

Commentary:

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

Michael Gerson, Ph.D.
California Lutheran University, USA

Abstract

In illuminating the differences between the American Psychological Association's and the American Counseling Association's codes of ethics, Firmin, DeWitt, Zurlinden, Smith, and Shell (2019; see this present issue of JISS) have conducted a detailed text analysis. In particular, the authors focused on competence and qualification differences between the two professional association documents. The rationale for this study was primarily centered on a potentially problematic intersection between these two professions either as dually licensed professionals or in the supervision of counselors by psychologists. The ethics codes were examined as representative of the differences between the professions. While the authors offered many textual differences, they under-recognized an implicit philosophical difference between psychology and counseling. This commentary offers a discussion of the philosophical differences as being consistent with the membership of the respective associations and their academic and professional training. Whereas hypothetical conflicts may arise between specific differences in the ethics codes, their value as tools rests on the capacity of individual practitioner to apply sound judgment and an understanding of the code's overriding aspirational principles.

Keywords: APA, ACA, ethics, psychology, counseling, aspirational principles

AUTHOR NOTE: Please address all correspondence to: Dr. Michael Gerson, Graduate Psychology, California Lutheran University, 60 W. Olsen Road, MS. 4250, Thousand Oaks, CA 91369, USA. Email: mjgerson@callutheran.edu

COMMENTARY

Firmin, DeWitt, Zurlinden, Smith, and Shell (2019; see this present issue of JISS) provide many interesting details to distinguish the content of the ethics codes between the two professions of counseling and psychology. The authors' meticulous analysis of the language used and its implications for clinical practice strongly argues for counselors to be keenly aware of the explicit prescriptions provided by the American Counseling Association. In reviewing this article there appeared, however, to be some important differences that are superordinate to the codes.

First, psychology and counseling are similar but distinct professions; as such, their differences raise a fundamental challenge to the presupposition of this article. The American Psychological Association (APA) was incorporated in 1925 and began working on its ethics code in 1938 and its first Committee on Ethical Standards was established in 1947, chaired by the prominent psychologist Edward Tolman (Nagy, 2011). Since that time, there have been 10 revisions of the ethics codes that attest to the philosophy that the document be an evolving resource for its membership "reflecting both cultural and societal changes as well as changes in the field of psychology itself" (Nagy, 2011, p. 36). Furthermore, the ethics code was not intended to be a basis of civil liability. This clarification was designed to separate the adjudicating of ethical complaints from the legal arena (Knapp & VandeCreek, 2004).

Second, in contrast, the American Counseling Association (ACA) was derived from:

four independent associations... in 1952: The National Vocational Guidance Association (NVGA), the National Association of Guidance and Counselor Trainers (NAGCT), the Student Personnel Association for Teacher Education (SPATE), and the American College Personnel Association, in hopes of providing a larger professional voice. They established the American Personnel and Guidance Association (APGA), later changing names in 1983 to the American Association of Counseling and Development. On July 1, 1992, the association changed its name to the American Counseling Association (ACA) to reflect the common bond among association members and to reinforce their unity of purpose. (from ACA website <https://www.counseling.org/about-us/about-aca/our-history>)

There should be no surprise, therefore, that the two organizations would have very different expectations and oversight of their membership. Whereas the APA is comprised of a wide array of psychologists who have a relatively homogeneous doctoral level of education, the ACA includes master's level ancillary professions such as school counselors and vocational guidance counselors. With such a diverse range of qualified members, the

ACA rightly assumes a more restrictive stance on its constituents' behaviors, as the authors note on page 51. Likewise, while the authors refer to the example of the MMPI qualifications as being more explicit and restrictive for ACA members than APA members, it should be recognized that the instrument is standard for most psychologists, but not so for other allied mental health providers and thereby necessitating greater competency controls (see p. 51).

To date, the APA includes 54 divisions, or areas of special interest in which members may identify and practice. Each of these divisions promotes policy and procedures specific to its interests. Whereas these divisions do not set themselves apart from the parent organization by promoting a separate set of ethical principles and codes of conduct, they each offer extensive guidelines and position statements to help inform their members. Unlike the ACA, the APA seeks to offer guidance and aspirational direction to its constituent members rather than explicitly detailing what a member should or should not do in specific instances. That is not to say that the APA is more permissive than the ACA, but rather that its mission is not to micromanage the behavior of its members, and rather encourages their informed and systematic decision making. In that mission, the APA publishes and disseminates dozens of specialty guidelines that are continually being updated and expanded for over 50 different areas of specialization and interest (see <https://www.apa.org/search?query=ethical%20guidelines>). Whereas these guidelines are aspirational and informative, as opposed to prescriptive or punitive, these differences reflect the overriding perspective held by the organization's leadership regarding its members' autonomy and responsibility. I would assert that this perspective is qualitatively different from that of the ACA and is not a matter of degree. Whereas the ACA foresees the need to restrict and direct its membership from an authoritative position, the APA appears to take an egalitarian role that offers learned guidance and information. Similarly, the authors chose not to consider these guidelines because they are "not enforceable," favoring instead, directives and prohibitions as a measure of a profession's self-definition.

I would also agree with the authors that undergraduate students who are considering careers as counselors or psychologists should be made aware of these differences. I doubt, however, that a detailed exposition and comparison of their ethical codes and standards is the best way to achieve that comparison. I do not see where there is an expectation for one profession or academic major to compare itself to all other possible similar professions. All mental health professions are likely to be much more similar in their ethical and moral values than they are to be different. Explicating the minutia of ethics code texts creates, I believe, an exaggerated impression that can encourage an unnecessarily competitive and polarizing stance between the professions. In fact, that attitude of competitive one-upmanship permeates this article and detracts from some of the very reasonable points made by the authors. The emphasis on avoiding punishment and the expectation of 100% compliance with the ethics code is both naïve and inaccurate. The legal expectation for a professional with respect to liability is not simply total compliance with a code of ethics,

but rather sound and thoughtful decision making. As Knapp, Younggren, VandeCreek, Harris, and Martin (2013) note, “psychologists who hide behind some minimalistic set of absolutes ... do a disservice to their skills and deny them (selves) the right to think through ethical issues and arrive at the best decision for each individual that they see” (p. 30).

While the authors address a potential problem with psychologists supervising counselors, the assertion that significant differences exist in the ethics codes is not convincingly supported by details. Where the concern exists with dually-licensed professionals, the question of proper ethical standards would relate to the type of service provided. If both licenses would cover the services equally, then the issue rests with how the professional designation has been presented by the service provider. No code of ethics can anticipate every possible contingency a professional may face; that is precisely why aspirational goals and guidelines are desirable. As tools, ethics codes serve to help foster the professional’s competent decision making and awareness of one’s responsibilities to clients, the community, and the profession. I commend the authors for their conscientiousness toward examining and promoting ethical code awareness, but caution against promoting an unnecessary and contentious rivalry between mental health care providers and their professional associations.

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AUTHOR INFORMATION:

Michael Gerson is an associate professor of psychology in the Graduate School of Psychology at California Lutheran University. Dr. Gerson is a licensed clinical psychologist, nationally certified psychoanalyst, and a licensed marriage and family therapist. He has taught laws and ethics for psychologists and allied mental health professionals since 1981 and has served on the ethics committees of several professional associations. He also maintains a private practice in Westlake Village California.

Address: Dr. Michael Gerson, Graduate Psychology, California Lutheran University, 60 W. Olsen Road, MS. 4250, Thousand Oaks, CA 91360, USA.

Email: mjgerson@callutheran.edu