

HB

245

Marital and Family Therapy

Sec. 08.63.140. Licensure by credentials. The board shall issue a license to practice marital and family therapy to a person who

- (1) is licensed or certified for the practice of marital and family therapy in another state that has requirements for the license or certificate that are substantially equal to or greater than the requirements of this state; and
- (2) meets the requirements of AS 08.63.100(a)(1), (2), and (3)(A).

ARTICLE 3. GENERAL PROVISIONS

APR 29 2002

Section

200. Confidentiality of communication
210. Grounds for imposition of disciplinary sanctions
220. License required if designation used
900. Definitions

Sec. 08.63.200. Confidentiality of communication. (a) A person licensed under this chapter may not reveal to another person a communication made to the licensee by a client about a matter concerning which the client has employed the licensee in a professional capacity. This section does not apply to

- (1) a case conference or case consultation with other mental health professionals at which the patient is not identified;
- (2) the release of information that the client in writing authorized the licensee to reveal;
- (3) information released to the board as part of a disciplinary or other proceeding; or
- (4) situations where the rules of evidence applicable to the psychotherapist-patient privilege allow the release of the information.

(b) Notwithstanding (a) of this section, a person licensed under this chapter shall report incidents of

- (1) child abuse or neglect as required by AS 47.17;
- (2) harm or assaults suffered by an elderly person or disabled adult as required by AS 47.24.

(c) Information obtained by the board under (a)(3) of this section is confidential and is not a public record for purposes of AS 09.25.110 — 09.25.140.

Sec. 08.63.216. Grounds for imposition of disciplinary sanctions. After a hearing, the board may impose a disciplinary sanction under AS 08.01.075 on a person licensed under this chapter when the board finds that the person

- (1) secured a license through deceit, fraud, or intentional misrepresentation;
- (2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;
- (3) advertised professional services in a false or misleading manner;
- (4) has been convicted of a felony or of another crime that affects the person's ability to practice competently and safely;
- (5) failed to comply with a provision of this chapter or a regulation adopted under this chapter, or an order of the board;
- (6) continued to practice after becoming unfit due to
 - (A) professional incompetence;
 - (B) addiction or severe dependency on alcohol or another drug that impairs the person's ability to practice safely;
- (7) engaged in unethical conduct in connection with the delivery of professional services to clients.

Sec. 08.63.220. License required if designation used. A person who is not licensed under this chapter or whose license is suspended or revoked, or whose license has lapsed, who knowingly uses in connection with the person's name the words or letters "L.M.F.T.," "L.M.F.C.," "Licensed Marital and Family Therapist," "Licensed Marriage and Family Counselor," or other letters, words, or insignia indicating or implying that the person is licensed as a marital and family therapist by this state or who in any way, orally or in writing, directly or by implication, knowingly holds out as being licensed by the state as a marital and family therapist in this state is guilty of a class B misdemeanor.

Sec. 08.63.900. Definitions. In this chapter, unless the context indicates otherwise;

- (1) "advertise" includes issuing or causing to be distributed a card, sign, or device to a person, or causing, permitting, or allowing a sign or marking on or in a building or structure, or in a newspaper, magazine, or directory, or on radio or television, or using other means designed to secure public attention;
- (2) "board" means the Board of Marital and Family Therapy;
- (3) "course" means a class of at least three credit hours in a graduate program at an accredited educational institution or an institution approved by the board;

Marital and family therapy

(8) first-time preparation and presentation of a marital and family therapy course, seminar, or workshop, up to a maximum of 10 contact hours allocated among all marital and family therapists and other professionals involved;

(9) first-time presentation or publication of an article or book chapter related to the practice of marital and family therapy that was presented at a state or national association meeting or published by a publisher recognized by the profession, up to a maximum of 10 contact hours allocated among all marital and family therapists and other professionals involved; and

(10) completion of a formal correspondence program, video tape program, audio cassette program, or other individual study program; the number of hours of continuing education credit awarded will be determined by the board using the contact hour standards described in 12 AAC 19.310(d)(1), not to exceed one-half of the total contact hours of continuing education required for license renewal under 12 AAC 19.310; a program under this paragraph is acceptable only if

(A) the program requires registration and provides evidence of successful completion; or

(B) the licensee submits a signed statement verifying that the licensee has successfully completed the program from a licensee who is a supervisor approved under 12 AAC 19.210 and has supervised the licensee's study program under this paragraph.

(c) Hours spent in job orientation will not be accepted as continuing education contact hours.

12 AAC 19.330. AUDIT OF CONTINUING EDUCATION REQUIREMENTS. (a) After each renewal period the board will, in its discretion, audit renewal applications to monitor compliance with the continuing education requirements of this chapter.

(b) A licensee selected for audit shall, within 30 days from the date of notification, submit documentation to verify completion of the contact hours claimed under 12 AAC 19.300.

(c) An applicant for renewal is responsible for maintaining adequate and detailed records of all continuing education hours claimed and shall make them available to the board upon request under this section. Records must be retained for three years after the date the continuing education hours were earned.

12 AAC 19.340. FAILURE TO MEET CONTINUING EDUCATION REQUIREMENTS AND LICENSE REINSTATEMENT. (a) The board will reinstate a license that was not renewed because of the licensee's failure to meet the continuing education requirements in 12 AAC 19.300 - 12 AAC 19.330 if the licensee submits to the board proof of completion of all required continuing education credit hours and meets all other requirements for license renewal.

(b) A licensee who is unable to obtain the continuing education hours required for license renewal due to reasonable cause or excusable neglect may submit a written request to the board for an exemption. The request for an exemption must include an explanation of the reasonable cause or excusable neglect that resulted in the licensee's failure to meet the continuing education requirements. If the board grants the exemption, the board will, in its discretion, prescribe an alternative method of compliance with the continuing education requirements as the board considers appropriate to the individual situation.

(c) In this section, "reasonable cause or excusable neglect" includes

- (1) chronic illness;
- (2) retirement;
- (3) military service;
- (4) leave of absence from active practice during the concluding licensing period; and
- (5) hardships recognized by the board.

ARTICLE 4. GENERAL PROVISIONS

Section

.900. Code of ethics

990. Definitions

12 AAC 19.900. CODE OF ETHICS. Marital and family therapists licensed in this state shall adhere to the *Model Code of Ethics for Marriage and Family Therapists* of the Association of Marital and Family Therapy Regulatory Boards (October 1993 revision). The *Model Code of Ethics for Marriage and Family Therapists* is incorporated by reference in this section.

Editor's note -- A copy of the *Model Code of Ethics for Marriage and Family Therapists* may be obtained from the Department of Commerce and Economic Development, Division of Occupational Licensing, P.O. Box 110806, Juneau, AK 99811.

12 AAC 19.990. DEFINITIONS. In this chapter and in AS 08.63,

- (1) "board" means the Board of Marital and Family Therapy;

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DEPARTMENT OF COMMERCE
& ECONOMIC DEVELOPMENT

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DIVISION OF
OCCUPATIONAL LICENSING

MODEL CODE OF ETHICS FOR MARRIAGE AND FAMILY THERAPISTS

Adopted October 7, .993

Scope: This Model Code of Ethics regulates the ethical and professional conduct of: (1) all certified and licensed MFT's, (2) all applicants for licensure or certification, (3) MFT interns and supervisors during their education, practicum and post-graduate training; and expert witnesses. It applies to all MFT's, licensed or unlicensed, in direct contact with clients, as well as during education, training, and research endeavors.

Purpose: The purpose of this Model Code of Ethics is to provide clear guidelines state regulatory boards can use to assess the professional conduct of certificants. Standardization eliminates confusion and misinterpretation of ethical behavior within the profession and by the public.

Violations: A violation of a Code of Ethics is referred to as "unprofessional" or "unethical" conduct. It constitutes sufficient evidence for disciplinary action by state licensing boards.

Integrity: A Marriage and Family Therapist is expected to behave according to the standards of professional integrity and competence as defined by rule or law. A therapist must not condone, associate with, or participate in dishonest, fraudulent, or deceitful behavior. MFT's must not misrepresent themselves, their training, or their services. It is the responsibility of licensees and applicants for licensure to be completely informed about the Professional Code of Ethics by which they are governed.

1. PROFESSIONAL COMPETENCE AND CONDUCT

- A. A therapist must not perform, nor pretend to be able to perform, professional services beyond his or her scope of practice. A therapist must not misrepresent his or her credentials, degrees, professional associations, or competencies either through spoken work or written materials. A therapist must immediately retract or correct any misrepresentation. A therapist must correct misrepresentations by third parties as soon as the therapist is informed of the error.
- B. A therapist must neither permit an intern or trainee under the therapists's supervision to perform, nor allow a trainee or intern to pretend to be competent to perform professional services beyond the trainee's or intern's level of training. Disclosure of the intern's status and the name of the supervisor is required. A waiver of liability signed by the client is required when an MFT intern is treating the client at a reduced fee.
- C. A therapist must recognize the potentially influential position he or she may have with respect to clients, students, employees, and supervisees. A therapist must conduct himself or herself with sensitivity to clients' potential vulnerability. A therapist should avoid exploiting clients' trust and dependency. Therapists must also avoid dual relationships with clients during treatment and following termination of therapy. Examples of dual relationships include, but are not limited to, close personal friendships, business or other relationships that are used to further a therapist's own interests, or the provision of therapy to students, employees, or supervisees. Sexual intimacy between therapist and client, students, or supervisees is prohibited.

- D. A therapist must not engage in sexual or other harassment or exploitation of students, trainees, employees, colleagues, research subjects, or actual or potential witnesses or complainants in legal or clinical proceedings.
- E. A therapist who is convicted of any crime related to his or her qualifications or professional responsibilities may be subject to disciplinary action by the Board. Likewise, a therapist who engages in conduct which could lead to conviction of a crime related to his or her qualifications or professional responsibilities, may be subject to disciplinary action.
- F. A therapist who becomes impaired and unable to function according to the standards of practice, may be subject to disciplinary action if an active practice continues. Causes of impairment may include, but are not limited to, the abuse of mood altering chemicals and physical or mental problems.
- G. A therapist must never accept, offer, or give any type of compensation to a referring party or his or her agents for referrals, as this may impair the therapist's judgement.
- H. It is the responsibility of therapists to seek supervision and/or personal therapy for any problem that is interfering with their ability to perform their professional services according to the minimum standards of competency and the Code of Ethics.

2. RESPONSIBILITY TO CLIENTS

- A. A therapist must not subject a client to discrimination based on race, gender, religion, national origin, political affiliation, social or economic status, choice of lifestyle, sexual or affectional orientation.
- B. A therapist must inform a client of any conflict of interest, values, attitudes, or biases between them that are sufficient to impair their professional relationship. Either the client or the therapist may terminate the relationship. However, it is the therapist's responsibility to terminate the professional relationship when it no longer serves the client's needs or interests. It is the responsibility of the therapist to facilitate termination, and to assist in referring the client to another professional. Termination should be handled with care and sensitivity.
- C. A therapist has the responsibility to be informed of other professional, technical, and administrative resources available to clients. A therapist must utilize those resources and/or refer clients when it is in the best interest of the client.
- D. A therapist must make a referral upon client request regardless of administrative and/or funding mandates.
- E. A therapist must not allow an individual or agency paying for his or her professional services to a client to exert undue influence over the therapist's work performance and clinical judgement.
- F. A therapist must offer all facts regarding services rendered to the client prior to administration of professional services. The purpose of informed consent is to insure client's complete access to information pertaining to professional services. Examples include, but are not limited to, length of treatment and utilization of consultants. The client's signature indicating receipt of pertinent information and the Client's Bill of Rights is strongly encouraged.
- G. A therapist must not provide services to a client when the therapist's objectivity or effectiveness is impaired. The therapist must make this known to the client and assist the client in obtaining a referral to another professional.

- H. A therapist must not conduct a therapy session with a client whose judgement or reason is impaired due to alcohol or drugs. Charging fees for services rendered to an impaired client is unprofessional.

DEPARTMENT OF COMMERCE
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3. CONFIDENTIALITY AND DATA PRIVACY

- A. A therapist must hold in confidence all information pertaining to a client's therapy. It is the responsibility of the therapist to safeguard client confidences as required by law and rule. This includes a therapist's employees and professional associates.
- B. A therapist must inform a client of limitations of confidentiality. These limitations include, but are not limited to:
- (1) Limitations mandated by the law.
 - (2) The prevention of clear and immediate danger to one or more persons.
 - (3) When the therapist is a defendant in a civil, criminal, or disciplinary action arising from the therapy, in which case, client confidences may be disclosed in the course of that action.
 - (4) When a written waiver has been obtained, all information revealed must be in accordance with the terms of the waiver. If there is more than one party involved in the therapy, the waiver must be signed by all members legally competent to execute such a waiver.
 - (5) When release of information pertaining to a minor is requested, it must be signed by a parent or guardian.
- C. A therapist is responsible to insure that all records and written data are stored using security measures that prevent access to records by unauthorized persons.
- D. A therapist is responsible for insuring that the content and disposition of all records is in compliance with the relevant state laws and rules.

4. RESPONSIBILITY TO THE PROFESSION

- A. A therapist must take action when a violation of the Code of Ethics is observed, reported or suspected. Client confidentiality and the impact of filing a complaint on the client is paramount in determining a course of action. When appropriate, discussing the violation with the professional can be a means of acquiring additional information and processing information. If this action is not undertaken, does not result in an acceptable response on the part of the professional, or is not sufficient given the seriousness of the violation, then a complaint must be filed with the licensing board and/or professional association. In states with mandatory reporting laws, the complaint must be submitted in accordance with state laws and rules.
- B. A therapist must not make defamatory remarks about another therapist to the general public or clients.

(B) satisfies the requirements of AS 08.95.120(a)(2) and (4) and provides a photocopy, together with a sworn statement as to the copy's veracity, of the applicant's current license as a baccalaureate social worker in another jurisdiction;

(b) A temporary license provided to an applicant under (a)(1)(A) or (a)(2)(A) of this section is valid for one year and is valid notwithstanding the applicant's failure to satisfactorily complete the examination required under AS 08.95.110(a)(6) during the period that the license is valid.

(c) A temporary license issued under (a)(1)(B) or (a)(2)(B) of this section is valid for one year.

(d) An individual's temporary license becomes invalid, notwithstanding (b) and (c) of this section, if the individual's application for a permanent license under AS 08.95.110 or 08.95.120 is rejected by the board. The temporary license becomes invalid on the date of board action rejecting the license application.

(e) The board

(1) may impose by regulation additional limitations that it determines appropriate on a temporary license issued under this section;

(2) may not, under this section, issue more than one temporary license to an applicant;

(3) may not renew a temporary license.

Sec. 08.95.130 Display of License. A person licensed under this chapter shall display the license in a conspicuous place where the licensee practices.

**ARTICLE 3.
GENERAL PROVISIONS.**

Section

- 900. Confidentiality of communication
- 905. Immunity relating to certain reports
- 910. Exemptions
- 911. Exemptions (Repealed July 1, 2000)
- 920. Unified Occupation
- 950. Definitions

Sec. 08.95.900. Confidentiality of communication. (a) A licensed social worker, and the social worker's employees or other persons who have access to the social worker's records, may not reveal to another person a communication made to the licensee by a client about a matter concerning which the client has employed the licensee in a professional capacity. This section does not apply to

(1) a case conference with other licensed social workers or with other licensed practitioners of the healing arts.

(2) the release of information which the client in writing authorized the licensee to reveal;

(3) information released to the board as part of a disciplinary or other proceeding by the board;

(4) information revealed as part of the discovery of evidence related to a court proceeding or introduced in evidence in a court proceeding;

(5) communications relevant to the physical, mental, or emotional condition of the client in a proceeding in which the condition of the client is an element of the claim or defense of the client, of a party claiming through or under the client, or of a person raising the client's condition as an element of the person's own case, or of a person claiming as a beneficiary of the client through a contract to which the client is or was a party; or, after the client's death, in a proceeding in which a party puts the condition of the client in issue;

(6) a communication to a potential victim or to law enforcement officers where a threat of imminent serious physical harm to an identified victim has been made by a client; or

(7) a communication that indicates that another licensed practitioner of the healing arts has committed an act of unprofessional or unlawful conduct in the provision of health or mental health services if the communication is disclosed by the social worker only to the licensing board with jurisdiction over the type of person who allegedly committed the unprofessional or unlawful conduct and the disclosure is made in good faith.

(b) Notwithstanding (a) of this section, a licensed social worker shall report incidents of child abuse or neglect as required by AS 47.17.020 and incidents of harm to vulnerable adults as required by AS 47.24.010.

(c) Information obtained by the board under (a)(3) and (7) of this section is confidential and is not a public record for the purposes of AS 09.25.110-09.25.140.

Sec. 08.95.905. Immunity relating to certain reports. A person licensed under this chapter who, in good faith and without malice, discloses to the appropriate licensing board that another licensed practitioner of the healing arts has allegedly committed an act of unprofessional or unlawful conduct in the provision of health or mental health services is immune from civil liability arising out of the disclosure.

Sec. 08.95.910. Exemptions. Repealed 9/1/99.

discretion, grant a written request from an applicant for an exception to the limitation on the number of group supervision hours.

(b) The board will, in its discretion, approve the supervision of experience of an applicant for a clinical social work license to satisfy the requirements of AS 08.95.110(a)(2) if the clinical supervisor

- (1) documents the applicant's supervised experience on a form provided by the department; and
- (2) is a clinical social worker, psychologist, or psychiatrist who holds an unrestricted license to practice that profession in this state or other licensing jurisdiction during the period of supervision.

(c) To be accepted by the board,

(1) direct clinical supervision must be provided in face-to-face meetings between the supervisor and the applicant unless the board, for good cause shown, has granted an exception allowing for an alternate form of supervision.

(2) if direct clinical supervision is not provided to the applicant within the applicant's agency of employment, the applicant must provide the board with a written release from the administrator of the applicant's agency for the applicant to be supervised outside the applicant's agency setting; and

(3) the clinical supervisor must be responsible for direct clinical supervision of the applicant within the following content areas:

- (A) clinical skills;
- (B) practice management skills;
- (C) skills required for continuing competence;
- (D) development of professional identity;
- (E) ethical practice;
- (F) legal and regulatory requirements.

12 AAC 18.120. EMPLOYMENT REQUIREMENT. The employment required for licensure under AS 08.95.110 must be employment that requires the use of social work principles and methods, as defined in AS 08.95.990, including intervention directed at interpersonal interactions; intrapsychic dynamics; life-support and management issues; assessment; diagnosis; treatment, including psychotherapy and counseling; client-centered advocacy; consultation; and evaluation.

12 AAC 18.130. PROFESSIONAL REFERENCES. (a) Except for references from current or former employers required under AS 08.95.110 or AS 08.95.120, an applicant for licensure under this chapter must submit references that meet the requirements in (b) of this section.

(b) A letter of professional reference required for licensure under this chapter will be considered by the board only if the person providing the reference is a

- (1) master's or doctorate degree social worker; or
- (2) licensed psychological associate, clinical psychologist, or physician specializing in psychiatry;
- (3) repealed 10/15/99;
- (4) licensed medical or osteopathic physician;
- (5) licensed advanced nurse practitioner with a specialty area of practice in mental health;
- (6) licensed registered nurse with a master's degree in psychiatric nursing;
- (7) licensed marriage and family therapist; or
- (8) licensed professional counselor.

12 AAC 18.140. REASONS FOR APPLICATION DENIAL. (a) The board will, in its discretion, deny an application for a license under AS 08.95.110 if the board finds that the applicant's history of felony or misdemeanor convictions make the applicant unfit for the license. The board will consider the number and recency of any convictions and the relationship those convictions may have to licensure under AS 08.95.110.

(b) Notwithstanding (a) of this section, a person who has been convicted of a felony crime against a person described in AS 11.41 within the ten years before the date of application, is unfit for licensure under AS 08.95.110, and that person's application for licensure under AS 08.95.110 will be denied.

12 AAC 18.150. SOCIAL WORKER CODE OF ETHICS. A social worker licensed in this state shall adhere to the code of ethics adopted by the Board of Social Work Examiners. The board hereby adopts the *Code of Ethics*, National Association of Social Workers, Inc., 1996 edition, as the code of ethics for social workers licensed in this state.

Editor's note: A copy of the *Code of Ethics* described in 12 AAC 18.150 is available for inspection at the Department of Community and Economic Development, Division of Occupational Licensing, Juneau, Alaska, or may be obtained from the National Association of Social Workers, Inc., 750 First Street, NE, Washington, DC 20002-4241 or from the Alaska Chapter of the National Association of Social Workers, 318 4th Street, Juneau, Alaska, 99801, Phone: (907) 586-4438, e-mail: naswak@alaska.net.

12 AAC 18.160. STANDARDS OF PRACTICE. A social worker licensed in this state shall adhere to the standards of practice adopted by the Board of Social Work Examiners. The board hereby adopts the "Standards of

Practice/Code of Conduct", Parts 1 - 10 of the *Model State Social Work Practice Act* published by the American Association of State Social Work Boards, 1990 edition, as the standards of practice for social workers licensed in this state.

Editor's note: A copy of the "Standards of Practice/Code of Conduct" described in 12 AAC 18.160 is available for inspection at the Department of Community and Economic Development, Division of Occupational Licensing, Juneau, Alaska, or may be obtained from the American Association of State Social Work Boards, 400 South Ridge Parkway, Suite E, Culpeper, VA 22701.

**ARTICLE 2.
LICENSE RENEWAL AND CONTINUING
EDUCATION**

Section.

- 200. License renewal requirements
- 210. Continuing education requirement
- 220. Approved continuing education activities
- 230. Audit of continuing education requirements

12 AAC 18.170. LICENSE RENEWAL REQUIREMENTS. An applicant for renewal of a license under this chapter shall

- (1) complete a renewal application on a form provided by the department;
- (2) pay the license renewal fee established in 12 AAC 02.155; and
- (3) submit a sworn statement of the continuing education contact hours completed during the concluding licensing period, which must include the following information, if applicable, for each course, seminar, or workshop:
 - (A) the name of the sponsoring organization;
 - (B) the location of the course, seminar, or workshop;
 - (C) the title or a brief description of the course, seminar, or workshop;
 - (D) the principal instructor;
 - (E) the dates of attendance;
 - (F) the titles, issues, and dates of publications or presentations; and
 - (G) the number of continuing education contact hours claimed.

12 AAC 18.210. CONTINUING EDUCATION REQUIREMENT. (a) For the first biennial renewal of a person's social worker license, an applicant for renewal shall document completion of 45 contact hours of continuing education activities acceptable to the board that were earned during the two years before the expiration date of the person's license that included a minimum of

- (1) six contact hours in substance abuse education;
- (2) six contact hours in cross-cultural education relating to Alaska Natives; and
- (3) three contact hours in professional ethics.

(b) After a person's first biennial renewal of a social worker license, an applicant for renewal shall document completion of 45 contact hours of continuing education activities acceptable to the board that were earned during that licensing period and included a minimum of

- (1) six contact hours in substance abuse education;
- (2) six contact hours in cross-cultural education, of which three hours include issues relating to Alaska Natives; and
- (3) three contact hours in professional ethics.

(c) For the purposes of this section,

- (1) one "contact hour" equals a minimum of 50 minutes of classroom instruction between instructor and participant;
- (2) one academic semester credit equals 15 contact hours; and
- (3) one academic quarter credit equals 10 contact hours.

(d) Only hours of actual attendance during which instruction was given will be accepted as continuing education contact hours earned from an academic course that is audited by the licensee, and the total number of contact hours earned may not exceed the academic credit hours offered for that course.

12 AAC 18.220. APPROVED CONTINUING EDUCATION ACTIVITIES. (a) To be accepted by the board, continuing education must contribute directly to the professional competency of a social worker and must be directly related to the skills and knowledge required to implement social work principles and methods as defined in AS 08.95.990.

(b) The following continuing education activities are acceptable if they are related to social work in accordance with (a) of this section:

Social Work
1996 Edition



Code of Ethics



National Association of Social Workers

NASW Code of Ethics

OVERVIEW

The *NASW Code of Ethics* is intended to serve as a guide to the everyday professional conduct of social workers. This *Code* includes four sections. The first section, "Preamble," summarizes the social work profession's mission and core values. The second section, "Purpose of the *NASW Code of Ethics*," provides an overview of the *Code's* main functions and a brief guide for dealing with ethical issues or dilemmas in social work practice. The third section, "Ethical Principles," presents broad ethical principles, based on social work's core values, that inform social work practice. The final section, "Ethical Standards," includes specific ethical standards to guide social workers' conduct and to provide a basis for adjudication.

The National Association of Social Workers (NASW) is the largest organization of professional social workers in the world. NASW serves nearly 160,000 social workers in 55 chapters throughout the United States, Puerto Rico, the Virgin Islands, and abroad. NASW was formed in 1955 through a merger of seven predecessor social work organizations to carry out three responsibilities:

- *strengthen and unify the profession*
- *promote the development of social work practice*
- *advance sound social policies.*

Promoting high standards of practice and protecting the consumer of services are major association principles.

Approved by the 1996 NASW Delegate Assembly.

Ethics

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Preamble

The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual well-being in a social context and the well-being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.

Social workers promote social justice and social change with and on behalf of clients. "Clients" is used inclusively to refer to individuals, families, groups, organizations, and communities. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation, administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of organizations, communities, and other social institutions to individuals' needs and social problems.

The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession's history, are the foundation of social work's unique purpose and perspective:

- service
- social justice
- dignity and worth of the person
- importance of human relationships
- integrity
- competence.

This constellation of core values reflects what is unique to the social work profession. Core values, and the principles that flow from them, must be balanced within the context and complexity of the human experience.

Purpose of the NASW Code of Ethics

Professional ethics are at the core of social work. The profession has an obligation to articulate its basic values, ethical principles, and ethical standards. The *NASW Code of Ethics* sets forth these values, principles, and standards to guide social workers' conduct. The *Code* is relevant to all social workers and social work students, regardless of their professional functions, the settings in which they work, or the populations they serve.

The *NASW Code of Ethics* serves six purposes:

1. The *Code* identifies core values on which social work's mission is based.
2. The *Code* summarizes broad ethical principles that reflect the profession's core values and establishes a set of specific ethical standards that should be used to guide social work practice.
3. The *Code* is designed to help social workers identify relevant considerations when professional obligations conflict or ethical uncertainties arise.
4. The *Code* provides ethical standards to which the general public can hold the social work profession accountable.
5. The *Code* socializes practitioners new to the field to social work's mission, values, ethical principles, and ethical standards.
6. The *Code* articulates standards that the social work profession itself can use to assess whether social workers have engaged in unethical conduct. NASW has formal procedures to adjudicate ethics complaints filed against its members.¹ In subscribing to this *Code*, social workers are required to cooperate in its implementation, participate in NASW adjudication proceedings, and abide by any NASW disciplinary rulings or sanctions based on it.

The *Code* offers a set of values, principles, and standards to guide decision making and conduct when ethical issues arise. It does not provide a set of rules that prescribe how social workers should act in all situations. Specific applications of the *Code* must take into account

¹For information on NASW adjudication procedures, see *NASW Procedures for the Adjudication of Grievances*.

Code of Ethics

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the context in which it is being considered and the possibility of conflicts among the *Code's* values, principles, and standards. Ethical responsibilities flow from all human relationships, from the personal and familial to the social and professional.

Further, the *NASW Code of Ethics* does not specify which values, principles, and standards are most important and ought to outweigh others in instances when they conflict. Reasonable differences of opinion can and do exist among social workers with respect to the ways in which values, ethical principles, and ethical standards should be rank ordered when they conflict. Ethical decision making in a given situation must apply the informed judgment of the individual social worker and should also consider how the issues would be judged in a peer review process where the ethical standards of the profession would be applied.

Ethical decision making is a process. There are many instances in social work where simple answers are not available to resolve complex ethical issues. Social workers should take into consideration all the values, principles, and standards in this *Code* that are relevant to any situation in which ethical judgment is warranted. Social workers' decisions and actions should be consistent with the spirit as well as the letter of this *Code*.

In addition to this *Code*, there are many other sources of information about ethical thinking that may be useful. Social workers should consider ethical theory and principles generally, social work theory and research, laws, regulations, agency policies, and other relevant codes of ethics, recognizing that among codes of ethics social workers should consider the *NASW Code of Ethics* as their primary source. Social workers also should be aware of the impact on ethical decision making of their clients' and their own personal values and cultural and religious beliefs and practices. They should be aware of any conflicts between personal and professional values and deal with them responsibly. For additional guidance social workers should consult the relevant literature on professional ethics and ethical decision making and seek appropriate consultation when faced with ethical dilemmas. This may involve consultation with an agency-based or social work organization's ethics committee, a regulatory body, knowledgeable colleagues, supervisors, or legal counsel.

Instances may arise when social workers' ethical obligations conflict with agency policies or relevant laws or regulations. When such conflicts occur, social workers must make a responsible effort to resolve the conflict in a manner that is consistent with the values, principles, and standards expressed in this *Code*. If a reasonable resolution of the

conflict does not appear possible, social workers should seek proper consultation before making a decision.

The *NASW Code of Ethics* is to be used by NASW and by individuals, agencies, organizations, and bodies (such as licensing and regulatory boards, professional liability insurance providers, courts of law, agency boards of directors, government agencies, and other professional groups) that choose to adopt it or use it as a frame of reference. Violation of standards in this *Code* does not automatically imply legal liability or violation of the law. Such determination can only be made in the context of legal and judicial proceedings. Alleged violations of the *Code* would be subject to a peer review process. Such processes are generally separate from legal or administrative procedures and insulated from legal review or proceedings to allow the profession to counsel and discipline its own members.

A code of ethics cannot guarantee ethical behavior. Moreover, a code of ethics cannot resolve all ethical issues or disputes or capture the richness and complexity involved in striving to make responsible choices within a moral community. Rather, a code of ethics sets forth values, ethical principles, and ethical standards to which professionals aspire and by which their actions can be judged. Social workers' ethical behavior should result from their personal commitment to engage in ethical practice. The *NASW Code of Ethics* reflects the commitment of all social workers to uphold the profession's values and to act ethically. Principles and standards must be applied by individuals of good character who discern moral questions and, in good faith, seek to make reliable ethical judgments.

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ed by NASW and by individuals such as licensing and regulatory providers, courts of law, agencies, and other professional associations. These principles are used as a frame of reference. Alleged violations of these principles are not automatically cause for disciplinary action. Disciplinary action can only be made through the grievance and arbitration process. Such processes are designed to ensure a fair and equitable process. Such processes allow the profession to

maintain high ethical standards and professional behavior. Moreover, a code of ethics or standards of practice is developed to address issues or disputes or capture the attention of the public. A code of ethics sets forth standards to which professionals are held. Social workers' ethical standards are based on a commitment to engage in practice that reflects the commitment of the profession to its values and to act ethically. Social workers, as individuals of good character and high moral standards, seek to make

Ethical Principles

The following broad ethical principles are based on social work's core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. These principles set forth ideals to which all social workers should aspire.

Value: *Service*

Ethical Principle: *Social workers' primary goal is to help people in need and to address social problems.*

Social workers elevate service to others above self-interest. Social workers draw on their knowledge, values, and skills to help people in need and to address social problems. Social workers are encouraged to volunteer some portion of their professional skills with no expectation of significant financial return (pro bono service).

Value: *Social Justice*

Ethical Principle: *Social workers challenge social injustice.*

Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people.

Value: *Dignity and Worth of the Person*

Ethical Principle: *Social workers respect the inherent dignity and worth of the person.*

Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients' socially responsible self-determination. Social workers seek to enhance clients' capacity and opportunity to

change and to address their own needs. Social workers are cognizant of their dual responsibility to clients and to the broader society. They seek to resolve conflicts between clients' interests and the broader society's interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession.

Value: Importance of Human Relationships

Ethical Principle: Social workers recognize the central importance of human relationships.

Social workers understand that relationships between and among people are an important vehicle for change. Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities.

Value: Integrity

Ethical Principle: Social workers behave in a trustworthy manner.

Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them. Social workers act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated.

Value: Competence

Ethical Principle: Social workers practice within their areas of competence and develop and enhance their professional expertise.

Social workers continually strive to increase their professional knowledge and skills and to apply them in practice. Social workers should aspire to contribute to the knowledge base of the profession.

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Ethical Standards

The following ethical standards are relevant to the professional activities of all social workers. These standards concern (1) social workers' ethical responsibilities to clients, (2) social workers' ethical responsibilities to colleagues, (3) social workers' ethical responsibilities in practice settings, (4) social workers' ethical responsibilities as professionals, (5) social workers' ethical responsibilities to the social work profession, and (6) social workers' ethical responsibilities to the broader society.

Some of the standards that follow are enforceable guidelines for professional conduct, and some are aspirational. The extent to which each standard is enforceable is a matter of professional judgment to be exercised by those responsible for reviewing alleged violations of ethical standards.

1. SOCIAL WORKERS' ETHICAL RESPONSIBILITIES TO CLIENTS

1.01 Commitment to Clients

Social workers' primary responsibility is to promote the well-being of clients. In general, clients' interests are primary. However, social workers' responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients, and clients should be so advised. (Examples include when a social worker is required by law to report that a client has abused a child or has threatened to harm self or others.)

1.02 Self-Determination

Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients' right to self-determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.

1.03 Informed Consent

(a) Social workers should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent. Social workers should use clear and

understandable language to inform clients of the purpose of the services, risks related to the services, limits to services because of the requirements of a third-party payer, relevant costs, reasonable alternatives, clients' right to refuse or withdraw consent, and the time frame covered by the consent. Social workers should provide clients with an opportunity to ask questions.

(b) In instances when clients are not literate or have difficulty understanding the primary language used in the practice setting, social workers should take steps to ensure clients' comprehension. This may include providing clients with a detailed verbal explanation or arranging for a qualified interpreter or translator whenever possible.

(c) In instances when clients lack the capacity to provide informed consent, social workers should protect clients' interests by seeking permission from an appropriate third party, informing clients consistent with the clients' level of understanding. In such instances social workers should seek to ensure that the third party acts in a manner consistent with clients' wishes and interests. Social workers should take reasonable steps to enhance such clients' ability to give informed consent.

(d) In instances when clients are receiving services involuntarily, social workers should provide information about the nature and extent of services and about the extent of clients' right to refuse service.

(e) Social workers who provide services via electronic media (such as computer, telephone, radio, and television) should inform recipients of the limitations and risks associated with such services.

(f) Social workers should obtain clients' informed consent before audiotaping or videotaping clients or permitting observation of services to clients by a third party.

1.04 Competence

(a) Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.

(b) Social workers should provide services in substantive areas or use intervention techniques or approaches that are new to them only after engaging in appropriate study, training, consultation, and supervision from people who are competent in those interventions or techniques.

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(c) When generally recognized standards do not exist with respect to an emerging area of practice, social workers should exercise careful judgment and take responsible steps (including appropriate education, research, training, consultation, and supervision) to ensure the competence of their work and to protect clients from harm.

1.05 Cultural Competence and Social Diversity

(a) Social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.

(b) Social workers should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups.

(c) Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, and mental or physical disability.

1.06 Conflicts of Interest

(a) Social workers should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. Social workers should inform clients when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the clients' interests primary and protects clients' interests to the greatest extent possible. In some cases, protecting clients' interests may require termination of the professional relationship with proper referral of the client.

(b) Social workers should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests.

(c) Social workers should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries. (Dual or multiple relationships occur when social workers relate to clients

in more than one relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively.)

(d) When social workers provide services to two or more people who have a relationship with each other (for example, couples, family members), social workers should clarify with all parties which individuals will be considered clients and the nature of social workers' professional obligations to the various individuals who are receiving services. Social workers who anticipate a conflict of interest among the individuals receiving services or who anticipate having to perform in potentially conflicting roles (for example, when a social worker is asked to testify in a child custody dispute or divorce proceedings involving clients) should clarify their role with the parties involved and take appropriate action to minimize any conflict of interest.

1.07 Privacy and Confidentiality

(a) Social workers should respect clients' right to privacy. Social workers should not solicit private information from clients unless it is essential to providing services or conducting social work evaluation or research. Once private information is shared, standards of confidentiality apply.

(b) Social workers may disclose confidential information when appropriate with valid consent from a client or a person legally authorized to consent on behalf of a client.

(c) Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or other identifiable person or when laws or regulations require disclosure without a client's consent. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed.

(d) Social workers should inform clients, to the extent possible, about the disclosure of confidential information and the potential consequences, when feasible before the disclosure is made. This applies whether social workers disclose confidential information on the basis of a legal requirement or client consent.

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(e) Social workers should discuss with clients and other interested parties the nature of confidentiality and limitations of clients' right to confidentiality. Social workers should review with clients circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. This discussion should occur as soon as possible in the social worker-client relationship and as needed throughout the course of the relationship.

(f) When social workers provide counseling services to families, couples, or groups, social workers should seek agreement among the parties involved concerning each individual's right to confidentiality and obligation to preserve the confidentiality of information shared by others. Social workers should inform participants in family, couples, or group counseling that social workers cannot guarantee that all participants will honor such agreements.

(g) Social workers should inform clients involved in family, couples, marital, or group counseling of the social worker's, employer's, and agency's policy concerning the social worker's disclosure of confidential information among the parties involved in the counseling.

(h) Social workers should not disclose confidential information to third-party payers unless clients have authorized such disclosure.

(i) Social workers should not discuss confidential information in any setting unless privacy can be ensured. Social workers should not discuss confidential information in public or semipublic areas such as hallways, waiting rooms, elevators, and restaurants.

(j) Social workers should protect the confidentiality of clients during legal proceedings to the extent permitted by law. When a court of law or other legally authorized body orders social workers to disclose confidential or privileged information without a client's consent and such disclosure could cause harm to the client, social workers should request that the court withdraw the order or limit the order as narrowly as possible or maintain the records under seal, unavailable for public inspection.

(k) Social workers should protect the confidentiality of clients when responding to requests from members of the media.

(l) Social workers should protect the confidentiality of clients' written and electronic records and other sensitive information.

Social workers should take reasonable steps to ensure that clients' records are stored in a secure location and that clients' records are not available to others who are not authorized to have access.

(m) Social workers should take precautions to ensure and maintain the confidentiality of information transmitted to other parties through the use of computers, electronic mail, facsimile machines, telephones and telephone answering machines, and other electronic or computer technology. Disclosure of identifying information should be avoided whenever possible.

(n) Social workers should transfer or dispose of clients' records in a manner that protects clients' confidentiality and is consistent with state statutes governing records and social work licensure.

(o) Social workers should take reasonable precautions to protect client confidentiality in the event of the social worker's termination of practice, incapacitation, or death.

(p) Social workers should not disclose identifying information when discussing clients for teaching or training purposes unless the client has consented to disclosure of confidential information.

(q) Social workers should not disclose identifying information when discussing clients with consultants unless the client has consented to disclosure of confidential information or there is a compelling need for such disclosure.

(r) Social workers should protect the confidentiality of deceased clients consistent with the preceding standards.

1.08 Access to Records

(a) Social workers should provide clients with reasonable access to records concerning the clients. Social workers who are concerned that clients' access to their records could cause serious misunderstanding or harm to the client should provide assistance in interpreting the records and consultation with the client regarding the records. Social workers should limit clients' access to their records, or portions of their records, only in exceptional circumstances when there is compelling evidence that such access would cause serious harm to the client. Both clients' requests and the rationale for withholding some or all of the record should be documented in clients' files.

(b) When providing clients with access to their records, social workers should take steps to protect the confidentiality of other individuals identified or discussed in such records.

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1.09 Sexual Relationships

(a) Social workers should under no circumstances engage in sexual activities or sexual contact with current clients, whether such contact is consensual or forced.

(b) Social workers should not engage in sexual activities or sexual contact with clients' relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation or potential harm to the client. Sexual activity or sexual contact with clients' relatives or other individuals with whom clients maintain a personal relationship has the potential to be harmful to the client and may make it difficult for the social worker and client to maintain appropriate professional boundaries. Social workers—not their clients, their clients' relatives, or other individuals with whom the client maintains a personal relationship—assume the full burden for setting clear, appropriate, and culturally sensitive boundaries.

(c) Social workers should not engage in sexual activities or sexual contact with former clients because of the potential for harm to the client. If social workers engage in conduct contrary to this prohibition or claim that an exception to this prohibition is warranted because of extraordinary circumstances, it is social workers—not their clients—who assume the full burden of demonstrating that the former client has not been exploited, coerced, or manipulated, intentionally or unintentionally.

(d) Social workers should not provide clinical services to individuals with whom they have had a prior sexual relationship. Providing clinical services to a former sexual partner has the potential to be harmful to the individual and is likely to make it difficult for the social worker and individual to maintain appropriate professional boundaries.

1.10 Physical Contact

Social workers should not engage in physical contact with clients when there is a possibility of psychological harm to the client as a result of the contact (such as cradling or caressing clients). Social workers who engage in appropriate physical contact with clients are responsible for setting clear, appropriate, and culturally sensitive boundaries that govern such physical contact.

1.11 Sexual Harassment

Social workers should not sexually harass clients. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

1.12 Derogatory Language

Social workers should not use derogatory language in their written or verbal communications to or about clients. Social workers should use accurate and respectful language in all communications to and about clients.

1.13 Payment for Services

(a) When setting fees, social workers should ensure that the fees are fair, reasonable, and commensurate with the services performed. Consideration should be given to clients' ability to pay.

(b) Social workers should avoid accepting goods or services from clients as payment for professional services. Bartering arrangements, particularly involving services, create the potential for conflicts of interest, exploitation, and inappropriate boundaries in social workers' relationships with clients. Social workers should explore and may participate in bartering only in very limited circumstances when it can be demonstrated that such arrangements are an accepted practice among professionals in the local community, considered to be essential for the provision of services, negotiated without coercion, and entered into at the client's initiative and with the client's informed consent. Social workers who accept goods or services from clients as payment for professional services assume the full burden of demonstrating that this arrangement will not be detrimental to the client or the professional relationship.

(c) Social workers should not solicit a private fee or other remuneration for providing services to clients who are entitled to such available services through the social workers' employer or agency.

1.14 Clients Who Lack Decision-Making Capacity

When social workers act on behalf of clients who lack the capacity to make informed decisions, social workers should take reasonable steps to safeguard the interests and rights of those clients.

1.15 Interruption of Services

Social workers should make reasonable efforts to ensure continuity of services in the event that services are interrupted by factors such as unavailability, relocation, illness, disability, or death.

1.16 Termination of Services

(a) Social workers should terminate services to clients and professional relationships with them when such services and

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(b) Social workers should take reasonable steps to avoid abandoning clients who are still in need of services. Social workers should withdraw services precipitously only under unusual circumstances, giving careful consideration to all factors in the situation and taking care to minimize possible adverse effects. Social workers should assist in making appropriate arrangements for continuation of services when necessary.

(c) Social workers in fee-for-service settings may terminate services to clients who are not paying an overdue balance if the financial contractual arrangements have been made clear to the client, if the client does not pose an imminent danger to self or others, and if the clinical and other consequences of the current nonpayment have been addressed and discussed with the client.

(d) Social workers should not terminate services to pursue a social, financial, or sexual relationship with a client.

(e) Social workers who anticipate the termination or interruption of services to clients should notify clients promptly and seek the transfer, referral, or continuation of services in relation to the clients' needs and preferences.

(f) Social workers who are leaving an employment setting should inform clients of appropriate options for the continuation of services and of the benefits and risks of the options.

2. SOCIAL WORKERS' ETHICAL RESPONSIBILITIES TO COLLEAGUES

2.01 Respect

(a) Social workers should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues.

(b) Social workers should avoid unwarranted negative criticism of colleagues in communications with clients or with other professionals. Unwarranted negative criticism may include demeaning comments that refer to colleagues' level of competence or to individuals' attributes such as race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, and mental or physical disability.

(c) Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients.

2.02 Confidentiality

Social workers should respect confidential information shared by colleagues in the course of their professional relationships and transactions. Social workers should ensure that such colleagues understand social workers' obligation to respect confidentiality and any exceptions related to it.

2.03 Interdisciplinary Collaboration

(a) Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.

(b) Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.

2.04 Disputes Involving Colleagues

(a) Social workers should not take advantage of a dispute between a colleague and an employer to obtain a position or otherwise advance the social workers' own interests.

(b) Social workers should not exploit clients in disputes with colleagues or engage clients in any inappropriate discussion of conflicts between social workers and their colleagues.

2.05 Consultation

(a) Social workers should seek the advice and counsel of colleagues whenever such consultation is in the best interests of clients.

(b) Social workers should keep themselves informed about colleagues' areas of expertise and competencies. Social workers should seek consultation only from colleagues who have demonstrated knowledge, expertise, and competence related to the subject of the consultation.

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(c) When consulting with colleagues about clients, social workers should disclose the least amount of information necessary to achieve the purposes of the consultation.

2.06 Referral for Services

(a) Social workers should refer clients to other professionals when the other professionals' specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that additional service is required.

(b) Social workers who refer clients to other professionals should take appropriate steps to facilitate an orderly transfer of responsibility. Social workers who refer clients to other professionals should disclose, with clients' consent, all pertinent information to the new service providers.

(c) Social workers are prohibited from giving or receiving payment for a referral when no professional service is provided by the referring social worker.

2.07 Sexual Relationships

(a) Social workers who function as supervisors or educators should not engage in sexual activities or contact with supervisees, students, trainees, or other colleagues over whom they exercise professional authority.

(b) Social workers should avoid engaging in sexual relationships with colleagues when there is potential for a conflict of interest. Social workers who become involved in, or anticipate becoming involved in, a sexual relationship with a colleague have a duty to transfer professional responsibilities, when necessary, to avoid a conflict of interest.

2.08 Sexual Harassment

Social workers should not sexually harass supervisees, students, trainees, or colleagues. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

2.09 Impairment of Colleagues

(a) Social workers who have direct knowledge of a social work colleague's impairment that is due to personal problems, psychosocial distress, substance abuse, or mental health difficulties and that interferes with practice effectiveness should consult with that

colleague when feasible and assist the colleague in taking remedial action.

(b) Social workers who believe that a social work colleague's impairment interferes with practice effectiveness and that the colleague has not taken adequate steps to address the impairment should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations.

2.10 Incompetence of Colleagues

(a) Social workers who have direct knowledge of a social work colleague's incompetence should consult with that colleague when feasible and assist the colleague in taking remedial action.

(b) Social workers who believe that a social work colleague is incompetent and has not taken adequate steps to address the incompetence should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations.

2.11 Unethical Conduct of Colleagues

(a) Social workers should take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues.

(b) Social workers should be knowledgeable about established policies and procedures for handling concerns about colleagues' unethical behavior. Social workers should be familiar with national, state, and local procedures for handling ethics complaints. These include policies and procedures created by NASW, licensing and regulatory bodies, employers, agencies, and other professional organizations.

(c) Social workers who believe that a colleague has acted unethically should seek resolution by discussing their concerns with the colleague when feasible and when such discussion is likely to be productive.

(d) When necessary, social workers who believe that a colleague has acted unethically should take action through appropriate formal channels (such as contacting a state licensing board or regulatory body, an NASW committee on inquiry, or other professional ethics committees).

(e) Social workers should defend and assist colleagues who are unjustly charged with unethical conduct.

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3. SOCIAL WORKERS' ETHICAL RESPONSIBILITIES IN PRACTICE SETTINGS

3.01 Supervision and Consultation

- (a) Social workers who provide supervision or consultation should have the necessary knowledge and skill to supervise or consult appropriately and should do so only within their areas of knowledge and competence.
- (b) Social workers who provide supervision or consultation are responsible for setting clear, appropriate, and culturally sensitive boundaries.
- (c) Social workers should not engage in any dual or multiple relationships with supervisees in which there is a risk of exploitation of or potential harm to the supervisee.
- (d) Social workers who provide supervision should evaluate supervisees' performance in a manner that is fair and respectful.

3.02 Education and Training

- (a) Social workers who function as educators, field instructors for students, or trainers should provide instruction only within their areas of knowledge and competence and should provide instruction based on the most current information and knowledge available in the profession.
- (b) Social workers who function as educators or field instructors for students should evaluate students' performance in a manner that is fair and respectful.
- (c) Social workers who function as educators or field instructors for students should take reasonable steps to ensure that clients are routinely informed when services are being provided by students.
- (d) Social workers who function as educators or field instructors for students should not engage in any dual or multiple relationships with students in which there is a risk of exploitation or potential harm to the student. Social work educators and field instructors are responsible for setting clear, appropriate, and culturally sensitive boundaries.

3.03 Performance Evaluation

Social workers who have responsibility for evaluating the performance of others should fulfill such responsibility in a fair and considerate manner and on the basis of clearly stated criteria.

3.04 Client Records

- (a) Social workers should take reasonable steps to ensure that documentation in records is accurate and reflects the services provided.
- (b) Social workers should include sufficient and timely documentation in records to facilitate the delivery of services and to ensure continuity of services provided to clients in the future.
- (c) Social workers' documentation should protect clients' privacy to the extent that is possible and appropriate and should include only information that is directly relevant to the delivery of services.
- (d) Social workers should store records following the termination of services to ensure reasonable future access. Records should be maintained for the number of years required by state statutes or relevant contracts.

3.05 Billing

Social workers should establish and maintain billing practices that accurately reflect the nature and extent of services provided and that identify who provided the service in the practice setting.

3.06 Client Transfer

- (a) When an individual who is receiving services from another agency or colleague contacts a social worker for services, the social worker should carefully consider the client's needs before agreeing to provide services. To minimize possible confusion and conflict, social workers should discuss with potential clients the nature of the clients' current relationship with other service providers and the implications, including possible benefits or risks, of entering into a relationship with a new service provider.
- (b) If a new client has been served by another agency or colleague, social workers should discuss with the client whether consultation with the previous service provider is in the client's best interest.

3.07 Administration

- (a) Social work administrators should advocate within and outside their agencies for adequate resources to meet clients' needs.
- (b) Social workers should advocate for resource allocation procedures that are open and fair. When not all clients' needs can

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be met, an allocation procedure should be developed that is
nondiscriminatory and based on appropriate and consistently
applied principles.

(c) Social workers who are administrators should take reason-
able steps to ensure that adequate agency or organizational
resources are available to provide appropriate staff supervision.

(d) Social work administrators should take reasonable steps to
ensure that the working environment for which they are respon-
sible is consistent with and encourages compliance with the *NASW
Code of Ethics*. Social work administrators should take reasonable
steps to eliminate any conditions in their organizations that
violate, interfere with, or discourage compliance with the *Code*.

3.08 Continuing Education and Staff Development

Social work administrators and supervisors should take reason-
able steps to provide or arrange for continuing education and
staff development for all staff for whom they are responsible.
Continuing education and staff development should address
current knowledge and emerging developments related to social
work practice and ethics.

3.09 Commitments to Employers

(a) Social workers generally should adhere to commitments made
to employers and employing organizations.

(b) Social workers should work to improve employing agencies'
policies and procedures and the efficiency and effectiveness of
their services.

(c) Social workers should take reasonable steps to ensure that
employers are aware of social workers' ethical obligations as set
forth in the *NASW Code of Ethics* and of the implications of
those obligations for social work practice.

(d) Social workers should not allow an employing organization's
policies, procedures, regulations, or administrative orders to
interfere with their ethical practice of social work. Social workers
should take reasonable steps to ensure that their employing
organizations' practices are consistent with the *NASW Code of
Ethics*.

(e) Social workers should act to prevent and eliminate discrimi-
nation in the employing organization's work assignments and in
its employment policies and practices.

(f) Social workers should accept employment or arrange student field placements only in organizations that exercise fair personnel practices.

(g) Social workers should be diligent stewards of the resources of their employing organizations, wisely conserving funds where appropriate and never misappropriating funds or using them for unintended purposes.

3.10 Labor–Management Disputes

(a) Social workers may engage in organized action, including the formation of and participation in labor unions, to improve services to clients and working conditions.

(b) The actions of social workers who are involved in labor–management disputes, job actions, or labor strikes should be guided by the profession’s values, ethical principles, and ethical standards. Reasonable differences of opinion exist among social workers concerning their primary obligation as professionals during an actual or threatened labor strike or job action. Social workers should carefully examine relevant issues and their possible impact on clients before deciding on a course of action.

4. SOCIAL WORKERS’ ETHICAL RESPONSIBILITIES AS PROFESSIONALS

4.01 Competence

(a) Social workers should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence.

(b) Social workers should strive to become and remain proficient in professional practice and the performance of professional functions. Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics.

(c) Social workers should base practice on recognized knowledge, including empirically based knowledge, relevant to social work and social work ethics.

4.02 Discrimination

Social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race,

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ethnicity, national origin, color, sex, sexual orientation, age,
marital status, political belief, religion, or mental or physical
disability.

4.03 Private Conduct

Social workers should not permit their private conduct to inter-
fere with their ability to fulfill their professional responsibilities.

4.04 Dishonesty, Fraud, and Deception

Social workers should not participate in, condone, or be associ-
ated with dishonesty, fraud, or deception.

4.05 Impairment

(a) Social workers should not allow their own personal prob-
lems, psychosocial distress, legal problems, substance abuse, or
mental health difficulties to interfere with their professional
judgment and performance or to jeopardize the best interests of
people for whom they have a professional responsibility.

(b) Social workers whose personal problems, psychosocial
distress, legal problems, substance abuse, or mental health
difficulties interfere with their professional judgment and perfor-
mance should immediately seek consultation and take appropri-
ate remedial action by seeking professional help, making adjust-
ments in workload, terminating practice, or taking any other
steps necessary to protect clients and others.

4.06 Misrepresentation

(a) Social workers should make clear distinctions between
statements made and actions engaged in as a private individual
and as a representative of the social work profession, a professional
social work organization, or the social worker's employing agency.

(b) Social workers who speak on behalf of professional social
work organizations should accurately represent the official and
authorized positions of the organizations.

(c) Social workers should ensure that their representations to
clients, agencies, and the public of professional qualifications,
credentials, education, competence, affiliations, services provided,
or results to be achieved are accurate. Social workers should
claim only those relevant professional credentials they actually
possess and take steps to correct any inaccuracies or misrepresen-
tations of their credentials by others.

4.07 Solicitations

(a) Social workers should not engage in uninvited solicitation of potential clients who, because of their circumstances, are vulnerable to undue influence, manipulation, or coercion.

(b) Social workers should not engage in solicitation of testimonial endorsements (including solicitation of consent to use a client's prior statement as a testimonial endorsement) from current clients or from other people who, because of their particular circumstances, are vulnerable to undue influence.

4.08 Acknowledging Credit

(a) Social workers should take responsibility and credit, including authorship credit, only for work they have actually performed and to which they have contributed.

(b) Social workers should honestly acknowledge the work of and the contributions made by others.

5. SOCIAL WORKERS' ETHICAL RESPONSIBILITIES TO THE SOCIAL WORK PROFESSION

5.01 Integrity of the Profession

(a) Social workers should work toward the maintenance and promotion of high standards of practice.

(b) Social workers should uphold and advance the values, ethics, knowledge, and mission of the profession. Social workers should protect, enhance, and improve the integrity of the profession through appropriate study and research, active discussion, and responsible criticism of the profession.

(c) Social workers should contribute time and professional expertise to activities that promote respect for the value, integrity, and competence of the social work profession. These activities may include teaching, research, consultation, service, legislative testimony, presentations in the community, and participation in their professional organizations.

(d) Social workers should contribute to the knowledge base of social work and share with colleagues their knowledge related to practice, research, and ethics. Social workers should seek to contribute to the profession's literature and to share their knowledge at professional meetings and conferences.

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with others.

(e) Social workers should act to prevent the unauthorized and unqualified practice of social work.

5.02 Evaluation and Research

(a) Social workers should monitor and evaluate policies, the implementation of programs, and practice interventions.

(b) Social workers should promote and facilitate evaluation and research to contribute to the development of knowledge.

(c) Social workers should critically examine and keep current with emerging knowledge relevant to social work and fully use evaluation and research evidence in their professional practice.

(d) Social workers engaged in evaluation or research should carefully consider possible consequences and should follow guidelines developed for the protection of evaluation and research participants. Appropriate institutional review boards should be consulted.

(e) Social workers engaged in evaluation or research should obtain voluntary and written informed consent from participants, when appropriate, without any implied or actual deprivation or penalty for refusal to participate; without undue inducement to participate; and with due regard for participants' well-being, privacy, and dignity. Informed consent should include information about the nature, extent, and duration of the participation requested and disclosure of the risks and benefits of participation in the research.

(f) When evaluation or research participants are incapable of giving informed consent, social workers should provide an appropriate explanation to the participants, obtain the participants' assent to the extent they are able, and obtain written consent from an appropriate proxy.

(g) Social workers should never design or conduct evaluation or research that does not use consent procedures, such as certain forms of naturalistic observation and archival research, unless rigorous and responsible review of the research has found it to be justified because of its prospective scientific, educational, or applied value and unless equally effective alternative procedures that do not involve waiver of consent are not feasible.

(h) Social workers should inform participants of their right to withdraw from evaluation and research at any time without penalty.

(i) Social workers should take appropriate steps to ensure that participants in evaluation and research have access to appropriate supportive services.

(j) Social workers engaged in evaluation or research should protect participants from unwarranted physical or mental distress, harm, danger, or deprivation.

(k) Social workers engaged in the evaluation of services should discuss collected information only for professional purposes and only with people professionally concerned with this information.

(l) Social workers engaged in evaluation or research should ensure the anonymity or confidentiality of participants and of the data obtained from them. Social workers should inform participants of any limits of confidentiality, the measures that will be taken to ensure confidentiality, and when any records containing research data will be destroyed.

(m) Social workers who report evaluation and research results should protect participants' confidentiality by omitting identifying information unless proper consent has been obtained authorizing disclosure.

(n) Social workers should report evaluation and research findings accurately. They should not fabricate or falsify results and should take steps to correct any errors later found in published data using standard publication methods.

(o) Social workers engaged in evaluation or research should be alert to and avoid conflicts of interest and dual relationships with participants, should inform participants when a real or potential conflict of interest arises, and should take steps to resolve the issue in a manner that makes participants' interests primary.

(p) Social workers should educate themselves, their students, and their colleagues about responsible research practices.

6. SOCIAL WORKERS' ETHICAL RESPONSIBILITIES TO THE BROADER SOCIETY

6.01 Social Welfare

Social workers should promote the general welfare of society, from local to global levels, and the development of people, their communities, and their environments. Social workers should advocate for living conditions conducive to the fulfillment of

appropriate steps to ensure that all people have access to appropriate

on or research should be conducted with physical or mental dis-

tribution of services should be provided for professional purposes and consistent with this information.

on or research should be conducted with the informed consent of participants and of their communities. Records should inform participants of the measures that will be taken to ensure that their names and identifying information are not in any records containing

on and research results should be disseminated with confidentiality by omitting identifying information unless it has been obtained autho-

orization and research findings should not be falsified or distorted and should be reported accurately in published data

on or research should be conducted in a way that respects dual relationships with clients and communities when a real or potential conflict of interest exists. Appropriate steps to resolve the conflict should be taken with the clients' interests primary.

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general welfare of society, the development of people, their communities. Social workers should be committed to the fulfillment of

basic human needs and should promote social, economic, political, and cultural values and institutions that are compatible with the realization of social justice.

6.02 Public Participation

Social workers should facilitate informed participation by the public in shaping social policies and institutions.

6.03 Public Emergencies

Social workers should provide appropriate professional services in public emergencies to the greatest extent possible.

6.04 Social and Political Action

(a) Social workers should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully. Social workers should be aware of the impact of the political arena on practice and should advocate for changes in policy and legislation to improve social conditions in order to meet basic human needs and promote social justice.

(b) Social workers should act to expand choice and opportunity for all people, with special regard for vulnerable, disadvantaged, oppressed, and exploited people and groups.

(c) Social workers should promote conditions that encourage respect for cultural and social diversity within the United States and globally. Social workers should promote policies and practices that demonstrate respect for difference, support the expansion of cultural knowledge and resources, advocate for programs and institutions that demonstrate cultural competence, and promote policies that safeguard the rights of and confirm equity and social justice for all people.

(d) Social workers should act to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, or mental or physical disability.

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The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual well-being in a social context and the well-being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.



NASW

National Association of Social Workers

1735 K Street, N.E.

Washington, D.C. 20002-4242

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NASW standards for the practice of clinical social work

1990 Edition

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NASW standards for the practice of clinical social work

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Clinical Social Work

*Approved by the NASW Board of Directors
June 1984*

Revised April 1989



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Introduction

Historically, the social work profession has focused on both people and their social environment. Clinical social work, whose focus is on individuals, families, and groups, has its roots in social casework, which always has been a primary method for the delivery of social work services. The number of clinical social workers has grown continuously, and clinical social work continues to contribute significantly to the development of knowledge and skills for the profession. In 1978, the National Association of Social Workers (NASW) formally recognized clinical social work as part of a process of organizational differentiation. At that time, NASW established the Task Force on Clinical Social Work, which became the Provisional Council on Clinical Social Work in 1982.

Clinical social workers have practiced in governmental and voluntary agencies and, since the time of pioneer social worker Mary Richmond, in private practice. In 1961, NASW defined private practice as a setting for the delivery of clinical social work services and published its first *Handbook on the Private Practice of Social Work* in 1967.

Clinical practice continues to be an integral part of the services delivered in agency settings. At the same time, an increasing number of clinical practitioners have been moving into independent private practice, which further attests to the commitment of trained and experienced professionals to the direct treatment of individuals, families, and groups. This development, encompassing solo and group practice as well as other arrangements, is in addition to the practice of clinical social work in traditional voluntary and governmental agency settings.

Many states require the legal regulation of social work practice; some states require a special license for practitioners of clinical social work as well as those in independent private practice. Generally, certification for clinical social work requires a master's degree in social work plus at least two years' experience as well as an examination.

Given the variations among the states regarding legal regulation and the needs of clinical social work practitioners, NASW has taken appropriate responsibility for establishing standards of practice for all clinical social workers in all settings. These standards are to be considered desirable for all clinical social workers and are designed to do the following:

- Guide clinical social work practice.
- Guide state regulatory agencies.
- Provide information to insurance carriers and others

who, under various health-benefit plans, reimburse clients for clinical social work services.

- Inform consumer groups.

The NASW Code of Ethics is the primary standard by which all members are bound. A summary of the Code of Ethics will be found following these standards.

Definitions

The following definition of clinical social work was accepted by the NASW Board of Directors at its January 1984 meeting:

Clinical social work shares with all social work practice the goal of enhancement and maintenance of psychosocial functioning of individuals, families, and small groups. Clinical social work practice is the professional application of social work theory and methods to the treatment and prevention of psychosocial dysfunction, disability, or impairment, including emotional and mental disorders. It is based on knowledge of one or more theories of human development within a psychosocial context.

The perspective of person-in-situation is central to clinical social work practice. Clinical social work includes interventions directed to interpersonal interactions, intrapsychic dynamics, and life-support and management issues. Clinical social work services consist of assessment; diagnosis; treatment, including psychotherapy and counseling; client-centered advocacy; consultation; and evaluation. The process of clinical social work is undertaken within the objectives of social work and the principles and values contained in the NASW Code of Ethics.

In May 1961, the NASW Board of Directors endorsed the following definition of private practitioners of social work:

Private practitioners are social workers who, wholly or in part, practice social work outside a governmental or duly incorporated voluntary agency, who have responsibility for their own practice and set up conditions of exchange with their clients, and identify themselves as social work practitioners in offering services.

Goals and Objectives of the Standards

The goals of the standard are

- To maintain and improve the quality of services provided by clinical social workers.
- To establish professional expectations so social workers can monitor and evaluate their clinical practice.
- To provide a framework for clinical social workers to assess responsible professional behavior.
- To inform consumers, governmental regulatory bodies, and others, such as insurance carriers, about the profession's standards for clinical social work practice.

Toward the achievement of these goals, the standards

- Define and delineate clinical social work and the private practice of clinical social work.
- Establish specific ethical guidelines for the practice of clinical social work in agency or private practice settings.
- Provide documentation of professional expectations for agencies, peer review committees, state regulatory bodies, insurance carriers, and others.

Standards for the Practice of Clinical Social Work

Standard 1. Clinical social workers shall function in accordance with the ethics and the stated standards of the profession, including its accountability procedures.

Interpretation

All social workers have a fourfold responsibility: to clients, to the profession, to self, and to society. Social workers shall identify themselves as members of the social work profession. NASW members shall be familiar with and adhere to the NASW Code of Ethics and shall cooperate fully and in a timely fashion with the adjudication procedures of the Committee of Inquiry, peer review, and appropriate state boards. They shall be aware of and adhere to relevant stated professional standards for social work practice.

All clinical social workers shall be willing to have judgments and decisions reviewed by knowledgeable peers in a formal process. When requested by a client, the clinical social worker will provide information about how to file a complaint charging unethical behavior.

Standard 2. Clinical social workers shall have and continue to develop specialized knowledge and understanding of individuals, families, and groups and of therapeutic and preventive interventions.

Interpretation

Areas of knowledge about individuals, families, and groups required for effective clinical intervention encompass the following:

1. Social, psychological, and health factors and their interplay on psychosocial functioning, such as these:
 - theories of personality and behavior,
 - social-cultural influences,
 - environmental influences,
 - physical health, and
 - impairment and disability, including mental and emotional conditions.
2. Community resources
 - available social resources in the community and their operation and how to use them in the client's behalf and
 - how to identify appropriate services and negotiate a referral.
3. Specific practice skills, including the ability to
 - establish a relationship of mutual acceptance and trust,

- obtain, analyze, classify, and interpret social and personal data, including assessment and diagnosis,
- establish compatible goals of service with the client,
- bring about changes in behavior (thinking, feeling, or doing) or in the situation in accordance with the goals of service.

4. Knowledge about and skills in using research to evaluate the effectiveness of a service.

The clinical social worker shall have available a variety of appropriate social work therapeutic intervention techniques that he or she uses selectively, depending on the client's needs and capacity for change.

When knowledge and skills are acquired, other than those specific to social work, the practitioner is responsible for obtaining the appropriate training and certification. Clinical social workers shall maintain and enhance their skills through appropriate forms of professional development and continuing education (see *NASW Standards for Continuing Professional Education*) and are personally accountable for all aspects of their professional behavior and decisions.

Standard 3. Clinical social workers shall respond in a professional manner to all persons who seek their assistance.

Interpretation

Clinical social workers shall respond to each client regardless of the client's lifestyle, origin, race, sex, religion, or sexual orientation.

Clinical social workers shall limit their practice to those clients whom they have the skills and resources to serve. However, they shall be aware of and seek to ameliorate any of their attitudes and practices that may interfere with their ability to offer competent and equitable service. They have a professional responsibility to help a client establish contact with other appropriate resources when they cannot meet the needs for service of a particular client.

If the clinical social worker is unable to schedule a timely appointment for an initial assessment, he or she may screen the client by telephone to determine the urgency of the client's situation. The well-being of the client is the key factor in all decisions. In emergency situations in which the clinical social worker cannot be available to a new client, every effort should be made to find an appropriate source of immediate help.

On occasion, a client may decide to terminate treatment before a clinician judges the client to be ready. When the clinical social worker is sure that the termination is

premature but the client persists in his or her decision, it is the clinician's responsibility to refer the client to another appropriate treatment resource or, failing that, to help the client terminate treatment as constructively as possible, leaving the door open for the client to reapply for service at another time.

Standard 4. Clinical social workers shall be knowledgeable about the services available in the community and make appropriate referrals for their clients.

Interpretation

In accordance with the definition of clinical social work (see "Definitions"), the perspective of the person-in-situation is central to clinical practice. Therefore, clinical social workers must be alert to the clients' situations, especially those that affect the clients' behavior and functioning, and must be able to modify the environment, when possible, by referrals to other community services. There will also be occasions when advocacy on behalf of a client will be necessary to obtain needed services.

When a client is being served by other agencies, the clinical social worker shall maintain collaborative contacts as necessary with the other providers to ensure the coordination of services and the client's receipt of optimal benefits from the various services.

When the client is involved with more than one clinician, collaborative consultation shall be maintained as necessary to ensure delineation of the specific areas of responsibility. The clinician shall not share information about a client without the client's informed consent. (See Standard 6 for an elaboration of confidentiality.)

Standard 5. Clinical social workers shall maintain their accessibility to clients.

Interpretation

In the process of managing a therapeutic relationship, various factors or events may create problems of accessibility. The clinician shall be able to respond to the unanticipated needs of a client by, for example, having telephones answered, either by a person or machine, and messages relayed promptly and accurately. When the clinical social worker is unavailable because of vacation, illness, or any other reason, he or she should make arrangements for coverage by competent peers. These details should be discussed with the client at the beginning of treatment.

In establishing an office, the clinical social worker shall be aware that some clients may have or develop physical handicaps. Thus, the clinical social worker shall make every attempt to ensure that offices are free of impediments to mobility and that helping devices are available for sensorially impaired clients. The office's accessibility by public transportation, when it is available, also should be a consideration.

Standard 6. Clinical social workers shall safeguard the confidential nature of the treatment relationship and of the information obtained within that relationship.

Interpretation

Respect for the client as a person and for the client's right to privacy underlies the maintenance of confidentiality in the client-clinician relationship. Although assurance of this confidentiality enhances the therapeutic interaction, the client should be advised that there are circumstances in which confidentiality cannot be maintained. These circumstances would include but not necessarily be limited to the legally mandated requirement to report to appropriate authorities a suspicion of child abuse, including the sexual abuse of children, or to disclose information necessary to avert danger to the client or others. In some circumstances, a clinician may need to advise the parents of a child client's self-destructive behavior to ensure adequate protection for the child. In all such situations, the clinician shall advise the client of the exceptions to confidentiality and privilege, be prepared to share with the client the information that is being reported, and handle the feelings evoked. Except for such explicit, overriding requirements, the clinical social worker shares information only with the written and informed consent of the client.

Standard 7. Clinical social workers shall maintain access to professional case consultation.

Interpretation

In an agency setting, professional social work supervision or consultation should be available to all social work staff, either in the agency or through a contractual arrangement. If clinical social workers are not available, case con-

sultation may be obtained from qualified professionals of other disciplines.

The beginning clinical social worker requires regular case-consultation supervision. For the first two years of professional experience, at least one hour of supervision should be provided for every fifteen hours of face-to-face contact with clients. After the first two years, the ratio may be reduced to a minimum of one hour of case-consultation supervision for every thirty hours of face-to-face contact with clients. In some situations, additional consultation will be sought by the clinician, because of complex issues involving a client, or suggested by the consultant, because of difficulties the consultant perceives in the clinician's handling of a situation.

Clinicians with five years or more of experience should utilize consultation on an as-needed, self-determined basis. Although clinicians who are in independent practice shall utilize more case consultation when they first begin practicing, they should maintain consultative arrangements throughout the time they are in practice. Clinical social workers shall be knowledgeable about how and when to utilize the expertise of other professional disciplines in the area of medical problems, including pharmacology, and be alert to the effects of prescription drugs on a client so they can provide feedback to the client's physician.

Standard 8. Clinical social workers shall establish and maintain professional offices and procedures.

Interpretation

The clinical social worker keeps records of clients that substantiate service in a secure place. He or she maintains the records accurately and in a manner that is free from bias or prejudicial content. The social worker makes these records available to clients at their request.

The clinical social worker should ensure that appropriate insurance is maintained: agency liability, personal professional liability, premises protection, and other protective policies.

Clinical social workers shall establish a fee structure when in independent private practice or utilize the fee structure of the agency in which they are working. All fees and procedures for payment shall be discussed with the client at the beginning of treatment; to minimize misunderstanding, it is useful to present these policies in writing as well. This discussion should include the use of insurance reimbursement and how it will be handled; charges for missed or canceled appointments, vacations,

and collateral contacts; and any other financial issues.

Clinical social workers shall not refuse service to clients solely because the clients are not covered by insurance.

Billing procedures shall be included in the original discussion and clients' accounts shall be maintained according to acceptable accounting methods, with all bills and receipts provided on a regular and timely schedule. Clinical social workers shall discuss overdue accounts with clients and make every effort to avoid accrual of debt. When it is clear to a client and clinician that, for whatever reason, the client can no longer afford to pay for treatment, a mutually acceptable alternative plan for compensation or an orderly and appropriate termination or referral shall be instituted. Nothing in this standard shall be construed to rule out an individual clinician's decision to provide services on a *pro bono* basis.

When all efforts to collect an overdue account from a client have failed, the client should be informed that unpaid accounts may be turned over to a collection agency or small claims court or that other types of legal action will be taken. If there is a dispute over charges, the clinical social worker should make every effort to resolve it without damaging the therapeutic relationship.

Waiting rooms and offices should be kept clean, and the environment should be properly maintained to ensure a reasonable degree of comfort. Interviewing rooms should ensure privacy and be free of distractions. Steps should be taken to assure the client's and the social worker's personal security.

Standard 9. Clinical social workers shall represent themselves to the public with accuracy.

Interpretation

The public needs to know how to find help from qualified clinical social workers. Both agencies and independent private practitioners should ensure that their therapeutic services are made known to the public. In this regard, it is important that telephone listings be maintained in both the classified and alphabetical sections of the telephone directory, describing the clinical social work services available.

Although advertising in various media was thought to be questionable professional practice in the past, recent judicial decisions, Federal Trade Commission rulings as

well as current professional practices have made such advertising acceptable. The advertisement must be factual and should avoid false promises of cures.

The content of the advertisement should include the private practitioner's or agency's name and professional credentials and the address and telephone number or other contact information. It might also include the type of services provided (e.g., individual, family, or group therapy; alcoholism counseling; divorce mediation; and so forth) and the type of problems that are dealt with (e.g. marital distress, parent-child conflicts, eating disorders).

Standard 10. Social workers shall engage in the independent private practice of clinical social work only when qualified to do so.

Interpretation

Many states have legal regulations for social workers at a clinical or independent-practice level. If practitioners work in such a state, they must be licensed or certified at this level to engage in independent private practice.

The NASW standards for the independent practice of clinical social work are those required for inclusion in the *NASW Register of Clinical Social Workers*:

1. A graduate degree from a social work program accredited by the Council on Social Work Education.
2. Two years of full-time (or equivalent part-time) clinical social work experience supervised by a clinical social worker.
3. Current membership in the Academy of Certified Social Workers or a license or certification in a state at the appropriate level.

Standard 11. Clinical social workers shall have the right to establish an independent private practice.

Interpretation

Clinical social workers shall have the right to establish a separate independent practice as a form of secondary employment or after leaving a place of employment. When they establish such a practice, either alone or as part of a group, they are responsible for assuring that the diagnostic and treatment services meet professional standards. If such a practitioner hires clinical social workers or other employees, he or she, as an employer, is responsible for

the services provided, for maintaining all these standards, and for upholding all applicable local, state, or federal regulations.

Clinical social workers who are employed by agencies and have an independent private practice should not refer agency clients to themselves unless they have made a specific agreement with the agency and have offered alternative options to the clients. Agencies have the responsibility to establish written, reasonable guidelines or policies about secondary employment (see *NASW Standards for Social Work Personnel Practices*). When an agency does not have clear written policies, the clinical social worker may cite the relevant NASW standards.

When a clinical social worker leaves an agency to establish an independent private practice, he or she must take great care to explain fully the options available to clients. Clients in treatment may be offered various options after consultation with the agency. These options include (1) transferring to another staff member in the agency, (2) continuing with the same clinician in an independent setting, (3) transferring to another agency or to a different private practitioner, or (4) terminating treatment. The overriding principle is the client's right to self-determination and freedom of choice. That is, the client's best interests must always be paramount in these decisions.

Code of Ethics

SUMMARY OF MAJOR PRINCIPLES

I. The Social Worker's Conduct and Comportment as a Social Worker

A. *Propriety.* The social worker should maintain high standards of personal conduct in the capacity or identity as social worker.

B. *Competence and Professional Development.* The social worker should strive to become and remain proficient in professional practice and the performance of professional functions.

C. *Service.* The social worker should regard as primary the service obligation of the social work profession.

D. *Integrity.* The social worker should act in accordance with the highest standards of professional integrity.

E. *Scholarship and Research.* The social worker engaged in study and research should be guided by the conventions of scholarly inquiry.

II. The Social Worker's Ethical Responsibility to Clients

F. *Primacy of Clients' Interests.* The social worker's primary responsibility is to clients.

G. *Rights and Prerogatives of Clients.* The social worker should make every effort to foster maximum self-determination on the part of clients.

H. *Confidentiality and Privacy.* The social worker should respect the privacy of clients and hold in confidence all information obtained in the course of professional service.

I. *Fees.* When setting fees, the social worker should ensure that they are fair, reasonable, considerate, and commensurate with the service performed and with due regard for the clients' ability to pay.

III. The Social Worker's Ethical Responsibility to Colleagues

J. *Respect, Fairness, and Courtesy.* The social worker should treat colleagues with respect, courtesy, fairness, and good faith.

K. *Dealing with Colleagues' Clients.* The social worker has the responsibility to relate to the clients of colleagues with full professional consideration.

IV. The Social Worker's Ethical Responsibility to Employers and Employing Organizations

L. *Commitments to Employing Organizations.* The social worker should adhere to commitments made to the employing organizations.

V. The Social Worker's Ethical Responsibility to the Social Work Profession

M. *Maintaining the Integrity of the Profession.* The social worker should uphold and advance the values, ethics, knowledge, and mission of the profession.

N. *Community Service.* The social worker should assist the profession in making social services available to the general public.

O. *Development of Knowledge.* The social worker should take responsibility for identifying, developing, and fully utilizing knowledge for professional practice.

VI. The Social Worker's Ethical Responsibility to Society

P. *Promoting the General Welfare.* The social worker should promote the general welfare of society.

This summary is of the NASW Code of Ethics, effective July 1, 1980, as adopted by the 1979 NASW Delegate Assembly and revised by the 1990 and 1993 Delegate Assemblies. The complete text, including the preamble and expanded definitions of principles, is available on request.

About NASW

The National Association of Social Workers (NASW) is the largest organization of professional social workers in the world. As of July 1995, over 155,000 members participated in 55 chapters throughout the United States, Puerto Rico, the Virgin Islands, and the international community.

The association works to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies. NASW provides a variety of membership benefits including credentials (NASW Diplomate in Clinical Social Work, Academy of Certified Social Workers, Academy of Certified Baccalaureate Social Workers, the Qualified Clinical Social Worker, and the School Social Worker Specialist) and insurance (professional liability, health, and life). The NASW Press, which produces *Social Work* and the *NASW News* as membership benefits as well as four other journals and numerous books each year, is a major service in professional development. In January 1991, the association released a major proposal for National Health Care, a single-payer system.

For more information on NASW membership or programs, write NASW, 750 First Street, NE, Suite 700, Washington, DC 20002-4241 (telephone: 1-800-638-8799 or 1-202-408-8600).

Professional Counselors

Sec. 08.29.110. Qualifications for licensure. (a) The board shall issue a professional counselor license to a person who applies for the license, submits the required fee, submits two letters of recommendation from professional counselors who are familiar with the applicant's practice of professional counseling, and presents evidence satisfactory to the board that the person

(1) is at least 18 years of age;
(2) is not under investigation in this or another jurisdiction for an act that would constitute a violation of this chapter;

(3) has not had a license related to the practice of counseling, psychology, marital and family therapy, or social work in this or another jurisdiction suspended, revoked, or surrendered in lieu of discipline unless the license has been fully reinstated in that jurisdiction;

(4) has passed a written examination as required by the board; the board may provide that passing a nationally recognized examination for professional counselors is sufficient to meet the examination requirement of this paragraph;

(5) has successfully completed either

(A) an earned doctoral degree in counseling or a related professional field from a regionally accredited institution of higher education approved by the board; or

(B) an earned master's degree in counseling or a related professional field, from a regionally or nationally accredited institution of higher education approved by the board, consisting of at least 48 semester hours and at least 12 other graduate semester hours in counseling during or after earning the master's degree, for a total of at least 60 hours; and

(6) has, after completing the requirement of either (5)(A) or (B) of this subsection, had at least 3,000 hours of supervised experience in the practice of professional counseling performed over a period of at least two years under the supervision of a supervisor approved under AS 08.29.210, with at least 1,000 hours of direct counseling with individuals, couples, families, or groups and at least 100 hours of face-to-face supervision by a supervisor approved under AS 08.29.210 unless, under regulations of the board, the board allows the supervision to be by telephonic or electronic means because of the remote location of the counselor.

(b) The board may, in its regulations, specify the areas of study that must be covered in order to meet the educational requirements of (a) of this section.

Sec. 08.29.120. Licensure by credential. (a) Except as provided in (b) of this section, the board may issue a license under this chapter to a person who is licensed in another jurisdiction to practice professional counseling if the board finds that the other jurisdiction has substantially the same or higher licensure requirements as this state.

(b) The board may not license under this section a person who is under investigation in this or another jurisdiction for an act that would constitute a violation of this chapter until the investigation is complete and disciplinary sanctions, if any, are imposed and the person has complied with the sanctions.

Sec. 08.29.130. Licensure of foreign-educated applicants. The board may issue a license under this chapter to a person who

(1) has completed a doctorate or master's degree educational program in counseling or a related professional field in a foreign college or university approved by the board;

(2) meets the requirements of AS 08.29.110 except for AS 08.29.110(a)(5); and

(3) demonstrates to the satisfaction of the board that the applicant's experience, command of the English language, and completed academic program meet the standards of a relevant academic program of an accredited educational institution in the United States.

Sec. 08.29.140. License renewal. Renewal of a license under this chapter may not be granted unless the licensee, within the 24 months immediately preceding the renewal date, has completed the continuing education requirements established by the board.

ARTICLE 3. MISCELLANEOUS PROVISIONS.

Sec. 08.29.200. Confidentiality of communications. (a) A person licensed under this chapter may not reveal to another person a communication made to the licensee by a client about a matter concerning which the client has employed the licensee in a professional capacity. This section does not apply to

(1) a communication to a potential victim, the family of a potential victim, law enforcement authorities, or other appropriate authorities concerning a clear and immediate probability of physical harm to the client, other individuals, or society;

(2) a case conference or case consultation with other mental health professionals at which the patient is not identified;

(3) the release of information that the client in writing authorized the licensee to reveal;

Professional Counselors

(4) information released to the board during the investigation of a complaint or as part of a disciplinary or other proceeding; or

(5) situations where the rules of evidence applicable to the psychotherapist-patient privilege allow the release of the information.

(b) Notwithstanding (a) of this section, a person licensed under this chapter shall report incidents of

(1) child abuse or neglect as required by AS 47.17;

(2) harm or assaults suffered by an elderly person or disabled adult as required by AS 47.24.

(c) Information obtained by the board under (a)(4) of this section is confidential and is not a public record for purposes of AS 09.25.110 - 09.25.140.

Sec. 08.29.210. Supervisor certification. (a) The board shall approve and certify a person as an approved counselor supervisor for the purposes of this chapter if the person

(1) is licensed under this chapter as a professional counselor or is a licensed physician, licensed advanced nurse practitioner who is certified to provide psychiatric or mental health services, licensed clinical social worker, licensed marital and family therapist, licensed psychologist, or licensed psychological associate;

(2) submits an application for certification and the appropriate fee;

(3) has five years of counseling experience;

(4) provides to the board for its approval or disapproval a statement that details the person's supervision philosophy, orientation, and experience; and

(5) meets other criteria that may be established by the board in regulations.

(b) Certification under (a) of this section remains in effect, without the need for renewal of the certification, until the person's licensure as a professional counselor is revoked, suspended, or otherwise lapses.

Sec. 08.29.220. Disclosure statement. A client may not be charged a fee for professional counseling services unless, before the performance of the services, the client was furnished a copy of a professional disclosure statement that contained

(1) the name, title, business address, and business telephone number of the professional counselor;

(2) a description of the formal professional education of the professional counselor, including the institutions attended and the degrees received from them;

(3) the professional counselor's areas of specialization and the services available;

(4) the professional counselor's fee schedule listed by type of service or hourly rate;

(5) at the bottom of the first page of the statement, the following sentence: "This information is required by the Board of Professional Counselors which regulates all licensed professional counselors," followed by the name, address, and telephone number of the board's office.

Sec. 08.29.230. Limitation of practice. Notwithstanding that a specific act is within the definition of the "practice of professional counseling," a person licensed under this chapter may not perform the act if the person lacks appropriate education or training related to the act. Article 4. General Provisions.

Sec. 08.29.400. Grounds for denial of license or for disciplinary sanctions. The board may impose a disciplinary sanction under AS 08.01.075 on a person licensed under this chapter or deny a license to a person when the board finds that the person

(1) has an addiction to, or severe dependency on, alcohol or other drugs that impairs the person's ability to engage safely in the practice of professional counseling;

(2) has been convicted of a felony and has not been sufficiently rehabilitated to merit the public trust;

(3) used fraud, deception, misrepresentation, or bribery in securing a license under this chapter or in obtaining permission to take an examination required under this chapter;

(4) is incompetent or has committed misconduct, fraud, misrepresentation, or dishonesty in the performance of the functions of a licensed professional counselor;

(5) violated, or assisted another individual to violate, a provision of this chapter or a regulation adopted under this chapter;

(6) impersonated a person who holds a license under this chapter;

(7) has had a license related to the practice of counseling, psychology, marital and family therapy, or social work in this or another jurisdiction revoked, suspended, limited, or surrendered in lieu of discipline upon grounds for which a license issued under this chapter could be revoked, suspended, limited, or surrendered in lieu of discipline; this paragraph does not apply to license actions for failure to pay a renewal fee;

(8) assisted another person who is not licensed under this chapter in an attempt to represent the person to the public as a licensed professional counselor;

(9) was issued a license based on a material mistake of fact;

(10) used an advertisement or solicitation that is false, misleading, or deceptive to the general public or the person to whom the advertisement was primarily directed; or

12 AAC 62.900. CODE OF ETHICS AND STANDARDS OF PRACTICE. (a) The "Code of Ethics and Standards of Practice", American Counseling Association (ACA), 1997 edition, is adopted by reference as the code of ethics for professional counselors in the state. A professional counselor licensed in the state must adhere to the code of ethics.

(b) When using or administering assessment instruments described in AS 08.29.490(1)(C), a professional counselor must comply with Section E: Evaluation, Assessment, and Interpretation of the "Code of Ethics and Standards of Practice" adopted by reference in (a) of this section.

Editor's Note: A copy of the "Code of Ethics and Standards of Practice", American Counseling Association, 1997 edition, described in 12 AAC 62.900 is available for inspection at the Department of Community and Economic Development, Division of Occupational Licensing, P.O. Box 110806, Juneau, Alaska, 99811, or may be obtained from the American Counseling Association, 5999 Stevenson Avenue, Alexandria, VA 22304 - 3300; telephone: (703) 823-9800; internet: <http://www.counseling.org>.

12 AAC 62.930. WRITTEN NOTICE WITH DISCLOSURE STATEMENT. In addition to the professional disclosure statement required by AS 08.29.220, a licensee must provide written notice to the client that

(1) the treatment program may be discussed with other professionals and, if that occurs, the client's confidentiality will be maintained; and

(2) the name and identity of the client will be disclosed only in compliance with AS 08.29.200.

12 AAC 62.990. DEFINITIONS. (a) In AS 08.29,

(1) "direct counseling" means professional counseling provided face-to-face with individuals, couples, families, or groups;

(2) "incompetent" means lacking sufficient knowledge, skills, or professional judgement in counseling, to a degree likely to endanger the mental health or well being of a client;

(b) In AS 08.29 and sec. 6, ch. 75, SLA 1998, as amended by sec. 7, ch. 49, SLA 1999, "related field" or "related professional field" includes psychology, marital and family therapy, social work, and applied behavioral science;

(c) In AS 08.29 and this chapter,

(1) "approved counselor supervisor" means a counselor supervisor certified under 12 AAC 62.200;

(2) "board" means the Board of Professional Counselors;

(3) "department" means the Department of Community and Economic Development;

(4) "professional counselor" means a person who is in the practice of professional counseling as defined in AS 08.29.490(1).

CHAPTER 01. CENTRALIZED LICENSING.

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Professional Counselors

12 AAC 62.900
1995 Version

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DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

& ACA Code of Ethics
Standards of Practice

(and related documents)

Preamble

THE AMERICAN COUNSELING ASSOCIATION is an educational, scientific and professional organization whose members are dedicated to the enhancement of human development throughout the life span. Association members recognize diversity in our society and embrace a cross-cultural approach in support of the worth, dignity, potential, and uniqueness of each individual.

The specification of a code of ethics enables the association to clarify to current and future members, and to those served by members, the nature of the ethical responsibilities held in common by its members. As the code of ethics of the association, this document establishes principles that define the ethical behavior of association members. All members of the American Counseling Association are required to adhere to the *ACA Code of Ethics & Standards of Practice*. The *ACA Code of Ethics & Standards of Practice* will serve as the basis for processing ethical complaints initiated against members of the association.

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Section A: The Counseling Relationship

A.1. CLIENT WELFARE

a. *Primary Responsibility.*

The primary responsibility of counselors is to respect the dignity and to promote the welfare of clients.

b. *Positive Growth and Development.*

Counselors encourage client growth and development in ways that foster the clients' interest and welfare; counselors avoid fostering dependent counseling relationships.

c. *Counseling Plans.*

Counselors and their clients work jointly in devising integrated, individual counseling plans that offer reasonable promise of success and are consistent with abilities and circumstances of clients. Counselors and clients regularly review counseling plans to ensure their continued viability and effectiveness respecting clients' freedom of choice. (See A.3.b.)

d. *Family Involvement.*

Counselors recognize that families are usually important in clients' lives and strive to enlist family understanding and involvement as a positive resource when appropriate.

e. *Career and Employment Needs.*

Counselors work with their clients in considering employment in jobs and circumstances that are consistent with the clients' overall abilities, vocational limitations, physical restrictions, general temperament, interest and aptitude patterns, social skills, education, general qualifications, and other relevant characteristics and needs. Counselors neither place nor participate in placing clients in positions that will result in damaging the interest and the welfare of clients, employers, or the public.

A.2. RESPECTING DIVERSITY

a. *Nondiscrimination.*

Counselors do not condone or engage in discrimination based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status. (See C.5.a., C.5.b., and D.1.i.)

b. *Respecting Differences.*

Counselors will actively attempt to understand the diverse cultural backgrounds of the clients with whom they work. This includes, but is not limited to, learning how the counselor's own cultural/ethnic/racial identity

impacts her/his values and beliefs about the counseling process. (See E.8. and F.2.i.)

A.3. CLIENT RIGHTS

a. *Disclosure to Clients.*

When counseling is initiated, and throughout the counseling process as necessary, counselors inform clients of the purposes, goals, techniques, procedures, limitations, potential risks and benefits of services to be performed, and other pertinent information. Counselors take steps to ensure that clients understand the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements. Clients have the right to expect confidentiality and to be provided with an explanation of its limitations, including supervision and/or treatment team professionals; to obtain clear information about their case records; to participate in the ongoing counseling plans; and to refuse any recommended services and be advised of the consequences of such refusal. (See E.5.a. and G.2.)

b. *Freedom of Choice.*

Counselors offer clients the freedom to choose whether to enter into a counseling relationship and to determine which professional(s) will provide counseling. Restrictions that limit choices of clients are fully explained. (See A.1.c.)

c. *Inability to Give Consent.*

When counseling minors or persons unable to give voluntary informed consent, counselors act in these clients' best interests. (See B.3.)

A.4. CLIENTS SERVED BY OTHERS

If a client is receiving services from another mental health professional, counselors, with client consent, inform the professional persons already involved and develop clear agreements to avoid confusion and conflict for the client. (See C.6.c.)

A.5. PERSONAL NEEDS AND VALUES

a. *Personal Needs.*

In the counseling relationship, counselors are aware of the intimacy and responsibilities inherent in the counseling relationship, maintain respect for clients, and avoid actions that seek to meet their personal needs at the expense of clients.

b. *Personal Values.*

Counselors are aware of their own values, attitudes, beliefs, and behaviors and how these apply in a diverse society and avoid imposing their values on clients. (See C.5.a.)

A.6. DUAL RELATIONSHIPS

a. *Avoid When Possible.*

Counselors are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of clients. Counselors make every effort to avoid dual relationships with clients that could impair professional judgment or increase the risk of harm to clients. (Examples of such relationships include, but are not limited to, familial, social, financial, business, or close personal relationships with clients.) When a dual relationship cannot be avoided, counselors take appropriate professional precautions, such as informed consent, consultation, supervision, and documentation, to ensure that judgment is not impaired and no exploitation occurs. (See F.1.b.)

b. *Superior/Subordinate Relationships.*

Counselors do not accept as clients superiors or subordinates with whom they have administrative, supervisory, or evaluative relationships.

A.7. SEXUAL INTIMACIES WITH CLIENTS

a. *Current Clients.*

Counselors do not have any type of sexual intimacies with clients and do not counsel persons with whom they have had a sexual relationship.

b. *Former Clients.*

Counselors do not engage in sexual intimacies with former clients within a minimum of two years after terminating the counseling relationship. Counselors who engage in such relationship after two years following termination have the responsibility to thoroughly examine and document that such relations did not have an exploitative nature, based on factors, such as duration of counseling, amount of time since counseling, termination circumstances, client's personal history and mental status, adverse impact on the client, and actions by the counselor suggesting a plan to initiate a sexual relationship with the client after termination.

A.8. MULTIPLE CLIENTS

When counselors agree to provide counseling services to two or more persons who have a relationship (such as husband and wife, or parents and children), counselors clarify at the outset which person or persons are clients and the nature of the relationships they will have with each involved person. If it becomes apparent that counselors may be called upon to perform potentially conflicting roles, they clarify, adjust, or withdraw from roles appropriately. (See B.2. and B.4.d.)

A.9. GROUP WORK

a. *Screening.*

Counselors screen prospective group counseling/therapy participants. To the extent possible, counselors select members whose needs and goals are compatible with goals of the group, who will not impede the group process, and whose well-being will not be jeopardized by the group experience.

b. *Protecting Clients.*

In a group setting, counselors take reasonable precautions to protect clients from physical or psychological trauma.

A.10. FEES AND BARTERING

(See D.3.a. and D.3.b.)

a. *Advance Understanding.*

Counselors clearly explain to clients, prior to entering the counseling relationship, all financial arrangements related to professional services including the use of collection agencies or legal measures for nonpayment. (A.11.c.)

b. *Establishing Fees.*

In establishing fees for professional counseling services, counselors consider the financial status of clients and locality. In the event that the established fee structure is inappropriate for a client, assistance is provided in attempting to find comparable services of acceptable cost. (See A.10.d., D.3.a., and D.3.b.)

c. *Bartering Discouraged.*

Counselors ordinarily refrain from accepting goods or services from clients in return for counseling services because such arrangements create inherent potential for conflicts, exploitation, and distortion of the professional relationship. Counselors may participate in bartering only if the relationship is not exploitive, if the client requests it, if a clear written contract is established, and if such arrangements are an accepted practice among professionals in the community. (See A.6.a.)

d. *Pro Bono Service.*

Counselors contribute to society by devoting a portion of their professional activity to services for which there is little or no financial return (pro bono).

A.11. TERMINATION AND REFERRAL

a. *Abandonment Prohibited.*

Counselors do not abandon or neglect clients in counseling. Counselors assist in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions, such as vacations, and following termination.

b. *Inability to Assist Clients.*

If counselors determine an inability to be of professional assistance to clients, they avoid entering or immediately terminate a counseling relationship. Counselors are knowledgeable about referral resources and suggest appropriate alternatives. If clients decline the suggested referral, counselors should discontinue the relationship.

c. *Appropriate Termination.*

Counselors terminate a counseling relationship, securing client agreement when possible, when it is reasonably clear that the client is no longer benefiting, when services are no longer required, when counseling no longer serves the client's needs or interests, when clients do not pay fees charged, or when agency or institution limits do not allow provision of further counseling services. (See A.10.b. and C.2.g.)

A.12. COMPUTER TECHNOLOGY

a. *Use of Computers.*

When computer applications are used in counseling services, counselors ensure that (1) the client is intellectually, emotionally, and physically capable of using the computer application; (2) the computer application is appropriate for the needs of the client; (3) the client understands the purpose and operation of the computer applications; and (4) a follow-up of client use of a computer application is provided to correct possible misconceptions, discover inappropriate use, and assess subsequent needs.

b. *Explanation of Limitations.*

Counselors ensure that clients are provided information as a part of the counseling relationship that adequately explains the limitations of computer technology.

c. *Access to Computer Applications.*

Counselors provide for equal access to computer applications in counseling services. (See A.2.a.)

Section B: Confidentiality

B.1. RIGHT TO PRIVACY

a. *Respect for Privacy.*

Counselors respect their clients' right to privacy and avoid illegal and unwarranted disclosures of confidential information. (See A.3.a. and B.6.a.)

b. *Client Waiver.*

The right to privacy may be waived by the client or their legally recognized representative.

c. *Exceptions.*

The general requirement that counselors keep

information confidential does not apply when disclosure is required to prevent clear and imminent danger to the client or others or when legal requirements demand that confidential information be revealed. Counselors consult with other professionals when in doubt as to the validity of an exception.

d. *Contagious, Fatal Diseases.*

A counselor who receives information confirming that a client has a disease commonly known to be both communicable and fatal is justified in disclosing information to an identifiable third party, who by his or her relationship with the client is at a high risk of contracting the disease. Prior to making a disclosure the counselor should ascertain that the client has not already informed the third party about his or her disease and that the client is not intending to inform the third party in the immediate future. (See B.1.c and B.1.f.)

e. *Court Ordered Disclosure.*

When court ordered to release confidential information without a client's permission, counselors request to the court that the disclosure not be required due to potential harm to the client or counseling relationship. (See B.1.c.)

f. *Minimal Disclosure.*

When circumstances require the disclosure of confidential information, only essential information is revealed. To the extent possible, clients are informed before confidential information is disclosed.

g. *Explanation of Limitations.*

When counseling is initiated and throughout the counseling process as necessary, counselors inform clients of the limitations of confidentiality and identify foreseeable situations in which confidentiality must be breached. (See G.2.a.)

h. *Subordinates.*

Counselors make every effort to ensure that privacy and confidentiality of clients are maintained by subordinates including employees, supervisees, clerical assistants, and volunteers. (See B.1.a.)

i. *Treatment Teams.*

If client treatment will involve a continued review by a treatment team, the client will be informed of the team's existence and composition.

B.2. GROUPS AND FAMILIES

a. *Group Work.*

In group work, counselors clearly define confidentiality and the parameters for the specific group being entered, explain its importance, and discuss the difficulties related to confidentiality involved in group work. The fact that

confidentiality cannot be guaranteed is clearly communicated to group members

b. Family Counseling.

In family counseling, information about one family member cannot be disclosed to another member without permission. Counselors protect the privacy rights of each family member. (See A.8., B.3., and B.4.d.)

B.3 MINOR OR INCOMPETENT CLIENTS

When counseling clients who are minors or individuals who are unable to give voluntary, informed consent, parents or guardians may be included in the counseling process as appropriate. Counselors act in the best interests of clients and take measures to safeguard confidentiality. (See A.3.c.)

B.4. RECORDS

a. Requirement of Records.

Counselors maintain records necessary for rendering professional services to their clients and as required by laws, regulations, or agency or institution procedures.

b. Confidentiality of Records.

Counselors are responsible for securing the safety and confidentiality of any counseling records they create, maintain, transfer, or destroy whether the records are written, taped, computerized, or stored in any other medium. (See B.1.a.)

c. Permission to Record or Observe.

Counselors obtain permission from clients prior to electronically recording or observing sessions. (See A.3.a.)

d. Client Access.

Counselors recognize that counseling records are kept for the benefit of clients and, therefore, provide access to records and copies of records when requested by competent clients unless the records contain information that may be misleading and detrimental to the client. In situations involving multiple clients, access to records is limited to those parts of records that do not include confidential information related to another client. (See A.8., B.1.a., and B.2.b.)

e. Disclosure or Transfer.

Counselors obtain written permission from clients to disclose or transfer records to legitimate third parties unless exceptions to confidentiality exist as listed in Section B.1. Steps are taken to ensure that receivers of counseling records are sensitive to their confidential nature.

B.5. RESEARCH AND TRAINING

a. Data Disguise Required.

Use of data derived from counseling relationships for purposes of training, research, or publication is confined to content that is disguised to ensure the anonymity of the individuals involved. (See B.1.g. and G.3.d.)

b. Agreement for Identification.

Identification of a client in a presentation or publication is permissible only when the client has reviewed the material and has agreed to its presentation or publication. (See G.3.d.)

B.6. CONSULTATION

a. Respect for Privacy.

Information obtained in a consulting relationship is discussed for professional purposes only with persons clearly concerned with the case. Written and oral reports present data germane to the purposes of the consultation, and every effort is made to protect client identity and avoid undue invasion of privacy.

b. Cooperating Agencies.

Before sharing information, counselors make efforts to ensure that there are defined policies in other agencies serving the counselor's clients that effectively protect the confidentiality of information.

Professional Responsibility

C.1. STANDARDS KNOWLEDGE

Counselors have a responsibility to read, understand, and follow the Code of Ethics and the Standards of Practice.

C.2. PROFESSIONAL COMPETENCE

a. Boundaries of Competence.

Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors will demonstrate a commitment to gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population.

b. New Specialty Areas of Practice.

Counselors practice in specialty areas new to them only after appropriate education, training, and supervised experience. While developing skills in new specialty areas, counselors take steps to ensure the competence of their work and to protect others from possible harm.

c. Qualified for Employment.

Counselors accept employment only for positions for which they are qualified by education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors hire for professional counseling positions only individuals who are qualified and competent.

d. Monitor Effectiveness.

Counselors continually monitor their effectiveness as professionals and take steps to improve when necessary. Counselors in private practice take reasonable steps to seek out peer supervision to evaluate their efficacy as counselors.

e. Ethical Issues Consultation.

Counselors take reasonable steps to consult with other counselors or related professionals when they have questions regarding their ethical obligations or professional practice. (See H.1)

f. Continuing Education.

Counselors recognize the need for continuing education to maintain a reasonable level of awareness of current scientific and professional information in their fields of activity. They take steps to maintain competence in the skills they use, are open to new procedures, and keep current with the diverse and/or special populations with whom they work.

g. Impairment.

Counselors refrain from offering or accepting professional services when their physical, mental or emotional problems are likely to harm a client or others. They are alert to the signs of impairment, seek assistance for problems, and, if necessary, limit, suspend, or terminate their professional responsibilities. (See A.11.c.)

C.3. ADVERTISING AND SOLICITING CLIENTS

a. Accurate Advertising.

There are no restrictions on advertising by counselors except those that can be specifically justified to protect the public from deceptive practices. Counselors advertise or represent their services to the public by identifying their credentials in an accurate manner that is not false, misleading, deceptive, or fraudulent. Counselors may only advertise the highest degree earned which is in counseling or a closely related field from a college or university that was accredited when the degree was awarded by one of the regional accrediting bodies recognized by the Council for Higher Education Accreditation.

b. Testimonials.

Counselors who use testimonials do not solicit them from clients or other persons who, because

of their particular circumstances, may be vulnerable to undue influence.

c. Statements by Others.

Counselors make reasonable efforts to ensure that statements made by others about them or the profession of counseling are accurate.

d. Recruiting Through Employment.

Counselors do not use their places of employment or institutional affiliation to recruit or gain clients, supervisees, or consultees for their private practices. (See C.5.e.)

e. Products and Training Advertisements.

Counselors who develop products related to their profession or conduct workshops or training events ensure that the advertisements concerning these products or events are accurate and disclose adequate information for consumers to make informed choices.

f. Promoting to Those Served.

Counselors do not use counseling, teaching, training, or supervisory relationships to promote their products or training events in a manner that is deceptive or would exert undue influence on individuals who may be vulnerable. Counselors may adopt textbooks they have authored for instruction purposes.

g. Professional Association Involvement.

Counselors actively participate in local, state, and national associations that foster the development and improvement of counseling.

C.4. CREDENTIALS

a. Credentials Claimed.

Counselors claim or imply only professional credentials possessed and are responsible for correcting any known misrepresentations of their credentials by others. Professional credentials include graduate degrees in counseling or closely related mental health fields, accreditation of graduate programs, national voluntary certifications, government-issued certifications or licenses, ACA professional membership, or any other credential that might indicate to the public specialized knowledge or expertise in counseling.

b. ACA Professional Membership.

ACA professional members may announce to the public their membership status. Regular members may not announce their ACA membership in a manner that might imply they are credentialled counselors.

c. Credential Guidelines.

Counselors follow the guidelines for use of credentials that have been established by the entities that issue the credentials.

d. Misrepresentation of Credentials.

Counselors do not attribute more to their credentials than the credentials represent and do not imply that other counselors are not qualified because they do not possess certain credentials.

e. Doctoral Degrees From Other Fields.

Counselors who hold a master's degree in counseling or a closely related mental health field but hold a doctoral degree from other than counseling or a closely related field do not use the title, "Dr.," in their practices and do not announce to the public in relation to their practice or status as a counselor that they hold a doctorate.

C.5. PUBLIC RESPONSIBILITY

a. Nondiscrimination.

Counselors do not discriminate against clients, students, or supervisees in a manner that has a negative impact based on their age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, or socioeconomic status, or for any other reason. (See A.2.a.)

b. Sexual Harassment.

Counselors do not engage in sexual harassment. Sexual harassment is defined as sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with professional activities or roles, and that either (1) is unwelcome, is offensive, or creates a hostile workplace environment, and counselors know or are told this; or (2) is sufficiently severe or intense to be perceived as harassment to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or multiple persistent or pervasive acts.

c. Reports to Third Parties.

Counselors are accurate, honest, and unbiased in reporting their professional activities and judgments to appropriate third parties including courts, health insurance companies, those who are the recipients of evaluation reports, and others. (See B.1.g.)

d. Media Presentations.

When counselors provide advice or comment by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, printed articles, mailed material, or other media, they take reasonable precautions to ensure that (1) the statements are based on appropriate professional counseling literature and practice; (2) the statements are otherwise consistent with the Code of Ethics and the Standards of Practice; and (3) the recipients of the information are not encouraged to infer that a professional counseling relationship has been established. (See C.6.b.)

e. Unjustified Gains.

Counselors do not use their professional positions to seek or receive unjustified personal gains, sexual favors, unfair advantage, or unearned goods or services. (See C.3.d.)

C.6. RESPONSIBILITY TO OTHER PROFESSIONALS

a. Different Approaches.

Counselors are respectful of approaches to professional counseling that differ from their own. Counselors know and take into account the traditions and practices of other professional groups with which they work.

b. Personal Public Statements.

When making personal statements in a public context, counselors clarify that they are speaking from their personal perspectives and that they are not speaking on behalf of all counselors or the profession. (See C.5.d.)

c. Clients Served by Others.

When counselors learn that their clients are in a professional relationship with another mental health professional, they request release from clients to inform the other professionals and strive to establish positive and collaborative professional relationships. (See A.4.)

**Section D:
Relationships With Other
Professionals**

D.1. RELATIONSHIPS WITH EMPLOYERS AND EMPLOYEES

a. Role Definition.

Counselors define and describe for their employers and employees the parameters and levels of their professional roles.

b. Agreements.

Counselors establish working agreements with supervisors, colleagues, and subordinates regarding counseling or clinical relationships, confidentiality, adherence to professional standards, distinction between public and private material, maintenance and dissemination of recorded information, workload, and accountability. Working agreements in each instance are specified and made known to those concerned.

c. Negative Conditions.

Counselors alert their employers to conditions that may be potentially disruptive or damaging to the counselor's professional responsibilities or that may limit their effectiveness.

d. Evaluation.

Counselors submit regularly to professional review and evaluation by their supervisor or the appropriate representative of the employer.

c. In-Service.

Counselors are responsible for in-service development of self and staff.

f. Goals.

Counselors inform their staff of goals and programs.

g. Practices.

Counselors provide personnel and agency practices that respect and enhance the rights and welfare of each employee and recipient of agency services. Counselors strive to maintain the highest levels of professional services.

h. Personnel Selection and Assignment.

Counselors select competent staff and assign responsibilities compatible with their skills and experiences.

i. Discrimination.

Counselors, as either employers or employees, do not engage in or condone practices that are inhumane, illegal, or unjustifiable (such as considerations based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, or socioeconomic status) in hiring, promotion, or training. (See A.2.a. and C.5.b.)

j. Professional Conduct.

Counselors have a responsibility both to clients and to the agency or institution within which services are performed to maintain high standards of professional conduct.

k. Exploitive Relationships.

Counselors do not engage in exploitive relationships with individuals over whom they have supervisory, evaluative, or instructional control or authority.

l. Employer Policies.

The acceptance of employment in an agency or institution implies that counselors are in agreement with its general policies and principles. Counselors strive to reach agreement with employers as to acceptable standards of conduct that allow for changes in institutional policy conducive to the growth and development of clients.

D.2. CONSULTATION (See B.6.)

a. Consultation as an Option.

Counselors may choose to consult with any other professionally competent persons about their clients. In choosing consultants, counselors avoid placing the consultant in a conflict of interest situation that would preclude the consultant being a proper party to the counselor's efforts to help the client. Should counselors be engaged in a work setting that compromises this consultation standard, they consult with other professionals whenever possible to consider justifiable alternatives.

b. Consultant Competency.

Counselors are reasonably certain that they have or the organization represented has the necessary competencies and resources for giving the kind of consulting services needed and that appropriate referral resources are available.

c. Understanding with Clients.

When providing consultation, counselors attempt to develop with their clients a clear understanding of problem definition, goals for change, and predicted consequences of interventions selected.

d. Consultant Goals.

The consulting relationship is one in which client adaptability and growth toward self-direction are consistently encouraged and cultivated. (See A.1.b.)

D.3. FEES FOR REFERRAL

a. Accepting Fees from Agency Clients.

Counselors refuse a private fee or other remuneration for rendering services to persons who are entitled to such services through the counselor's employing agency or institution. The policies of a particular agency may make explicit provisions for agency clients to receive counseling services from members of its staff in private practice. In such instances, the clients must be informed of other options open to them should they seek private counseling services. (See A.10.a., A.11.b., and C.3.d.)

b. Referral Fees.

Counselors do not accept a referral fee from other professionals.

D.4. SUBCONTRACTOR ARRANGEMENTS

When counselors work as subcontractors for counseling services for a third party, they have a duty to inform clients of the limitations of confidentiality that the organization may place on counselors in providing counseling services to clients. The limits of such confidentiality ordinarily are discussed as part of the intake session. (See B.1.e. and B.1.f.)

Section E:
**Evaluation, Assessment,
and Interpretation**

E.1. General

a. Appraisal Techniques.

The primary purpose of educational and psychological assessment is to provide measures that are objective and interpretable in either comparative or absolute terms. Counselors recognize the need to interpret the statements in this section as applying to the whole range of

appraisal techniques including test and nontest data.

b. Client Welfare.

Counselors promote the welfare and best interests of the client in the development, publication, and utilization of educational and psychological assessment techniques. They do not misuse assessment results and interpretations and take reasonable steps to prevent others from misusing the information these techniques provide. They respect the client's right to know the results, the interpretations made, and the basis for their conclusions and recommendations.

E.2. COMPETENCE TO USE AND INTERPRET TESTS

a. Limits of Competence.

Counselors recognize the limits of their competence and perform only those testing and assessment services for which they have been trained. They are familiar with reliability, validity, related standardization, error of measurement, and proper application of any technique utilized. Counselors using computer-based test interpretations are trained in the construct being measured and the specific instrument being used prior to using this type of computer application. Counselors take reasonable measures to ensure the proper use of psychological assessment techniques by persons under their supervision.

b. Appropriate Use.

Counselors are responsible for the appropriate application, scoring, interpretation, and use of assessment instruments whether they score and interpret such tests themselves or use computerized or other services.

c. Decisions Based on Results.

Counselors responsible for decisions involving individuals or policies that are based on assessment results have a thorough understanding of educational and psychological measurement including validation criteria, test research, and guidelines for test development and use.

d. Accurate Information.

Counselors provide accurate information and avoid false claims or misconceptions when making statements about assessment instruments or techniques. Special efforts are made to avoid unwarranted connotations of such terms as IQ and grade equivalent scores. (See C.5.c.)

E.3. INFORMED CONSENT

a. Explanation to Clients.

Prior to assessment, counselors explain the nature and purposes of assessment and the specific use of results in language the client (or other legally authorized person on behalf of the client) can understand unless an explicit excep-

tion to this right has been agreed upon in advance. Regardless of whether scoring and interpretation are completed by counselors, by assistants, or by computer or other outside services, counselors take reasonable steps to ensure that appropriate explanations are given to the client.

b. Recipients of Results.

The examinee's welfare, explicit understanding, and prior agreement determine the recipients of test results. Counselors include accurate and appropriate interpretations with any release of individual or group test results. (See B.1.a. and C.5.c.)

E.4. RELEASE OF INFORMATION TO COMPETENT PROFESSIONALS

a. Misuse of Results.

Counselors do not misuse assessment results, including test results, and interpretations and take reasonable steps to prevent the misuse of such by others. (See C.5.c.)

b. Release of Raw Data.

Counselors ordinarily release data (e.g. protocols, counseling or interview notes, or questionnaires) in which the client is identified only with the consent of the client or the client's legal representative. Such data are usually released only to persons recognized by counselors as competent to interpret the data. (See B.1.a.)

E.5. PROPER DIAGNOSIS OF MENTAL DISORDERS

a. Proper Diagnosis.

Counselors take special care to provide proper diagnosis of mental disorders. Assessment techniques (including personal interview) used to determine client care (e.g., locus of treatment, type of treatment, or recommended follow-up) are carefully selected and appropriately used. (See A.3.a. and C.5.c.)

b. Cultural Sensitivity.

Counselors recognize that culture affects the manner in which clients' problems are defined. Clients' socioeconomic and cultural experience is considered when diagnosing mental disorders.

E.6. TEST SELECTION

a. Appropriateness of Instruments.

Counselors carefully consider the validity, reliability, psychometric limitations, and appropriateness of instruments when selecting tests for use in a given situation or with a particular client.

b. Culturally Diverse Populations.

Counselors are cautious when selecting tests for culturally diverse populations to avoid inappropriateness of testing that may be outside of socialized behavioral or cognitive patterns.

E.7. CONDITIONS OF TEST ADMINISTRATION

a. Administration Conditions.

Counselors administer tests under the same conditions that were established in their standardization. When tests are not administered under standard conditions or when unusual behavior or irregularities occur during the testing session, those conditions are noted in interpretation, and the results may be designated as invalid or of questionable validity.

b. Computer Administration.

Counselors are responsible for ensuring that administration programs function properly to provide clients with accurate results when a computer or other electronic methods are used for test administration. (See A.12.b.)

c. Unsupervised Test-Taking.

Counselors do not permit unsupervised or inadequately supervised use of tests or assessments unless the tests or assessments are designed, intended, and validated for self-administration and/or scoring.

d. Disclosure of Favorable Conditions.

Prior to test administration, conditions that produce most favorable test results are made known to the examinee.

E.8. DIVERSITY IN TESTING

Counselors are cautious in using assessment techniques, making evaluations, and interpreting the performance of populations not represented in the norm group on which an instrument was standardized. They recognize the effects of age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, and socioeconomic status on test administration and interpretation and place test results in proper perspective with other relevant factors. (See A.2.a.)

E.9. TEST SCORING AND INTERPRETATION

a. Reporting Reservations.

In reporting assessment results, counselors indicate any reservations that exist regarding validity or reliability because of the circumstances of the assessment or the inappropriateness of the norms for the person tested.

b. Research Instruments.

Counselors exercise caution when interpreting the results of research instruments possessing insufficient technical data to support respondent results. The specific purposes for the use of such instruments are stated explicitly to the examinee.

c. Testing Services.

Counselors who provide test scoring and test interpretation services to support the assessment

process confirm the validity of such interpretations. They accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use. The public offering of an automated test interpretations service is considered a professional-to-professional consultation. The formal responsibility of the consultant is to the consultee, but the ultimate and overriding responsibility is to the client.

E.10. TEST SECURITY

Counselors maintain the integrity and security of tests and other assessment techniques consistent with legal and contractual obligations. Counselors do not appropriate, reproduce, or modify published tests or parts thereof without acknowledgment and permission from the publisher.

E.11. OBSOLETE TESTS AND OUTDATED TEST RESULTS

Counselors do not use data or test results that are obsolete or outdated for the current purpose. Counselors make every effort to prevent the misuse of obsolete measures and test data by others.

E.12. TEST CONSTRUCTION

Counselors use established scientific procedures, relevant standards, and current professional knowledge for test design in the development, publication, and utilization of educational and psychological assessment techniques.

**Section F:
Teaching, Training,
and Supervision**

F.1. COUNSELOR EDUCATORS AND TRAINERS

a. Educators as Teachers and Practitioners.

Counselors who are responsible for developing, implementing, and supervising educational programs are skilled as teachers and practitioners. They are knowledgeable regarding the ethical, legal, and regulatory aspects of the profession, are skilled in applying that knowledge, and make students and supervisees aware of their responsibilities. Counselors conduct counselor education and training programs in an ethical manner and serve as role models for professional behavior. Counselor educators should make an effort to infuse material related to human diversity into all courses and/or workshops that are designed to promote the development of professional counselors.

b. Relationship Boundaries with Students and Supervisees.

Counselors clearly define and maintain ethical, professional, and social relationship boundaries with their students and supervisees. They are aware of the differential in power that exists and the student's or supervisee's possible incomprehension of that power differential. Counselors explain to students and supervisees the potential for the relationship to become exploitive.

c. Sexual Relationships.

Counselors do not engage in sexual relationships with students or supervisees and do not subject them to sexual harassment. (See A.6. and C.5.b)

d. Contributions to Research.

Counselors give credit to students or supervisees for their contributions to research and scholarly projects. Credit is given through coauthorship, acknowledgment, footnote statement, or other appropriate means in accordance with such contributions. (See G.4.b. and G.4.c.)

e. Close Relatives.

Counselors do not accept close relatives as students or supervisees.

f. Supervision Preparation.

Counselors who offer clinical supervision services are adequately prepared in supervision methods and techniques. Counselors who are doctoral students serving as practicum or internship supervisors to master's level students are adequately prepared and supervised by the training program.

g. Responsibility for Services to Clients.

Counselors who supervise the counseling services of others take reasonable measures to ensure that counseling services provided to clients are professional.

h. Endorsement.

Counselors do not endorse students or supervisees for certification, licensure, employment, or completion of an academic or training program if they believe students or supervisees are not qualified for the endorsement. Counselors take reasonable steps to assist students or supervisees who are not qualified for endorsement to become qualified.

E.2. COUNSELOR EDUCATION AND TRAINING PROGRAMS

a. Orientation.

Prior to admission, counselors orient prospective students to the counselor education or training program's expectations including but not limited to the following: (1) the type and level of skill acquisition required for successful completion of the training, (2) subject matter to be covered, (3) basis for evaluation, (4) training components that encourage self-growth or self-disclosure as part of the training process, (5) the type of supervision settings

and requirements of the sites for required clinical field experiences, (6) student and supervisee evaluation and dismissal policies and procedures, and (7) up-to-date employment prospects for graduates.

b. Integration of Study and Practice.

Counselors establish counselor education and training programs that integrate academic study and supervised practice.

c. Evaluation.

Counselors clearly state to students and supervisees, in advance of training, the levels of competency expected, appraisal methods, and timing of evaluations for both didactic and experiential components. Counselors provide students and supervisees with periodic performance appraisal and evaluation feedback throughout the training program.

d. Teaching Ethics.

Counselors make students and supervisees aware of the ethical responsibilities and standards of the profession and the students' and supervisees' ethical responsibilities to the profession. (See C.1. and F.3.e.)

e. Peer Relationships.

When students or supervisees are assigned to lead counseling groups or provide clinical supervision for their peers, counselors take steps to ensure that students and supervisees placed in these roles do not have personal or adverse relationships with peers and that they understand they have the same ethical obligations as counselor educators, trainers, and supervisors. Counselors make every effort to ensure that the rights of peers are not compromised when students or supervisees are assigned to lead counseling groups or provide clinical supervision.

f. Varied Theoretical Positions.

Counselors present varied theoretical positions so that students and supervisees may make comparisons and have opportunities to develop their own positions. Counselors provide information concerning the scientific basis of professional practice. (See C.6.a.)

g. Field Placements.

Counselors develop clear policies within their training program regarding field placement and other clinical experiences. Counselors provide clearly stated roles and responsibilities for the student or supervisee, the site supervisor, and the program supervisor. They confirm that site supervisors are qualified to provide supervision and are informed of their professional and ethical responsibilities in this role.

h. Dual Relationships as Supervisors.

Counselors avoid dual relationships, such as performing the role of site supervisor and training

program supervisor in the student's or supervisee's training program. Counselors do not accept any form of professional services, fees, commissions, reimbursement, or remuneration from a site for student or supervisee placement.

i. Diversity in Programs.

Counselors are responsive to their institution's and programs recruitment and retention needs for training program administrators, faculty, and students with diverse backgrounds and special needs. (See A.2.a.)

F.3. STUDENTS AND SUPERVISEES

a. Limitations.

Counselors, through ongoing evaluation and appraisal, are aware of the academic and personal limitations of students and supervisees that might impede performance. Counselors assist students and supervisees in securing remedial assistance when needed and dismiss from the training program supervisees who are unable to provide competent service due to academic or personal limitations. Counselors seek professional consultation and document their decision to dismiss or refer students or supervisees for assistance. Counselors assure that students and supervisees have recourse to address decisions made, to require them to seek assistance, or to dismiss them.

b. Self-Growth Experiences.

Counselors use professional judgment when designing training experiences conducted by the counselors themselves that require student and supervisee self-growth or self-disclosure. Safeguards are provided so that students and supervisees are aware of the ramifications their self-disclosure may have on counselors whose primary role as teacher, trainer, or supervisor requires acting on ethical obligations to the profession. Evaluative components of experiential training experiences explicitly delineate predetermined academic standards that are separate and not dependent on the student's level of self-disclosure. (See A.6.)

c. Counseling for Students and Supervisees.

If students or supervisees request counseling, supervisors or counselor educators provide them with acceptable referrals. Supervisors or counselor educators do not serve as counselor to students or supervisees over whom they hold administrative, teaching, or evaluative roles unless this is a brief role associated with a training experience. (See A.6.b.)

d. Clients of Students and Supervisees.

Counselors make every effort to ensure that the clients at field placements are aware of the services rendered and the qualifications of the students and supervisees rendering those services. Clients receive professional disclosure information and are informed of the limits of

confidentiality. Client permission is obtained in order for the students and supervisees to use any information concerning the counseling relationship in the training process. (See B.1.e.)

c. Standards for Students and Supervisees.

Students and supervisees preparing to become counselors adhere to the Code of Ethics and the Standards of Practice. Students and supervisees have the same obligations to clients as those required of counselors. (See H.1.)

Section G:

Research and Publication

G.1. RESEARCH RESPONSIBILITIES

a. Use of Human Subjects.

Counselors plan, design, conduct, and report research in a manner consistent with pertinent ethical principles, federal and state laws, host institutional regulations, and scientific standards governing research with human subjects. Counselors design and conduct research that reflects cultural sensitivity appropriateness.

b. Deviation from Standard Practices.

Counselors seek consultation and observe stringent safeguards to protect the rights of research participants when a research problem suggests a deviation from standard acceptable practices. (See B.6.)

c. Precautions to Avoid Injury.

Counselors who conduct research with human subjects are responsible for the subjects' welfare throughout the experiment and take reasonable precautions to avoid causing injurious psychological, physical, or social effects to their subjects.

d. Principal Researcher Responsibility.

The ultimate responsibility for ethical research practice lies with the principal researcher. All others involved in the research activities share ethical obligations and full responsibility for their own actions.

e. Minimal Interference.

Counselors take reasonable precautions to avoid causing disruptions in subjects' lives due to participation in research.

f. Diversity.

Counselors are sensitive to diversity and research issues with special populations. They seek consultation when appropriate. (See A.2.a. and B.6.)

G.2. INFORMED CONSENT

a. Topics Disclosed.

In obtaining informed consent for research, counselors use language that is understandable to research participants and that (1) accu-

rately explains the purpose and procedures to be followed; (2) identifies any procedures that are experimental or relatively untried; (3) describes the attendant discomforts and risks; (4) describes the benefits or changes in individuals or organizations that might be reasonably expected; (5) discloses appropriate alternative procedures that would be advantageous for subjects; (6) offers to answer any inquiries concerning the procedures; (7) describes any limitations on confidentiality; and (8) instructs that subjects are free to withdraw their consent and to discontinue participation in the project at any time. (See B.1.f.)

b. Deception.

Counselors do not conduct research involving deception unless alternative procedures are not feasible and the prospective value of the research justifies the deception. When the methodological requirements of a study necessitate concealment or deception, the investigator is required to explain clearly the reasons for this action as soon as possible.

c. Voluntary Participation.

Participation in research is typically voluntary and without any penalty for refusal to participate. Involuntary participation is appropriate only when it can be demonstrated that participation will have no harmful effects on subjects and is essential to the investigation.

d. Confidentiality of Information.

Information obtained about research participants during the course of an investigation is confidential. When the possibility exists that others may obtain access to such information, ethical research practice requires that the possibility, together with the plans for protecting confidentiality, be explained to participants as a part of the procedure for obtaining informed consent. (See B.1.e.)

e. Persons Incapable of Giving Informed Consent.

When a person is incapable of giving informed consent, counselors provide an appropriate explanation, obtain agreement for participation and obtain appropriate consent from a legally authorized person.

f. Commitments to Participants.

Counselors take reasonable measures to honor all commitments to research participants.

g. Explanations After Data Collection.

After data are collected, counselors provide participants with full clarification of the nature of the study to remove any misconceptions. Where scientific or human values justify delaying or withholding information, counselors take reasonable measures to avoid causing harm.

h. Agreements to Cooperate.

Counselors who agree to cooperate with another

individual in research or publication incur an obligation to cooperate as promised in terms of punctuality of performance and with regard to the completeness and accuracy of the information required.

i. Informed Consent for Sponsors.

In the pursuit of research, counselors give sponsors, institutions, and publication channels the same respect and opportunity for giving informed consent that they accord to individual research participants. Counselors are aware of their obligation to future research workers and ensure that host institutions are given feedback information and proper acknowledgment.

G.3. REPORTING RESULTS

a. Information Affecting Outcome.

When reporting research results, counselors explicitly mention all variables and conditions known to the investigator that may have affected the outcome of a study or the interpretation of data.

b. Accurate Results.

Counselors plan, conduct, and report research accurately and in a manner that minimizes the possibility that results will be misleading. They provide thorough discussions of the limitations of their data and alternative hypotheses. Counselors do not engage in fraudulent research, distort data, misrepresent data, or deliberately bias their results.

c. Obligation to Report Unfavorable Results.

Counselors communicate to other counselors the results of any research judged to be of professional value. Results that reflect unfavorably on institutions, programs, services, prevailing opinions, or vested interests are not withheld.

d. Identity of Subjects.

Counselors who supply data, aid in the research of another person, report research results, or make original data available take due care to disguise the identity of respective subjects in the absence of specific authorization from the subjects to do otherwise. (See B.1.g. and B.5.a.)

e. Replication Studies.

Counselors are obligated to make available sufficient original research data to qualified professionals who may wish to replicate the study.

G.4. PUBLICATION

a. Recognition of Others.

When conducting and reporting research, counselors are familiar with and give recognition to previous work on the topic, observe copyright laws, and give full credit to those to whom credit is due. (See E.1.d. and G.4.c.)

b. Contributors.

Counselors give credit through joint authorship, acknowledgment, footnote statements, or other appropriate means to those who have contributed significantly to research or concept development in accordance with such contributions. The principal contributor is listed first and minor technical or professional contributions are acknowledged in notes or introductory statements.

c. Student Research.

For an article that is substantially based on a student's dissertation or thesis, the student is listed as the principal author. (See F.1.d. and G.4.a.)

d. Duplicate Submission.

Counselors submit manuscripts for consideration to only one journal at a time. Manuscripts that are published in whole or in substantial part in another journal or published work are not submitted for publication without acknowledgment and permission from the previous publication.

e. Professional Review.

Counselors who review material submitted for publication, research, or other scholarly purposes respect the confidentiality and proprietary rights of those who submitted it.

**Section H:
Resolving Ethical Issues**

H.1. KNOWLEDGE OF STANDARDS

Counselors are familiar with the Code of Ethics and the Standards of Practice and other applicable ethics codes from other professional organizations of which they are member or from certification and licensure bodies. Lack of knowledge or misunderstanding of an ethical responsibility is not a defense against a charge of unethical conduct. (See E.3.e.)

H.2. SUSPECTED VIOLATIONS

a. Ethical Behavior Expected.

Counselors expect professional associates to adhere to Code of Ethics. When counselors possess reasonable cause that raises doubts as to whether a counselor is acting in an ethical manner, they take appropriate action. (See H.2.d. and H.2.e.)

b. Consultation.

When uncertain as to whether a particular situation or course of action may be in violation of Code of Ethics, counselors consult with other counselors who are knowledgeable about ethics, with colleagues, or with appropriate authorities.

c. Organization Conflicts.

If the demands of an organization with which counselors are affiliated pose a conflict with Code of Ethics, counselors specify the nature of such conflicts and express to their supervisors or other responsible officials their commitment

to Code of Ethics. When possible, counselors work toward change within the organization to allow full adherence to Code of Ethics.

d. Informal Resolution.

When counselors have reasonable cause to believe that another counselor is violating an ethical standard, they attempt to first resolve the issue informally with the other counselor if feasible providing that such action does not violate confidentiality rights that may be involved.

e. Reporting Suspected Violations.

When an informal resolution is not appropriate or feasible, counselors, upon reasonable cause, take action, such as reporting the suspected ethical violation to state or national ethics committees, unless this action conflicts with confidentiality rights that cannot be resolved.

f. Unwarranted Complaints.

Counselors do not initiate, participate in, or encourage the filing of ethics complaints that are unwarranted or intend to harm a counselor rather than to protect clients or the public.

H.3. COOPERATION WITH ETHICS COMMITTEES

Counselors assist in the process of enforcing Code of Ethics. Counselors cooperate with investigations, proceedings, and requirements of the ACA Ethics Committee or ethics committees of other duly constituted associations or boards having jurisdiction over those charged with a violation. Counselors are familiar with the ACA Policies and Procedures and use it as a reference in assisting the enforcement of the Code of Ethics.

Approved by the ACA Governing Council,
October 1999

These guidelines establish appropriate standards for the use of electronic communications over the Internet to provide on-line counseling services, and should be used only in conjunction with the latest ACA Code of Ethics & Standards of Practice.

Confidentiality

1. PRIVACY INFORMATION

Professional counselors ensure that clients are provided sufficient information to adequately address and explain the limitations of (i) computer technology in the counseling process in general and (ii) the difficulties of ensuring complete client confidentiality of information transmitted through electronic communications over the Internet through on-line counseling. (See A.12.a., B.1.a., B.1.g.)

a. Secured Sites.

To mitigate the risk of potential breaches of confidentiality, professional counselors provide one-on-one on-line counseling only through "secure" Web sites or e-mail communications applications which use appropriate encryption technology designed to protect the transmission of confidential information from access by unauthorized third parties.

b. Non-Secured Sites.

To mitigate the risk of potential breaches of confidentiality, professional counselors provide only general information from "non-secure" Web sites or e-mail communications applications.

c. General Information.

Professional counselors may provide general information from either "secure" or "non-secure" Web sites, or through e-mail communications. General information includes non-client-specific, topical information on matters of general interest to the professional counselor's clients as a whole, third-party resource and referral information, addresses and phone numbers, and the like. Additionally, professional counselors using either "secure" or "non-secure" Web sites may provide "hot links" to third-party Web sites such as licensure boards, certification bodies, and other resource information providers. Professional counselors investigate and continually update the content, accuracy

and appropriateness for the client of material contained in any "hot links" to third-party Web sites.

d. Limits of Confidentiality.

Professional counselors inform clients of the limitations of confidentiality and identify foreseeable situations in which confidentiality must be breached in light of the law in both the state in which the client is located and the state in which the professional counselor is licensed.

2. INFORMATIONAL NOTICES

a. Security of Professional Counselor's Site.

Professional counselors provide a readily visible notice that (i) information transmitted over a Web site or e-mail server may not be secure; (ii) whether or not the professional counselor's site is secure; (iii) whether the information transmitted between the professional counselor and the client during on-line counseling will be encrypted; and (iv) whether the client will need special software to access and transmit confidential information and, if so, whether the professional counselor provides the software as part of the on-line counseling services. The notice should be viewable from all Web site and e-mail locations from which the client may send information. (See B.1.g.)

b. Professional Counselor Identification.

Professional counselors provide a readily visible notice advising clients of the identities of all professional counselor(s) who will have access to the information transmitted by the client and, in the event that more than one professional counselor has access to the Web site or e-mail system, the manner, if any, in which the client may direct information to a particular professional counselor. Professional counselors inform clients if any or all of the sessions are supervised. Clients are also informed if and how the supervisor preserves session transcripts. Professional counselors provide background information on all professional counselor(s) and supervisor(s) with access to the on-line communications, including education, licensure and certification, and practice area information. (See B.1.g.)

c. Client Identification.

Professional counselors identify clients, verify identities of clients, and obtain alternative methods of contacting clients in emergency situations.

3. CLIENT WAIVER

Professional counselors require clients to execute client waiver agreements stating that the client (i) acknowledges the limitations inherent in ensuring client confidentiality of information transmitted through on-line counseling and (ii) agrees to waive the client's privilege of confidentiality with respect to any confidential information transmitted through on-line counseling that may be accessed by any third party without authorization of the client and despite the reasonable efforts of the professional counselor to arrange a secure on-line environment. Professional counselors refer clients to more traditional methods of counseling and do not provide on-line counseling services if the client is unable or unwilling to consent to the client waiver. (See B.1.b.)

4. RECORDS OF ELECTRONIC COMMUNICATIONS

Professional counselors maintain appropriate procedures for ensuring the safety and confidentiality of client information acquired through electronic communications, including but not limited to encryption software; proprietary on-site file servers with fire walls; saving on-line or e-mail communications to the hard drive or file server computer systems; creating regular tape or diskette back-up copies; creating hard-copies of all electronic communications; and the like. Clients are informed about the length of time for, and method of, preserving session transcripts. Professional counselors warn clients of the possibility or frequency of technology failures and time delays in transmitting and receiving information. (See B.4.a., B.4.b.)

5. ELECTRONIC TRANSFER OF CLIENT INFORMATION

Professional counselors electronically transfer client confidential information to authorized third-party recipients only when (i) both the professional counselor and the authorized recipient have "secure" transfer and acceptance communication capabilities, (ii) the recipient is able to effectively protect the confidentiality of the client confidential information to be transferred; and (iii) the informed written consent of the client, acknowledging the limits of confidentiality, has been obtained. (See B.4.e., B.6.a., B.6.b.)

Establishing the On-Line Counseling Relationship

1. THE APPROPRIATENESS OF ON-LINE COUNSELING

Professional counselors develop an appropriate in-take procedure for potential clients to determine whether on-line counseling is appropriate for the needs of the client. Professional counselors warn potential clients that on-line counseling services may not be appropriate in certain situations and, to the extent possible, informs the client of specific limitations, potential risks, and/or potential benefits relevant to the client's anticipated use of on-line counseling services. Professional counselors ensure that clients are intellectually, emotionally, and physically capable of using the on-line counseling services, and of understanding the potential risks and/or limitations of such services. (See A.3.a., A.3.b.)

2. COUNSELING PLANS

Professional counselors develop individual on-line counseling plans that are consistent with both the client's individual circumstances and the limitations of on-line counseling. Professional counselors shall specifically take into account the limitations, if any, on the use of any or all of the following in on-line counseling: initial client appraisal, diagnosis, and assessment methods employed by the professional counselor. Professional counselors who determine that on-line counseling is inappropriate for the client should avoid entering into or immediately terminate the on-line counseling relationship and encourage the client to continue the counseling relationship through an appropriate alternative method of counseling. (See A.11.b., A.11.c.)

3. CONTINUING COVERAGE

Professional counselors provide clients with a schedule of times during which the on-line counseling services will be available, including reasonable anticipated response times, and provide clients with an alternate means of contacting the professional counselor at other times, including in the event of emergencies. Professional counselors obtain from, and provide clients with, alternative means of communication, such as telephone numbers or pager numbers, for back-up purposes in the event the on-line counseling service is unavailable for any reason. Professional counselors provide clients with the name of at least one other professional counselor who will be able to respond to the client in the event the professional counselor is unable to do so for any extended period of time. (See A.11.a.)

4. BOUNDARIES OF COMPETENCE

Professional counselors provide on-line counseling services only in practice areas within their expertise and do not provide on-line counseling services to clients located in states in which professional counselors are not licensed. (See C.2.a., C.2.b.)

5. MINOR OR INCOMPETENT CLIENTS

Professional counselors must verify that clients are above the age of minority, are competent to enter into the counseling relationship with a professional counselor, and are able to give informed consent. In the event clients are minor children, incompetent, or incapable of giving informed consent, professional counselors must obtain the written consent of the legal guardian or other authorized legal representative of the client prior to commencing on-line counseling services to the client.

Legal Considerations

Professional counselors confirm that their liability insurance provides coverage for on-line counseling services, and that the provision of such services is not prohibited by or otherwise violate any applicable (i) state or local statutes, rules, regulations, or ordinances; (ii) codes of professional membership organizations and certifying boards; and/or (iii) codes of state licensing boards.

Professional counselors seek appropriate legal and technical assistance in the development and implementation of their on-line counseling services.

All members of the American Counseling Association (ACA) are required to adhere to the Standards of Practice and the Code of Ethics. The Standards of Practice represent minimal behavioral statements of the Code of Ethics. Members should refer to the applicable section of the Code of Ethics for further interpretation and amplification of the applicable Standard of Practice.

Section A: The Counseling Relationship

Standard of Practice One (SP-1) Nondiscrimination

Counselors respect diversity and must not discriminate against clients because of age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status. (See A.2.a.)

Standard of Practice Two (SP-2) Disclosure to Clients

Counselors must adequately inform clients, preferably in writing, regarding the counseling process and counseling relationship at or before the time it begins and throughout the relationship. (See A.3.a.)

Standard of Practice Three (SP-3) Dual Relationships

Counselors must make every effort to avoid dual relationships with clients that could impair their professional judgment or increase the risk of harm to clients. When a dual relationship cannot be avoided, counselors must take appropriate steps to ensure that judgment is not impaired and that no exploitation occurs. (See A.6.a. and A.6.b.)

Standard of Practice Four (SP-4) Sexual Intimacies with Clients

Counselors must not engage in any type of sexual intimacies with current clients and must not engage in sexual intimacies with former clients within a minimum of two years after terminating the counseling relationship. Counselors who engage in such relationship after two years following termination have the responsibility to thoroughly examine and document that such relations did not have an exploitative nature.

Standard of Practice Five (SP-5) Protecting Clients During Group Work

Counselors must take steps to protect clients from physical or psychological trauma resulting from interactions during group work. (See A.9.b.)

Standard of Practice Six (SP-6) Advance Understanding of Fees

Counselors must explain to clients, prior to their entering the counseling relationship, financial arrangements related to professional services. (See A.10. a-d. and A.11.c.)

Standard of Practice Seven (SP-7) Termination

Counselors must assist in making appropriate arrangements for the continuation of treatment of clients, when necessary, following termination of counseling relationships. (See A.11.a.)

Standard of Practice Eight (SP-8) Inability to Assist Clients

Counselors must avoid entering or immediately terminate a counseling relationship if it is determined that they are unable to be of professional assistance to a client. The counselor may assist in making an appropriate referral for the client. (See A.11.b.)

Section B: Confidentiality

Standard of Practice Nine (SP-9) Confidentiality Requirement

Counselors must keep information related to counseling services confidential unless disclosure is in the best interest of clients, is required for the welfare of others, or is required by law. When disclosure is required, only information that is essential is revealed and the client is informed of such disclosure. (See B.1. a-f.)

Standard of Practice Ten (SP-10) Confidentiality Requirements for Subordinates

Counselors must take measures to ensure that privacy and confidentiality of clients are maintained by subordinates. (See B.1.h.)

Standard of Practice Eleven (SP-11) Confidentiality in Group Work

Counselors must clearly communicate to group members that confidentiality cannot be guaranteed in group work. (See B.2.a.)

Standard of Practice Twelve (SP-12) Confidentiality in Family Counseling

Counselors must not disclose information about one family member in counseling to another family member without prior consent. (See B.2.b.)

Standard of Practice Thirteen (SP-13) Confidentiality of Records

Counselors must maintain appropriate confidentiality in creating, storing, accessing, transferring, and disposing of counseling records. (See B.4.b.)

Standard of Practice Fourteen (SP-14) Permission to Record or Observe

Counselors must obtain prior consent from clients in order to electronically record or observe sessions. (See B.4.c.)

Standard of Practice Fifteen (SP-15) Disclosure or Transfer of Records

Counselors must obtain client consent to disclose or transfer records to third parties unless exceptions listed in SP-9 exist. (See B.4.e.)

Standard of Practice Sixteen (SP-16) Data Disguise Required

Counselors must disguise the identity of the client when using data for training, research, or publication. (See B.5.a.)

Section C: Professional Responsibility

Standard of Practice Seventeen (SP-17) Boundaries of Competence

Counselors must practice only within the boundaries of their competence. (See C.2.a.)

Standard of Practice Eighteen (SP-18) Continuing Education

Counselors must engage in continuing education to maintain their professional competence. (See C.2.f.)

Standard of Practice Nineteen (SP-19) Impairment of Professionals

Counselors must refrain from offering professional services when their personal problems or conflicts may cause harm to a client or others. (See C.2.g.)

Standard of Practice Twenty (SP-20) Accurate Advertising

Counselors must accurately represent their credentials and services when advertising. (See C.3.a.)

Standard of Practice Twenty-one (SP-21) Recruiting Through Employment

Counselors must not use their place of employment or institutional affiliation to recruit clients for their private practices. (See C.3.d.)

Standard of Practice Twenty-two (SP-22) Credentials Claimed

Counselors must claim or imply only professional credentials possessed and must correct any known misrepresentations of their credentials by others. (See C.4.a.)

Standard of Practice Twenty-three (SP-23) Sexual Harassment

Counselors must not engage in sexual harassment. (See C.5.b.)

Standard of Practice Twenty-four (SP-24) Unjustified Gains

Counselors must not use their professional positions to seek or receive unjustified personal gains, sexual favors, unfair advantage, or unearned goods or services. (See C.5.e.)

Standard of Practice Twenty-five (SP-25) Clients Served by Others

With the consent of the client, counselors must inform other mental health professionals serving the same client that a counseling relationship between the counselor and client exists. (See C.6.c.)

Standard of Practice Twenty-six (SP-26) Negative Employment Conditions

Counselors must alert their employers to institutional policy or conditions that may be potentially disruptive or damaging to the counselor's professional responsibilities or that may limit their effectiveness or deny clients' rights. (See D.1.c.)

Standard of Practice Twenty-seven (SP-27) Personnel Selection and Assignment

Counselors must select competent staff and must assign responsibilities compatible with staff skills and experiences. (See D.1.h.)

Standard of Practice Twenty-eight (SP-28) Exploitive Relationships with Subordinates

Counselors must not engage in exploitive relationships with individuals over whom they have supervisory, evaluative, or instructional control or authority. (See D.1.k.)

**Section D:
Relationship With Other
Professionals**

Standard of Practice Twenty-nine (SP-29) Accepting Fees from Agency Clients

Counselors must not accept fees or other remuneration for consultation with persons entitled to such services through the counselor's employing agency or institution. (See D.3.a.)

Standard of Practice Thirty (SP-30) Referral Fees

Counselors must not accept referral fees. (See D.3.b.)

**Section E:
Evaluation, Assessment,
and Interpretation**

Standard of Practice Thirty-one (SP-31) Limits of Competence

Counselors must perform only testing and assessment services for which they are competent. Counselors must not allow the use of psychological assessment techniques by unqualified persons under their supervision. (See E.2.a.)

Standard of Practice Thirty-two (SP-32) Appropriate Use of Assessment Instruments

Counselors must use assessment instruments in the manner for which they were intended. (See E.2.b.)

Standard of Practice Thirty-three (SP-33) Assessment Explanations to Clients

Counselors must provide explanations to clients prior to assessment about the nature and purposes of assessment and the specific uses of results. (See E.3.a.)

Standard of Practice Thirty-four (SP-34) Recipients of Test Results

Counselors must ensure that accurate and appropriate interpretations accompany any release of testing and assessment information. (See E.3.b.)

Standard of Practice Thirty-five (SP-35) Obsolete Tests and Outdated Test Results

Counselors must not base their assessment or intervention decisions or recommendations on data or test results that are obsolete or outdated for the current purpose. (See E.11.)

**Section F:
Teaching, Training,
and Supervision**

Standard of Practice Thirty-six (SP-36) Sexual Relationships with Students or Supervisees

Counselors must not engage in sexual relationships with their students and supervisees. (See F.1.c.)

Standard of Practice Thirty-seven (SP-37) Credit for Contributions to Research

Counselors must give credit to students or supervisees for their contributions to research and scholarly projects. (See F.1.d.)

Standard of Practice Thirty-eight (SP-38) Supervision Preparation

Counselors who offer clinical supervision services must be trained and prepared in supervision methods and techniques. (See F.1.f.)

Standard of Practice Thirty-nine (SP-39) Evaluation Information

Counselors must clearly state to students and supervisees, in advance of training, the levels of competency expected, appraisal methods, and timing of evaluations. Counselors must provide students and supervisees with periodic performance appraisal and evaluation feedback throughout the training program. (See F.2.c.)

Standard of Practice Forty (SP-40) Peer Relationships in Training

Counselors must make every effort to ensure that the rights of peers are not violated when students and supervisees are assigned to lead counseling groups or provide clinical supervision. (See F.2.e.)

Standard of Practice Forty-one (SP-41) Limitations of Students and Supervisees

Counselors must assist students and supervisees in securing remedial assistance, when needed, and must dismiss from the training program students and supervisees who are unable to provide competent service due to academic or personal limitations. (See F.3.a.)

Standard of Practice Forty-two (SP-42) Self-Growth Experiences

Counselors who conduct experiences for students or supervisees that include self-growth or self disclosure must inform participants of counselors' ethical obligations to the profession and must not grade participants based on their nonacademic performance. (See F.3.b.)

Standard of Practice Forty-three (SP-43) Standards for Students and Supervisees

Students and supervisees preparing to become counselors must adhere to the Code of Ethics and the Standards of Practice of counselors. (See F.3.e.)

**Section G:
Research and Publication**

Standard of Practice Forty-four (SP-44) Precautions to Avoid Injury in Research

Counselors must avoid causing physical, social, or psychological harm or injury to subjects in research. (See G.1.c.)

Standard of Practice Forty-five (SP-45) Confidentiality of Research Information

Counselors must keep confidential information obtained about research participants. (See G.2.d.)

**Standard of Practice Forty-six (SP-46)
Information Affecting Research Outcome**
Counselors must report all variables and conditions known to the investigator that may have affected research data or outcomes. (See G.3.a.)

**Standard of Practice Forty-seven (SP-47)
Accurate Research Results**
Counselors must not distort or misrepresent research data nor fabricate or intentionally bias research results. (See G.3.b.)

**Standard of Practice Forty-eight (SP-48)
Publication Contributors**
Counselors must give appropriate credit to those who have contributed to research. (See G.4.a. and G.4.b.)

**Section H:
Resolving Ethical Issues**

**Standard of Practice Forty-nine (SP-49)
Ethical Behavior Expected**
Counselors must take appropriate action when they possess reasonable cause that raises doubts as to whether counselors or other mental health professionals are acting in an ethical manner. (See H.2.a.)

**Standard of Practice Fifty (SP-50)
Unwarranted Complaints**
Counselors must not initiate, participate in, or encourage the filing of ethics complaints that are unwarranted or intended to harm a mental health professional rather than to protect clients or the public. (See H.2.f.)

**Standard of Practice Fifty-one (SP-51)
Cooperation with Ethics Committees**
Counselors must cooperate with investigations, proceedings, and requirements of the ACA Ethics Committee or ethics committees of other duly constituted associations or boards having jurisdiction over those charged with a violation. (See H.3.)

R e f e r e n c e s



Policies and Procedures for Responding to Members' Requests for Interpretations of the Ethical Standards

Section A: Appropriate Requests

1. ACA members may request that the Committee issue formal interpretations of the ACA Code of Ethics for the purpose of guiding the member's own professional behavior.
2. Requests for interpretations will not be considered in the following situations:
 - a. The individual requesting the interpretation is not an ACA member, or
 - b. The request is intended to determine whether the behavior of another mental health professional is unethical. In the event an ACA member believes the behavior of another mental health professional is unethical, the ACA member should resolve the issue directly with the professional, if possible, and should file an ethical complaint if appropriate.

Section B: Procedures

1. Members must send written requests for interpretations to the Committee at ACA Headquarters.
2. Questions should be submitted in the following format: "Does (counselor behavior) violate Sections _____ or any other sections of the ACA Ethical Standards?" Questions should avoid unique details, be general in nature to the extent possible, and be brief.
3. The Committee staff liaison will revise the question, if necessary, and submit it to the Committee Co-Chair for approval.
4. The question will be sent to Committee members who will be asked to respond individually.

5. The Committee Co-Chair will develop a consensus interpretation on behalf of the Committee.

6. The consensus interpretation will be sent to members of the Committee for final approval.
7. The formal interpretation will be sent to the member who submitted the inquiry.
8. The question and the formal interpretation will be published in the ACA newsletter, but the identity of the member requesting the interpretation will not be disclosed.

Policies and Procedures for Processing Complaints of Ethical Violations

Section A: General

1. The American Counseling Association, hereafter referred to as the "Association" or "ACA," is dedicated to enhancing human development throughout the life span and promoting the counseling profession.
2. The Association, in furthering its objectives, administers the Code of Ethics and Standards of Practice developed and approved by the ACA Governing Council.
3. The purpose of this document is to facilitate the work of the ACA Ethics Committee ("Committee") by specifying the procedures for processing cases of alleged violations of the ACA Code of Ethics, codifying options for sanctioning members, and stating appeals procedures. This document is to be used as a supplement to the ACA Code of Ethics, not as a substitute. The intent of the Association is to monitor the professional conduct of its members to promote sound ethical practices. ACA does not, however, warrant the performance of any individual.

Section B: Ethics Committee Members

1. The ACA Ethics Committee, a standing committee of the Association, consists of six (6) appointed members including two (2) Co-Chairs whose terms overlap. Two members are appointed annually for three (3) year terms by the President-Elect; appointments are subject to confirmation by the ACA Governing Council. Any vacancy on the Committee will be filled by the President in the same manner, and the person appointed shall serve the unexpired term of the member whose place he or she took. Committee members may be reappointed to not more than one (1) additional consecutive term.
2. One (1) of the Committee Co-Chairs is appointed annually by the President-Elect from among the Committee members who have two (2) years of service remaining and serves as Co-Chair for two (2) years, subject to confirmation by the ACA Governing Council.

Section C: Role and Function

1. The Ethics Committee is responsible for
 - a. Educating the membership as to the Association's Code of Ethics;
 - b. Periodically reviewing and recommending changes in the Code of Ethics of the Association, as well as Policies and Procedures for Processing Complaints of Ethical Violations;
 - c. Receiving and processing complaints of alleged violations of the Code of Ethics of the Association; and
 - d. Receiving and processing requests for interpretations.
2. The Committee shall meet in person or by telephone conference a minimum of three (3) times per year for processing complaints.
3. In processing complaints about alleged ethical misconduct, the Committee will compile an objective, factual account of the dispute in question and make the best possible recommendation for the resolution of the case. The Committee, in taking any action, shall do so

only for cause, shall only take a reasonable degree of disciplinary action, shall utilize these procedures with objectivity and fairness, and in general shall act only to further the interests and objectives of the Association and its membership.

4. Of the six (6) voting members of the Committee, a vote of four (4) is necessary to conduct business. In the event a Co-Chair or any other member of the Committee has a personal interest in the case, he or she shall withdraw from reviewing the case.

5. In the event Committee members recuse themselves from a complaint and insufficient voting members are available to conduct business, the President shall appoint former ACA Committee members to decide the complaint.

Section D: Responsibilities of the Committee Members

1. The Committee members have an obligation to act in an unbiased manner, to work expeditiously, to safeguard the confidentiality of the Committee's activities, and to follow procedures established to protect the rights of all individuals involved.

Section E: Responsibilities of the Co-Chairs Administering the Complaint

1. In the event that one of the Co-Chairs administering the complaint has a conflict of interest in a particular case, the other Co-Chair shall administer the complaint. The Co-Chair administering the complaint shall not have a vote in the decision.

2. In addition to the above guidelines for members of the Committee, the Co-Chairs, with the assistance of the Headquarters staff liaison (and legal counsel where necessary), have the responsibilities of

a. Receiving, via ACA Headquarters, complaints that have been certified for membership status of the charged member;

b. Determining whether the alleged behavior(s), if true, would violate ACA's Code of Ethics and whether the Committee should review the complaint under these rules;

c. Notifying the complainant and the charged member of receipt of the case by certified mail return receipt requested;

d. Notifying the members of the Committee of the case;

e. Requesting additional information from complainants, charged members and others;

f. Presiding over the meetings of the Committee;

g. Preparing and sending, by certified mail, communications to the complainant and charged member on the recommendations and decisions of the Committee; and

h. Arranging for legal advice with assistance and financial approval of the ACA Executive Director.

Section F: Jurisdiction

1. The Committee will consider whether individuals have violated the ACA Code of Ethics if those individuals

a. Are current members of the American Counseling Association or

b. Were ACA members when the alleged violations occurred.

2. Ethics committees of divisions, branches, corporate affiliates, or other ACA entities must refer all ethical complaints involving ACA members to the Committee.

Section G: Eligibility to File Complaints

1. The Committee will receive complaints that ACA members have violated one or more sections of the ACA Code of Ethics from the following individuals:

a. Any individuals who have reason to believe that ACA members have violated the ACA Code of Ethics.

b. ACA members, or members of other helping professions, who have reason to believe that other ACA members have violated the ACA Code of Ethics.

c. The Co-Chair of the Committee on behalf of the ACA membership when the Co-Chair has reason to believe through information received by the Committee that ACA members have violated the ACA Code of Ethics.

d. Ethics committees of divisions, branches, corporate affiliates, or other ACA entities as provided for in Section F.2. above.

2. If possible, individuals should attempt to resolve complaints directly with charged members before filing ethical complaints.

Section H: Time Lines

1. The time lines in these standards are guidelines only and have been established to provide a reasonable time framework for processing complaints.

2. Complainants or charged members may request extensions of deadlines when appropriate. Extensions of deadlines will be granted by the Committee only when justified by unusual circumstance.

Section I: Nature of Communication

1. Only written communications regarding ethical complaints against members will be acceptable. If telephone inquiries are received regarding the filing of complaints, responding to complaints, or providing information regarding complaints, the individuals will be informed of the written communication requirement and asked to comply.

2. All correspondence related to an ethical complaint must be addressed to the Ethics Committee, ACA Headquarters, 5999 Stevenson Avenue, Alexandria, VA 22304 and must be marked "confidential." This process is necessary to protect the confidentiality of the complainant and the charged member.

Section J: Filing Complaints

1. Only written complaints, signed by complainants, will be considered.

2. Individuals eligible to file complaints will send a letter outlining the nature of the complaint to the Committee at the ACA Headquarters. The complaint should include, if possible, (a) the name and address of the complainant, (b) the name and address of the charged member, (c) the names and addresses of any other persons who have knowledge of the facts involved, and (d) a brief description of the reason why the complaint is being filed.

3. The ACA staff liaison to the Committee will communicate in writing with complainants. Receipt of complaints and confirmation of membership status of charged members as defined in Section F.1 above will be acknowl-

edged to the complainant. Proposed formal complaints will be sent to complainants after receipt of complaints have been acknowledged.

4. If the complaint does not involve a member as defined in Section F1., above, the staff liaison shall inform the complainant.

5. The ACA staff liaison shall assign the complaint to a Co-Chair to determine whether the complaint, if true, would violate one or more sections of the Code of Ethics or if the complaint could be properly decided if accepted. If not, the complaint will be forwarded to the other Co-Chair for review, as if a new complaint. If both Co-Chairs determine that a complaint would not violate one or more sections of the Code of Ethics or if the complaint could not be properly decided if accepted, then the complaint will not be accepted and the complainant shall be notified.

6. If the Committee Co-Chair administering the complaint determines that there is insufficient information to make a fair determination of whether the behavior alleged in the complaint would be cause for action by the Committee, the ACA staff liaison may request further information from the complainant or others. They shall be given thirty (30) working days from receipt of the request to respond.

7. When complaints are accepted, complainants will be informed that copies of the formal complaints plus evidence and documents submitted in support of the complaint will be provided to the charged member and that the complainant must authorize release of such information to the charged member before the complaint process may proceed.

8. The ACA staff liaison, after receiving approval of the Committee Co-Chair administering a complaint, will formulate a formal complaint which will be presented to the complainant for his or her signature.

a. The correspondence from complainants will be received, and the staff liaison and Committee Co-Chair administering the complaint will identify all ACA Code of Ethics that might have been violated if the accusations are true.

b. The formal complaint will be sent to complainants with a copy of these Policies and Procedures, a copy of the ACA Code of Ethics, a verification affidavit form and an authorization and release of information form. Complainants will be asked to sign and return the completed complaint, verification affidavit and authorization and release of information forms. It will be explained to complainants that sections of the codes that might have been violated may be added or deleted by the complainant before signing the formal statement.

c. If complainants elect to add or delete sections of the Code of Ethics in the formal complaint, the unsigned formal complaint shall be returned to ACA Headquarters with changes noted, and a revised formal complaint will be sent to the complainants for their signature.

9. When the completed formal complaint, verification affidavit form and authorization and release of information form are presented to the complainant for signature, he or she will be asked to submit all evidence and documents he or she wishes to be considered by the Committee in reviewing the complaint. The complainant shall submit all evidence and documentation in support of the claim within thirty (30) days of filing the formal complaint. The Committee may accept, at its discretion, evidence or documentation submitted late if good cause is shown.

**Section K:
Notice to Charged Members**

1. Once signed formal complaints have been received, charged members will be sent a copy of the formal complaint by U.S. mail, certified, with return-receipt requested, a copy of these Policies and Procedures, a copy of the Code of Ethics, notification of their right to request a hearing, (including the time limit within which to request the hearing, and that the failure to request a hearing within the time limit constitutes a waiver of the hearing), ACA's policy of disclosing adverse actions to its members and/or informing state and national licensure boards of a member's suspension or expulsion, and copies of all evidence and documents submitted in support of the complaint.

2. Charged members will be asked to respond to the complaint against them by addressing each section of the ACA Code of Ethics they have been accused of having violated. They will be informed that if they wish to respond they must do so in writing within sixty (60) working days.

3. Charged members will be informed that they must submit all evidence and documents they wish to be considered by the Committee in reviewing the complaint within sixty (60) working days.

4. After charged members have received notification that a complaint has been brought against them, they will be given sixty (60) working days to notify the Committee Co-Chair (via ACA Headquarters) in writing, by certified mail, if they wish to request a formal face-to-face hearing before the Committee. Charged members may waive their right to a formal hearing before the Committee and shall sign a

waiver of the right to a hearing. (See Section O: Hearings).

5. If the Committee Co-Chair determines that there is insufficient information to make a fair determination of whether the behavior alleged in the complaint would be cause for action by the Committee, the ACA staff liaison to the Committee may request further information from the charged member or others. They shall be given thirty (30) working days from receipt of the request to respond.

6. All requests for additional information from others will be accompanied by a verification affidavit form which the information provider will be asked to complete and return.

7. The Committee may, in its discretion, delay or postpone its review of the case with good cause including if the Committee wishes to obtain additional information. The charged member may request in writing that the Committee delay or postpone its review of the case for good cause.

**Section L:
Disposition of Complaints**

1. After receiving the responses from charged members, Committee members will be provided copies of (a) the complaint, (b) supporting evidence and documents sent to charged members, (c) the response, and (d) supporting evidence and documents provided by charged members and others.

2. Decisions will be rendered based on the evidence and documents provided by the complainant and charged member or others.

3. The Committee Co-Chair administering a complaint will not participate in deliberations or decisions regarding that particular complaint.

4. At the next meeting of the Committee held no sooner than fifteen (15) working days after members received copies of documents related to a complaint, the Committee will discuss the complaint, response, and supporting documentation, if any, and determine the outcome of the complaint.

5. The Committee will determine whether each Code of Ethics the member has been accused of having violated was violated based on the information provided.

6. After deliberations, the Committee may decide to dismiss the complaint or to dismiss charges within the complaint.

7. In the event it is determined that any of the ACA Codes of Ethics have been violated, the Committee will impose for the entire complaint one or a combination of the possible sanctions allowed.

Section M: Withdrawal of Complaints

1. If the complainant and charged member both agree to discontinue the complaint process, the Committee may, at its discretion, complete the adjudication process if available evidence indicates that this is warranted. The Co-Chair of the Committee, on behalf of the ACA membership, shall act as complainant.

Section N: Possible Sanctions

1. Remedial requirements may be stipulated by the Committee.

2. Probation for a specified period of time subject to Committee review of compliance. Remedial requirements may be imposed to be completed within a specified period of time.

3. Suspension from ACA membership for a specified period of time subject to Committee review of compliance. Remedial requirements may be imposed to be completed within a specified period of time.

4. Permanent expulsion from ACA membership. This sanction requires a unanimous vote of those voting.

5. The penalty for failing to satisfactorily fulfill a remedial requirement imposed by the Committee as a result of a probation sanction will be automatic suspension until the requirement is met unless the Committee determines that the remedial requirement should be modified based on good cause shown prior to the end of the probationary period.

6. The penalty for failing to satisfactorily fulfill a remedial requirement imposed by the Committee as a result of a suspension sanction will be automatic permanent expulsion unless the Committee determines that the remedial requirement should be modified based on good cause shown prior to the end of the suspension period.

7. Other corrective action.

Section O: Hearings

1. At the discretion of the Committee, a hearing may be conducted when the results of the Committee's preliminary determination indicate that additional information is needed.

2. When charged members, within sixty (60) working days of notification of the complaint, request a formal face-to-face or telephone conference hearing before the Committee, a hearing shall be conducted. (See Section K.6.)

3. The charged member shall bear all their expenses associated with attendance at hearings requested by the charged member.

4. The Committee Co-Chair shall schedule a formal hearing on the case at the next scheduled Committee meeting and notify both the complainant and the charged member of their right to attend the hearing in person or by telephone conference call.

5. The hearing will be held before a panel made up of the Committee and, if the charged member chooses, a representative of the charged member's primary Division. This representative will be identified by the Division President and will have voting privileges.

Section P: Hearing Procedures

1. PURPOSE.

a. A hearing will be conducted to determine whether a breach of the Code of Ethics has occurred and, if so, to determine appropriate disciplinary action.

b. The Committee will be guided in its deliberations by principles of basic fairness and professionalism and will keep its deliberations as confidential as possible except as provided herein.

2. NOTICE.

a. The charged members shall be advised in writing by the Co-Chair administering the complaint of the time and place of the hearing, the list of any witnesses expected to testify at the hearing against the charged member (which list may not be complete), and the charges involved at least forty-five (45) working days before the hearing. A copy of the notification shall be sent to the complainant. Notice shall include a formal statement of the complaints lodged against the charged member and supporting evidence.

b. The charged member is under no duty to respond to the notice, but the Committee will not be obligated to delay or postpone its hearing unless the charged member so requests in writing with good cause received at least fifteen (15) working days in advance. In the absence of such 15-day advance notice and postponement by the Committee, if the charged member fails to appear at the hearing, the Committee shall decide the complaint on record. Failure of the charged member to appear at the hearing shall not be viewed by the Committee as sufficient grounds alone for taking disciplinary action.

3. CONDUCT OF THE HEARING.

a. Accommodations. The location of the hearing shall be determined at the discretion of the Committee. The Committee shall provide a private room to conduct the hearing, and no observers or recording devices other than a recording device used by the Committee shall be permitted.

b. Presiding Officer. The Co-Chair in charge of the case shall preside over the hearing and deliberations of the Committee. At the conclusion of the hearing and deliberations, the Co-Chair shall promptly notify the charged member and complainant of the Committee's decision in writing as provided in Section Q, Paragraphs 1 and 2, below.

c. Record. A record of the hearing shall be made and preserved, together with any documents presented in evidence, at ACA Headquarters for a period of three (3) years or until the complaint process is final, whichever is longer. The record shall consist of a summary of testimony received or a verbatim transcript at the discretion of the Committee.

d. Right to Counsel. The charged member shall be entitled to have legal counsel present to advise and represent him or her throughout the hearing. Legal counsel for ACA shall also be present at the hearing to advise the Committee and shall have the privilege of the floor.

e. Witnesses. Either party shall have the right to call witnesses to substantiate his or her version of the case.

f. The Committee shall have the right to call witnesses it believes may provide further insight into the matter. ACA shall, in its sole discretion, determine the number and identity of witnesses to be heard.

g. Witnesses shall not be present during the hearing except when testifying and shall be excused upon completion of their testimony and any cross-examination.

h. The Co-Chair administering the complaint shall allow questions of any witness by the

opposition or members of the Committee if such questions and testimony are relevant to the issues in the case.

i. The Co-Chair administering the complaint will determine what questions and testimony are relevant to the case. Should the hearing be disturbed by irrelevant testimony, the Co-Chair administering the complaint may call a brief recess to restore order.

j. All expenses associated with counsel on behalf of the parties shall be borne by the respective parties. All expenses associated with witnesses on behalf of the charged member shall be borne by the charged member when the charged member requests a hearing. If the Committee requests the hearing, all expenses associated with witnesses shall be borne by ACA.

4. PRESENTATION OF EVIDENCE.

a. The staff liaison or the Co-Chair administering the complaint shall be called upon first to present the charge(s) against the charged member and to briefly describe the supporting evidence. The person presenting the charges shall also be responsible for examining and cross-examining witnesses on behalf of the complainant and for otherwise presenting the matter during the hearing.

b. The complainant or the staff liaison or the Committee Co-Chair administering the complaint shall then present the case against the charged member. Witnesses who can substantiate the case may be called upon to testify and answer questions of the charged member and the Committee.

c. If the charged member is present at the hearing, he or she shall be called upon after the case has been presented against the charged member to present any evidence which refutes the charges against him or her. This includes witnesses as in Subsection (3) above. The charged member and the complainant may submit a written statement at the close of the hearing.

d. The charged member will not be found guilty simply for refusing to testify. Once the charged member chooses to testify, however, he or she may be cross-examined by the complainant and members of the Committee.

e. The Committee will endeavor to conclude the hearing within a period of approximately three (3) hours. The parties will be requested to be considerate of this time frame in planning their testimony. If it appears that additional time will be needed to develop the issues adequately, an extension of time may be granted.

f. Testimony that is merely cumulative or repetitive may, at the discretion of the Co-Chair administering the complaint, be excluded.

g. At any time during the presentation of evidence, the presiding members of the Committee may ask pertinent questions.

5. RELEVANCY OF EVIDENCE.

a. The Hearing Committee is not a court of law and is not required to observe formal rules of evidence. Evidence inadmissible in a court of law may be admissible in the hearing before the Committee if it is relevant to the case. That is, if the evidence offered tends to explain, clarify, or refute any of the important facts of the case, it should be generally be considered.

b. The Committee will not consider evidence or testimony for the purpose of supporting any charge that was not set forth in the notice of the hearing or that is not relevant to the issues of the case.

6. BURDEN OF PROOF.

a. The burden of proving a violation of the Code of Ethics is on the complainant and/or the Committee. It is not up to the charged member to prove his or her innocence of any wrongdoing.

b. Although the charge(s) need not be proved "beyond a reasonable doubt," the Committee will not find the charged member guilty in the absence of substantial, objective, and believable evidence to sustain the charge(s).

7. DELIBERATION OF THE COMMITTEE.

a. After the hearing is completed, the Committee shall meet in a closed session to review the evidence presented and reach a conclusion. ACA legal counsel may attend the closed session to advise the Committee if the Committee so desires.

b. The Committee shall be the sole trier of the facts and shall weigh the evidence presented and assess the credibility of the witnesses. The act of a majority of the members of the Committee present shall be the decision of the Committee. An unanimous vote of those voting is required for permanent expulsion from ACA membership.

c. Only members of the Committee who were present throughout the entire hearing shall be eligible to vote.

8. DECISION OF THE COMMITTEE.

a. The Committee will first resolve the issue of the guilt or innocence of the charged member on each charge. Applying the burden of proof in subsection (5) above, the Committee will vote by secret ballot unless the members of the Committee consent to an oral vote.

b. In the event a majority of the members of the Committee do not find the charged member guilty, the charges shall be dismissed. If the Committee finds the charged member has violated the Code of Ethics, it must then determine what sanctions, in accordance with Section N: Possible Sanctions, shall be imposed.

c. As provided in Section Q below, the Co-Chair administering the complaint shall notify the charged member and complainant of the Committee's decision and rights to appeal in writing.

Section Q: Notification of Results

1. Charged members shall be notified of Committee decisions regarding complaints against them. Within thirty (30) days after the hearing, charged members shall be notified of the Committee's decisions and their right to appeal. The Committee's decision shall be sent by U.S. mail, certified, with return-receipt requested.

2. After the deadline for filing an appeal, or in the event an appeal is filed, after a decision on appeals has been rendered, and if a violation has been found and charged members have been suspended or expelled, counselor licensure, certification, or registry boards, other mental health licensure, certification, or registry boards, voluntary national certification boards, and appropriate professional associations will also be notified of the results. In addition, ACA divisions, state branches, the ACA Insurance Trust, and other ACA-related entities will also be notified of the results.

3. After the deadline for filing an appeal, or in the event an appeal is filed, after a decision on appeals has been rendered, and if a violation has been found and charged members have been suspended or expelled, a notice of the Committee's action that includes the sections of the ACA Code of Ethics that were found to have been violated and the sanctions imposed will be published in the ACA newsletter.

Section R: Appeals

1. Decisions of the ACA Ethics Committee may be appealed by the member found to have been in violation based on one or both of the following grounds:

a. The Committee violated its policies and procedures for processing complaints of ethical violations; and/or

b. The decision of the Committee was arbitrary and capricious and was not supported by the materials provided by the complainant and charged member.

2. After members have received notification that they have been found in violation of one or more ACA Codes of Ethics, they will be given thirty (30) working days to notify the Committee in writing by certified mail that they are appealing the decision. If an appeal is not requested, the Committee shall issue its decision as the final decision as soon as the time during which an appeal may be filed expires.

3. An appeal may consist only of a letter stating one or both of the grounds of appeal listed in subsection 1 above and the reasons for the appeal. The filing of an appeal automatically stays the execution of a decision by the Committee until the appeal is completed.

4. The appealing member will be asked to identify the primary ACA division to which he or she belongs. The ACA President will appoint a three (3) person appeals panel consisting of two (2) former ACA Ethics Committee Chairs (neither of whom served on the Committee during the hearings on the matter) and the President of the identified division. The ACA attorney shall serve as legal advisor and have the privilege of the floor.

5. The three (3) member appeals panel will be given copies of the materials available to the Committee when it made its decision, a copy of the hearing record if a hearing was held, plus a copy of the letter filed by the appealing member.

6. The appeals panel will not consider evidence that was not presented to the Committee.

7. The appeals panel generally will render its decision regarding an appeal requiring a majority vote within sixty (60) working days of their receipt of the above materials.

8. The decision of the appeals panel is limited to

a. Upholding the decision of the Committee, or

b. Upholding the decision of the Committee on the finding of an ethical violation but reversing and remanding the Committee's decision on sanctions, or

c. Recommending reconsideration by the Committee of the decision providing guidance to the Committee in detail in writing for considering a new decision on remand.

9. The decision of the appeals panel need not be unanimous.

10. When a Committee decision is reversed and remanded, the complainant and charged member will be informed in writing, and additional information may be requested first from the complainant and then from the charged member. The Committee will then render another decision without a hearing.

11. Decisions of the appeals panel to uphold the Committee decision are final and binding and not subject to further hearings or appellate review.

Section S: Disposition of Complaints

1. In the event substantial new evidence is presented in a case in which an appeal was not filed, or in a case for which a final decision has been rendered, the case may be reopened by the Committee.

2. The Committee will consider substantial new evidence and if found to be substantiated and capable of exonerating a member who was expelled, the Committee will reopen the case and go through the entire complaint process again.

Section T: Records

1. The records of the Committee regarding complaints are confidential except as provided herein.

2. Original copies of complaint records will be maintained in locked files at ACA Headquarters or at an off-site location chosen by ACA.

3. Members of the Committee will keep copies of complaint records confidential and will destroy copies of records after a case has been closed or when they are no longer a member of the Committee.

Section U: Legal Actions Related to Complaints

1. Complainants and charged members are required to notify the Committee if they learn of any type of legal action (civil or criminal) being filed related to the complaint.

2. In the event any type of legal action is filed regarding an accepted complaint, all actions related to the complaint will be stayed until the legal action has been concluded. The Committee will consult with legal counsel con-

cerning whether the processing of the complaint will be stayed if the legal action does not involve the same complainant and the same facts complained of.

3. If actions on a complaint are stayed, the complainant and charged member will be notified.

4. When actions on a complaint are continued after a legal action has been concluded, the complainant and charged member will be notified.

Ordering Information

For information on ordering
the *ACA Code of Ethics*
& *Standards of Practice* write to:

ACA Distribution Center
P.O. Box 791019
Baltimore, MD 21279-1019
or call 703-823-9800 x222
toll free 800-422-2348 x222
fax 703-823-0252
800-473-2329

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CHAPTER 86
PSYCHOLOGISTS AND PSYCHOLOGICAL ASSOCIATES

Article

1. Board of Psychologist and Psychological Associate Examiners (§§ 08.86.010—08.86.040)
2. Administration of Board Affairs (§§ 08.86.070—08.86.100)
3. Licensing of Psychologists (§§ 08.86.130—08.86.150)
4. Licensing of Psychological Associates (§§ 08.86.160—08.86.164)
5. Prohibitions and Penalties (§§ 08.86.170—08.86.220)
6. General Provisions (§§ 08.86.230)

ARTICLE 1.
BOARD OF PSYCHOLOGIST AND PSYCHOLOGICAL
ASSOCIATE EXAMINERS.

Section

10. Creation and membership of board
30. Board meetings
40. Assistants

Sec. 08.86.010. **Creation and membership of board.** There is created a Board of Psychologist and Psychological Associate Examiners. It consists of three licensed psychologists, a licensed psychological associate, and one person who has no direct financial interest in the health care industry.

Sec. 08.86.030. **Board meetings.** The board shall hold at least three meetings annually. The board may hold special meetings at the call of the chairman or of a majority of the board members.

Sec. 08.86.040. **Assistants.** The board may employ assistants to prepare and grade examinations and to investigate alleged violations of this chapter.

ARTICLE 2.
ADMINISTRATION OF BOARD AFFAIRS.

Section

70. Duties of the board
75. Power to order examinations
80. Board regulations
90. Administrative duties of the department
100. Applicability of the Administrative Procedure Act

Sec. 08.86.070. **Duties of the board.** The board shall

- (1) establish objective examination requirements for persons who apply for a license to practice psychology in the state;
- (2) examine, or cause to be examined, eligible license applicants;
- (3) approve the issuance of licenses to qualified applicants;
- (4) adopt regulations establishing standards for the practice of psychology;
- (5) impose disciplinary sanctions as authorized by this chapter;
- (6) adopt regulations requiring proof of continued competency for license renewal;
- (7) prepare an annual report for submission to the department covering board activities, the number of applicants, the number of examinations conducted, the passing and failure rate of each examination, finances, and other information as requested by the department;
- (8) review, when requested by the department, the quality and availability of psychological services in the state;
- (9) compile information for submission to the department on the practice of psychology by psychologists and psychological associates in the state.

Sec. 08.86.075. **Power to order examinations.** The board may order a licensed psychologist or licensed psychological associate to submit to a reasonable physical or mental examination if the board has credible evidence sufficient to conclude that the psychologist's or psychological associate's physical or mental capacity to practice safely is at issue.

"psychotherapy," "psychotherapeutic," "psychotherapist," "psychoanalysis," or "psychoanalyst," or when holding out publicly to be trained, experienced, or qualified to render services in the field of psychology.

(b) This section does not apply to

(1) a person employed by a governmental unit, educational institution or private agency who may be required to engage in some phase of work of a psychological nature in the course of the person's employment, if the employer maintains appropriate supervision of psychological activities and professional conduct, and if the person is performing the psychological activities as part of the duties for which the person was employed, is performing the activities solely within the facilities of the organization in which the person is employed or under the supervision of the organization in which the person is employed, and does not render or offer to render psychological services to the public for compensation in addition to the salary the person receives from the organization;

(2) a student, intern, or resident in psychology pursuing a course of study approved by the board as qualifying training and experience for a psychologist, if that person's activities constitute a part of that person's supervised course of study and that person is designated by titles such as "psychology intern" or "psychology trainee";

(3) a qualified member of another profession, in doing work of a psychological nature consistent with that person's training and consistent with the code of ethics of that person's profession, if the person does not hold out to the public by a title or description of services incorporating the words "psychology," "psychological," "psychologist," "psychometry," "psychometrics," "psychometrist," "psychotherapist," "psychoanalysis," "psychoanalyst" or represents to be trained, experienced, or qualified to render services in the field of psychology;

(4) [Repealed, 1973.]

(5) a physician engaged in the normal practice of medicine for which the physician is licensed under AS 08.64.

(c) Nothing in this chapter authorizes a person licensed as a psychologist to engage in the practice of medicine, as defined by the laws of the state.

(d) Nothing in this section prohibits a clinical social worker from holding out to the public by a title or description of services incorporating the words "psychotherapy," "psychotherapist," or "psychotherapeutic."

Sec. 08.86.190. Name under which person practices. (a) A licensed psychologist may practice psychology only under that person's own name.

(b) A licensed psychological associate may practice counseling or psychometry only under that person's own name.

Sec. 08.86.200. Confidentiality of communication. (a) A psychologist or psychological associate may not reveal to another person a communication made to the psychologist or psychological associate by a client about a matter concerning which the client has employed the psychologist or psychological associate in a professional capacity. This section does not apply to

(1) a case conference with other mental health professionals or with physicians and surgeons;

(2) a case in which the client in writing authorized the psychologist or psychological associate to reveal a communication;

(3) a case where an immediate threat of serious physical harm to an identifiable victim is communicated to a psychologist or psychological associate by a client;

(4) disclosures of confidential communications required under Rule 504, Alaska Rules of Evidence; or

(5) proceedings conducted by the board or the department where the disclosure of confidential communications is necessary to defend against charges that the psychologist or psychological associate has violated provisions of this chapter; information obtained by the board or department under this paragraph is confidential and is not a public record for purposes of AS 09.25.110 - 09.25.140.

(b) Notwithstanding (a) of this section, a psychologist or psychological associate shall report to the appropriate authority incidents of child abuse or neglect as required by AS 47.17.020, incidents of elder abuse as required by AS 47.24.010, and incidents of abuse of disabled persons disclosed to the psychologist or psychological associate by a client. In this subsection "disabled person" means a person who has a physical or mental disability or a physical or mental impairment, as defined in AS 18.80.300.

Sec. 08.86.204. Grounds for imposition of disciplinary sanctions. After a hearing, the board may impose a disciplinary sanction on a person licensed under this chapter when the board finds that the licensee

(1) secured a license through deceit, fraud, or intentional misrepresentation;

(2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;

(3) advertised professional services in a false or misleading manner;

(4) has been convicted of a felony or other crime that affects the licensee's ability to continue to practice competently and safely;

(5) intentionally or negligently engaged in or permitted the performance of patient care by persons under the licensee's supervision that does not conform to minimum professional standards regardless of whether actual injury to the patient occurred;

(6) failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the board;

- (7) continued to practice after becoming unfit due to
 - (A) professional incompetence;
 - (B) failure to keep informed of current professional practices;
 - (C) addiction or severe dependence on alcohol or other drugs which impairs the ability to practice safely;
 - (D) physical or mental disability or a combination of physical and mental disabilities;

(8) engaged in sexual misconduct with a patient during the course of therapy, either within or outside the treatment setting, or within two years after therapy or counseling with the patient has terminated; in this paragraph, "sexual misconduct" includes sexual contact, as defined in regulations adopted under this chapter, or attempted sexual contact, regardless of the patient's or former patient's consent or lack of consent.

(b) The board may summarily suspend the license of a licensee who refuses to submit to a physical or mental examination under AS 08.86.075. A person whose license is suspended under this subsection is entitled to a hearing by the board within seven days after the effective date of the order. If, after a hearing, the board upholds the suspension, the licensee may appeal the suspension to a court of competent jurisdiction.

Sec. 08.86.210. Penalty. A person who violates this chapter is guilty of a class B misdemeanor.

Sec. 08.86.220. Limits or conditions on license; discipline. (a) Upon a finding that by reason of demonstrated problems of competence, experience, education, or health the authority to practice psychology or as a psychological associate under this chapter should be limited or conditioned or the practitioner disciplined, the board may reprimand, censure, place on probation, restrict practice by time, specialty, procedure or facility, require additional education or training, or revoke or suspend a license.

(b) The Administrative Procedure Act (AS 44.62) applies to any action taken by the board under this section.

ARTICLE 6. GENERAL PROVISIONS.

Section

230. Definitions

Sec. 08.86.230. Definitions. In this chapter

- (1) "board" means the Board of Psychologist and Psychological Associate Examiners;
- (2) "department" means the Department of Community and Economic Development;
- (3) "private agency" means a clinic or private practice, or custodial, rehabilitative, or health care organization whose mental health services are under the direction of a licensed psychologist or psychiatrist;
- (4) "psychological associate" means a person licensed under this chapter who renders psychological services and complies with AS 08.86.164;
- (5) "psychologist" means a person who practices psychology;
- (6) "to practice psychology" means to render or offer to render for a fee to individuals, groups, organizations, or the public for the diagnosis, prevention, treatment, or amelioration of psychological problems and emotional and mental disorders of individuals or groups or for conducting research on human behavior, a psychological service involving the application of psychological principles, methods, and procedures of understanding, predicting, and influencing behavior, including
 - (A) the principles pertaining to learning, perception, motivation, emotions, and interpersonal relationships;
 - (B) the methods and procedures for interviewing, counseling, psychotherapy, biofeedback, behavior modification, and hypnosis;
 - (C) constructing, administering and interpreting tests of mental abilities, aptitudes, interests, attitudes, personality characteristics, emotions, and motivations.

- 200. Confidentiality
- 220. Effect of violation

12 AAC 60.180. COMPETENCE. (a) Neither a psychologist nor a psychologist-supervisor may function outside her or his particular field or fields of competence as established by her or his education, training, and experience.

(b) A psychological associate may not function outside the scope of practice as established by the licensee's education and training.

12 AAC 60.185. ETHICS AND STANDARDS. (a) The ethics to be adhered to by licensed psychologists and licensed psychological associates are the "Ethical Principles of Psychologists and Code of Conduct," (December 1992 revision), of the American Psychological Association, Inc. "Ethical Principles of Psychologists and Code of Conduct" is incorporated by reference in this section.

(b) The standards to be adhered to by licensed psychologists and licensed psychological associates rendering psychological services in the state are "General Guidelines for Providers of Psychological Services," (1987 edition), of the American Psychological Association. "General Guidelines for Providers of Psychological Services" is incorporated by reference in this section.

Editor's notes: A copy of the "Ethical Principles of Psychologists and Code of Conduct" or "General Guidelines for Providers of Psychological Services," incorporated by reference in 12 AAC 60.185, may be obtained from the American Psychological Association, Inc., 1200 Seventeenth Street Northwest, Washington, D.C. 20036.

12 AAC 60.190. MISREPRESENTATION. A psychologist may not misrepresent nor permit the misrepresentation of her or his professional qualifications, affiliations, or purposes, or those of the institutions, organizations, products, or services with which she or he is associated.

12 AAC 60.200. CONFIDENTIALITY. A psychologist and a psychological associate shall safeguard confidential information that has been obtained in the course of her or his teaching, practice, or investigation.

12 AAC 60.220. EFFECT OF VIOLATION. Violation of any of the provisions of 12 AAC 60.170—12 AAC 60.210 or AS 08.86.190—08.86.200 is unprofessional conduct and grounds for disciplinary proceedings.

ARTICLE 5. REINSTATEMENT OF PROFESSIONAL PRIVILEGES AFTER DISCIPLINE.

Section

- 230. Appearance required for reinstatement of professional privileges
- 240. Documentation of rehabilitation

12 AAC 60.230. APPEARANCE REQUIRED FOR REINSTATEMENT OF PROFESSIONAL PRIVILEGES. A person seeking reinstatement of professional privileges whose license has been revoked or suspended or whose authority to practice has been limited or conditioned shall appear in person before the board at a time and place designated by the board to determine the individual's present fitness.

12 AAC 60.240. DOCUMENTATION OF REHABILITATION. An applicant for reinstatement of professional privileges has the burden of satisfying the board that he or she is rehabilitated.

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INTRODUCTION

The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, six General Principles (A - F), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are *aspirational* goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action and may be considered by ethics bodies in interpreting the Ethical Standards. The Ethical Standards set forth *enforceable* rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by the Ethics Code does not mean that it is necessarily either ethical or unethical.

Membership in the APA commits members to adhere to the APA Ethics Code and to the rules and procedures used to implement it. Psychologists and students, whether or not they are APA members, should be aware that the Ethics Code may be applied to them by state psychology boards, courts, or other public bodies.

This Ethics Code applies only to psychologists' work-related activities, that is, activities that are part of the psychologists' scientific and professional functions or that are psychological in nature. It includes the clinical or counseling practice of psychology, research, teaching, supervision of trainees, development of assessment instruments, conducting assessments, educational counseling, organizational consulting, social intervention, administration, and other activities as well. These work-related activities can be distinguished from the purely private conduct of a psychologist, which ordinarily is not within the purview of the Ethics Code.

The Ethics Code is intended to provide standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. Whether or not a psychologist has violated the Ethics Code does not by itself determine whether he or she is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur. These results are based on legal rather than ethical rules. However, compliance with or violation of the Ethics Code may be admissible as evidence in some legal proceedings, depending on the circumstances.

In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code, in addition to applicable laws and psychology board regulations. If the Ethics Code establishes a higher standard of

conduct than is required by law, psychologists must meet the higher ethical standard. If the Ethics Code standard appears to conflict with the requirements of law, then psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict in a responsible manner. If neither law nor the Ethics Code resolves an issue, psychologists should consider other professional materials Footnote 1 and the dictates of their own conscience, as well as seek consultation with others within the field when this is practical.

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. The actions that APA may take for violations of the Ethics Code include actions such as reprimand, censure, termination of APA membership, and referral of the matter to other bodies. Complainants who seek remedies such as monetary damages in alleging ethical violations by a psychologist must resort to private negotiation, administrative bodies, or the courts. Actions that violate the Ethics Code may lead to the imposition of sanctions on a psychologist by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition to actions for violation of the Ethics Code, the APA Bylaws provide that APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure.

.....
PREAMBLE

Psychologists work to develop a valid and reliable body of scientific knowledge based on research. They may apply that knowledge to human behavior in a variety of contexts. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. Their goal is to broaden knowledge of behavior and, where appropriate, to apply it pragmatically to improve the condition of both the individual and society. Psychologists respect the central importance of freedom of inquiry and expression in research, teaching, and publication. They also strive to help the public in developing informed judgments and choices concerning human behavior. This Ethics Code provides a common set of values upon which psychologists build their professional and scientific work.

This Code is intended to provide both the general principles and the decision rules to cover most situations encountered by psychologists. It has as its primary goal the welfare and protection of the individuals and groups with whom psychologists work. It is the individual responsibility of each psychologist to aspire to the highest possible standards of conduct. Psychologists respect and protect human and civil rights, and do not knowingly participate in or condone unfair discriminatory practices.

The development of a dynamic set of ethical standards for a psychologist's work-related conduct requires a personal commitment to a lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues, as appropriate; and to consult with others, as needed, concerning ethical problems. Each psychologist supplements, but does not violate, the Ethics Code's values and rules on the basis of guidance drawn from personal values, culture, and experience.

.....
GENERAL PRINCIPLES

PRINCIPLE A: COMPETENCE

Psychologists strive to maintain high standards of competence in their work. They recognize the boundaries of their particular competencies and the limitations of their expertise. They provide only those services and use only those techniques for which they are qualified by education, training, or experience. Psychologists are cognizant of the fact that the competencies required in serving, teaching, and/or studying groups of people vary with the distinctive characteristics of those groups. In those areas in which recognized professional standards do not yet exist, psychologists exercise careful judgment and take appropriate precautions to protect the welfare of those with whom they work. They maintain knowledge of relevant scientific and professional information related to the services they render, and they recognize the need for ongoing education. Psychologists make appropriate use of scientific, professional, technical, and administrative resources.

PRINCIPLE B: INTEGRITY

Psychologists seek to promote integrity in the science, teaching, and practice of psychology. In these activities psychologists are honest, fair, and respectful of others. In describing or reporting their qualifications, services, products, fees, research, or teaching, they do not make statements that are false, misleading, or deceptive. Psychologists strive to be aware of their own beliefs, systems, values, needs, and limitations and the effect of these on their work. To the extent feasible, they attempt to clarify for relevant parties the roles they are performing and to function appropriately in accordance with those roles. Psychologists avoid improper and potentially harmful dual relationships.

PRINCIPLE C: PROFESSIONAL AND SCIENTIFIC RESPONSIBILITY

Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and adapt their methods to the needs of different populations. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of their patients, clients, or other recipients of their services. Psychologists' moral standards and conduct are personal matters to the same degree as is true for any other person, except as psychologists' conduct may compromise their professional responsibilities or reduce the public's trust in psychology and psychologists. Psychologists are concerned about the ethical compliance of their colleagues' scientific and professional conduct. When appropriate, they consult with colleagues in order to prevent or avoid unethical conduct.

PRINCIPLE D: RESPECT FOR PEOPLE'S RIGHTS AND DIGNITY

Psychologists accord appropriate respect to the fundamental rights, dignity, and worth of all people. They respect the rights of individuals to privacy, confidentiality, self-determination, and autonomy, mindful that legal and other obligations may lead to inconsistency and conflict with the exercise of these rights. Psychologists are aware of cultural, individual, and role differences, including those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and socioeconomic status. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone unfair discriminatory practices.

PRINCIPLE E: CONCERN FOR OTHERS' WELFARE

Psychologists seek to contribute to the welfare of those with whom they interact professionally. In their professional actions, psychologists weigh the welfare and rights of their patients or clients, students, supervisees, human research participants, and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts and to perform their roles in a responsible fashion that avoids or minimizes harm. Psychologists are sensitive to real and ascribed differences in power between themselves and others, and they do not exploit or mislead other people during or after professional relationships.

PRINCIPLE F: SOCIAL RESPONSIBILITY

Psychologists are aware of their professional and scientific responsibilities to the community and the society in which they work and live. They apply and make public their knowledge of psychology in order to contribute to human welfare. Psychologists are concerned about and work to mitigate the causes of human suffering. When undertaking research, they strive to advance human welfare and the science of psychology. Psychologists try to avoid misuse of their work. Psychologists comply with the law and encourage the development of law and social policy that serve the interests of their patients and clients and the public. They are encouraged to contribute a portion of their professional time for little or no personal advantage.

ETHICAL STANDARDS**1. GENERAL STANDARDS**

These General Standards are potentially applicable to the professional and scientific activities of all psychologists.

1.01 Applicability of the Ethics Code.

The activity of a psychologist subject to the Ethics Code may be reviewed under these Ethical Standards only if the activity is part of his or her work-related functions or the activity is psychological in nature. Personal activities having no connection to or effect on psychological roles are not subject to the Ethics Code.

1.02 Relationship of Ethics and Law.

If psychologists' ethical responsibilities conflict with law, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict in a responsible manner.

1.03 Professional and Scientific Relationship.

Psychologists provide diagnostic, therapeutic, teaching, research, supervisory, consultative, or other psychological services only in the context of a defined professional or scientific relationship or role. (See also Standards 2.01, Evaluation, Diagnosis, and Interventions in Professional Context, and 7.02, Forensic Assessments.)

1.04 Boundaries of Competence.

(a) Psychologists provide services, teach, and conduct research only within the boundaries of their competence, based on their education, training, supervised experience, or appropriate professional experience.

(b) Psychologists provide services, teach, or conduct research in new areas or involving new techniques only after first undertaking appropriate study, training, supervision, and/or consultation from persons who are competent in those areas or techniques.

(c) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect patients, clients, students, research participants, and others from harm.

1.05 Maintaining Expertise.

Psychologists who engage in assessment, therapy, teaching, research, organizational consulting, or other professional activities maintain a reasonable level of awareness of current scientific and professional information in their fields of activity, and undertake ongoing efforts to maintain competence in the skills they use.

1.06 Basis for Scientific and Professional Judgments.

Psychologists rely on scientifically and professionally derived knowledge when making scientific or professional judgments or when engaging in scholarly or professional endeavors.

1.07 Describing the Nature and Results of Psychological Services.

(a) When psychologists provide assessment, evaluation, treatment, counseling, supervision, teaching, consultation, research, or other psychological services to an individual, a group, or an organization, they provide, using language that is reasonably understandable to the recipient of those services, appropriate information beforehand about the nature of such services and appropriate information later about results and conclusions. (See also Standard 2.09, Explaining Assessment Results.)

(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

1.08 Human Differences.

Where differences of age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status significantly affect psychologists' work concerning particular individuals or groups, psychologists obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals.

1.09 Respecting Others.

In their work-related activities, psychologists respect the rights of others to hold values, attitudes, and opinions that differ from their own.

1.10 Nondiscrimination. In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, socio-economic status, or any basis proscribed by law.

1.11 Sexual Harassment.

(a) Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either: (1) is unwelcome, is offensive, or creates a hostile workplace environment, and the psychologist knows or is told this; or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts.

(b) Psychologists accord sexual-harassment complainants and respondents dignity and respect. Psychologists do not participate in denying a person academic admittance or advancement, employment, tenure, or promotion, based solely upon their having made, or their being the subject of, sexual harassment charges. This does not preclude taking action based upon the outcome of such proceedings or consideration of other appropriate information.

1.12 Other Harassment.

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

1.13 Personal Problems and Conflicts.

(a) Psychologists recognize that their personal problems and conflicts may interfere with their effectiveness. Accordingly, they refrain from undertaking an activity when they know or should know that their personal problems are likely to lead to harm to a patient, client, colleague, student, research participant, or other person to whom they may owe a professional or scientific obligation.

(b) In addition, psychologists have an obligation to be alert to signs of, and to obtain assistance for, their personal problems at an early stage, in order to prevent significantly impaired performance.

(c) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties.

1.14 Avoiding Harm.

Psychologists take reasonable steps to avoid harming their patients or clients, research participants, students, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

1.15 Misuse of Psychologists' Influence.

Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence.

1.16 Misuse of Psychologists' Work.

(a) Psychologists do not participate in activities in which it appears likely that their skills or data will be misused by others, unless corrective mechanisms are available. (See also Standard 7.04, Truthfulness and Candor.)

(b) If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.17 Multiple Relationships.

(a) In many communities and situations, it may not be feasible or reasonable for psychologists to avoid social or other nonprofessional contacts with persons such as patients, clients, students, supervisees, or research participants. Psychologists must always be sensitive to the potential harmful effects of other contacts on their work and on those persons with whom they deal. A psychologist refrains from entering into or promising another personal, scientific, professional, financial, or other relationship with such persons if it appears likely that such a relationship reasonably might impair the psychologist's objectivity or otherwise interfere with the psychologist's effectively performing his or her functions as a psychologist, or might harm or exploit the other party.

(b) Likewise, whenever feasible, a psychologist refrains from taking on professional or scientific obligations when pre-existing relationships would create a risk of such harm.

(c) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist attempts to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

1.18 Barter (With Patients or Clients).

Psychologists ordinarily refrain from accepting goods, services, or other nonmonetary remuneration from patients or clients in return for psychological services because such arrangements create inherent potential for conflicts, exploitation, and distortion of the professional relationship. A psychologist may participate in bartering only if (1) it is not clinically contraindicated, and (2) the relationship is not exploitative. (See also Standards 1.17, Multiple Relationships, and 1.25, Fees and Financial Arrangements.)

1.19 Exploitative Relationships.

(a) Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as students, supervisees, employees, research participants, and clients or patients. (See also Standards 4.05 - 4.07 regarding sexual involvement with clients or patients.)

(b) Psychologists do not engage in sexual relationships with students or supervisees in training over whom the psychologist has evaluative or direct authority, because such relationships are so likely to impair judgment or be exploitative.

1.20 Consultations and Referrals.

(a) Psychologists arrange for appropriate consultations and referrals based principally on the best interests of their patients or clients, with appropriate consent, and subject to other relevant considerations, including applicable law and contractual obligations. (See also Standards 5.01, Discussing the Limits of Confidentiality, and 5.06, Consultations.)

(b) When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their patients or clients effectively and appropriately.

(c) Psychologists' referral practices are consistent with law.

1.21 Third-Party Requests for Services.

(a) When a psychologist agrees to provide services to a person or entity at the request of a third party, the psychologist clarifies to the extent feasible, at the outset of the service, the nature of the relationship with each party. This clarification includes the role of the psychologist (such as therapist, organizational consultant, diagnostician, or expert witness), the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality.

(b) If there is a foreseeable risk of the psychologist's being called upon to perform conflicting roles because of the involvement of a third party, the psychologist clarifies the nature and direction of his or her responsibilities, keeps all parties appropriately informed as matters develop, and resolves the situation in accordance with this Ethics Code.

1.22 Delegation to and Supervision of Subordinates.

(a) Psychologists delegate to their employees, supervisees, and research assistants only those responsibilities that such persons can reasonably be expected to perform competently, on the basis of their education, training, or experience, either independently or with the level of supervision being provided.

(b) Psychologists provide proper training and supervision to their employees or supervisees and take reasonable steps to see that such persons perform services responsibly, competently, and ethically.

(c) If institutional policies, procedures, or practices prevent fulfillment of this obligation, psychologists attempt to modify their role or to correct the situation to the extent feasible.

1.23 Documentation of Professional and Scientific Work.

(a) Psychologists appropriately document their professional and scientific work in order to facilitate provision of services later by them or by other professionals, to ensure accountability, and to meet other requirements of institutions or the law.

(b) When psychologists have reason to believe that records of their professional services will be used in legal proceedings involving recipients of or participants in their work, they have a responsibility to create and maintain documentation in the kind of detail and quality that would be consistent with reasonable scrutiny in an adjudicative forum. (See also Standard 7.01, Professionalism, under Forensic Activities.)

1.24 Records and Data.

Psychologists create, maintain, disseminate, store, retain, and dispose of records and data relating to their research, practice, and other work in accordance with law and in a manner that permits compliance with the requirements of this Ethics Code. (See also Standard 5.04, Maintenance of Records.)

1.25 Fees and Financial Arrangements.

(a) As early as is feasible in a professional or scientific relationship, the psychologist and the patient, client, or other appropriate recipient of psychological services reach an agreement specifying the compensation and the billing arrangements.

(b) Psychologists do not exploit recipients of services or payors with respect to fees.

(c) Psychologists' fee practices are consistent with law.

(d) Psychologists do not misrepresent their fees.

(e) If limitations to services can be anticipated because of limitations in financing, this is discussed with the patient, client, or other appropriate recipient of services as early as is feasible. (See also Standard 4.08, Interruption of Services.)

(f) If the patient, client, or other recipient of services does not pay for services as agreed, and if the psychologist wishes to use collection agencies or legal measures to collect the fees, the psychologist first informs the person that such measures will be taken and provides that person an opportunity to make prompt payment. (See also Standard 5.11, Withholding Records for Nonpayment.)

1.26 Accuracy in Reports to Payors and Funding Sources.

In their reports to payors for services or sources of research funding, psychologists accurately state the nature of the research or service provided, the fees or charges, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standard 5.05, Disclosures.)

1.27 Referrals and Fees.

When a psychologist pays, receives payment from, or divides fees with another professional other than in an employer - employee relationship, the payment to each is based on the services (clinical, consultative, administrative, or other) provided and is not based on the referral itself.

2. EVALUATION, ASSESSMENT, OR INTERVENTION

2.01 Evaluation, Diagnosis, and Interventions in Professional Context.

(a) Psychologists perform evaluations, diagnostic services, or interventions only within the context of a defined professional relationship. (See also Standards 1.03, Professional and Scientific Relationship.)

(b) Psychologists' assessments, recommendations, reports, and psychological diagnostic or evaluative statements are based on information and techniques (including personal interviews of the individual when appropriate) sufficient to provide appropriate substantiation for their findings. (See also Standard 7.02, Forensic Assessments.)

2.02 Competence and Appropriate Use of Assessments and Interventions.

(a) Psychologists who develop, administer, score, interpret, or use psychological assessment techniques, interviews, tests, or instruments do so in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Psychologists refrain from misuse of assessment techniques, interventions, results, and interpretations and take reasonable steps to prevent others from misusing the information these techniques provide. This includes refraining from releasing raw test results or raw data to persons, other than to patients or clients as appropriate, who are not qualified to use such information. (See also Standards 1.02, Relationship of Ethics and Law, and 1.04, Boundaries of Competence.)

2.03 Test Construction.

Psychologists who develop and conduct research with tests and other assessment techniques use scientific procedures and current professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

2.04 Use of Assessment in General and With Special Populations.

(a) Psychologists who perform interventions or administer, score, interpret, or use assessment techniques are familiar with the reliability, validation, and related standardization or outcome studies of, and proper applications and uses of, the techniques they use.

(b) Psychologists recognize limits to the certainty with which diagnoses, judgments, or predictions can be made about individuals.

(c) Psychologists attempt to identify situations in which particular interventions or assessment techniques or norms may not be applicable or may require adjustment in administration or interpretation because of factors such as individuals' gender, age, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

2.05 Interpreting Assessment Results.

When interpreting assessment results, including automated interpretations, psychologists take into account the various test factors and characteristics of the person being assessed that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant reservations they have about the accuracy or limitations of their interpretations.

2.06 Unqualified Persons.

Psychologists do not promote the use of psychological assessment techniques by unqualified persons. (See also Standard 1.22, Delegation to and Supervision of Subordinates.)

2.07 Obsolete Tests and Outdated Test Results.

(a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

(b) Similarly, psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

2.08 Test Scoring and Interpretation Services.

(a) Psychologists who offer assessment or scoring procedures to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations.

(c) Psychologists retain appropriate responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

2.09 Explaining Assessment Results.

Unless the nature of the relationship is clearly explained to the person being assessed in advance and precludes provision of an explanation of results (such as in some organizational consulting, pre-employment or security screenings, and forensic evaluations), psychologists ensure that an explanation of the results is provided using language that is reasonably understandable to the person assessed or to another legally authorized person on behalf of the client. Regardless of whether the scoring and interpretation are done by the psychologist, by assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that appropriate explanations of results are given.

2.10 Maintaining Test Security.

Psychologists make reasonable efforts to maintain the integrity and security of tests and other assessment techniques consistent with law, contractual obligations, and in a manner that permits compliance with the requirements of this Ethics Code. (See also Standard 1.02, Relationship of Ethics and Law.)

3. ADVERTISING AND OTHER PUBLIC STATEMENTS

3.01 Definition of Public Statements.

Psychologists comply with this Ethics Code in public statements relating to their professional services, products, or publications or to the field of psychology. Public statements include but are not limited to paid or unpaid advertising, brochures, printed matter, directory listings, personal resumes or curriculum vitae, interviews or comments for use in media, statements in legal proceedings, lectures and public oral presentations, and published materials.

3.02 Statements by Others.

(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) In addition, psychologists make reasonable efforts to prevent others whom they do not control (such as employers, publishers, sponsors, organizational clients, and representatives of the print or broadcast media) from making deceptive statements concerning psychologists' practice or professional or scientific activities.

(c) If psychologists learn of deceptive statements about their work made by others, psychologists make reasonable efforts to correct such statements.

(d) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item.

(e) A paid advertisement relating to the psychologist's activities must be identified as such, unless it is already apparent from the context.

3.03 Avoidance of False or Deceptive Statements.

(a) Psychologists do not make public statements that are false, deceptive, misleading, or fraudulent, either because of what they state, convey, or suggest or because of what they omit, concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated. As examples (and not in limitation) of this standard, psychologists do not make false or deceptive statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings. (See also Standards 6.15, Deception in Research, and 6.18, Providing Participants With Information About the Study.)

(b) Psychologists claim as credentials for their psychological work, only degrees that (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

3.04 Media Presentations.

When psychologists provide advice or comment by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, printed articles, mailed material, or other media, they take reasonable precautions to ensure that (1) the statements are based on appropriate psychological literature and practice, (2) the statements are otherwise consistent with this Ethics Code, and (3) the recipients of the information are not encouraged to infer that a relationship has been established with them personally.

3.05 Testimonials.

Psychologists do not solicit testimonials from current psychotherapy clients or patients or other persons who because of their particular circumstances are vulnerable to undue influence.

3.06 In-Person Solicitation.

Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential psychotherapy patients or clients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this does not preclude attempting to implement appropriate collateral contacts with significant others for the purpose of benefiting an already engaged therapy patient.

4. THERAPY

4.01 Structuring the Relationship.

(a) Psychologists discuss with clients or patients as early as is feasible in the therapeutic relationship appropriate issues, such as the nature and anticipated course of therapy, fees, and confidentiality. (See also Standards 1.25, Fees and Financial Arrangements, and 5.01, Discussing the Limits of Confidentiality.)

(b) When the psychologist's work with clients or patients will be supervised, the above discussion includes that fact, and the name of the supervisor, when the supervisor has legal responsibility for the case.

(c) When the therapist is a student intern, the client or patient is informed of that fact.

(d) Psychologists make reasonable efforts to answer patients' questions and to avoid apparent misunderstandings about therapy. Whenever possible, psychologists provide oral and/or written information, using language that is reasonably understandable to the patient or client.

4.02 Informed Consent to Therapy.

(a) Psychologists obtain appropriate informed consent to therapy or related procedures, using language that is reasonably understandable to participants. The content of informed consent will vary depending on many circumstances; however, informed consent generally implies that the person (1) has the capacity to consent, (2) has been informed of significant information concerning the procedure, (3) has freely and without undue influence expressed consent, and (4) consent has been appropriately documented.

(b) When persons are legally incapable of giving informed consent, psychologists obtain informed permission from a legally authorized person, if such substitute consent is permitted by law.

(c) In addition, psychologists (1) inform those persons who are legally incapable of giving informed consent about the proposed interventions in a manner commensurate with the persons' psychological capacities, (2) seek their assent to those interventions, and (3) consider such persons' preferences and best interests.

4.03 Couple and Family Relationships.

(a) When a psychologist agrees to provide services to several persons who have a relationship (such as husband and wife or parents and children), the psychologist attempts to clarify at the outset (1) which of the individuals are patients or clients and (2) the relationship the psychologist will have with each person. This clarification includes the role of the psychologist and the probable uses of the services provided or the information obtained. (See also Standard 5.01, Discussing the Limits of Confidentiality.)

(b) As soon as it becomes apparent that the psychologist may be called on to perform potentially conflicting roles (such as marital counselor to husband and wife, and then witness for one party in a divorce proceeding), the psychologist

attempts to clarify and adjust, or withdraw from, roles appropriately. (See also Standard 7.03, Clarification of Role, under Forensic Activities.)

4.04 Providing Mental Health Services to Those Served by Others.

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential patient's or client's welfare. The psychologist discusses these issues with the patient or client, or another legally authorized person on behalf of the client, in order to minimize the risk of confusion and conflict, consults with the other service providers when appropriate, and proceeds with caution and sensitivity to the therapeutic issues.

4.05 Sexual Intimacies With Current Patients or Clients.

Psychologists do not engage in sexual intimacies with current patients or clients.

4.06 Therapy With Former Sexual Partners.

Psychologists do not accept as therapy patients or clients persons with whom they have engaged in sexual intimacies.

4.07 Sexual Intimacies With Former Therapy Patients.

(a) Psychologists do not engage in sexual intimacies with a former therapy patient or client for at least two years after cessation or termination of professional services.

(b) Because sexual intimacies with a former therapy patient or client are so frequently harmful to the patient or client, and because such intimacies undermine public confidence in the psychology profession and thereby deter the public's use of needed services, psychologists do not engage in sexual intimacies with former therapy patients and clients even after a two-year interval except in the most unusual circumstances. The psychologist who engages in such activity after the two years following cessation or termination of treatment bears the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated, (2) the nature and duration of the therapy, (3) the circumstances of termination, (4) the patient's or client's personal history, (5) the patient's or client's current mental status, (6) the likelihood of adverse impact on the patient or client and others, and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the patient or client. (See also Standard 1.17, Multiple Relationships.)

4.08 Interruption of Services.

(a) Psychologists make reasonable efforts to plan for facilitating care in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, or relocation or by the client's relocation or financial limitations. (See also Standard 5.09, Preserving Records and Data.)

(b) When entering into employment or contractual relationships, psychologists provide for orderly and appropriate resolution of responsibility for patient or client care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the patient or client.

4.09 Terminating the Professional Relationship.

(a) Psychologists do not abandon patients or clients. (See also Standard 1.25e, under Fees and Financial Arrangements.)

(b) Psychologists terminate a professional relationship when it becomes reasonably clear that the patient or client no longer needs the service, is not benefiting, or is being harmed by continued service.

(c) Prior to termination for whatever reason, except where precluded by the patient's or client's conduct, the psychologist discusses the patient's or client's views and needs, provides appropriate pretermination counseling, suggests alternative service providers as appropriate, and takes other reasonable steps to facilitate transfer of responsibility to another provider if the patient or client needs one immediately.

5. PRIVACY AND CONFIDENTIALITY

These Standards are potentially applicable to the professional and scientific activities of all psychologists.

5.01 Discussing the Limits of Confidentiality.

(a) Psychologists discuss with persons and organizations with whom they establish a scientific or professional relationship (including, to the extent feasible, minors and their legal representatives) (1) the relevant limitations on confidentiality, including limitations where applicable in group, marital, and family therapy or in organizational consulting, and (2) the foreseeable uses of the information generated through their services.

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Permission for electronic recording of interviews is secured from clients and patients.

5.02 Maintaining Confidentiality.

Psychologists have a primary obligation and take reasonable precautions to respect the confidentiality rights of those with whom they work or consult, recognizing that confidentiality may be established by law, institutional rules, or professional or scientific relationships. (See also Standard 6.26, Professional Reviewers.)

5.03 Minimizing Intrusions on Privacy.

(a) In order to minimize intrusions on privacy, psychologists include in written and oral reports, consultations, and the like, only information germane to the purpose for which the communication is made.

(b) Psychologists discuss confidential information obtained in clinical or consulting relationships, or evaluative data concerning patients, individual or organizational clients, students, research participants, supervisees, and employees, only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

5.04 Maintenance of Records.

Psychologists maintain appropriate confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. Psychologists maintain and dispose of records in accordance with law and in a manner that permits compliance with the requirements of this Ethics Code.

5.05 Disclosures.

(a) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose, such as (1) to provide needed professional services to the patient or the individual or organizational client, (2) to obtain appropriate professional consultations, (3) to protect the patient or client or others from harm, or (4) to obtain payment for services, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose.

(b) Psychologists also may disclose confidential information with the appropriate consent of the patient or the individual or organizational client (or

of another legally authorized person on behalf of the patient or client), unless prohibited by law.

5.06 Consultations.

When consulting with colleagues, (1) psychologists do not share confidential information that reasonably could lead to the identification of a patient, client, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they share information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 5.02, Maintaining Confidentiality.)

5.07 Confidential Information in Databases.

(a) If confidential information concerning recipients of psychological services is to be entered into databases or systems of records available to persons whose access has not been consented to by the recipient, then psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

(b) If a research protocol approved by an institutional review board or similar body requires the inclusion of personal identifiers, such identifiers are deleted before the information is made accessible to persons other than those of whom the subject was advised.

(c) If such deletion is not feasible, then before psychologists transfer such data to others or review such data collected by others, they take reasonable steps to determine that appropriate consent of personally identifiable individuals has been obtained.

5.08 Use of Confidential Information for Didactic or Other Purposes.

(a) Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their patients, individual or organizational clients, students, research participants, or other recipients of their services that they obtained during the course of their work, unless the person or organization has consented in writing or unless there is other ethical or legal authorization for doing so.

(b) Ordinarily, in such scientific and professional presentations, psychologists disguise confidential information concerning such persons or organizations so that they are not individually identifiable to others and so that discussions do not cause harm to subjects who might identify themselves.

5.09 Preserving Records and Data.

A psychologist makes plans in advance so that confidentiality of records and data is protected in the event of the psychologist's death, incapacity, or withdrawal from the position or practice.

5.10 Ownership of Records and Data.

Recognizing that ownership of records and data is governed by legal principles, psychologists take reasonable and lawful steps so that records and data remain available to the extent needed to serve the best interests of patients, individual or organizational clients, research participants, or appropriate others.

5.11 Withholding Records for Nonpayment.

Psychologists may not withhold records under their control that are requested and imminently needed for a patient's or client's treatment solely because payment has not been received, except as otherwise provided by law.

6. TEACHING, TRAINING SUPERVISION, RESEARCH, AND PUBLISHING

6.01 Design of Education and Training Programs.

Psychologists who are responsible for education and training programs seek

to ensure that the programs are competently designed, provide the proper experiences, and meet the requirements for licensure, certification, or other goals for which claims are made by the program.

6.02 Descriptions of Education and Training Programs.

(a) Psychologists responsible for education and training programs seek to ensure that there is a current and accurate description of the program content, training goals and objectives, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

(b) Psychologists seek to ensure that statements concerning their course outlines are accurate and not misleading, particularly regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. (See also Standard 3.03, Avoidance of False or Deceptive Statements.)

(c) To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

6.03 Accuracy and Objectivity in Teaching.

(a) When engaged in teaching or training, psychologists present psychological information accurately and with a reasonable degree of objectivity.

(b) When engaged in teaching or training, psychologists recognize the power they hold over students or supervisees and therefore make reasonable efforts to avoid engaging in conduct that is personally demeaning to students or supervisees. (See also Standards 1.09, Respecting Others, and 1.12, Other Harassment.)

6.04 Limitation on Teaching.

Psychologists do not teach the use of techniques or procedures that require specialized training, licensure, or expertise, including but not limited to hypnosis, biofeedback, and projective techniques, to individuals who lack the prerequisite training, legal scope of practice, or expertise.

6.05 Assessing Student and Supervisee Performance.

(a) In academic and supervisory relationships, psychologists establish an appropriate process for providing feedback to students and supervisees.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

6.06 Planning Research.

(a) Psychologists design, conduct, and report research in accordance with recognized standards of scientific competence and ethical research.

(b) Psychologists plan their research so as to minimize the possibility that results will be misleading.

(c) In planning research, psychologists consider its ethical acceptability under the Ethics Code. If an ethical issue is unclear, psychologists seek to resolve the issue through consultation with institutional review boards, animal care and use committees, peer consultations, or other proper mechanisms.

(d) Psychologists take reasonable steps to implement appropriate protections for the rights and welfare of human participants, other persons affected by the research, and the welfare of animal subjects.

6.07 Responsibility.

(a) Psychologists conduct research competently and with due concern for the dignity and welfare of the participants.

(b) Psychologists are responsible for the ethical conduct of research conducted by them or by others under their supervision or control.

(c) Researchers and assistants are permitted to perform only those tasks for which they are appropriately trained and prepared.

(d) As part of the process of development and implementation of research projects, psychologists consult those with expertise concerning any special population under investigation or most likely to be affected.

6.08 Compliance With Law and Standards.

Psychologists plan and conduct research in a manner consistent with federal and state law and regulations, as well as professional standards governing the conduct of research, and particularly those standards governing research with human participants and animal subjects.

6.09 Institutional Approval.

Psychologists obtain from host institutions or organizations appropriate approval prior to conducting research, and they provide accurate information about their research proposals. They conduct the research in accordance with the approved research protocol.

6.10 Research Responsibilities.

Prior to conducting research (except research involving only anonymous surveys, naturalistic observations, or similar research), psychologists enter into an agreement with participants that clarifies the nature of the research and the responsibilities of each party.

6.11 Informed Consent to Research.

(a) Psychologists use language that is reasonably understandable to research participants in obtaining their appropriate informed consent (except as provided in Standard 6.12, Dispensing with Informed Consent). Such informed consent is appropriately documented.

(b) Using language that is reasonably understandable to participants, psychologists inform participants of the nature of the research; they inform participants that they are free to participate or to decline to participate or to withdraw from the research; they explain the foreseeable consequences of declining or withdrawing; they inform participants of significant factors that may be expected to influence their willingness to participate (such as risks, discomfort, adverse effects, or limitations on confidentiality, except as provided in Standard 6.15, Deception in Research); and they explain other aspects about which the prospective participants inquire.

(c) When psychologists conduct research with individuals such as students or subordinates, psychologists take special care to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

(d) When research participation is a course requirement or opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

(e) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) obtain the participant's assent, and (3) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted by law.

6.12 Dispensing With Informed Consent.

Before determining that planned research (such as research involving only

anonymous questionnaires, naturalistic observations, or certain kinds of archival research) does not require the informed consent of research participants, psychologists consider applicable regulations and institutional review board requirements, and they consult with colleagues as appropriate.

6.13 Informed Consent in Research Filming or Recording.

Psychologists obtain informed consent from research participants prior to filming or recording them in any form, unless the research involves simply naturalistic observations in public places and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm.

6.14 Offering Inducements for Research Participants.

(a) In offering professional services as an inducement to obtain research participants, psychologists make clear the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 1.18, Barter [With Patients or Clients].)

(b) Psychologists do not offer excessive or inappropriate financial or other inducements to obtain research participants, particularly when it might tend to coerce participation.

6.15 Deception in Research.

(a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's prospective scientific, educational, or applied value and that equally effective alternative procedures that do not use deception are not feasible.

(b) Psychologists never deceive research participants about significant aspects that would affect their willingness to participate, such as physical risks, discomfort, or unpleasant emotional experiences.

(c) Any other deception that is an integral feature of the design and conduct of an experiment must be explained to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the research. (See also Standard 6.18, Providing Participants With Information About the Study.)

6.16 Sharing and Utilizing Data.

Psychologists inform research participants of their anticipated sharing or further use of personally identifiable research data and of the possibility of unanticipated future uses.

6.17 Minimizing Invasiveness.

In conducting research, psychologists interfere with the participants or milieu from which data are collected only in a manner that is warranted by an appropriate research design and that is consistent with psychologists' roles as scientific investigators.

6.18 Providing Participants With Information About the Study.

(a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and psychologists attempt to correct any misconceptions that participants may have.

(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

6.19 Honoring Commitments.

Psychologists take reasonable measures to honor all commitments they have made to research participants.

6.20 Care and Use of Animals in Research.

- (a) Psychologists who conduct research involving animals treat them humanely.
- (b) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.
- (c) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.
- (d) Psychologists ensure that all individuals using animals under their supervision have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role.
- (e) Responsibilities and activities of individuals assisting in a research project are consistent with their respective competencies. (f) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.
- (g) A procedure subjecting animals to pain, stress, or privation is used only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.
- (h) Surgical procedures are performed under appropriate anesthesia; techniques to avoid infection and minimize pain are followed during and after surgery.
- (i) When it is appropriate that the animal's life be terminated, it is done rapidly, with an effort to minimize pain, and in accordance with accepted procedures.

6.21 Reporting of Results.

- (a) Psychologists do not fabricate data or falsify results in their publications.
- (b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

6.22 Plagiarism.

Psychologists do not present substantial portions or elements of another's work or data as their own, even if the other work or data source is cited occasionally.

6.23 Publication Credit.

- (a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have contributed.
- (b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as Department Chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are appropriately acknowledged, such as in footnotes or in an introductory statement.
- (c) A student is usually listed as principal author on any multiple-authored article that is substantially based on the student's dissertation or thesis.

6.24 Duplicate Publication of Data.

Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are

accompanied by proper acknowledgment.

6.25 Sharing Data.

After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release.

6.26 Professional Reviewers. Psychologists who review material submitted for publication, grant, or other research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

7. FORENSIC ACTIVITIES

7.01 Professionalism.

Psychologists who perform forensic functions, such as assessments, interviews, consultations, reports, or expert testimony, must comply with all other provisions of this Ethics Code to the extent that they apply to such activities. In addition, psychologists base their forensic work on appropriate knowledge of and competence in the areas underlying such work, including specialized knowledge concerning special populations. (See also Standards 1.06, Basis for Scientific and Professional Judgments; 1.08, Human Differences; 1.15, Misuse of Psychologists' Influence; and 1.23, Documentation of Professional and Scientific Work.)

7.02 Forensic Assessments.

(a) Psychologists' forensic assessments, recommendations, and reports are based on information and techniques (including personal interviews of the individual, when appropriate) sufficient to provide appropriate substantiation for their findings. (See also Standards 1.03, Professional and Scientific Relationship; 1.23, Documentation of Professional and Scientific Work; 2.01, Evaluation, Diagnosis, and Interventions in Professional Context; and 2.05, Interpreting Assessment Results.)

(b) Except as noted in (c), below, psychologists provide written or oral forensic reports or testimony of the psychological characteristics of an individual only after they have conducted an examination of the individual adequate to support their statements or conclusions.

(c) When, despite reasonable efforts, such an examination is not feasible, psychologists clarify the impact of their limited information on the reliability and validity of their reports and testimony, and they appropriately limit the nature and extent of their conclusions or recommendations.

7.03 Clarification of Role.

In most circumstances, psychologists avoid performing multiple and potentially conflicting roles in forensic matters. When psychologists may be called on to serve in more than one role in a legal proceeding - for example, as consultant or expert for one party or for the court and as a fact witness - they clarify role expectations and the extent of confidentiality in advance to the extent feasible, and thereafter as changes occur, in order to avoid compromising their professional judgment and objectivity and in order to avoid misleading others regarding their role.

7.04 Truthfulness and Candor. (a) In forensic testimony and reports, psychologists testify truthfully, honestly, and candidly and, consistent with applicable legal procedures, describe fairly the bases for their testimony and conclusions. (b) Whenever necessary to avoid misleading, psychologists acknowledge the limits of their data or conclusions.

7.05 Prior Relationships.

A prior professional relationship with a party does not preclude psychologists from testifying as fact witnesses or from testifying to their services to the extent permitted by applicable law. Psychologists appropriately take into account ways in which the prior relationship might affect their professional objectivity or opinions and disclose the potential conflict to the relevant parties.

7.06 Compliance With Law and Rules.

In performing forensic roles, psychologists are reasonably familiar with the rules governing their roles. Psychologists are aware of the occasionally competing demands placed upon them by these principles and the requirements of the court system, and attempt to resolve these conflicts by making known their commitment to this Ethics Code and taking steps to resolve the conflict in a responsible manner. (See also Standard 1.02, Relationship of Ethics and Law.)

8. RESOLVING ETHICAL ISSUES

8.01 Familiarity With Ethics Code.

Psychologists have an obligation to be familiar with this Ethics Code, other applicable ethics codes, and their application to psychologists' work. Lack of awareness or misunderstanding of an ethical standard is not itself a defense to a charge of unethical conduct.

8.02 Confronting Ethical Issues.

When a psychologist is uncertain whether a particular situation or course of action would violate this Ethics Code, the psychologist ordinarily consults with other psychologists knowledgeable about ethical issues, with state or national psychology ethics committees, or with other appropriate authorities in order to choose a proper response.

8.03 Conflicts Between Ethics and Organizational Demands.

If the demands of an organization with which psychologists are affiliated conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, seek to resolve the conflict in a way that permits the fullest adherence to the Ethics Code.

8.04 Informal Resolution of Ethical Violations.

When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual. If an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved.

8.05 Reporting Ethical Violations.

If an apparent ethical violation is not appropriate for informal resolution under Standard 8.04 or is not resolved properly in that fashion, psychologists take further action appropriate to the situation, unless such action conflicts with confidentiality rights in ways that cannot be resolved. Such action might include referral to state or national committees on professional ethics or to state licensing boards.

8.06 Cooperating With Ethics Committees.

Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they make reasonable efforts to resolve any issues as to confidentiality. Failure to cooperate is itself an ethics violation.

8.07 Improper Complaints.

Psychologists do not file or encourage the filing of ethics complaints that are

frivolous and are intended to harm the respondent rather than to protect the public.

History and Effective Date

This version of the APA Ethics Code was adopted by the American Psychological Association's Council of Representatives during its meeting, August 13 and 16, 1992, and is effective beginning December 1, 1992. Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office of Ethics, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242.

This Code will be used to adjudicate complaints brought concerning alleged conduct occurring after the effective date. Complaints regarding conduct occurring prior to the effective date will be adjudicated on the basis of the version of the Code that was in effect at the time the conduct occurred, except that no provisions repealed in June 1989, will be enforced even if an earlier version contains the provision. The Ethics Code will undergo continuing review and study for future revisions; comments on the Code may be sent to the above address.

The APA has previously published its Ethical Standards as follows: American Psychological Association. (1953). Ethical standards of psychologists. Washington, DC: Author.

American Psychological Association. (1958). Standards of ethical behavior for psychologists. *American Psychologist*, 13, 268-271.

American Psychological Association. (1963). Ethical standards of psychologists. *American Psychologist*, 18, 56-60.

American Psychological Association. (1968). Ethical standards of psychologists. *American Psychologist*, 23, 357-361.

American Psychological Association. (1977, March). Ethical standards of psychologists. *APA Monitor*, 22-23.

American Psychological Association. (1979). Ethical standards of psychologists. Washington, DC: Author.

American Psychological Association. (1981). Ethical principles of psychologists. *American Psychologist*, 36, 633-638.

American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). *American Psychologist*, 45, 390-395.

Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First Street, NE, Washington, DC 20002-4242, or phone (202) 336-5510.

[Return to beginning.](#)

Footnote 1:

Professional materials that are most helpful in this regard are guidelines and standards that have been adopted or endorsed by professional psychological organizations. Such guidelines and standards, whether adopted by the American Psychological Association (APA) or its Divisions, are not enforceable as such by this Ethics Code, but are of educative value to psychologists, courts, and professional bodies. Such materials include, but are not limited to, the APA's General Guidelines for Providers of Psychological Services (1987), Specialty Guidelines for the Delivery of Services by Clinical Psychologists, Counseling Psychologists, Industrial/Organizational Psychologists, and School Psychologists (1981), Guidelines for Computer Based Tests and Interpretations (1987), Standards for Educational and Psychological Testing (1985), Ethical Principles in the Conduct of Research With Human Participants (1982), Guidelines for Ethical Conduct in the Care and Use of Animals (1986), Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations (1990), and Publication Manual of the American Psychological Association (3rd ed., 1983). Materials not adopted by APA as a whole include the APA Division 41 (Forensic Psychology)/American Psychology-Law Society's Specialty Guidelines for Forensic Psychologists (1991).

[Return to document.](#)

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**Mercy Dennis, M.A., L.M.F.T.
725 Christensen Drive, Suite 2
Anchorage, Alaska 99501**

April 22, 2001

TO: Representative Peggy Wilson
FROM: Mercy Dennis, M.A., L.M.F.T.
RE: House Bill 245

As a licensed Marital and Family Therapist I ask for your support in getting passed through the legislature House Bill 245.

As an original member of the Alaska Board of Marital and Family Therapy and it's chairperson for two terms I was very involved in studying the issues that are addressed by this bill. For several years I worked closely with a task force including marital and family therapists, social workers and psychologists to review the Alaska Statutes of each of our professions as well as statutes from other states. This task force was cooperatively established by the Boards regulating marital and family therapists, social workers and psychologists. Also, representatives from each of the professional associations were invited to join the task force. Our goals were to update our statutes to bring parity to the mental health professions in Alaska, to keep current with professional issues on a national level and, most importantly, to add additional protection for Alaskan consumers. After much review we composed a needs list for each of the licensed professions. Both social workers and psychologists have addressed their needed statute changes in the recent past. Recently the legislature established statutes to regulate Professional Counselors that also address many of these issues.

It is important for Marital and Family Therapists in Alaska to accomplish the goals set forth by the joint task force. Again, I ask for your help with this.

907-278-5522 phone / 907-258-6613 fax
mercy@nohoy.alaska.net

BACKUP



The Alaska Association for Marriage and Family Therapy

January 23, 2002

Representative Peggy Wilson
State Capital Rm 409
Juneau, AK. 99801

Re: House Bill 245

Dear Ms. Wilson,

The Alaska Association for Marriage and Family Therapy appreciates your sponsorship of House Bill 245. Our organization supports this bill and was primarily responsible for initiating it. Much of the bill is housekeeping but there are parts, which are substantial changes. The addition of sexual misconduct brings MFT standards up to other mental health care professionals in the state as well as our own National Association's standards. It requires that two years must pass before a LMFT can have a sexual relationship with a former client. Sexual misconduct is one of the most problematic issues facing mental health care providers because of the nature of the relationships that are formed in the therapeutic process. Strict boundaries are absolutely necessary because of that relationship. The disclosure statement is a new provision, which is intended to inform and protect the client as a consumer of mental health services. It is a national trend in marriage and family therapy to educate the client with regards to the professional's training and specialization. In addition, it is a commonly accepted ethical procedure to make consumers aware of fees.

Again, thanks for sponsoring this bill.

Sincerely,

Larry Holman, LMFT, Division President, AkAMFT

Tony Knowles, Governor

Alaska

**Department of Community
and Economic Development**

Division of Occupational Licensing

P.O. Box 110806, Juneau, AK 99811-0806

Telephone: (907) 465-2534 • Fax: (907) 465-2974 • Text Telephone: (907) 465-5437

Email: license@dced.state.ak.us • Website: www.dced.state.ak.us/occl/

April 16, 2001

The Honorable Peggy Wilson
State Capitol
Room 409
Juneau, AK 99801-1182

Dear Representative Wilson:

At the March 12, 2001 meeting, the Alaska Board of Marital and Family Therapy discussed the statute changes with Caren Robinson, Lobbyist for the Alaska Marriage and Family Therapy Association.

The board resolved that they support the bill "An Act relating to Marital and Family Therapy" and the statute changes being proposed.

If you have any questions, please contact me at my office 463-4844 in Juneau. I would be glad to discuss any questions that you may have.

Sincerely,



Sandra Saminego, Chairperson
Board of Marital and Family Therapy

SS/dgl/8927wf
041601a

cc: Caren Robinson

REPRESENTATIVE
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Fax (907) 225-7157

Alaska State Legislature
House Finance Committee



State Capitol, Juneau, Alaska 99801-1182

REPRESENTATIVE
ELDON MULDER
Co-Chair
(907) 465-2847
Fax: (907) 465-3518

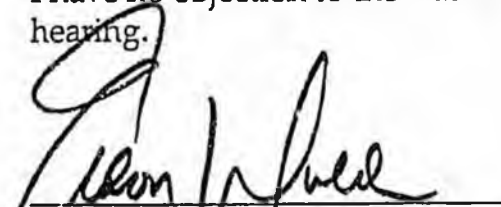
INTERIM ADDRESS
716 W. 4th Avenue
Anchorage, Alaska 99501
(907) 269-0265
Fax: (907) 269-0264

House Finance Committee Waiver Request

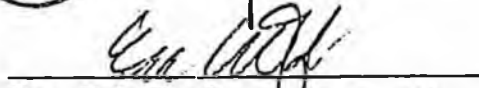
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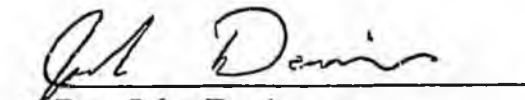
Short Title: MARITAL & FAMILY THERAPISTS

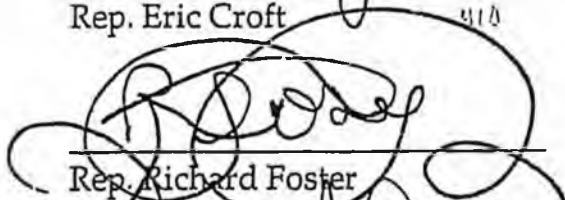
I have no objection to the waiver of this bill from a House Finance Committee hearing.

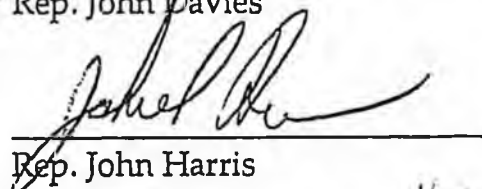

Rep. Eldon Mulder

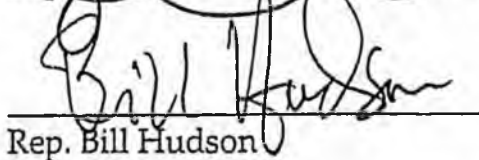

Rep. Con Bunde

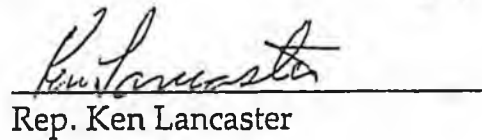

Rep. Eric Croft

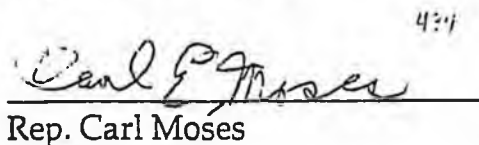

Rep. John Davies


Rep. Richard Foster


Rep. John Harris


Rep. Bill Hudson


Rep. Ken Lancaster


Rep. Carl Moses


Rep. Jim Whitaker

Fiscal Notes: DCED (0.0)
Previous Committee: L&C RPT CS(L&C) 4DP 2NR

Alaska

Department of Community and Economic Development

Division of Occupational Licensing

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Email: license@dced.state.ak.us • Website: www.dced.state.ak.us/occ/

April 24, 2001

The Honorable Peggy Wilson
State Capitol
Juneau, AK 99801

Dear Representative Wilson,

Thank you for introducing House Bill 245.

House Bill 245 revises the statutes governing the practice of marital and family therapy. The Board of Marital and Family Therapy supports these changes to strengthen the public protection provided by licensure.

The provisions of the bill or similar statutory language are found in several other professional licensing statutes.

Section 1 adds the Board of Marital and Family Therapy to the list of boards that may request the department to contract for treatment of professionals with substance abuse problems.

Sections 2 and 6 allow the board to order a licensed marital and family therapist to have a physical or mental examination if the therapist's capacity to practice safely is at issue. The board may suspend the license of a therapist who refuses to be examined. Similar language is found in the dental statute in AS 08.36.070(b)(1) and AS 08.36.320; in the psychology statute in AS 08.86.204(b) and AS 08.86.075; and in the medical statute in AS 08.64.338.

Section 3 allows applicants for marital and family therapy licenses to counsel individuals as well as couples and families in order to obtain the required direct clinical contact experience.


Section 4 allows licensed therapists to disclose client information when there is a threat of imminent serious physical harm to an identified victim by the client. Confidential client information may also be disclosed to a licensing board in connection with a formal complaint against another licensed professional. Similar statutes are found in the professional counselor licensing law, AS 08.29.200, the social worker law, AS 08.95.900(5)(6), and the psychologist law, AS 08.86.200(3)(5).

Section 5 explicitly prohibits sexual contact with a client within two years after therapy. Language on sexual misconduct is found in the medical statutes, AS 08.64.326, the psychology statutes, AS 08.86.204(8), and the social worker statutes, AS 08.95.050(11).

Section 7 requires a licensed marital and family therapist to give clients a disclosure statement containing information about the therapist's fees, education and services. This section also prohibits licensed therapists from performing acts for which they lack appropriate education and experience. Similar language is found in the professional counselor statutes, AS 08.29.220-230.

Please contact me if you would like further information.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Catherine Reardon', written in black ink.

Catherine Reardon
director

LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES
LEGISLATIVE AFFAIRS AGENCY
STATE OF ALASKA

(907) 465-3887 or 465-2450
FAX (907) 465-2029
Mail Stop 3101

State Capitol
Juneau, Alaska 99801-1182
Deliveries to: 129 6th St., Rm. 329

MEMORANDUM

April 17, 2001

SUBJECT: Sectional Analysis (HB 245)
TO: Representative Peggy Wilson
Attn: Rory
FROM: Terri Lauterbach
Legislative Counsel

TML

You have asked for a sectional summary of HB 245. You have not expressed any questions about the legal effects of this bill. so this memo is very brief. Please let me know if you have specific questions.

Section 1. Adds the Board of Marital and Family Therapists (hereafter "board") to the list of boards that may request the division of occupational licensing to contract for substance abuse treatment for licensed therapists (hereafter "licensees").

Section 2. Authorizes the board to require physical and mental exams of licensees.

Section 3. Changes a licensing requirement relating to post-degree clinical contact.

Section 4. Adds two more categories of circumstances when a client's communications to a licensee may be revealed to others.

Section 5. Adds a new ground for disciplinary sanctions.

Section 6. Allows summary suspension of a licensee who refuses to submit to a physical or mental examination.

Section 7. Adds two new sections of law. One requires disclosure statements to clients. The other enacts a practice limitation.

TML:jhb
01-051.jhb

SECTIONAL ANALYSIS

**Mercy Dennis, M.A., L.M.F.T.
725 Christensen Drive, Suite 2
Anchorage, Alaska 99501**

April 22, 2001

TO: Representative Peggy Wilson
FROM: Mercy Dennis, M.A., L.M.F.T.
RE: House Bill 245

As a licensed Marital and Family Therapist I ask for your support in getting passed through the legislature House Bill 245.

As an original member of the Alaska Board of Marital and Family Therapy and it's chairperson for two terms I was very involved in studying the issues that are addressed by this bill. For several years I worked closely with a task force including marital and family therapists, social workers and psychologists to review the Alaska Statutes of each of our professions as well as statutes from other states. This task force was cooperatively established by the Boards regulating marital and family therapists, social workers and psychologists. Also, representatives from each of the professional associations were invited to join the task force. Our goals were to update our statutes to bring parity to the mental health professions in Alaska, to keep current with professional issues on a national level and, most importantly, to add additional protection for Alaskan consumers. After much review we composed a needs list for each of the licensed professions. Both social workers and psychologists have addressed their needed statute changes in the recent past. Recently the legislature established statutes to regulate Professional Counselors that also address many of these issues.

It is important for Marital and Family Therapists in Alaska to accomplish the goals set forth by the joint task force. Again, I ask for your help with this.

907-278-5522 phone / 907-258-6613 fax
mercy@dobox.alaska.net

BACKUP



The Alaska Association for Marriage and Family Therapy

January 23, 2002

Representative Peggy Wilson
State Capital Rm 409
Juneau, AK. 99801

Re: House Bill 245

Dear Ms. Wilson,

The Alaska Association for Marriage and Family Therapy appreciates your sponsorship of House Bill 245. Our organization supports this bill and was primarily responsible for initiating it. Much of the bill is housekeeping but there are parts, which are substantial changes. The addition of sexual misconduct brings MFT standards up to other mental health care professionals in the state as well as our own National Association's standards. It requires that two years must pass before a LMFT can have a sexual relationship with a former client. Sexual misconduct is one of the most problematic issues facing mental health care providers because of the nature of the relationships that are formed in the therapeutic process. Strict boundaries are absolutely necessary because of that relationship. The disclosure statement is a new provision, which is intended to inform and protect the client as a consumer of mental health services. It is a national trend in marriage and family therapy to educate the client with regards to the professional's training and specialization. In addition, it is a commonly accepted ethical procedure to make consumers aware of fees.

Again, thanks for sponsoring this bill.

Sincerely,

Larry Holman, LMFT, Division President, AkAMFT

Tony Knowles, Governor

Alaska

**Department of Community
and Economic Development**

Division of Occupational Licensing

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Email: license@dced.state.ak.us • Website: www.dced.state.ak.us/occ/

April 16, 2001

The Honorable Peggy Wilson
State Capitol
Room 409
Juneau, AK 99801-1182

Dear Representative Wilson:

At the March 12, 2001 meeting, the Alaska Board of Marital and Family Therapy discussed the statute changes with Caren Robinson, Lobbyist for the Alaska Marriage and Family Therapy Association.

The board resolved that they support the bill "An Act relating to Marital and Family Therapy" and the statute changes being proposed.

If you have any questions, please contact me at my office 463-4844 in Juneau. I would be glad to discuss any questions that you may have.

Sincerely,



Sandra Saminego, Chairperson
Board of Marital and Family Therapy

SS/dgl/8927wf
041601a

cc: Caren Robinson

REPRESENTATIVE
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Alaska State Legislature

House Finance Committee



State Capitol, Juneau, Alaska 99801-1182

REPRESENTATIVE
ELDON MULDER
Co-Chair
(907) 465-2647
Fax: (907) 465-3518

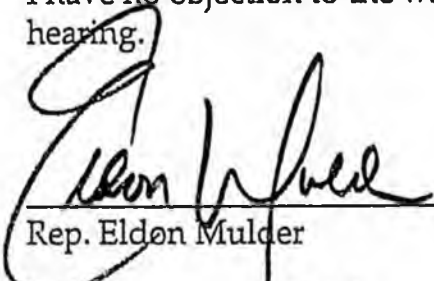
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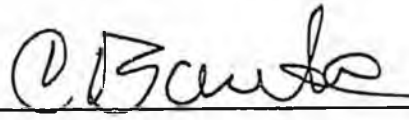
House Finance Committee Waiver Request

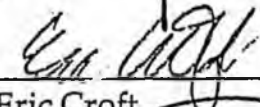
Bill Number: HB 245

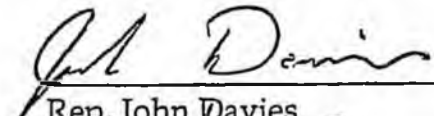
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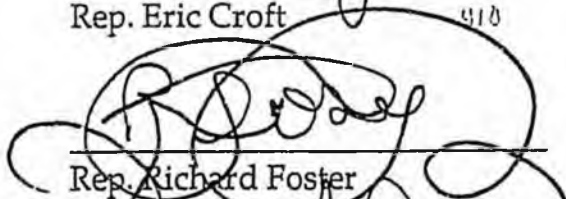
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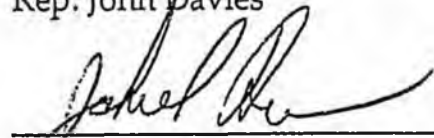

Rep. Eldon Mulder

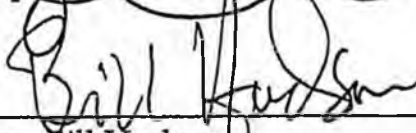

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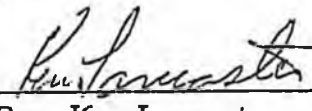

Rep. Eric Croft 410

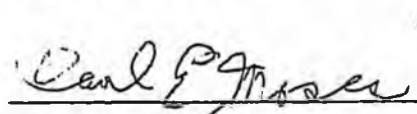

Rep. John Davies

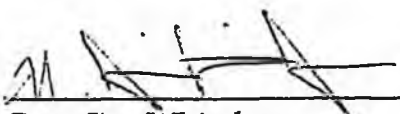

Rep. Richard Foster


Rep. John Harris


Rep. Bill Hudson


Rep. Ken Lancaster


Rep. Carl Moses 424


Rep. Jim Whitaker

Fiscal Notes: DCED (0.0)
Previous Committee: L&C RPT CS(L&C) 4DP 2NR

Alaska

**Department of Community
and Economic Development**

Division of Occupational Licensing

P.O. Box 110806, Juneau, AK 99811-0806

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April 24, 2001

The Honorable Peggy Wilson
State Capitol
Juneau, AK 99801

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Please contact me if you would like further information.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Catherine Reardon', written in black ink.

Catherine Reardon
director

Tony Knowles, Governor

Alaska

**Department of Community
and Economic Development**

Division of Occupational Licensing

P.O. Box 110806, Juneau, AK 99811-0806

Telephone: (907) 465-2534 • Fax: (907) 465-2974 • Text Telephone: (907) 465-5437

Email: license@dced.state.ak.us • Website: www.dced.state.ak.us/occ/

April 16, 2001

The Honorable Peggy Wilson
State Capitol
Room 409
Juneau, AK 99801-1182

Dear Representative Wilson:

At the March 12, 2001 meeting, the Alaska Board of Marital and Family Therapy discussed the statute changes with Caren Robinson, Lobbyist for the Alaska Marriage and Family Therapy Association.

The board resolved that they support the bill "An Act relating to Marital and Family Therapy" and the statute changes being proposed.

If you have any questions, please contact me at my office 463-4844 in Juneau. I would be glad to discuss any questions that you may have.

Sincerely,



Sandra Saminego, Chairperson
Board of Marital and Family Therapy

SS/dgl/8927wf
041601a

cc: Caren Robinson

LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES
LEGISLATIVE AFFAIRS AGENCY
STATE OF ALASKA

(907) 465-3867 or 465-2450
FAX (907) 465-2029
Mail Stop 3101

State Capitol
Juneau, Alaska 99801-1182
Deliveries to: 129 6th St., Rm. 329

MEMORANDUM

April 17, 2001

SUBJECT: Sectional Analysis (HB 245)

TO: Representative Peggy Wilson
Attn: Rory

FROM: Terri Lauterbach
Legislative Counsel

T. Lauterbach

You have asked for a sectional summary of HB 245. You have not expressed any questions about the legal effects of this bill, so this memo is very brief. Please let me know if you have specific questions.

Section 1. Adds the Board of Marital and Family Therapists (hereafter "board") to the list of boards that may request the division of occupational licensing to contract for substance abuse treatment for licensed therapists (hereafter "licensees").

Section 2. Authorizes the board to require physical and mental exams of licensees.

Section 3. Changes a licensing requirement relating to post-degree clinical contact.

Section 4. Adds two more categories of circumstances when a client's communications to a licensee may be revealed to others.

Section 5. Adds a new ground for disciplinary sanctions.

Section 6. Allows summary suspension of a licensee who refuses to submit to a physical or mental examination.

Section 7. Adds two new sections of law. One requires disclosure statements to clients. The other enacts a practice limitation.

TML:jhb
01-051.jhb

REPRESENTATIVE
BILL WILLIAMS
Co-Chair
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Fax: (907) 465-3793

INTERIM ADDRESS
50 Front Street, Suite 203
Ketchikan, Alaska 99901
(907) 247-4627
Fax (907) 225-7157

Alaska State Legislature

House Finance Committee



State Capitol, Juneau, Alaska 99801-1182

REPRESENTATIVE
ELDON MULDER
Co-Chair
(907) 465-2647
Fax: (907) 465-3518

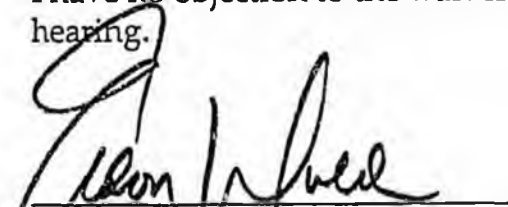
INTERIM ADDRESS
716 W. 4th Avenue
Anchorage, Alaska 99501
(907) 269-0265
Fax: (907) 269-0264

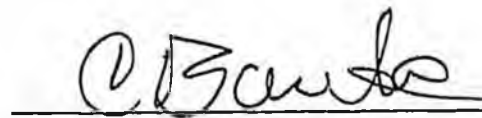
House Finance Committee Waiver Request

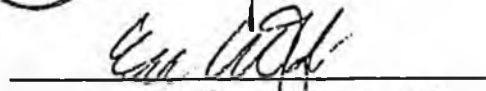
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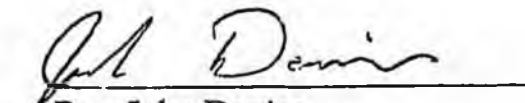
Short Title: MARITAL & FAMILY THERAPISTS

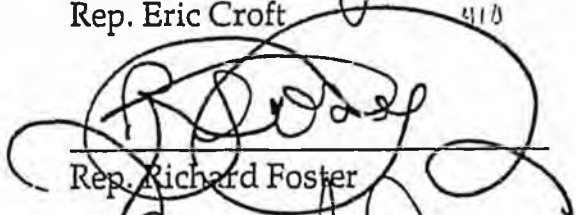
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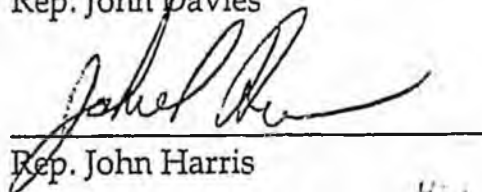

Rep. Eldon Mulder

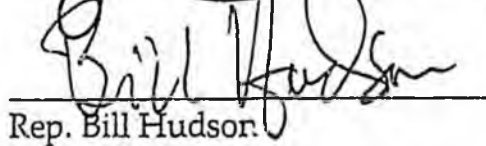

Rep. Con Bunde

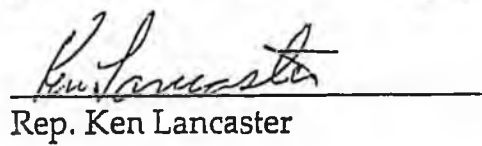

Rep. Eric Croft 410

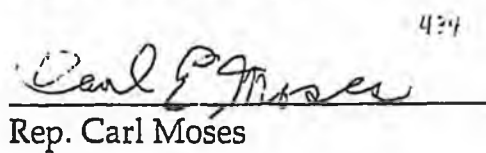

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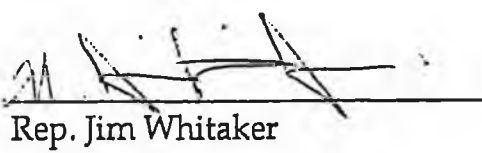

Rep. Richard Foster


Rep. John Harris 411


Rep. Bill Hudson


Rep. Ken Lancaster


Rep. Carl Moses 424


Rep. Jim Whitaker

Fiscal Notes: DCED (0.0)
Previous Committee: L&C RPT CS(L&C) 4DP 2NR

Alaska

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Email: license@dced.state.ak.us • Website: www.dced.state.ak.us/occl/

April 24, 2001

The Honorable Peggy Wilson
State Capitol
Juneau, AK 99801

Dear Representative Wilson,

Thank you for introducing House Bill 245.

House Bill 245 revises the statutes governing the practice of marital and family therapy. The Board of Marital and Family Therapy supports these changes to strengthen the public protection provided by licensure.

The provisions of the bill or similar statutory language are found in several other professional licensing statutes.

Section 1 adds the Board of Marital and Family Therapy to the list of boards that may request the department to contract for treatment of professionals with substance abuse problems.

Sections 2 and 6 allow the board to order a licensed marital and family therapist to have a physical or mental examination if the therapist's capacity to practice safely is at issue. The board may suspend the license of a therapist who refuses to be examined. Similar language is found in the dental statute in AS 08.36.070(b)(1) and AS 08.36.320; in the psychology statute in AS 08.86.204(b) and AS 08.86.075; and in the medical statute in AS 08.64.338.

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Please contact me if you would like further information.

Sincerely,

A handwritten signature in black ink, appearing to read 'Catherine Reardon', written in a cursive style.

Catherine Reardon
director



The Alaska Association for Marriage and Family Therapy

January 23, 2002

Representative Peggy Wilson
State Capital Rm 409
Juneau, AK. 99801

Re: House Bill 245

Dear Ms. Wilson,

The Alaska Association for Marriage and Family Therapy appreciates your sponsorship of House Bill 245. Our organization supports this bill and was primarily responsible for initiating it. Much of the bill is housekeeping but there are parts, which are substantial changes. The addition of sexual misconduct brings MFT standards up to other mental health care professionals in the state as well as our own National Association's standards. It requires that two years must pass before a LMFT can have a sexual relationship with a former client. Sexual misconduct is one of the most problematic issues facing mental health care providers because of the nature of the relationships that are formed in the therapeutic process. Strict boundaries are absolutely necessary because of that relationship. The disclosure statement is a new provision, which is intended to inform and protect the client as a consumer of mental health services. It is a national trend in marriage and family therapy to educate the client with regards to the professional's training and specialization. In addition, it is a commonly accepted ethical procedure to make consumers aware of fees.

Again, thanks for sponsoring this bill.

Sincerely,

Larry Holman, LMFT, Division President, AkAMFT

Tony Knowles, Governor

Alaska

**Department of Community
and Economic Development**

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April 16, 2001

The Honorable Peggy Wilson
State Capitol
Room 409
Juneau, AK 99801-1182

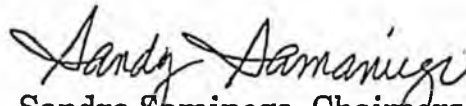
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If you have any questions, please contact me at my office 463-4844 in Juneau. I would be glad to discuss any questions that you may have.

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Sandra Saminego, Chairperson
Board of Marital and Family Therapy

SS/dgl/8927wf
041601a

cc: Caren Robinson

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MEMORANDUM

April 17, 2001

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TO: Representative Peggy Wilson
Attn: Rory

FROM: Terri Lauterbach
Legislative Counsel

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01-051.jhb

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Alaska State Legislature House Finance Committee



State Capitol, Juneau, Alaska 99801-1182

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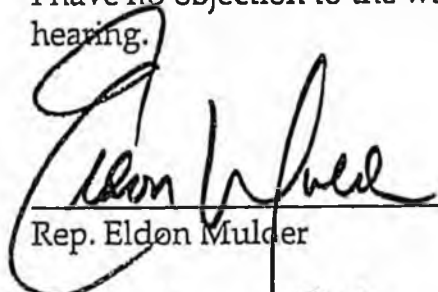
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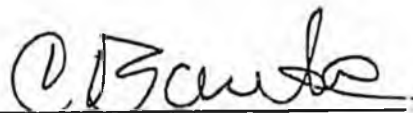
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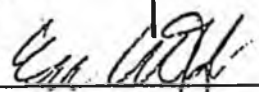
Bill Number: HB 245

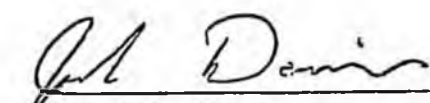
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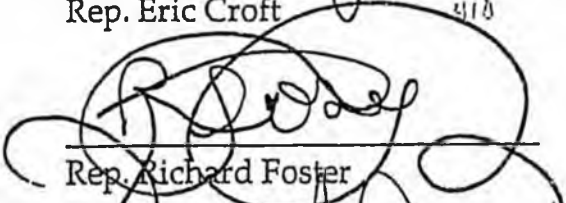
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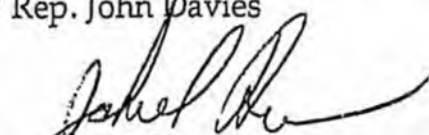

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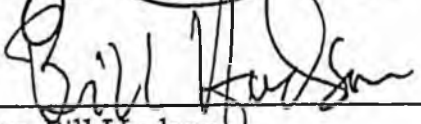

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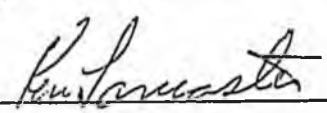

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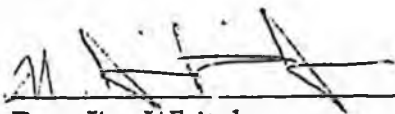

Rep. Richard Foster


Rep. John Harris


Rep. Bill Hudson


Rep. Ken Lancaster


Rep. Carl Moses 4:4


Rep. Jim Whitaker

Fiscal Notes: DCED (0.0)
Previous Committee: L&C RPT CS(L&C) 4DP 2NR

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April 24, 2001

The Honorable Peggy Wilson
State Capitol
Juneau, AK 99801

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Please contact me if you would like further information.

Sincerely,

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Catherine Reardon
director

Sponsor Statement for House Bill 245

“An Act relating to marital and family therapists.”

HOUSE BILL 245 was submitted by request of the Alaska Association for Marriage and Family Therapy. The law that established the Board of Marital and Family Therapy has been in place for ten years and the Association believes it is time to pursue the placement of updated language within the statute.

The goal of HB 245 is to bring the Alaska Statutes for Marriage and Family Therapy in line with the laws regarding other professions in the state and Marriage and Family Therapy statutes nationally. A task force comprised of representatives from the State Boards of Psychology, Social Work, and Marriage and Family Therapy met and identified the following areas needing change:

HB 245 ~

- *adds* the Board of Marital and Family Therapy to the list of boards that may request the Division of Occupational Licensing to contract for substance abuse treatment under licensed therapists,
- *gives* the Board of Marital and Family Therapy authority to order a licensed marital and family therapist to submit to a reasonable physical or mental examination if the board has credible evidence sufficient to conclude that the therapist's physical or mental capacity to practice safely is at issue,
- *allows* for individual client contact to be used as hours toward licensing,
- *requires* the therapist to communicate to a potential victim or law enforcement officer if serious harm to an identified victim has been made by a client,
- *imposes* disciplinary sanctions with regard to therapist sexual misconduct.

HOUSE BILL 245 not only brings parity to the mental health professions in the state, it also adds additional consumer protection for Alaskans seeking professional counsel.

FISCAL NOTE

STATE OF ALASKA
2002 LEGISLATIVE SESSION

Fiscal Note Number: 1
Bill Version: CSHB 245(L&C)
(H) Publish Date: 1/25/02

Revision Date/Time (Note if correction): _____ Dept. Affected: DCED
Title An act relating to marital and family therapists BRU Occupational Licensing (117)
Component Occupational Licensing
Sponsor Representative Wilson
Requester House Labor & Commerce Component No. 2360

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ()	0.0	0.0	0.0	0.0	0.0	0.0
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2002) cost: 0.0

Check this box (X) if funding for this bill is included in the Governor's FY 2003 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

HB 245 strengthens and updates the regulations of marital and family therapists. These changes will not require additional expenditure of state funds.

Prepared by: Catherine Reardon, Director Phone 907-465-2536
Division Occupational Licensing Date/Time 1/22/02 11:34 AM
Approved by: Deborah B. Sedwick, Commissioner Date 1/22/2002
Agency Department of Community & Economic Development