THE LAY COUNSELOR ACADEMY

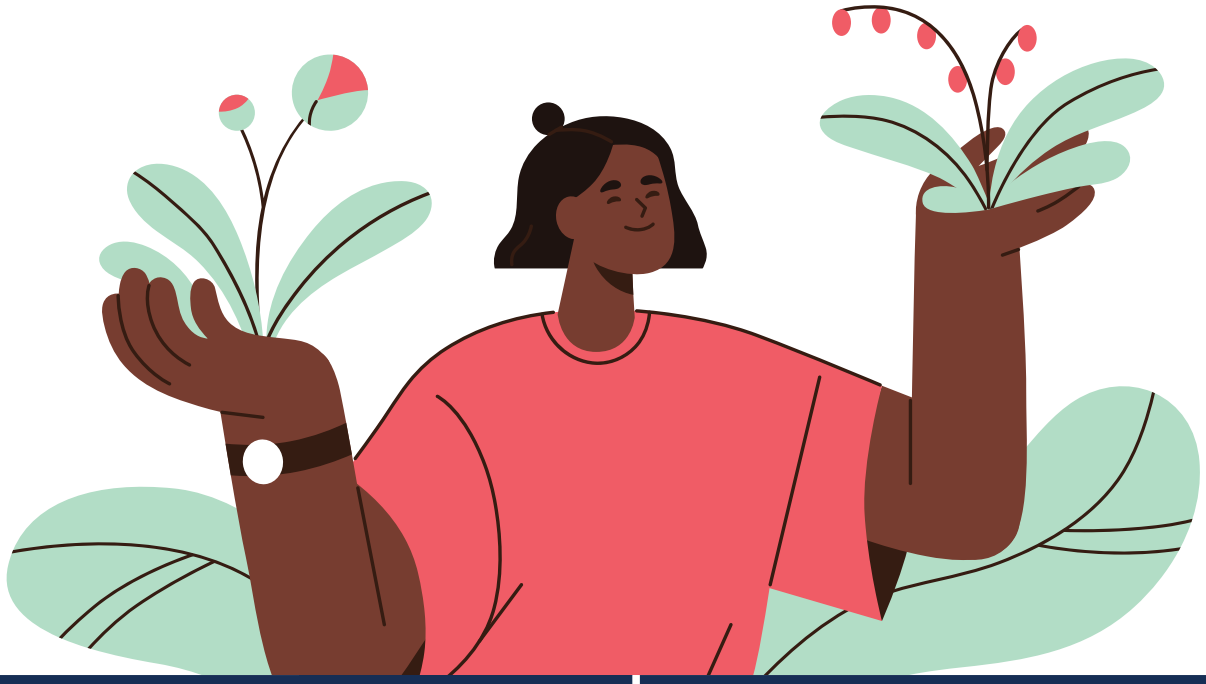
Lay Counseling Code of Ethical Practice

The Aims of The Lay Counselor Academy:

1. To *dramatically* increase equitable access to safe, culturally concordant, high-quality mental health services for all, creating a more socially just mental health landscape.
2. To provide people who are highly skilled, motivated, and aligned with the principles and practices of empathy and equity an opportunity to use their strengths in helping others.
3. To re-center the mental health counseling field in its relational roots, prioritizing connection, empathy, and the therapeutic alliance.

Purpose of the Code of Practice

- To articulate the ethical foundations that guide the practice of Lay Counseling.
- To use as a reference in navigating situations with ethical consistency and in alignment with lay counseling ethics.
- To ensure emotional and moral safety for all lay counselors and those they help.



Ethical Practice

Equity:

Equity is fairness. In the context of counseling, it means all clients are treated with the same level of empathy, compassion, and care.

Practices

Equity Practices:

- ✔ We relentlessly work to increase awareness of our own judgments and biases and to effectively mitigate them, work to avoid harming clients.
- ✔ We seek feedback and support from trusted colleagues on managing biases.
- ✔ We acknowledge the historical trauma perpetuated on people of color and other historically oppressed populations by the mental health field. We work to mitigate the ingrained power differential between counselors and clients, which is both a driver and an outcome of discrimination.
- ✔ In counseling, we invite discussions of clients' experiences with discrimination as well as identity-related strengths and resources. If we are part of a historically privileged group, we acknowledge this directly when it is helpful to clients.

Ethical Practice	Practices

Empathy:

Empathy is seeing our clients as fully human, through a lens of unconditional positive regard.

Empathy Practices:

We practice conveying respect and warmth to all clients. We strive to provide our undivided attention, supportiveness, and a message that we value the client's presence.

We continually assess our own capacity for empathy. When we find barriers to feeling empathy for clients (bias, stress, etc.), we take action quickly, consulting with trusted colleagues and making necessary changes.

We practice steadfast attunement, and deep listening with clients; to support this, we avoid typing or taking notes during sessions.

Empathy is often expressed through respect. We practice starting and ending on time when we have appointments with clients. This respect also includes avoiding undue rigidity around end times (re: cutting people off).

We ask for client's thoughts and permission *before* giving information, referrals, or homework.

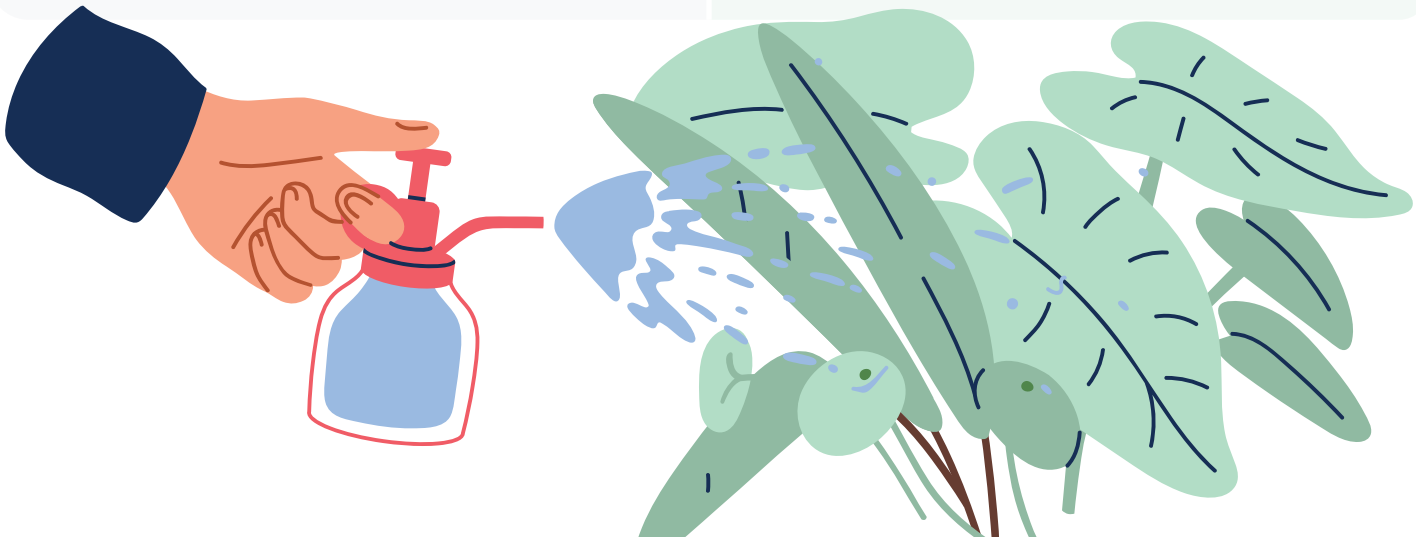
We have a trauma-informed orientation, a "what happened in your life?" lens, avoiding pathologizing and guessing at diagnosis. We do not evaluate or label clients' experiences; we follow their lead in how they think and speak about their life experiences.

We cultivate unconditional positive regard for clients and identify any barriers to attaining it, seeking team support when needed.

We are humans, and there will be times we have trouble feeling unconditional positive regard for a client, or have negative judgments or biases about them. When this arises, we speak with a clinical support person promptly.

Ethical Practice	Practices
Autonomy: We revere client autonomy and we trust in their innate wisdom, motivation, and self-knowledge about their path.	**Autonomy Practices:** We practice eliciting clients' beliefs, ideas, thoughts, inclinations, and preferences - their ability to know best about themselves and what they need. We avoid pushing, convincing, persuading, or correcting clients' chosen paths. We steadfastly **avoid advice**; instead, we focus on helping clients uncover their own answers. We explicitly let clients know they can switch to another counselor if they would like, and we affirm their courage and autonomy in making this request. We are respectful of collectivist cultures, where family and other groups are valued more than individual autonomy. We use the term 'autonomy' in this context to mean autonomy *from* the counselor, respecting the client's right to make decisions for themselves.

Ethical Practice	Practices
Learning and Growth: Continual learning and growth are necessary to provide the best care to clients.	**Learning and Growth Practices:** When we become aware of a negative bias we have, we do the work to alleviate this. We talk this over with our trusted clinical support people and work to alleviate and mitigate. We engage in counseling for ourselves. If we are to provide counseling to others, we must have experience as clients in counseling relationships. We work on our own personal growth and healing in whatever ways that are concordant with our beliefs, preferences, abilities, and unique path. **We engage in clinical support activities every week (individuals or groups) with trusted clinical supervisors.** We make optimal use of individual clinical consultation and support by bringing clinical questions to each meeting and maintaining a spirit of openness, curiosity, and humility. We practice an openness to giving and receiving feedback from our colleagues.

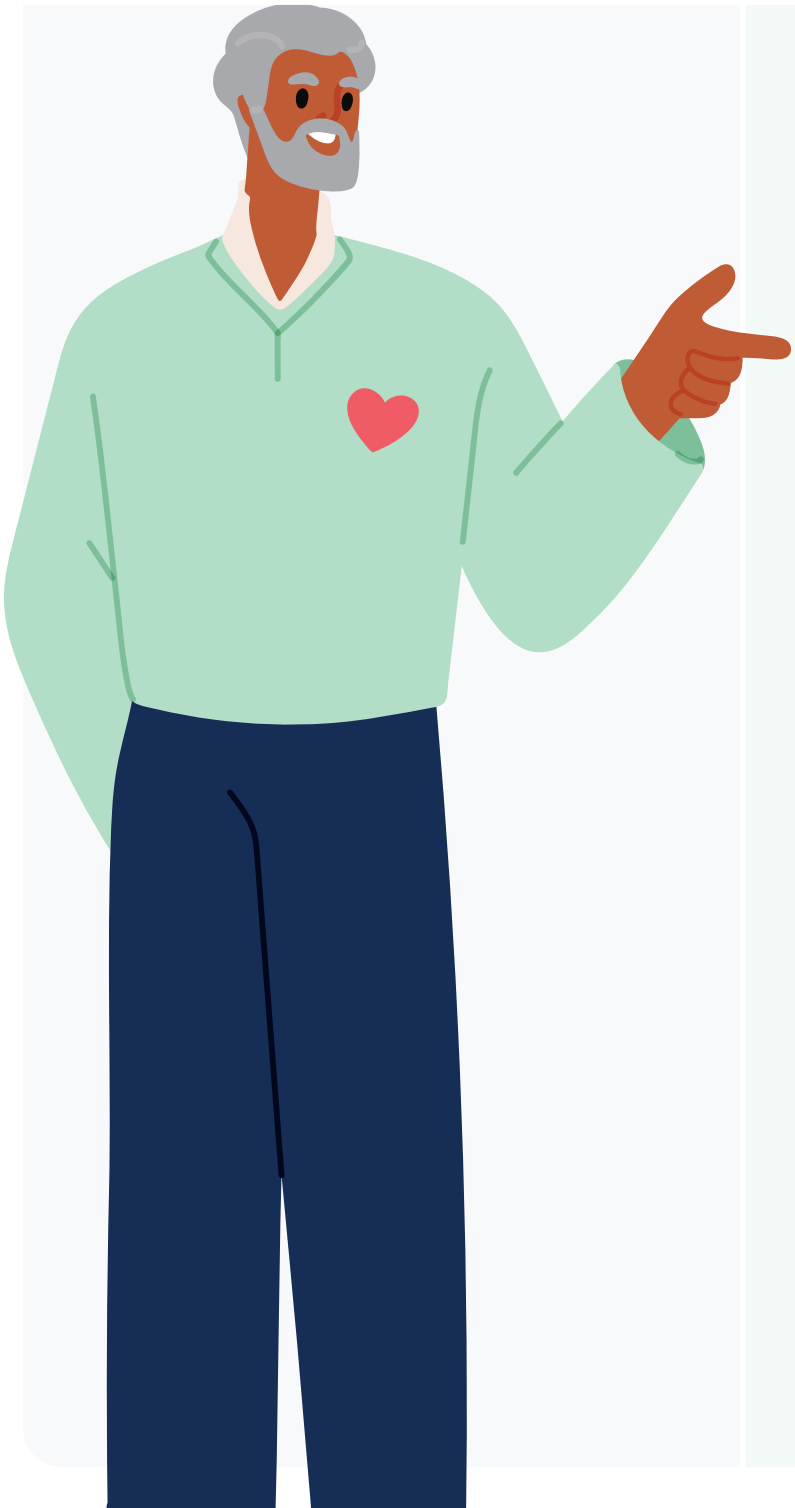


Ethical Practice	Practices
Care of Self We are the tools of our trade. For this reason, caring for ourselves is a professional discipline.	We recognize self-care is complex, in that strategies for self-care are individual and often change in different phases of life. ✔ We strive to engage in regular self-care practices, to be at our best for client care. ✔ We are open to feedback from our colleagues about our own well-being. ✔ We actively discuss our well-being and its impact on clients in clinical support activities. ✔ When we have self-assessed (or a colleague has given us feedback) that we are not at our best for client care, we let our clinical support colleagues know, to discuss how to ensure our clients get the highest quality care. ✔ If we begin to see the signs and symptoms of vicarious trauma or compassion fatigue, we reach out to our colleagues and seek clinical consultation for support with this. ✔ We strive to relate to ourselves with the same self-compassion we wish for our clients.
	
Integrity: Integrity is consistently practicing moral and ethical principles.	**Integrity Practices:** ✔ If we feel we are unable to provide quality services to clients for any reason (impairment, illness, bias, etc.), we notify a clinical support person so the client can see someone else. ✔ If we have concerns that a colleague is not able to provide safe and effective services for clients, we first share this with them directly, when possible, then with a clinical support person.

Ethical Practice	Practices
	✔ We adhere to this code of ethical conduct to the best of our ability; we share with a clinical support person when we may have fallen short. ✔ We do not give referrals or suggest actions that will benefit us.
Humility: Humility is a modest view of ourselves; the absence of arrogance. It is the cornerstone of safe and effective care.	**Humility Practices:** ✔ We are quick to notice our own mistakes, and we talk about them with trusted colleagues. ✔ We apologize to clients when we are wrong or have misstepped. ✔ We seek out feedback from trusted people. ✔ When clients don't return for care, make a complaint about us, or don't get better, we avoid blaming clients and instead look at ourselves for where we might have done better. ✔ We engage in lifelong growth and learning.

Ethical Practice	Practices
Safety: Safety refers to both client safety and our own. It is both concrete (adherence to laws) and abstract (making boundary decisions).	**Confidentiality:** We follow all mandated reporting laws. Where these laws do not govern us, we adhere to them as if they governed us. **Mandated Reporting:** We adhere to all mandated reporting requirements, including child, elder, and dependent adult abuse, neglect, and intent to harm or kill self or others. We do not make reporting decisions alone; we share them with our clinical consultation colleagues and/or supervisors to engage in shared decision-making. **Asymmetry:** Relationships with clients are not reciprocal in support, in sharing, or in obtaining help. Counseling is deeply asymmetrical; our job is to listen to, focus on, and help clients. We do not seek comfort or care from clients. **Self-disclosure:** All of us at times will have similar lived experiences to those we are helping. We don't assume this means sharing will be helpful to our client, as all clients are different. We avoid 'me-tooing' without consideration; instead, we consider the disclosure and assess whether it may be helpful. We regularly discuss these decisions with clinical support people. **Advice:** We do not give clients advice. In addition to blocking exploration of the client's strengths, opinions, beliefs, resources, and ideas, it makes us, in part, responsible for the client's actions.

Ethical Practice	Practices
	Gifts: We rarely accept gifts of any monetary value from clients. This means cards, homemade gifts, or food are often acceptable; gift cards or other things of value are not. If a client offers us a gift of monetary value, we kindly appreciate the sentiment behind it and let them know it isn't possible for us to accept. Then discuss with a clinical support person to formulate a response. **Romantic Relationships:** Never, at any time during our role as a helper, or any time after our role as a helper has ended, do we engage with clients as sexual or romantic partners, or engage in communication that reflects this, such as flirting or sharing personal information to foster romantic closeness. **Social Relationships:** We avoid engaging with clients on social media, during treatment, or at any time after. If a client reaches out to us on social media, we discuss this with them at the next session to let them know that our asymmetrical helping relationship could be negatively impacted by this.

Ethical Practice	Practices
	Dual Relationships: We avoid providing services to a client if we know the client or the client's family members from other areas of our lives. We know that in small communities this is not always possible; in these cases, we discuss it with a trusted supervisor.
	We never mislead or embellish regarding our education, training, or experience. We avoid keeping secrets related to clients or client care. Anything we are not willing to share with a trusted colleague or supervisor is likely worrisome for our work with clients. We share openly and honestly with clinical support colleagues about our work with clients. While none of the examples below by themselves indicate something troubling, they are examples of complex areas that, when not discussed openly, can lead to poor quality care for clients, or even harm: ✓ Feelings of romantic attraction to a client ✓ Gifts or gifting gestures from a client ✓ Urges to share more than minimal personal information with a client ✓ Dislike of a client ✓ Symmetrical emotional support statements or gestures, from client to counselor ✓ Counselor missing appointments, being late, or staying overtime for appointments ✓ Suicidal ideation or gestures by a client

Ethical Practice	Practices
	There are times when we will not "like" our client, times when we do not feel competent to help a client, or when a client will request expertise we do not have. We are quick to refer. ✔ If we are unable to feel empathy for a client, if we feel a sense of dislike, aversion, or other negative emotions, and this remains unchanged despite self-management strategies and consultation with clinical support colleagues, we refer clients to another counselor. ✔ If we self-assess that we do not have the competence or experience to help a client, even after we discuss with a clinical consultant, we refer to another counselor. **Practices:** ✔ We avoid 'gossiping' or sharing other information about clients that has no clinical purpose.