findings in a single article. Although interesting differences exist between the two codes regarding research (Firmin, DeWitt, Gillette, Hobbs, & Kuhlwein, 2016) as well as relationships and client protection (Firmin, DeWitt, Kuhlwein, Hobbs, & Gillette, 2016), in the present article we focus specifically on the differences in competency and qualification requirements between the APA and ACA Codes of Ethics. In these domains, 67 differences exist: 22 of which are mentioned in both codes, but are different in practice, and 45 that are only mentioned in one code, but not the other. More particularly, there are eight (8) directives in the APA that explicitly are not contained in the ACA code, which are summarized in Table 1. Additionally, there are 37 directives in the ACA code that are not explicitly contained in the APA, which are summarized in Table 2.

Table 1. The APA Ethical Code Requirements that Are Not Indicated in the ACA Code

APA Code	Difference Compared to the ACA Code
1.01	If psychologists learn that their work is being misused, then they make an attempt to correct the issue
2.02	Psychologists can provide services in emergencies, even if it is outside of the scope of their normal practice until the individual can find appropriate care.
3.06	Psychologists refrain from entering into situations in which they may have conflicts of interest
3.07	When providing services to a third party, they must make clear at the outset who the client is in the situation and what rights are afforded to each party
3.11	Requirements regarding delivering services through organizations
5.06	Psychologists do not engage in in-person solicitation
7.01	Psychologists ensure that any education/training that they deliver helps others meet professional goals
9.07	Psychologists ensure that assessment is only conducted by appropriately trained individuals unless they are training and under supervision

Table 2. ACA Ethical Code Requirements that Are Not Indicated in the APA Code

ACA Code	Summary of the Code	ACA Code	Summary of the Code
A.4.b & A.11.b	Counselors must be aware of their values and not allow their values to compromise care	E.6.b	Requirements of referring provider when making a third-party referral
A.10.a	Self-referral: If a counselor works in one location he/she cannot refer to your private practice	F.1.a	Obligation of supervisors to monitor client welfare
B.2.b	Services for the terminally ill	F.1.b	Ensuring that supervisees accurately describe qualifications
B.2.c	Disclosure of contagious and life-threatening disease to a third party	F.1.c	Informed consent and patient rights related to supervisee
B.3.b	Informing the client when an interdisciplinary care team is formed	F.4 a-d	Specific supervisor responsibilities
B.3.f	Protecting information of deceased clients	F.5.a	Responsibility of students to know and follow the <i>Code</i>
B.6.d	Obtaining permission to observe	F.6b	Supervisors providing remedial assistance for students
B.6.f	Assisting clients in understanding their records	F.6.d	Endorsement of supervisees
C.1	Responsibility to know the <i>Code of Ethics</i>	F.7.a	Obligations of counselor educators
C.2.e	Consulting others when unclear about ethics	F.7.g	Student-to-student supervision and instruction
C.6.e	Making "reasonable effort" to provide <i>pro bono</i> service to the public	F.7.h	Teaching empirically supported vs. innovative techniques
C.8.a	Establishing that all public statements are personal	F.7.i	Field placements: Roles and responsibilities must be clear
D.1.c	How to work in an interdisciplinary team	F.8.b	Counselors must provide career advising to their students
D.1.g	Acceptance of employer policies	I.1.a	Expectation to know the <i>code</i>
D.1.h	Obligation to discuss with his/her employer if he/she believe policies are not beneficial	I.1.b	Use of an ethical decision-making model when facing an ethical dilemma
D.1.i	No retaliatory action against a former colleague	I.2.c	Consulting with peers when unsure of an ethical concern

ACA emphasizes supervision more than APA in that the former code possesses substantially more prescriptions regarding supervision qualifications, expectations, and implications for professional practice. Of particular note, the ACA requirements regarding supervisory relationships explicitly ensure competency development expectations among counselors, in contrast to the APA's expectation of general self-education and continual training in order to maintain competence.

Differences in word usage often are critical when comparing the two ethical codes. Of particular importance, ACA most often uses the word "and" when referring to defining clinical competency (e.g., education, training, **and** supervised experience). In contrast, the APA ethical code most often uses the word "or" when describing competency expectations (e.g., education, training, **or** supervised experience). As such, the APA allows for more choices in order to demonstrate competency than does the ACA ethical code. Another example of the importance of specific word differences in the two codes relates to the word "client." In particular, the APA addresses the issue of how psychologist must explicitly define the nature of "a client" in each professional relationship, which may be a third party in cases of psychological and/or forensic evaluations. In contrast, the ACA more so assumes that a client is the individual being directly treated in a typical therapy session.

The APA generally has broader requirements and allows for more freedom and independence; as such, the APA code tends to be less restrictive stating *general principles*, rather than listing specific rules and requirements. Additionally, APA also allows psychologists more freedom to practice in emerging areas and unfamiliar territory when intervention is needed (e.g., rural area or emergency situations). Consistent with this general principle, the ACA code requires more specific information to be contained in public advertising (e.g., university degrees, memberships, and experience).

A careful comparison between the structures of the respective codes of ethics show that both the APA and ACA code of ethics contain preambles that are relatively similar, with no notable distinctions. Both preambles make clear that they are aspirational statements that are non-binding to the respective organizational members. Rather, the preambles set the general tones for the respective ethical codes, noting principles such as human service professionals do not harm clients, act in client's general best interests (rather than clinicians' own), serve the general good of the community, and act with integrity. In contrast to the similar preambles that relate to general guiding principles, substantial differences are indicated in the actual "codes," which are enforceable and can result in members being punished by the organization. Overall, such prescriptive guidelines are more notable in the ACA codes, compared to the APA, with the three notable exceptions. One is that APA explicitly prohibits against violating human rights in any way; this is not to suggest, of course, that ACA condones violating human rights. Rather, the point is that the APA code is much more explicit and prescriptive in this domain. Another notable exception is that ACA allows counselors to use client testimonies for advertising, as long as the potential risks are discussed with the client, whereas the APA explicitly forbids this

practice altogether. And third, the APA addresses issues that relate to testing and assessment credentials in a manner that is more protective of the profession than does ACA.

DISCUSSION

Given the noted differences between the two ethical codes, we provide commentary regarding four (4) potential implications regarding the differences in the APA and ACA codes of ethics. First, individuals at the entry-point of the respective psychology and counseling professions should give very careful attention to the differences noted in the present article. Undergraduate seniors make life-impacting choices regarding whether to enter either into the counseling or psychology professions. When making such decisions, life trajectories are set that will determine behavioral expectation of these individuals for the entirety of their professional lives in their chosen field, unless they move from one field to the other. That is, each day of their respective professional lives will involve submitting to either the APA or the ACA code of ethics. Given the differences noted in the present article, we believe it is imperative that undergraduate students be thoroughly educated regarding the similarity and differences between these two professional codes so that they can use this and other sources of information in order to make an informed decision about which profession they choose to pursue. It is imperative that students select a career in which they are aware, with which they can reasonably agree, and follow the ethical obligations required the respective ethical codes. Given some of the nuanced differences between the codes, individuals may feel more comfortable submitting to one profession's *Code of Ethics* over the other profession's *Code*.

In summary, regarding this point we call on all undergraduate programs in psychology to cover the APA/ACA ethical code differences in at least one required undergraduate psychology course, so that students can make the most reasonable, intelligent, and informed decision possible regarding whether to become a psychologist or professional counselor. We make this assertion, since most psychology majors will enter into applied masters-level professions, such as counseling, rather than pursue doctoral-level careers in psychology (Holmes & Beins, 2009). Halonen (2011) noted that most of these individuals who have entered the master's-level professions made their decisions primarily based on what they had been taught in their undergraduate psychology classes. Formal counseling classes exist only at the graduate—not undergraduate level (Grison & Gazzaniga, 2019). Firmin, Johnson, and Wikler (2009) reported that almost no general psychology textbooks contain any meaningful information that would help prepare undergraduate students for selecting psychology versus professional counseling vocations. In the spirit of doing what is best for the students' future well-being, we believe it is incumbent on undergraduate psychology faculty members to provide students with plenary

information that will help them to make the decisions that are in students' best long-term interests and good.

Second, we believe significant implications for the findings of the present study exist regarding supervisory relationships between psychologists and counselors. When obtaining various professional licenses, all states possess various laws regarding supervision requirements. In states where psychologists may supervise professional counselors, and vice versa, it is essential that both supervisors and supervisees know both their own ethical code and also the ethical code of their supervisor/supervisee. If, for example, a psychologist is supervising a professional counselor-in-training, then it is paramount that the psychologist be fully-aware of ***all*** the differences between the APA code (which he/she is required to adhere) and also the ACA code (which his/her supervisee is required to follow). An additional concern exists with dually-licensed professionals, wherein the question of proper ethical standards relate to the type of service provided. If the issue at hand is addressed by both the APA ethical code and also the ACA ethical code, then dually-licensed professionals must obey ***both*** codes. That is, they are ***not*** allowed to select one code only but, rather, can be held liable for not following the ethical code that guides their respective professional license. It can be tempting—and dangerous—to only obey a code that seems in some way might seem “higher.” That reasoning would not hold with a state licensing board investigation. Rather, each respective board will hold a professional fully responsible for following 100% of each ethical requirement in the ethical code—irrespective and apart from consideration of any other licenses that the professional may or may not hold.

We believe that it is very tempting for professionals to simply assume that, as long as supervisees follow their own code, then the supervisees will be acting ethically. For example, it is very easy for a psychologist to assume that, as long as the counselor-in-training follows the APA ethics code, then the counselor-in-training will be ethically upright. As is readily noted from the results of the present study, however, this assumption clearly is ***not*** the case. As noted in Tables 1 and 2, some substantial differences exist between the two ethical codes and, consequently, both supervisors and supervisees must be aware of all similarities and differences.

When psychologists supervise professional counselors (and vice versa), then the supervisee must follow both the ethical requirements of both the APA and the ACA codes. This is because the trainee operates under the license of the supervisor and, as such, the trainee is held to the behavioral standards of the supervisor. If the supervising psychologist is brought before a psychology state licensure board, for example, then he/she will not be questioned regarding the ACA code of ethics. Instead, he/she will be questioned whether or not the APA code was followed, since the supervisor's license is based on adherence to those standards. Similarly, if a professional counselor is supervised by a licensed psychologist—and the counselor brought before the state professional counselor licensure board, then—the professional counselor will be expected to have followed the ACA ethical

code. If a failure occurred, then the professional counselor will be expected to have known the ACA code—and, in addition, the supervising psychologist will be expected also to have known the ACA code (even though the psychologist, himself/herself, is not expected to follow the ACA code in his/her independent practice—outside of supervising professional counselors).

In summary regarding this point, psychologists and professional counselors who are in supervisory relationships should study the results of the present study, since they bear on their daily professional expectations. As some concrete clinical examples, counselors have specific ethical principles regarding clients with contagious and life-threatening diseases (B.2.C) that are not imposed on psychologists. If supervisors direct their supervisees wrongly on this point, then they may be called to answer a licensure board complaint. Even though APA does not forbid referrals from agencies to private practice settings, ACA explicitly regulates this practice (A.10.a) and supervisors must not err in potentially misdirecting their trainees in this regard. Since ACA explicitly allows counselors to maintain confidence when clients express intents regarding end-of-life decisions (B.2.b), the APA ethics code may consider such action to violate the “do no harm” prohibition and direct the same individual to notify police authorities regarding harm-to-self-or-others. Naturally, supervisors must be knowledgeable regarding how the ethical codes differ and direct their supervisees’ in the proper professional direction regarding self-chosen suicidal actions (or face not only licensure board complaints but also potentially substantial future lawsuits).

Many more examples could be shared here but specific examples are not the point we are making. Rather, we make the point that supervisors who provide direction to supervisees outside of their own ethical codes—must be cognizant of both—and rightly direct their trainees accordingly. Human service professionals cannot assume that all ethical codes are alike and that following one is the same as following another.

Third, some professionals are dually-credentialed as both psychologists and professional counselors. This occurrence tends to be most common among licensed counseling psychologists. In some cases, individuals became licensed psychologists before the days when their respective states had passed licensed professional counselor (LPC) laws. Once the professional counselor laws were enacted, then such individuals obtained a second license in order to practice professional counseling. In other cases, some individuals have squarely met the education, training, and supervised experience in order to become credentialed as both licensed psychologists and LPCs. For example, some individuals earned a master’s degree in counselor and practiced as a LPC. Later, these individuals furthered their education by earning a Ph.D. in counseling psychology, passed the psychology licensure exam, and eventually met the full requirements in order to become a licensed psychologist. Such individuals, in particular, should be especially attuned to the results of the present study since they must meet all the ethical requirements of both the APA and also the ACA.

Fourth, we note that the potential for significant confusion exists when clients are seen by a psychologist at one point in their experience with professionals and also by a professional counselor at a different point in their experience as a client. In such cases, a psychologist (or professional counselor—vice versa) may tell the client that certain expectations exist and/or that certain practices are forbidden. However, when the client later in life is served by a professional counselor (or psychologist—vice versa), then the client may be told that various practice behaviors are expected/forbidden. Naturally, the client will become extremely confused in such cases. Very few clients fully grasp the professional difference between a psychologist and a LPC, since both of them generally operate as a “therapist” in the client’s understanding. Some clients may judge a psychologist or a professional counselor as acting unethically at times—based on what the client was previously told by a psychologist or professional counselor in prior clinical experiences. Just as one concrete example, in order to illustrate this point, a client may be told by a psychologist that it is unethical to include any personal testimonies from clients regarding therapy success. When allowed to do so (with careful, ethical explanation) by a professional counselor, then the client may [wrongly] assume that the counselor is engaging in ethical malpractice.

We complete the Discussion section of the present article with two notes of commentary. The first relates to how the APA code more frequently references general principles, whereas the ACA code instead tends to spell-out specific rules and regulations regarding the same construct. When the present research team held group meetings in order to analyze our findings, we often referenced a particular word picture that we believe may be helpful for readers to aptly conceptualize the overall difference between the APA and ACA competency and qualification requirements. Using a metaphorical word picture, the APA ethical code tells children: “*Do not go into the street.*” In contrast, the ACA ethical code tends, rather to state: “Do not *stand* in the street, do not *walk* in the street, do not *run* in the street, do not *rollerblade* in the street, do not *skateboard* in the street, and do not *throw a ball* in the street.” Obviously, all the specific requirements are subsumed in the general principle of “Do not go into the street.” For whatever reasons, the writers of the ACA code of ethics seemingly had a compulsion to be much more detailed regarding specific ethical behaviors—compared to the APA, when general principles are expected to be followed.

Second, we single out a specific difference between the APA and ACA ethical codes which we consider—arguably—to be the most significant difference between the two codes relative to competence and qualifications. In particular, the APA code states that competence and qualifications are judged by education, training, ***OR*** supervised experience. In contrast, the ACA ethical code states that this construct is accomplished by education, training, ***AND*** supervised experience. We believe that this one word is the most significant difference between the two codes—even though it is the difference of a single word—because the implications for professional practice are so far-reaching.

Consider, for example, the following example of a psychologist and a professional counselor who both administer an MMPI. Tylicki, Martin-Fernandez, and Ben-Porath (2019) make it clear that the MMPI is appropriate for use by licensed professional counselors [Ben-Porath is a co-author of the MMPI-2-RF], the instrument is readily sold to LPCs (“Qualifications Policy,” 2019), and successful completion of an assessment course (“NCC Required Coursework,” 2019) is required for counselor licensure. With this professional context, suppose that both professionals were accused to their respective state licensure boards (who used the respective APA and ACA ethical codes—in the present example) of malpractice, based on incompetence and/or lack of qualifications. According to the APA ethical codes, the psychologist would need to show that he/she **EITHER** possessed education that qualified him/her to use the test, **OR** possessed training that qualified him/her to use the test, **OR** that he/she possessed supervised experience in order to use the test. In contrast, it is necessary for the licensed counselor to have a higher threshold of proof that he/she is competent to administer, score, and interpret the MMPI. According to the ACA codes, the LPC would need to prove that he/she possessed education in the MMPI, **AND** training with the MMPI, **AND** supervised experience in using the MMPI. Obviously the LPC has a much, much higher standard of practice threshold to meet and the chances of receiving a founded citation for malpractice are much more likely to result. Toward this point, we note that all LPCs are required to possess testing and measurement course work in order to sit for the counseling licensure exam and testing/assessment content is included as part of the counselor licensure exam. As such, the level of licensing is the same for both professions; one does not have a higher/lower expectation of training—competency is required by both professions. Rather, it is the *practice standard that differs* for each of the respective professions.

As such, we believe the results of the present study are important on multiple levels. The devil is in the details—so the proverb states. There is much truth to this adage, especially when examining the differences between the APA and the ACA ethical codes. Sometimes the difference between a single word can mean the difference between a founded and an unfounded ethical charge brought against a practicing psychologist. Consequently, we suggest that the results of the present study be shared with graduate students who are presently involved in clinical training. They should be aware of the differences among the psychology and professional counseling organizations, since their professional lives likely will engage with other professionals at various points in their careers. Graduate students should be educated regarding differences between the APA and ACA ethical codes so that—both, while in training—and also as future practicing psychologists/counselors—they are careful not to fall victim to any of the issues noted in the present article. We believe that both psychologists and professional counselors should work well in tandem with one another, know/respect each other’s respective ethical codes, and exercise due prudence in order to ensure that no confusion occurs with clients—or among the respective professional practitioners themselves.

Furthermore, we believe this particular study would benefit any student or professional involved across the social science spectrum. Professionals and students should be cognizant of the fact that, when various professions are closely related in numerous aspects, there will also likely be subtle differences. When students or professionals are working in fields that somewhat parallel one another, it would be sensible to educate themselves on the similarities and differences of each field. Familiarizing themselves in professions that seemingly overlap, will certainly enhance their ability to seamlessly and intelligently interact with professions in similar fields of interests.

Social science fields such as criminal justice, clinical sociology, political science, and law, commonly must make decisions that explicitly or secondarily possess ethical implications. Naturally, various social science fields view ethics from varying vantage points at times and frame morality from the perspective of the respective disciplines. Within this context, individuals working in real-life field settings would do well to become knowledgeable regarding how other social sciences –not only have decided what is right/wrong—but also the reasoning that was applied in order to derive such conclusions. The better that social scientists understand the perspectives of other counterparts in related disciplines, the better they can operate in multidisciplinary settings. While the present study provides one concrete example of shared-ethical-understands, we believe it serves as a prototype example for potential shared collaboration among other social science disciplines.

Future Research

As noted earlier, we are addressing in the present article only one small facet of the overall 144 differences that exist between the APA and ACA ethical codes. In other studies, we address various constellations of differences that exist between the two ethical codes and refer readers to those other sources. Additionally, the present study is one segment in a series of future publications that will compare the APA and ACA ethical codes with other organizations' ethical codes, such as the National Association of School Psychologists (NASP), the American Association of Marriage & Family Therapists (AAMFT), the National Board for Certified Counselors (NBCC), the National Association of Social Workers (NASW), and others. Over time, we foresee a meta-analysis among various organizations' professional codes and the present article provides important data toward eventually understanding a larger picture regarding professional ethical codes. While this research agenda will take some time in order to accomplish, we believe that the eventual comprehensive treatment will be useful both to practitioners as well as the respective professional committee members who revise the various APA, ACA, AAMT, NBCC, NASW, and other codes in the upcoming years and decades.

REFERENCES

- American Counseling Association. (2014). *ACA code of ethics*. Alexandria, VA: Author.
- American Psychological Association. (2016). *Ethical principles of psychologists and code of conduct*. Washington, D.C.: APA.
- American Psychological Association. (2019). *APA professional practice guidelines*. Retrieved from <https://www.apa.org/practice/guidelines/>
- Cacioppo, J., & Freberg, L. (2019). *Discovering psychology* (3rd ed.). Boston, MA: Cengage.
- Firman, M., DeWitt, K., Kuhlwein, L, Hobbs, T., & Gillette, A. (2016, April). *Relationships and client protection differences in the APA and ACA ethical codes*. Poster session presented at the Great Lakes Regional Counseling Psychology Conference, Bloomington, Indiana.
- Firman, M., DeWitt, K., Gillette, A. L, Kuhlwein, L. A., & Hobbs, T. E. (2016, March). *Technology and Culture: Differences between the APA and ACA Ethical Codes*. Paper presented at the 32nd Annual National Social Science Association, Las Vegas, Nevada.
- Firman, M., DeWitt, K. Kuhlwein, L., Tiffan, N., & Gibbs, H. (2017, February). *Clinical differences between the APA and ACA ethical codes*. Poster session presented at the annual American Association of Behavioral and Social Sciences conference, Las Vegas, Nevada.
- Firman, M., DeWitt, K., Gilette, A., Kuhlwein, L., & Hobbs, T. (2015, April). *Technology and culture: Differences between the APA and ACA ethical codes*. Paper presented at the National Social Science Association annual conference, Las Vegas, Nevada.
- Firman, M., Johnson, E., & Wikler, J. (2009). Professional human services occupation biases represented in general psychology textbooks. *Journal of Instructional Psychology*, 36, 194-202.
- Fisher, C. B. (2013). *Decoding the ethics code* (3rd ed.). Thousand Oaks, CA: Sage.
- Francis, P. C., & Dugger, S. M. (2014). Professionalism, ethics, and value-based conflicts in counseling. *Journal of Counseling and Development*, 92, 131-134.
- Grison, S., & Gazzaniga, M. (2019). *Psychology in your life*. New York, NY: Norton.
- Giorgini, V., Mecca, J., Gibsion, M., Medeiros, K., Mumford, M., Connelly, S., & Devenport, L. (2015). Researcher perceptions of ethical guidelines and codes of conduct. *Accountability in Research: Policies and Quality Assurance*, 22, 123-138.
- Gladding, S. T. (2013). *Counseling: A comprehensive profession* (7th ed.). Boston, MA: Pearson.
- Goodwin, C. J. (2009). *Research in psychology: Methods and design* (6th ed.). Hoboken, NJ: Wiley.
- Gothjelpsen, S., & Truscott, D. (2018). How do Canadians rank the Canadian Code of Ethics for psychologists' principles? *Canadian Psychology*, 59, 31-37.

- Halonon, J. (2011, February). *Are there too many psychology majors?* White paper presented to the Staff of the State University System of Florida Board of Governors, Pensacola, Florida.
- History of the British Psychological Society timeline 1901 to 2009. (2009). British Psychological Society. Retrieved from https://www1.bps.org.uk/system/files/Public%20files/HOPC/bps_timeline.pdf
- Kaplan, D. E. (2014). An overview of the revised ACA Code of Ethics. *Counseling Today*, 57(1), 20.
- Kononovitch, S. (2019). Clinical mental health counselor vs. clinical psychologist. *Online Counseling Programs*. Retrieved from <https://onlinecounselingprograms.com/about-us/>
- Levitt, D., Farry, T., & Mazzarella, J. R. (2015). Counselor ethical reasoning: Decision-making practice versus theory. *Counseling and Values*, 60, 84-89.
- Herlihy, B., & Corey, G. (2015). *ACA ethical standards casebook* (7th ed.). Alexandria, VA: American Counseling Association.
- Holmes, J., & Beins, B. (2009). Psychology is a science: At least some students think so. *Teaching of Psychology*, 36, 5-11.
- Katarzyna, K. (2013). Client welfare in psychologists' ethics codes. *Roczniki Psychologiczne*, 14, 606-616.
- "NCC Required Coursework." (2019). *National Board for Certified Counselors*. Retrieved from <https://www.nbcc.org/Assets/NCCRequiredCourseworkDescriptions.pdf>.
- Pastorino, E., & Doyle-Portillo, S. (2019). *What is psychology?* (4th ed.). Boston, MA. Cengage.
- Sarafino, E. P. (2009). *Research methods*. Upper Saddle River, NJ: Prentice Hall.
- Sinclair, C. (2017). Ethics in psychology: Recalling the past, acknowledging the present, and looking to the future. *Canadian Psychology*, 58, 20-29.
- Smith, D. (2003). The first code. *PsycEXTRA Dataset*, 34(1), p. 63.
- Tylicki, J., Martin-Fernandez, K., Ben-Porath, Y. (2019). Predicting therapist ratings of treatment profess and outcomes with the MMPI-2-RF. *Journal of Clinical Psychology*. Retrieved from <https://onlinelibrary.wiley.com/doi/full/10.1002/jclp.22795>
- "Qualifications Policy." (2019). Pearson Publishing. Retrieved from <https://www.pearsonassessments.com/professional-assessments/ordering/how-to-order/qualifications/qualifications-policy.html>
- Walsh, R. (2015). Introduction to ethics in psychology: Historical and philosophical underpinnings. *Journal of Theoretical and Philosophical Psychology*, 35, 69-77.
- Yep, R. (2015). Why should I be part of ACA? *Counseling Today*, 58(5), p. 7.

AUTHOR INFORMATION:

Michael Firmin is a Distinguished Professor of Psychology at Cedarville University in Cedarville, Ohio and also is a National Certified Counselor (NCC). He has published over 120 articles in peer-reviewed journals, serves as the *Journal of Ethnographic & Qualitative Research*, and serves as Director for three national, juried research conferences. Dr. Firmin's part-time private practice focuses on conducting forensic psychological evaluations and, for over 10 years, he taught a graduate course in Ethics & Professional Orientation to Counseling. Address: Dr. Michael Firmin, Department of Psychology, Cedarville University, 251 N. Main Street, Cedarville, Ohio 45314, USA. Email: firm@cedarville.edu

Kristin DeWitt is a Professor of Psychology at Cedarville University in Cedarville, Ohio. Her research interests include altruism, forgiveness, health and well-being. Her teaching focuses on Health Psychology, Group Dynamics, Neurophysiological Psychology, and Abnormal Psychology. Address: Dr. Kristin DeWitt, Department of Psychology, Cedarville University, 251 N. Main Street, Cedarville, Ohio 45314, USA. Email: kristindewitt@cedarville.edu

Taylor E. Zurlinden is a Ph.D. student in the Clinical Health Psychology program at East Carolina University. She earned her M.A. in Clinical Psychology from ECU in 2019, and her B.A. in Psychology from Cedarville University in 2017. She is currently working on research in the fields of neuropsychology and military psychology. Address: Taylor Zurlinden, Rawl Building, East 5th St. Greenville, NC 27858, USA. Email: hobbsta17@students.ecu.edu

Lauren A. Smith holds a B.A. in Psychology from Cedarville University. She is currently a graduate student at the University of Dayton pursuing her Master's and Education Specialist degrees in School Psychology. She also serves as a graduate assistant for Learn to Earn Dayton. She is currently pursuing research on providing comprehensive, school-based services to foster families. Address: Lauren Smith, 4801 Springfield St., Dayton, OH 45431, USA. Email: smithl40@udayton.edu

Aubrey L. Shell is a Ph.D. student in Clinical Psychology at Indiana University-Purdue University Indianapolis (IUPUI), serving as a research assistant in the Cardiometabolic Behavioral Medicine Lab. She holds a B.A. in Psychology from Cedarville University and an M.S. in Clinical Psychology from IUPUI. Her research interests include emotional eating and the various psychosocial factors that contribute to obesity-related health issues. Address: Aubrey Shell, 402 North Blackford Street LD124, Indianapolis, IN, 46202, USA. Email: aubgille@iu.edu