



Clarity Clinic

Therapy Department

**Therapy Practicum
Training Manual**

WELCOME!

Dear Trainee:

Welcome to the Training Department of Clarity Clinic, LLC. The Therapy Department staff has worked hard to create a training program for you that will be exciting, enriching, and challenging. We expect this training program will produce a unique training experience and it is our hope that throughout your career in psychology, you will look back upon this year fondly and with warm memories.

This Therapy Practicum Training Handbook is meant to serve as a supplement to the materials provided to you during New Employee Orientation and Onboarding which includes specific training for your department. The supplementary material provided herein is meant to aid you in your work in providing therapy services of Clarity Clinic, LLC. It provides detailed information regarding both the professional and logistical aspects of your training year.

We hope that your time with us will be professionally rewarding, intellectually stimulating, and fun! On behalf of the entire Clarity Clinic staff, we welcome you and look forward to working with you.

Sincerely,

Clarity Clinic Leadership Team

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COVID-19 Information

While the COVID-19 pandemic has disrupted many functions of daily life, Clarity Clinic provides an essential service to the community by providing mental health treatment. As such, interns will not have disruptions to their on-site training hours and are considered essential employees if a stay-at-home order is put into place. Clarity Clinic is following guidelines recommended by the Centers for Disease Control and the Illinois Department of Public Health.

Several safety precautions have been put into place, although changes to these precautions may be frequent depending on the local infection rate and hospitalization utilization. All staff, patients, and visitors are screened and have their temperature taken before entering any of our sites. All staff, patients, and visitors are required to wear masks. The operations team has increased the frequency and amount of sanitizing throughout the facility. All staff is required to sanitize shared rooms that they utilize.

Physical distancing is utilized whenever possible. At Clarity Clinic this may mean smaller group sizes, attending meetings virtually, or conducting therapy and testing via telehealth.

If a patient refuses to comply with the above guidelines in place, we will offer telemed services as the alternative option. In-office visits will not be accommodated for anyone refusing to comply with our in-office protocols and procedures as this would put our staff and other patients at risk.

The Clarity Clinic Training Program

A Brief Overview

Clarity Clinic was established in Chicago, IL in 2015. The practice now has 5 locations with over 90 therapists with varying specialties and areas of expertise.

Therapy and psychological testing and evaluation are offered at our Loop and Arlington Heights locations.

We have a team of experts that combine their capabilities ranging from medication management, individual therapy, couples therapy, family therapy, and group therapy. Specialties include anxiety, depression, trauma, self-esteem, LGBTQ+, and more. The integration of therapy for children, adolescents, and adult therapy for individuals, couples, and families combined with psychological evaluation and medication management sets Clarity Clinic apart from other practices in Chicago.

Clarity Clinic offers masters-level internships/externships, doctoral-level student internships; externships in psychological testing and advanced therapy practicum placement; and post-doctoral opportunities.

The Clarity Clinic Training Program provides the knowledge and skills necessary for diagnosis, assessment, and intervention with a variety of clients in a diverse outpatient clinical setting. Clinical Interns/Trainees have the opportunity to provide individual and group therapy, family therapy, training, consultation, evaluation, and assessment from the perspective of evidence-based treatment. Clarity Clinic offers psychotherapy services to children, adolescents, adults, and geriatric patients. In addition, Clarity Clinic offers psychological testing/assessment for children, adolescents, adults, and geriatric populations.

The program emphasizes a practitioner-scholar model and closely integrates research with extensive clinical practice. Empirically based psychotherapy treatment models include but are not limited to: Dialectical Behavioral Therapy, Acceptance and Commitment Therapy, Cognitive Behavioral Therapy, Existential-Humanistic and more. Trainees are trained in the theory, technique, and implementation of different therapy modalities. Trainees are provided with didactic seminars, weekly individual and weekly group supervision, and have the opportunity to present clinical cases and teach seminars on various topics. Throughout the year, trainees are trained to display competence in professional conduct, ethics, and legal matters, and develop the necessary skills to become a competent independent clinicians.

Diversity and Inclusion

Clarity Clinic's mission is to thoughtfully guide the whole person on their journey to find clarity and mental wellness by providing exceptional holistic care. We strive to create a culture in which all races, ethnicities, religions, sexual orientations, physical abilities, and socio-economic backgrounds can meet, share, learn, and flourish in an accepting environment.

By creating platforms and opportunities that allow us to come together, we can begin to know and understand each other. And through better understanding, we can effectively meet the needs of our diverse patients and deliver on our mission.

Our Values

Clarity Clinic's values are to inspire growth, empower change and find purpose by making a difference every day, being accountable, challenging and collaborating, embracing change, and enjoying the moment.

Make A Difference Every Day: Our passion is RELENTLESS.

We constantly push ourselves to be our best and arrive every day inspired to make an impact through our talents, passion, and hard work. We value those who speak thoughtfully, encourage and respect the diversity of opinion and listen carefully with an open mind. We have an opportunity to make a difference for so many—our patients, our communities, our teammates, our partners, ourselves—we must seize it

Be Accountable: We do the right thing because there is no alternative.

Given our responsibility to each other and our patients, behaving ethically is a critical—and elemental—part of our success. We take ownership of the quality of our work but also hold each other accountable for what we deliver as a team. When things don't go as planned, we proactively use it as an opportunity to share and learn.

Challenge and Collaborate: Seek first to understand, then be understood.

We welcome hard conversations and do not make assumptions – we ask and answer questions. We rely on each other to find solutions. We are the toughest critics, the biggest challenges, and the loudest supporters of our individual and collective work. We want to inspire each other to achieve great things. As each individual grows, so does the whole organization.

Embrace Change: We will continuously evolve and improve.

We seek out, embrace, and get (un)comfortable in knowing that if we are not continuously changing, evolving, and improving—we're falling behind.

Enjoy the Moment: Find peace and joy in the journey

Be Present. Pausing to ensure we are finding peace and joy along our journey is an invaluable component to sustainable and lasting success. This is not just our job; it's our calling, and we love it!

Locations

There are five locations across the Chicagoland area with plans for future expansion. Within each location are numerous providers who specialize in a variety of treatment areas such as addiction, depression, eating disorders, anxiety, and couples therapy. Our trained specialists offer services for individuals, groups, couples, families, and adolescents. Clarity Clinic strives to provide a compassionate and healing environment to promote a healthy and mindful lifestyle for our clients.

The Loop

333 N Michigan Ave #1400,
Chicago, IL
P: (312) 815-9660
F: (312) 235-1999

River North

1 E Superior St #306,
Chicago, IL
P: (312) 754-9404
F: (312) 754-9402

Lakeview

3665 N Broadway,
Chicago, IL
P: (773) 496-4433
F: (773) 496-4430

Arlington Heights

2101 S Arlington Heights Rd #116,
Arlington Heights, IL
P: (847) 666-5339
F: (847) 637-5479

Evanston

501 Davis St,
Evanston, IL
P: (312) 815-9660

F: (312) 235-1999

Description of Training Program

Primary Supervisor: Liz Black, LCPC - Lakeview Location

Primary Supervisor: Katerina Fager, LCPC- Lakeview Location

Primary Supervisor: Lovea Smith, LCPC- Loop Location

Primary Supervisor: Carolyn Klinkert, LCPC- Loop location

Practicum students are afforded the opportunity to provide individual and group therapy services at Clarity Clinic.

Practicum students have the ability to do individual, family, group, multi-family therapy, psycho-educational training, and work within an interdisciplinary team. They are supported and work for hand in hand with psychiatrists, psychologists, physician assistants, therapists, and other staff members.

Clarity Clinic Training Goals

The goal of our training program is to provide students with the foundational clinical skills needed to become independent practitioners. Clarity strives to ascertain the following goals that demonstrate competency in the field of clinical psychology and social work:

1. Professionalism

Therapy externs/ practicum students will exhibit behavior and conduct that reflects the values and attitude of the field of psychology and the field of social work, in addition, to independently addressing and resolving challenging situations professionally.

2. Individual and Cultural Diversity

Therapy externs/ practicum students will demonstrate awareness, sensitivity, and empathy when working professionally with individuals, groups, and communities with diverse backgrounds. The externs will acknowledge and incorporate culturally diverse values of clients into their assessment and treatment planning.

3. Ethical Legal Standards and Policy

Therapy externs/ practicum students will demonstrate knowledge and application of the Social Workers and APA Ethical Principles and Code of Conduct and other ethical, legal, and professional standards and guidelines relevant to the field of psychology and social work.

4. Relationships

Therapy externs/ practicum students will develop the skills necessary to maintain professional relationships with clients, therapists, and other treatment providers. They will also have the ability to foster professional relationships throughout the community.

5. Evidence-Based Practice

Therapy externs/ practicum students will develop and apply their knowledge of evidence-based practice, including empirical bases of interventions (DBT, ACT, CBT, etc.)

6. Intervention

Therapy externs/ practicum students will gain the ability to develop and modify treatment plans, conceptualize cases, and evaluate the treatment progress of clients as needed.

7. Consultation and Interdisciplinary Systems

By the end of the year, the therapy externs/ practicum students will demonstrate awareness of multiple and differing worldviews, roles, professional standards, and contributions across roles in the healthcare system. Therapy externs/ practicum students will demonstrate the ability to participate in and initiate interdisciplinary collaboration towards shared goals.

8. Reflective Practice/Self-Assessment/Self-Care

By year's end, the therapy externs/ practicum students will demonstrate reflectivity both during and after professional activities, act upon reflection, and use the self as a reflective tool. Therapy externs/ practicum students will be able to self-monitor and self-assess at the level of an entry-level provider, acting on needs for self-care appropriately, and seeking supervision when needed.

Training Objectives

1. Conduct comprehensive clinical interviews, including establishing

rapport, history taking, behavioral observations, and Mental Status Examinations to determine an individual's immediate needs and make appropriate treatment recommendations

2. Become familiar with, and skilled in, employing the DSM-V, obtain information from multiple collateral resources (e.g. family, friends, medical records), and integrate into the treatment plan.

a. Consult with psychiatrists and therapists

Learning Activities and Resources

1. Participate in patient-centered, inpatient interdisciplinary care conferences, including chart documentation and supervision notes.
2. Conduct individual, group, and family treatment sessions from a Recovery and Medical Model perspective and comply with Legal/Ethical/Clinic standards.
3. Become familiar with empirically-based research and learn/utilize Cognitive Behavioral Therapy, Didactical Behavioral Therapy, and Acceptance and Commitment Therapy (among others) in an individual and group format
4. Develop appropriate treatment recommendations and share them with referring provider

Evaluation

The Process of Evaluation will be prompted by a regular yearly schedule and may be prompted at other times at the supervisor's discretion. Trainees will be evaluated by the primary supervisors using the forms provided by the trainee's school. Interns will be evaluated a minimum of two times per training year.

Competency Evaluation

Therapy externs/ practicum students are assessed for competency triannually. Each therapy externs/ practicum student's progress in the program is discussed at the Training Meeting which takes place in four-month intervals after the start of the practicum/externship year. In this meeting, supervisors rate the therapy externs/ practicum students on each of the benchmarks outlined in the goals of practicum/externship on a 5 point Likert scale (1=not at all meeting competency description, 5= very much meeting competency description). Therapy externs/ practicum students will be rated by their primary supervisor and the secondary supervisor who can evaluate the student based on observations (such as group supervision, and/or didactic seminar).

See the sequence of evaluations below:

Evaluation 1 (Beginning of November):

Minimal Standards: The therapy externs/ practicum student must not receive any competency rated a value of 1 (not at all competent). The therapy externs/ practicum student must not receive more than five total competencies rated a value of 2 (somewhat competent). The therapy externs/ practicum students must not receive more than five separate competencies rated with a value of 3 regardless of the number of supervisors rating the same competency with that value. That is, if two supervisors rate the same item with a value of 3, it only counts as one rating towards those tallied in the final count of items rated a value of 3. Among all the competencies rated, the therapy externs/ practicum student must receive a minimum of 25% rated at 4 (mostly competent) or 5 (very competent).

Evaluation 2 (Beginning of March)

Minimal Standards: The therapy externs/ practicum student must not receive any competency rated a value of 1 (not at all competent). The therapy externs/ practicum student must not receive more than five total competencies rated a value of 2 (somewhat competent). The therapy externs/ practicum students must not receive more than five separate competencies rated with a value of 3 regardless of the number of supervisors rating the same competency with that value. That is, if two supervisors rate the same item with a value of 3, it only counts as one rating towards those tallied in the final count of items rated a value of 3. Among all the competencies rated, the therapy externs/ practicum student must receive a minimum of 50% rated at 4 (mostly competent) or 5 (very competent).

Final Evaluation 3 (End of June)

Minimal Standards: The therapy externs/ practicum student must not receive any competency rated a value of 1 (not at all competent). The therapy externs/ practicum student must not receive more than five total competencies rated a value of 2 (somewhat competent). The therapy externs/ practicum students must not receive more than five separate competencies rated with a value of 3 regardless of the number of supervisors rating the same competency with that value. That is, if two supervisors rate the same item with a value of 3, it only counts as one rating

towards those tallied in the final count of items rated a value of 3. Among all the competencies rated, the therapy externs/ practicum student must receive a minimum of 75% rated at 4 (mostly competent) or 5 (very competent).

**It is the duty of the Primary Supervisor to facilitate providing the school's graduate training director with feedback concerning the therapy externs/ practicum student's progress in the training program a minimum of two times a year.

Due Process Policy

The Clarity Clinic Training program acknowledges the rights of interns, externs, supervisors, and staff to be treated with courtesy and respect. Clarity Clinic expects that all interactions among interns, externs, training supervisors, and staff be collegial and conducted in a manner that reflects the highest standards of the profession.

To ensure that therapy externs/ practicum students are informed of these principles, and the protocols for recourse if problems arise, the *Due Process Procedure* is discussed at the time of interviews and reiterated during the orientation process. During the initial weeks of orientation, therapy externs/ practicum students receive copies of the program's *Due Process Procedure*, and this policy is reviewed with their Primary Supervisor, accordingly. Therapy externs/ practicum students are encouraged to share with their Primary Supervisor any concerns that may arise regarding staff/student relationship and are encouraged to speak with the Director of Therapy Operations and Compliance should they experience concerns related to their Primary Supervisor

The *Due Process Procedure* is intended to provide trainees and training staff with a systematized method for both defining and addressing problematic behavior in a trainee. This policy includes a list of intern rights and responsibilities, a definition of problematic behavior, a listing of due process procedures, and remediation and sanction alternatives utilized if problematic behavior is identified in a trainee.

GRIEVANCE POLICY

The Grievance policy is also discussed with therapy externs/ practicum students at the time of the interview and reiterated during the orientation process. The therapy externs/ practicum students receive copies of the program's Grievance policy

during orientation and this policy is reviewed with their Primary Supervisor.

Our Grievance Policy is intended to provide all trainees with an internal process by which they may receive a full and fair hearing on any complaint or unresolved problem pertaining to their training experience. This formal procedure, which may be activated at the request of a Trainee, may be used only when differences of opinion are not resolved through an informal grievance process.

The training department at Clarity Clinic encourages individuals to work out concerns or complaints on an informal basis, whenever possible. Procedures for formal grievance should be used if informal discussions and/or mediation does not resolve differences, or when a trainee wishes to formally register a complaint. When a trainee disagrees with a training staff member's evaluation, or with any staff member's conduct, and the trainee is unable to achieve resolution through informal discussing or mediation, the trainee may initiate a formal internal grievance procedure to address this disagreement or complaint.

Description of Plan and Sequence of Direct Training Experiences

Therapy externs/ practicum students acclimate to training programs in a clear sequence of events. Training always begins with orientation. Therapy externs/ practicum students are matched up with a primary supervisor in their program. Their supervisor assists the therapy externs/ practicum students with learning the medical record system and understanding the schedule and daily tasks of the program. The therapy externs/ practicum student then begins shadowing the clinical work of their primary supervisor. Therapy externs/ practicum students and supervisors will eventually phase into the supervisor shadowing the therapy externs/ practicum student's work.

Along with weekly individual supervision from licensed providers, the therapy extern/ practicum student will also be shadowed for the group, individual, and family sessions by their primary supervisors. Eventually, the therapy extern/ practicum student can provide services for cases independently with their supervisors signing notes and closely supervising outside of sessions. As the therapy extern/ practicum student becomes more competent (as evidenced by evaluations mentioned above), their caseload and responsibilities rise. As therapy externs/ practicum students take on their goal number of cases, they will be challenged with case presentations they have not previously worked with to challenge their clinical skills.

Therapy externs/ practicum students have the ability to do individual, family, group, multi-family group, psycho-educational training, and case management in an interdisciplinary and holistic private practice. They are supported by and expected to work hand in hand with psychologists, clinical therapists, psychiatrists, and other support staff.

How the Therapy Department Training Program is Integrated into the Larger Organization

The Therapy Department training program is crucial to assisting Clarity Clinic with providing premier psychological services to its consumers. Not only are interns and externs a vital part of the interdisciplinary treatment team, but they bring knowledge of current theory and advances in the field of psychology and social work. Interns and externs are encouraged to share their knowledge with staff via trainings throughout the year.

Training Staff

Primary supervisors of the Training Program work in conjunction with the Director of Therapy Operations and Compliance as well as their site-specific Directors of Clinical Therapy to organize and coordinate the activities of students.

Responsibilities include the following:

- Direct and organize the training program and its resources
- Oversee the selection of therapy externs/ practicum student
- Monitor and evaluate the training program's goals and activities
- Document and maintain students' training records
- Provide direct supervision of students to oversee their caseload and to discuss professional comportment and activities.
- Provide and oversee didactic training for the student's in the training program each week
- Provide and oversee 1 hour of group supervision weekly
- To oversee at least two evaluations per academic year to the universities for each doctoral intern.
- To provide training and supervision in empirically supported treatment models.
- To coordinate with the various site directors and supervisors regarding the therapy externs/ practicum students' activities

- To assure each therapy externs/ practicum student has the opportunity to meet all requirements for their training year
- To communicate with the Director of Clinical Training from each student's university to discuss their progress, and (if necessary) any disciplinary actions.
- To follow and carry out the due process established for therapy externs/ practicum students if disciplinary actions are necessary.

While the primary and secondary supervisors provide all formal supervision, therapy externs/ practicum students may receive more informal supervision from other members of the clinical team as needed. All sites at Clarity Clinic are staffed with Licensed Clinical Professional Counselors and Licensed Clinical Social Workers.

Supervision Philosophy

Each supervisor has the following general responsibilities of collaboratively establishing training goals with each supervisee, completing evaluations of the supervisee's progress, providing direct feedback concerning the supervisee's professional development and clinical abilities in a constructive manner, and being a professional role model for upholding and being by ethical and professional guidelines outlined by the APA.

Supervision and Didactics

Students will receive the following supervision and didactics:

Therapy Practicum Students

- Individual: 1 hour weekly- scheduled with an individual supervisor
- Group: Scheduled with group supervisor and fellow practicum students
- Didactic: Scheduled with group supervisor and fellow practicum students

It is the responsibility of the student to manage their time so that they are prompt to all supervision and didactics, which includes managing clinical work, transportation, etc. It is the responsibility of the supervisor to work with the student during their free time to schedule mandatory trainings. Individual supervision must be conducted by a licensed clinician that will have experiences and competencies based upon school requirements. Supervision should focus on clinical growth as well as the students' professional development. It is up to the supervisor to provide secondary supervision in the event they cannot conduct supervision for that week. Supervision notes will be dated, signed, and maintained in the student's file. Any concerns about the quality or quantity of supervision should be addressed with the Director of Therapy Operations

and Compliance immediately.

Training Opportunities

Clarity Clinic has a strong commitment to continuing education. Trainings are provided in specialty areas throughout each month and therapy externs/ practicum students are encouraged to take advantage of such offerings. Additionally, there is a wealth of educational opportunities throughout the metropolitan Chicagoland area, and therapy externs/ practicum students will be encouraged to take advantage of some of these opportunities with the understanding that it will not interfere with their training and/or direct patient care.

In addition to the opportunities to attend the aforementioned professional seminars presented at Clarity Clinic, the therapy department offers weekly didactic seminars. The seminars offer an educational approach to clinical training and theoretical knowledge on a specific topic. Didactics aim to build on previous training and offer clinicians new strategies or scientific research to build off of in practice. The didactic structure includes both a learning and case conceptualization component to apply new knowledge in real-time. Didactics will include (but are not limited to) discussion and education on the newest empirical research, education on a topic (symptoms, prognosis, treatments, specific skills training, etc), exploring trends within various populations, as well as cultural, ethical, and legal considerations. Currently, we have 4 weekly didactics covering the following topics: Substance Use, Trauma, Eating Disorders, and Clinical Modalities, which focuses on various topics including, but not limited to: Suicide Assessments, Billing, Motivation Interviewing, and Conducting an Initial Intake.

Scheduling/Tracking Hours

Therapy externs/ practicum students will be on site 24 hours a week (3 days total) exceptions to be approved by the Primary Supervisor. Upon completion of orientation, therapy externs/ practicum students will receive a minimum of 8-10 direct patient hours per week. All therapy externs/ practicum students will overlap and be on site for an agreed-upon day each week to complete individual supervision and training. All requests for days off should be given to the clinical supervisor a month in advance. Time off requests will be honored based on staffing needs. It is the responsibility of the student to ensure proper communication with staff regarding the care of patients.

Cosigning Notes

Notes are cosigned by the assigned licensed clinician within 48 hours of the note

being written. The clinical supervisor is responsible for the quality of services offered and should address any issues with the student immediately. If the supervisor is going to be out of the office, it is their responsibility to communicate to both the student and the covering supervisor when coverage is needed for cosigning. Notes must be cosigned by a clinician who is present on-site and cannot be sent to a supervisor out of the office.

Maintenance of Student Files

All trainee files are maintained either by the Primary Supervisor. It is the responsibility of the student to keep up with all required training and competencies assigned in their program. It is the responsibility of the supervisor to maintain files equivalent to all other staff in the program in which the student is training. All files including supervision notes are maintained for accreditation purposes.

Expectations for the Therapy Practicum Year

The graduate program attended by the applicant is required to have an Active Affiliating Agreement with Clarity Clinic.

- Applicants must commit to the minimum time requirements of 10 months. 24 hours per week with a total of 1200 hours. The hours may exceed the minimum number of hours required by the applicant's school.
- Therapy practicum students are required to attend psycho-educational trainings and work within an interdisciplinary team.
- Therapy practicum students are required to provide individual, family, group, and multi-family therapy.
- Applicants must obtain NPI before starting the internship

Requirements for Application into the Therapy Practicum Training Program

- Cover Letter
- CV
- 3 Letters of Recommendations
- Transcript

ETHICAL PRINCIPLES OF PSYCHOLOGISTS

AND LAWS RELATING TO THE PRACTICE OF PSYCHOLOGY

It is imperative that you conduct yourself in an appropriate, professional, and ethical manner in your interactions with patients and staff. The American Psychological Association last published its Ethical Principles of Psychologists and Code of Conduct in 2002. It is the responsibility of psychologists, and those in training at Clarity Clinic, to have a working knowledge of these principles and to ensure that they guide your professional behavior. This document can be viewed at: <http://www.apa.org/ethics/code2002.pdf>. Please familiarize yourself with all of the principles.

As a professional in training you must familiarize yourself with the following documents as well:

- General Guidelines for Providers of Psychology Services (American Psychological Association. (1987). General Guidelines for Providers of Psychology Services. *American Psychologist*.712-723.
- APA's Standards for Educational and Psychological Tests (<http://www.apa.org/science/standards.html>)
- Guidelines for Psychotherapy with Lesbian, Gay, & Bisexual

Clients (<http://www.apa.org/pi/lgbc/guidelines.html>)

Therapy Practicum due process, appeal, and grievance procedures

At Clarity Clinic, our primary responsibility is to the welfare of our patients. Therefore, we maintain high standards of patient care and ethical and professional conduct. On rare occasions, intern performance is insufficient, and/or intern problem behaviors occur. When these problems are identified, the training program assesses the nature of the problem and formulates a plan to support the intern in effectively remediating it, with the goal of the intern demonstrating a sufficient level of competency and/or correcting the behavior to successfully complete the internship.

This section describes potential insufficient performance criteria and other problem behaviors, how due process is ensured, how interns can appeal if they disagree with decisions, and how interns can file a complaint (grievance). An intern, staff member, patient, or other person may activate a formal review of an intern at any time based on insufficient intern performance and/or other problem behaviors. Formal review may also be triggered by intern evaluation by a supervisor.

Due process guidelines

The following guidelines describe intern performance concerns that would be cause for formal review, informal action, formal remediation and could potentially result in termination of the employment and training of the intern if not corrected.

When formal review determines that intern performance is insufficient and/or other significant intern problem behaviors occur, a remediation plan may be implemented. Informal action plans and formal remediation plans are implemented when the intern's performance deficits (or other problem behaviors) present a low risk to stakeholders, and the situation is amenable to adequately timely change. These procedures are not intended to be punitive.

Due Process procedures protect intern rights and are implemented to afford the intern with a reasonable opportunity to remediate problems and to receive support and assistance. Interns have the right to appeal remediation decisions. Interns may also file a complaint (grievance) at any time during the internship.

Standard clinic procedures as stated in the Clarity Clinic Employee Handbook, the Therapy Department Processes and Procedures Manual, or the Clarity Clinic Code of Conduct may also be applied to the process of identifying insufficient performance and/or problem behaviors during formal review as well as to remediation, appeal, and

grievances. In the event of a conflict between the Manuals and Code of Conduct, the Clarity Clinic Employee Handbook will take precedence.

Insufficient performance

Performance problems that may be cause for formal review and subsequent informal action plan, formal remediation, or termination from internship include skills deficits, failures to perform at the level of competency expected, and problems of ethical and/or professional conduct. Examples of insufficient performance include but are not limited to situations that include the following:

1. The intern does not acknowledge, understand, address, or correct a problem when it is identified.
2. An intern problem is assessed:
 - a. as a skill deficit that negatively impacts the intern's clinical work and the quality of other services and reflects competency below that which is expected at the point of the internship year and which likely requires remediation for correction (e.g., increased didactic, experiential training)
 - b. as being more than a skill deficit that negatively impacts the intern's clinical work and the quality of other services, that has not been corrected by didactic or experiential training;
3. The intern's behavior has not changed as a function of feedback, remediation efforts, and/or additional experience
4. The intern demonstrates an inability and/or unwillingness to learn and appropriately integrate professional ethical standards into all professional work
5. The intern demonstrates an inability to effectively manage personal stress, psychological distraction, and/or excessive emotional reactions that interfere with professional functioning
6. The problematic behavior has the potential for ethical or legal ramifications if not addressed
7. The intern's behavior negatively impacts the public view of Clarity Clinic
8. The problematic behavior negatively impacts the other interns
9. The problem is not restricted to one area of professional functioning

10. A disproportionate amount of attention by training personnel is required
11. An intern obtains ratings below that which is expected for the time of year, as specified in the evaluation form.

Problem behaviors

Problem behaviors subject to a formal review and subsequent informal action, formal remediation, or termination from internship include several situations that may include, but are not limited to when an intern engages in any of the following behaviors:

1. Sexual Harassment
2. Violation of professional codes of conduct for ethical and professional practice (APA Ethical Principles of Psychologists & Code of Conduct, APA Professional Practice Guidelines)
3. Insubordinate behavior
4. Exploitive or abusive behavior
5. Other behaviors not listed elsewhere in this document but that represent an infringement on the rights, privileges, and responsibilities of interns, professionals, other volunteers/employees, other members of the community, and/or patients of Clarity Clinic
6. Egregious behaviors including illegal behavior, unethical behavior, behavior that likely indicates poor judgment. Egregious behaviors may result in termination of the intern's employment and notification of the intern's graduate program.

Due process

Due Process is integrated within the formal review and remediation process. Due Process ensures interns are treated justly, given a reasonable opportunity to hear about, respond to, and remediate problems; receive support and assistance, and have the right to appeal and file a grievance. The Training Program is structured to include due process so behavior and performance expectations are clear, and evaluation processes and procedures for remediation are effective, timely, and fair.

- **Program Expectations.** Clarity Clinic's Therapy Department Training Program will provide interns with the training program expectations for professional

functioning in writing at the beginning of the internship training year.

- **Procedures for Evaluation.** Clarity Clinic's Therapy Department Training Program will inform interns about the evaluation procedures including the when, how, and who will conduct evaluations.
- **Procedures for Evaluation of Performance and Problem Behavior.** Clarity Clinic's Therapy Department Training Program will inform interns when performance and problem behaviors are identified as truly problematic and how they will be addressed.
- **Data for Performance Evaluation.** Clarity Clinic's Therapy Department Training Program will use input from multiple professional sources to the extent that it is feasible when making decisions or recommendations regarding the intern's performance.
- **Communication with Graduate Program.** If an intern has skills deficits and/or problem behaviors, Clarity Clinic's Therapy Department Training Program will communicate early and often with the intern, and their graduate program when needed and as specified in the Due Process procedures, to address these problems.
- **Remediation Plan.** If it is determined to be warranted, Clarity Clinic's Therapy Department Training Program will provide a remediation plan (see remediation section) for interns to address skill deficits and/or problem behaviors, a timeline to complete requirements for remediation, and consequence for failure to meet these by the end of the timeline.
- **Appeal.** Clarity Clinic's Therapy Department Training Program will provide interns with a written statement of the appeal policy and procedures in the training manual should interns choose to exercise their right to an appeal (see Appeal section).
- **Timely Process.** Clarity Clinic's Therapy Department Training Program will ensure that a sufficient amount of time is provided for interns to respond to any action(s) taken by the program.

- **Documentation.** Clarity Clinic's Therapy Department Training Program will document in writing the action(s) to be taken if an intern has skills deficits and/or problem behaviors, the rationale for action(s), the criteria for resolving the remediation, and Clarity Clinic will provide this information to all relevant parties, and documentation will be kept in the intern's file in the case of formal remediation.

Informal review and resolution

When a Clarity Clinic staff member believes that an intern's performance or behavior is problematic, the first step in addressing the issue should be to raise the issue with the intern directly if feasible and appropriately consistent with the [APA Ethics Code](#). The person who raises the concern should raise the issue with the intern directly and as soon as feasible in an attempt to informally resolve the problem. The same person should monitor the outcome. If the person who raises the concern is a person outside Clarity Clinic, they should inform a Clarity Clinic supervisor or staff member, who will take up the addressing and monitoring role.

Formal review

When an intern, Clarity Clinic staff member, patient, or other person informs the Training Committee, Director of Training, or Director of Therapy Operations and Compliance that intern performance is insufficient and/or a problem behavior has occurred, and informal review has not resolved the issue or is not appropriate or feasible, a formal review of the intern is activated.

Notice: The intern will be notified in writing that a formal review hearing will be held within 10 working days of when it is held.

Hearing: Formal review is conducted by the Training Committee, the Director of Training, and the Director of Therapy Operations and Compliance (or the designee of the Director of Training or Director of Therapy Operations and Compliance) within 10 working days of notifying the intern of the concern. The intern supervisor or supervisors may also be involved at any step of this process, and at least one supervisor will be involved in a formal remediation plan is implemented.

Outcomes: The outcome of a hearing will be communicated to the intern within 5 working days of the hearing decision and will include one of the following:

- Acknowledgment & No Further Action
- Informal Action Plan
- Formal Remediation
- Suspension
- Termination

Any time limits listed above may be extended by mutual consent within a reasonable timeframe. If new information is discovered after a review has occurred, even if no further action was previously required, the formal review process may be restarted and a new outcome will result.

Acknowledgment and no further action

Acknowledgment and no further action occurs when the Director of Training, Clarity Clinic Director of Therapy Operations and Compliance, and the Training Committee decide by simple majority vote the psychology internship is aware of the problem; it has been brought to the attention of the intern; the problem is not significant enough to warrant an informal action plan, formal remediation plan, suspension, or termination; and either a) no further action is required to address the concern or problem or b) if the problem needs to be rectified, the supervisor or other staff member will work with the intern to rectify the problem.

Informal action plan

An informal action plan is implemented when the Director of Training, Clarity Clinic Director of Therapy Operations and Compliance, and the Training Committee decide by simple majority vote that an intern's performance deficits or other problem behaviors present a low risk to stakeholders, the situation is amenable to adequately timely change, the deficits or problem behaviors are more significant than those appropriate for acknowledgment and no further action, and that no further action could result in the problem worsening without an informal action plan.

In the event that a vote results in a tie, the Director of Training will break the tie. An informal action plan may include increased supervision, didactic training, and/or structured readings. This process will be documented in writing and discussed with the Director of Training and Training Committee, but will not become part of the intern's professional file. The informal action plan will not be shared with the intern's home doctoral program unless requested by the intern or agreed upon by the intern and the

Director of Training. Progress reviews will be conducted as part of the intern's action plan within a specified timeframe. One or more progress reviews may be conducted.

Formal remediation, suspension, or termination

The key difference between an informal action plan and a formal remediation plan includes the following:

1. The formal remediation plan becomes part of the intern's professional file
2. The Director of Clinical Training of the intern's home doctoral program is informed when a formal remediation plan is enacted
3. Formal remediation is a probationary status
4. Successful remediation is necessary for the intern to successfully complete the internship

A formal remediation plan is implemented when an intern's performance deficits (or other problem behaviors) present a low risk to stakeholders, the situation is amenable to adequately timely change, and the remediation is necessary for the intern to successfully complete the internship.

Formal remediation plans

A formal remediation plan will include the following:

1. The actual behaviors or skills associated with the problem
2. The specific actions to be taken for rectifying the problem
3. The time frame during which the problem is expected to be ameliorated
4. The procedures for determining whether the problem has been appropriately remediated

If a simple majority (with or without a Director of Training tie-breaker) votes to implement a formal remediation plan, the plan will be developed by the Director of Training, Training Committee, and the intern's Supervisor, and forwarded to the Director of Therapy Operations and Compliance for approval. If the Director of Therapy Operations and Compliance agrees with the plan, it will be implemented, otherwise, it will be revised until accepted by the Director of Therapy Operations and Compliance. A formal remediation plan will include communication to the graduate program, one or more specific time periods for a progress review, criteria for resolving the remediation

plan successfully so the intern exits the remediation, and consequences if the remediation plan is not completed successfully.

Process for implementing formal remediation plans

The process for implementing the formal remediation plan is as follows:

1. The supervisor (or a designated member of the Training Committee) verbally informs the intern that formal remediation procedures will be implemented and shares the formal remediation document with the intern within 5 working days of the remediation decision.
2. The formal remediation plan is placed in the intern's file. This decision will be documented in writing, and the Director of Training will forward a copy of the document to the home doctoral institution within ten (10) working days of sharing the document with the intern.
3. The Director of Training will share and discuss the formal remediation plan with the parties involved including the intern primary clinical and/or emphasis area supervisor in addition to the Director of Clinical Training (DCT) of the home doctoral institution within ten (10) working days of sharing the document with the intern.
4. The formal remediation plan will state the specific behavioral conditions for the continuation of the internship if the intern is suspended from some or all of their activities until specified steps are taken, and criteria needed to resolve the remediation successfully and time periods for a progress review, and deadlines for completing these criteria.

Formal remediation plan progress reviews

Progress reviews will be conducted as part of the intern's remediation plan within a specified timeframe. One or more progress reviews may be conducted.

A formal evaluation of progress under the remediation plan will be conducted by the Director of Training, Training Committee, and the intern's supervisor and will ultimately decide by simple majority, with a tie-breaker by the Director of Training if necessary,

whether to do the following:

1. Resolve the formal remediation plan upon its successful completion;
2. Reduce the formal remediation plan to an informal action plan;
3. Extend the formal remediation plan for a later formal remediation evaluation with or without progress reviews
4. Terminate the intern's involvement in the internship and notify the intern's graduate program and APPIC. The intern will need to complete the normal procedures for ending the internship including completion of all patient documentation. The evaluation decision will be forwarded to the Director of Therapy Operations and Compliance for approval. If the Director of Therapy Operations and Compliance approves, it will be implemented. If the Director of Therapy Operations and Compliance does not approve, the Director of Therapy Operations and Compliance will join the Director of Training, Training Committee, and the intern's Supervisor for another remediation plan evaluation vote, which will be resolved by simple majority, with a tie-breaker by the Director of Therapy Operations and Compliance if necessary.

The formal remediation plan evaluation decision will be documented in writing and will be shared with the intern within ten (10) working days of the meeting. This documentation will become a part of the intern's professional file. The decision will be shared with the intern's home doctoral institution. If the decision involves continuation in the training program, the Director of Training may assign a new clinical supervisor and meet with them to plan the monitoring of the conditions in the decision. If the Director of Training is the supervisor of the intern, the Clarity Clinic Director of Therapy Operations and Compliance will take up the role(s) of the Director of Training, listed above. Any time limits listed above may be extended by mutual consent within a reasonable timeframe.

Appeal procedures

In the event that an intern does not agree with and wishes to challenge any of the aforementioned Due Process Procedures including remediation, sanctions, or with the handling of a grievance – the following appeal procedures should be followed:

1. The intern should file a formal appeal in writing (email will suffice) to the Director of Therapy Operations and Compliance with all supporting documents that refute the evidence regarding the evaluative decision made. The intern must submit this appeal within ten (10) working days from the notification of the subject of the appeal (i.e., notification, remediation or sanctions, or handling of a grievance). The intern may also request a personal interview with the Director of Therapy Operations and Compliance during this ten-day period.
2. The Director of Therapy Operations and Compliance will convene a formal review panel, consisting of the Director of Therapy Operations and Compliance, the Director of Training, and at least two other members of the Training Committee within ten (10) working days of receipt of a formal written appeal from an intern. The intern may request a specific member of the Training Committee to serve on the formal review panel. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel will reach a decision based on a simple majority vote, with a tie-breaker vote from the Clarity Clinic Director of Therapy Operations and Compliance, if necessary. In the event of a conflict of interest, the Director of Training or the Clarity Clinic Director of Therapy Operations and Compliance may designate a substitute representative.
3. In the event that an intern is filing a formal appeal in writing to disagree with a decision that has already been made by the formal review panel and supported by the Director of Therapy Operations and Compliance, then that appeal is reviewed again by the Director of Therapy Operations and Compliance. The Director of Therapy Operations and Compliance will determine if a new formal review panel should be formed to reexamine the case, or if the decision of the original decision is upheld. At that point, the decision of the Director of Therapy Operations and Compliance is final.

Informal grievance procedures

A grievance is a formal term for a complaint. A grievance procedure is a process that is invoked when an intern has a complaint against the training program or an individual involved in the training program. Interns may initiate an informal or formal grievance about the conduct of another intern, staff member supervisor, the Training Committee, the Director of Training, the Clarity Clinic Director of Therapy Operations and Compliance as well as the Clarity Clinic Department, the Training Program and their policies and procedures.

Grievances must be raised by interns and others in good faith consistent with APA Ethics Standard 1.07, which states that psychologists do not file or encourage the filing of (ethics) complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation. Interns who pursue grievances in good faith will not experience any adverse professional consequences.

For situations in which an intern raises a grievance about a supervisor, staff member, trainee, or the internship program, first, the intern should raise the issue as soon as feasible and appropriate directly with the person or persons in an effort to resolve the problem informally consistent with APA Ethics Standard 1.04 on informal resolution (also see informal resolution policy above).

Formal grievance procedures

If the matter that is the subject of a grievance cannot be satisfactorily resolved using informal means, the intern may submit a formal grievance in writing to the Director of Training. If the Director of Training is the object of the grievance, the grievance should be submitted to another member of the Training Committee. The individual being grieved (or Director of Training if the subject of the grievance is the training program) will be asked to submit a response in writing within ten (10) working days.

The Director of Training (or Training Committee member, if appropriate) will then meet with the intern and the individual being grieved within ten (10) working days of the response. In some cases, the Director of Training or other Training Committee member may wish to meet with the intern and the individual being grieved separately first. The goal of the joint meeting will be to develop a plan of action to resolve the matter. The plan of action will include the following:

1. The behavior associated with the grievance
2. The specific steps to rectify the problem
3. The procedures are designed to ascertain whether the problem has been

appropriately rectified.

The Director of Training or other Training Committee member will document the process and outcome of the meeting. The intern and the individual being grieved will be asked to report back to the Director of Training or other Training Committee member in writing within ten (10) working days regarding whether the issue has been adequately resolved.

Lack of resolution: Human Resources

If the formal review panel or Director of Therapy Operations and Compliance determines that an appeal or grievance cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be turned over to the Clarity Clinic Human Resources Department to initiate the Clarity Clinic Employee Grievance/Due Process procedures. If the formal review panel determines that an appeal or grievance potentially can be resolved internally, the panel or Director of Therapy Operations and Compliance will develop a second action plan that includes the same components as mentioned above.

The process and outcome of the panel meeting will be documented by the Director of Training or other designated Training Committee member. In the case of a grievance, the intern and the individual being grieved will again be asked to report back in writing regarding whether the issue has been adequately resolved within ten (10) working days. The panel will reconvene within ten (10) working days to again review written documentation and determine whether the issue has been adequately resolved. If the issue is not resolved by the second meeting of the panel, the issue will be turned over to the Clarity Clinic Human Resources Department to initiate the Clarity Clinic Grievance/Due Process procedures.

CLARITY CLINIC GRIEVANCE POLICIES

POLICY: Employee Grievances

It is the policy of Clarity Clinic to assist employees in resolving conflicts between themselves. While we certainly hope that these will be infrequent, we recognize that they do occur. Our goal is to support a respectful cohesive team and to that end, we expect each employee to maintain the professionalism that supports a safe and healthy working environment.

PROCEDURE:

1. We encourage employees to try to resolve issues between themselves and to communicate in a respectful manner that will facilitate a timely and healthy resolve.
2. If it is not possible to have a comfortable or productive conversation concerning the grievance/issue, the staff's supervisor and/or the site-specific Director of Clinical Therapy may be invited to mediate.
3. If the employee prefers, they may submit a grievance in writing to the appropriate staff supervisor and/or the site-specific Director of Clinical Therapy, who will endeavor to resolve the grievance quickly.

Appeals Procedure:

If the employee is not satisfied with the outcome, he/she may appeal to **Human Resources** and the Medical Director, Director of Operations, or Director of Therapy Operations and Compliance (based on department).

Procedure for Ethical Violations:

1. Ethics violations should be reported in writing immediately to **Human Resources** and the Director of Operations, Director of Therapy Operations and Compliance, or

the Chief Medical Officer (based on department).

2. All reports of violations will be investigated and will be responded to by the appropriate person promptly.
3. A staff member may report an ethics violation without fear of retaliation.

Clarity Clinic Ethical Codes Of Conduct

It is the policy of Clarity Clinic that all full and part-time employees, contractors, students, volunteers (collectively referred to as “personnel”), and members of the governing authority are expected to perform their designated functions in a manner that reflects the highest standards of ethical behavior. The ethical standards contained in this policy shape the culture and norms of Clarity Clinic’s administrative operations and clinical practices, and both personnel and members of the governing authority will be held fully accountable to these standards. In addition to the specific guidelines contained in the policy, professionals are expected to follow the ethical standards required by their specific licensing, certification boards, or other job description.

PURPOSE:

The Code of Conduct Policy is to ensure that the actions of all personnel reflect a competent, respectful, and professional approach when serving consumers, their families, and/or representatives, working with other providers, and interacting in the communities we serve. It is expected that personnel and members of the governing authority will perform their duties in compliance with all federal, state, and local regulations in accordance with guidelines outlined in this policy. Violation of guidelines within the Code of Conduct Policy can lead to disciplinary actions, including termination of employment.

PROCEDURES:

A. Professional Conduct:

1) Personnel will respect the rights of persons served by demonstrating full integration of the guidelines contained in the Rights and Responsibility Policy. This includes the right of the consumer to make autonomous decisions and fully participate in every aspect of the service delivery process.

2) Personnel will provide services in a manner that fully respects the confidentiality of consumers, by demonstrating a functional knowledge of confidentiality policies and guidelines.

3) Personnel will be fair and honest in their work. They will not exploit, mislead, or violate the rights of persons served. All personnel will be faithful to their contractual obligations, professional boundaries, corporate responsibilities, and their word.

4) To prevent and avoid unethical conduct, personnel will consult with, refer to, and participate in supervision or treatment team meetings with other professionals.

5) Personnel will clarify their professional role or license details, training and experience, treatment obligations, and be accountable for upholding professional standards of practice.

B. Personal/Professional Conduct:

1) All prior personal relationships between staff and persons engaging in services, shall be disclosed by personnel and may be subject to review by the appropriate supervisor.

2) Personnel will limit relationships with persons served to their defined professional roles.

3) Personnel will not establish ongoing personal or business relationships with consumers receiving services.

4) Personnel will conduct themselves in a professional, ethical, and moral manner based on the values of the organization.

5) Sexual relationships between personnel and persons served are never appropriate. Sexual relationships include but are not limited to the following: engaging in any type of sexual activity, flirting, advances and/or propositions of a sexual nature, comments of a sexual nature about an individual's body, clothing, or lewd sexually suggestive comments.

6) Personnel will not accept gifts of value from a consumer, family member, or stakeholder, and cannot accept personal favors or benefits that may be reasonably construed as influencing their conduct or creating an imbalance of power.

7) Personnel will not take, borrow or remove agency property or personal property not belonging to them from the agency without the permission of the property owner.

8) Personnel will not solicit persons served for personal causes including but not limited to soliciting funds for a personal or community cause, political fundraising, selling

candy and cookies for their children, friend's children, or other such fundraising items for the personnel's children.

9) Personnel involved with clinical care will not serve as a witness of any document for that client including but not limited to: the power of attorney, advance directives, or guardianship.

C. Business Practices:

1) Clarity Clinic will utilize the Chief Operating Officer (or designated staff) to ensure that it conducts business in an ethical manner and ensure that any questionable business practices are thoroughly investigated utilizing the investigation procedures outlined below.

2) All financial practices, facility development, information technology, advocacy efforts, corporate citizenship, and data collection and management practices shall comply with local, state, and federal law and guidelines. They will align with standard field operations.

D. Marketing Practices:

1) Clarity Clinic will conduct marketing practices in an honest and factual manner. Marketing materials and practices will in no way mislead the public or misrepresent Clarity Clinic's services, providers, contracts, or capabilities.

2) Clarity Clinic will not claim any service outcomes unless represented by reliable data collection methods and valid research results.

3) Clarity Clinic will utilize clear and consistent methods of communicating information to consumers, family members, third-party entities, referral sources, funding sources, and community members, and will exhibit sensitivity to the educational and cultural considerations when distributing information.

4) Clarity Clinic will not utilize monetary rewards or gifts to any potential consumer of services in an attempt to entice them to enter programs.

E. Clinical Practices:

1) Personnel will adhere to all professional codes of conduct and ethical standards for specified professional discipline as well as any other professional certification or job description.

2) Professional boundaries are to be utilized in all business-related to the organization.

3) As part of orientation, personnel and other stakeholders will read the Ethical Codes of Conduct and demonstrate knowledge of the guidelines as evidenced by proper

administrative documentation, following policies and procedures, participation in training or continuing education for organization and professional requirements, and conformance to the clinical standards.

F. Quality of Care:

- 1) Clarity Clinic will provide quality behavioral health care in a manner that is appropriate, determined to be necessary, efficient, and effective.
- 2) Health care professionals will follow current ethical standards regarding communication with consumers (and their representatives) regarding services provided.
- 3) Clarity Clinic will inform consumers about alternatives and risks associated with the care they are seeking and obtain informed consent before any clinical interventions.
- 4) Clarity Clinic recognizes the right of consumers to make choices about their care, including the right to go without recommended care or to refuse care.

G. Necessity of Care:

- 1) Clarity Clinic shall submit claims for payment to governmental, private, or individual payers for those services or items that are clinically necessary and appropriate.
- 2) When providing services, Clarity Clinic personnel shall only provide those services that are consistent with generally accepted standards for treatment and are determined by the professional to be clinically necessary and appropriate.
- 3) Service providers may determine that services are clinically necessary or appropriate; however, the funding source may not cover or approve those services. In such a case, the consumer may request the submission of a claim for the services to protect their rights concerning those services or to determine the extent of coverage provided by the payer.
- 4) Coding and documentation will be consistent with the standards and practices defined by the organization in its policy, procedures, and guidelines.

H. Coding, Billing, and Accounting:

- 1) Clarity Clinic personnel involved in coding, billing, documentation, and accounting for consumer care services for governmental, private, or individual payers will comply with all applicable state and federal regulations and organizational policies and procedures. Training will be provided as needed.
- 2) Clarity Clinic will only bill for services rendered and shall seek the amount to which is contracted.

- 3) Supporting clinical documentation will be prepared for all services rendered. If the appropriate and required documentation has not been provided, then the service has not been rendered.
- 4) All services must be accurately and completely coded and submitted to the appropriate payer in accordance with applicable regulations, laws, contracts, and organizational policies and procedures. Federal and state regulations take precedence, and organizational policies and procedures must reflect those regulations.
- 5) If a billing or coding error occurs, documentation must be logged and properly corrected. Appropriate documentation will be reported to proper authority and action will be taken according to corporate compliance standards.
- 6) Consumers shall be consistently and uniformly charged, and government payers shall not be charged more than the provider's usual charges.
- 7) Billing and collections will be recorded in the appropriated accounts and proper review will occur.
- 8) An accurate and timely billing structure and medical records system will ensure that Clarity Clinic effectively implements and complies with required policies and procedures.

I. Personal and Confidential Information:

- 1) Clarity Clinic will protect personal and confidential information concerning the organization's system, personnel, and consumers.
- 2) Clarity Clinic personnel shall not disclose confidential consumer information unless at the consumer's request and/or when authorized by law. Appropriate consent for use of consumer information for research purposes must be obtained with full disclosure regarding research purpose and use.
- 3) Confidential information will only be discussed with or disclosed to persons and entities outside the organization through the request of the consumer. Third-party disclosures are not allowed. Persons outside the organization include the family, business, or social acquaintances of the consumer.
- 4) Consumers can request and are entitled to receive copies or summaries of their records except for minors and consumers being treated for alcohol and drug abuse, who may be provided with copies of their record if it is judged appropriate by the provider charged with their care.
- 5) Personnel will be familiar with all organizational policies and procedures regarding confidentiality, record keeping, and traveling with documentation, as appropriate.

J. Creation and Retention of Records:

- 1) All records are the property of the organization. Personnel shall not destroy or remove records from the premises.
- 2) Respective staff responsible for the preparation of records shall ensure they are accurately prepared, maintained in a lawful manner, and reside in a location as prescribed by law and policy.
- 3) Personnel will not knowingly create records that contain any false, fraudulent, fictitious, deceptive, or misleading information. Personnel will not sign someone else's signature or initials on a record. Appropriate clinical language and documentation are always to be used.
- 4) Personnel will not delete any entry from a record. Records can be amended and material added to ensure the accuracy of a record in accordance with policy and procedures. If a record is amended, it must indicate that the notation is an addition (or correction) and document the actual date the additional entry was made.
- 5) The organization maintains record retention and destruction policies and procedures consistent with federal and state requirements. Premature destruction of records could be misinterpreted as an effort to destroy evidence or hide information.

K. Government Investigation:

- 1) Clarity Clinic personnel shall cooperate fully with appropriately authorized governmental investigations and audits.
- 2) Clarity Clinic will respond in an orderly fashion to the government's request for information through interviews and documentation review.
- 3) Clarity Clinic will respond to the government's request for information in a manner that enables the organization to protect both the organization's and consumer's interests while cooperating fully with the investigation.
- 4) When a representative from a federal or state agency contacts Clarity Clinic personnel at home or at their office for information regarding the organization or any other entity with which the organization does business, the individual will contact the CEO immediately. If the CEO is not available, the individual will contact the next appropriate staff member.
- 5) Clarity Clinic personnel will ask to see the government representative's identification and business card if the government representative presents in person. Otherwise, personnel should ask for the person's name, office, address, phone number, and identification number and then contact the person's office to confirm identity.

L. Prevention of Improper Referrals or Payments:

- 1) Personnel will not **accept**, for themselves or the organization, anything of value in exchange for referrals of business or the referral of consumers.
- 2) Personnel will not **offer**, for themselves or the organization, anything of value in exchange for referrals of business or the referral of consumers.
- 3) Federal law prohibits anyone from offering anything of value to a Medicare or Medicaid consumer that is likely to influence that person's decision to select or receive care from a behavioral health care provider.
- 4) The organization shall establish procedures for the review of all pricing and discounting decisions to ensure that appropriate factors have been considered and that the basis for such arrangements is documented.
- 5) Development or the initiation of joint ventures, partnerships, and corporations within the organization must be reviewed and approved by appropriate management to ensure compliance with organizational policy and federal regulations.

M. Antitrust Regulations:

- 1) Personnel will comply with all applicable federal and state antitrust laws.
- 2) Personnel shall not agree with a competitor to artificially set prices or salaries, divide markets, restrict service output, block new competitors from the market, or share pricing information that is not normally available to the public.
- 3) Personnel shall not deny privileges to qualified practitioners or agree to participate with competitors in a boycott of government programs, insurance companies, pharmaceutical drugs, or other products.

N. Avoiding Conflicts of Interest:

- 1) All personnel shall conduct clinical and personal business in a manner that avoids potential or actual conflicts of interest.
- 2) Personnel shall not use their official positions to influence an organizational decision in which they know or have reason to know, that they have a financial interest.
- 3) If there is a known conflict of interest, written disclosure must be made during the onboarding process or as soon as possible after becoming aware. Discussion will occur with appropriate staff members to determine a plan of action, if necessary.

4) Personnel must be knowledgeable about activities that may be an actual or potential conflict of interest. Examples of such activities may include, but are not limited to the following:

a. Giving or receiving gifts, gratuities, loans, or other special treatment of value from third parties doing business with or wishing to do business with the organization. Third parties may include but are not limited to, consumers, vendors, suppliers, competitors, payers, carriers, and fiscal intermediaries.

b. Using facilities, resources, or other confidential and private information for reasons other than organization sanctioned activities or one's gain.

c. Using Clarity Clinic's name to promote self inappropriately, sell products, or sell personal services.

d. Contracting or entering an employment relationship with a competing interest.

O. External Relations:

1) Personnel shall adhere to fair business practices and accurately and honestly represent themselves and the organization's services.

2) Personnel will be honest and truthful in all marketing and advertising practices pertaining to the business practices of the organization's service delivery system.

3) Vendors who contract to provide goods and services to the organization will be selected based on quality, cost-effectiveness, appropriateness for the identified task or need, and conform to the organization's policies, procedures, and standards of operation.

4) Clarity Clinic shall engage in advocacy and corporate citizenship efforts to reduce stigma in the community. Additionally, conformance to utilizing person-centered or "people first" language is evident in our publications, operations, and activities. Clarity Clinic will document participation in advocacy and corporate citizenship by utilizing meeting logs, meeting notes, or other publications.

P. Workforce Development and Management:

1) Discrimination is prohibited in any work-related decision based on race, color, national origin, religion, sex, physical or mental disability, ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran. The organization is committed to providing equal employment opportunities in a work environment where personnel is treated with fairness, dignity, and respect.

- 2) Clarity Clinic will make reasonable accommodations to the known physical, mental, or cultural implications of otherwise qualified individuals with disabilities.
- 3) Clarity Clinic does not tolerate harassment or discrimination by anyone based on the diverse characteristics or cultural backgrounds of those who work for the organization pursuant to the organization's affirmative action policy.
- 4) Any form of sexual harassment, workplace violence, and inappropriate professional responsibility is prohibited.

Q. Code of Conduct Procedures:

- 1) All personnel, students, volunteers, and governing authority members, as part of the organization's orientation and onboarding process, will review the Code of Conduct, including the procedures for investigating and acting on alleged ethical or conduct violations.
- 2) All personnel will receive a copy of the Code of Conduct, sign a form acknowledging their review and full understanding of the code, and return the form to be filed in the individual's personnel file.
- 3) To ensure awareness of ethical practices, review and continued education will be conducted annually for personnel and other stakeholders.

R. Procedures for Investigating and Acting on Suspected or Alleged Ethical Violations:

- 1) When any consumer, family member, authorized representative, advocate or other person believes that an ethical violation has occurred within the operations of the facility, they may report such suspicion directly to any staff member or management.
- 2) When personnel believes a Code of Conduct violation has occurred they are obligated to report in one of the following ways:
 - a. Immediate notification of the alleged incident or violation utilizing organizational reporting mechanisms.
 - b. Immediate reporting to their supervisor, or Human Resources, if the suspected or alleged violation involves their supervisor.
- 3) Supervisors who have been informed of a suspected or alleged violation are required to immediately inform Human Resources (or designated staff member) of the suspected violation.
- 4) If the alleged violation involves a direct and immediate threat to the safety of persons served, personnel, or other visitor, staff are obligated to report the alleged

violation immediately to their supervisor and follow appropriate safety procedures, if necessary.

- 5) Personnel are required to report any alleged or suspected Code of Conduct violation that they have knowledge of. However, they are not required to investigate reported violations or follow up with results. That process will be completed by a designated staff member.
- 6) Once the alleged violation has been brought to the attention of the supervisor or reported through organization procedures, the person reporting the situation will no longer have a responsibility for being involved with the investigation other than providing additional information through a requested interview by the investigator.
- 7) Personnel must report each alleged or suspected violation of the Code of Conduct separately, should a violation that has been reported occur again.
- 8) When any suspected or alleged violation of the Code of Conduct is reported to a supervisor, Human Resources or the designated person will begin an investigation of the matter immediately. While investigating the complaint, the following issues should be considered and action taken depending on the situation:
 - a. Is any client or personnel in any harm or potential harm because of this behavior?
 - b. Does the complaint require immediate action to restrict personnel from contacting the client or other persons?
 - c. Does the complaint put Clarity Clinic in a potentially liable situation that needs legal consultation?
- 9) Code of Conduct investigations and timelines will follow the guidelines outlined in the Clarity Clinic Policies and Procedures.

S. General Ethical Guidelines and Considerations:

- 1) The Code of Conduct is shared with persons served during orientation and is posted throughout public areas in all owned, leased, or rented facilities.
- 2) Clarity Clinic believes in the importance of ethical practices within the organization. Any personnel who reports waste, fraud, abuse, or any other questionable practices will not be subject to reprisal by the management of the organization. To assure that reprisal is not used, the managing staff will serve as advocates for personnel who report questionable practices. Human Resources and The Chief Operational Officer (or designated person) will provide assurance and oversight that there are no adverse actions toward person reporting.

T. Media Relations Procedures:

1) All personnel will receive a copy of the organization's Media Policy (Employee Handbook) and sign a form acknowledging their review and full understanding of the policy and return the form to be filed in the individual's personnel file.

AAMFT Code of Ethics

The Board of Directors of the American Association for Marriage and Family Therapy (AAMFT) hereby promulgates, pursuant to Article 2, Section 2.01.3 of the Association's Bylaws, the Revised AAMFT Code of Ethics, effective January 1, 2015.

Honoring Public Trust

The AAMFT strives to honor the public trust in marriage and family therapists by setting standards for ethical practice as described in this Code. The ethical standards define professional expectations and are enforced by the AAMFT Ethics Committee.

Commitment to Service, Advocacy, and Public Participation

Marriage and family therapists are defined by an enduring dedication to professional and ethical excellence, as well as a commitment to service, advocacy, and public participation. The areas of service, advocacy, and public participation are recognized as responsibilities to the profession equal in importance to all other aspects. Marriage and

family therapists embody these aspirations by participating in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return. Additionally, marriage and family therapists are concerned with developing laws and regulations pertaining to marriage and family therapy that serve the public interest, and with altering such laws and regulations that are not in the public interest. Marriage and family therapists also encourage public participation in the design and delivery of professional services and in the regulation of practitioners. Professional competence in these areas is essential to the character of the field, and the well-being of clients and their communities.

Seeking Consultation

The absence of an explicit reference to a specific behavior or situation in the Code does not mean that the behavior is ethical or unethical. The standards are not exhaustive. Marriage and family therapists who are uncertain about the ethics of a particular course of action are encouraged to seek counsel from consultants, attorneys, supervisors, colleagues, or other appropriate authorities.

Ethical Decision-Making

Both law and ethics govern the practice of marriage and family therapy. When making decisions regarding professional behavior, marriage and family therapists must consider the AAMFT Code of Ethics and applicable laws and regulations. If the AAMFT Code of Ethics prescribes a standard higher than that required by law, marriage and family therapists must meet the higher standard of the AAMFT Code of Ethics. Marriage and family therapists comply with the

mandates of law, but make known their commitment to the AAMFT Code of Ethics and take steps to resolve the conflict in a responsible manner. The AAMFT supports legal mandates for reporting alleged unethical conduct.

Marriage and family therapists remain accountable to the AAMFT Code of Ethics when acting as members or employees of organizations. If the mandates of an organization with which a marriage and family therapist is affiliated, through employment, contract, or otherwise, conflict with the AAMFT Code of Ethics, marriage and family therapists make known to the organization their commitment to the AAMFT Code of Ethics and take reasonable steps to resolve the conflict in a way that allows the fullest adherence to the Code of Ethics.

Binding Expectations

The AAMFT Code of Ethics is binding on members of AAMFT in all membership

categories, all AAMFT Approved Supervisors, and all applicants for membership or the Approved Supervisor designation. AAMFT members have an obligation to be familiar with the AAMFT Code of Ethics and its application to their professional services. Lack of awareness or misunderstanding of an ethical standard is not a defense to a charge of unethical conduct.

Resolving Complaints

The process for filing, investigating, and resolving complaints of unethical conduct is described in the current AAMFT Procedures for Handling Ethical Matters. Persons accused are considered innocent by the Ethics Committee until proven guilty, except as otherwise provided, and are entitled to due process. If an AAMFT member resigns in anticipation of, or during the course of, an ethics investigation, the Ethics Committee will complete its investigation. Any publication of action taken by the Association will include the fact that the member attempted to resign during the investigation.

Aspirational Core Values

The following core values speak generally to the membership of AAMFT as a professional association, yet they also inform all the varieties of practice and service in which marriage and family therapists engage. These core values are aspirational in nature and are distinct from ethical standards. These values are intended to provide an aspirational framework within which marriage and family therapists may pursue the highest goals of the practice.

The core values of AAMFT embody:

1. Acceptance, appreciation, and inclusion of a diverse membership.
2. Distinctiveness and excellence in the training of marriage and family therapists and those desiring to advance their skills, knowledge, and expertise in systemic and relational therapies.
3. Responsiveness and excellence in service to members.
4. Diversity, equity, and excellence in clinical practice, research, education and administration.
5. Integrity is evidenced by a high threshold of ethical and honest behavior within Association governance and by members.
6. Innovation and the advancement of knowledge of systemic and relational therapies.

Ethical Standards

Ethical standards, by contrast, are rules of practice upon which the marriage and family therapist is obliged and judged. The introductory paragraph to each standard in the AAMFT Code of Ethics is an aspirational/explanatory orientation to the enforceable standards that follow.

STANDARD I RESPONSIBILITY TO CLIENTS

Marriage and family therapists advance the welfare of families and individuals and make reasonable efforts to find the appropriate balance between conflicting goals within the family system.

1.1 Non-Discrimination.

Marriage and family therapists provide professional assistance to persons without discrimination on the basis of race, age, ethnicity, socioeconomic status, disability, gender, health status, religion, national origin, sexual orientation, gender identity, or relationship status.

1.2 Informed Consent.

Marriage and family therapists obtain appropriate informed consent to therapy or related procedures and use language that is reasonably understandable to clients. When persons, due to age or mental status, are legally incapable of giving informed consent, marriage and family therapists obtain informed permission from a legally authorized person, if such substitute consent is legally permissible. The content of informed consent may vary depending upon the client and treatment plan; however, informed consent generally necessitates that the client: (a) has the capacity to consent; (b) has been adequately informed of significant information concerning treatment processes and procedures; (c) has been adequately informed of potential risks and benefits of treatments for which generally recognized standards do not yet exist; (d) has freely and without undue influence expressed consent; and (e) has provided consent that is appropriately documented.

1.3 Multiple Relationships.

Marriage and family therapists are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships with clients that could impair professional judgment or increase the risk of exploitation. Such relationships include, but are not limited to, business or close personal relationships with a client or the client's immediate family.

When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists document the appropriate precautions taken.

1.4 Sexual Intimacy with Current Clients and Others.

Sexual intimacy with current clients or with known members of the client's family system is prohibited.

1.5 Sexual Intimacy with Former Clients and Others.

Sexual intimacy with former clients or with known members of the client's family system is prohibited.

1.6 Reports of Unethical Conduct.

Marriage and family therapists comply with applicable laws regarding the reporting of alleged unethical conduct.

1.7 Abuse of the Therapeutic Relationship.

Marriage and family therapists do not abuse their power in therapeutic relationships.

1.8 Client Autonomy in Decision Making.

Marriage and family therapists respect the rights of clients to make decisions and help them to understand the consequences of these decisions. Therapists clearly advise clients that clients have the responsibility to make decisions regarding relationships such as cohabitation, marriage, divorce, separation, reconciliation, custody, and visitation.

1.9 Relationship Beneficial to Client.

Marriage and family therapists continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship.

1.10 Referrals.

Marriage and family therapists respectfully assist persons in obtaining appropriate therapeutic services if the therapist is unable or unwilling to provide professional help.

1.11 Non-Abandonment.

Marriage and family therapists do not abandon or neglect clients in treatment without

making reasonable arrangements for the continuation of treatment.

1.12 Written Consent to Record.

Marriage and family therapists obtain written informed consent from clients before recording any images or audio or permitting third-party observation.

1.13 Relationships with Third Parties.

Marriage and family therapists, upon agreeing to provide services to a person or entity at the request of a third party, clarify, to the extent feasible and at the outset of the service, the nature of the relationship with each party and the limits of confidentiality.

STANDARD II CONFIDENTIALITY

Marriage and family therapists have unique confidentiality concerns because the client in a therapeutic relationship may be more than one person. Therapists respect and guard the confidences of each individual client.

2.1 Disclosing Limits of Confidentiality.

Marriage and family therapists disclose to clients and other interested parties at the outset of services the nature of confidentiality and possible limitations of the clients' right to confidentiality. Therapists review with clients the circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. Circumstances may necessitate repeated disclosures.

2.2 Written Authorization to Release Client Information.

Marriage and family therapists do not disclose client confidences except by written authorization or waiver, or where mandated or permitted by law. Verbal authorization will not be sufficient except in emergency situations unless prohibited by law. When providing couple, family, or group treatment, the therapist does not disclose information outside the treatment context without written authorization from each individual competent to execute a waiver. In the context of couple, family, or group treatment, the therapist may not reveal any individual's confidences to others in the client unit without the prior written permission of that individual.

2.3 Client Access to Records.

Marriage and family therapists provide clients with reasonable access to records concerning the clients. When providing couple, family, or group treatment, the therapist

does not provide access to records without a written authorization from each individual competent to execute a waiver. Marriage and family therapists limit clients' access to their records only in exceptional circumstances when they are concerned, based on compelling evidence, that such access could cause serious harm to the client. The client's request and the rationale for withholding some or all of the records should be documented in the client's file. Marriage and family therapists take steps to protect the confidentiality of other individuals identified in client records.

2.4 Confidentiality in Non-Clinical Activities.

Marriage and family therapists use client and/or clinical materials in teaching, writing, consulting, research, and public presentations only if a written waiver has been obtained in accordance with Standard 2.2, or when appropriate steps have been taken to protect client identity and confidentiality.

2.5 Protection of Records.

Marriage and family therapists store, safeguard and dispose of client records in ways that maintain confidentiality and in accord with applicable laws and professional standards.

2.6 Preparation for Practice Changes.

In preparation for moving a practice, closing a practice, or death, marriage and family therapists arrange for the storage, transfer, or disposal of client records in conformance with applicable laws and in ways that maintain confidentiality and safeguard the welfare of clients.

2.7 Confidentiality in Consultations.

Marriage and family therapists, when consulting with colleagues or referral sources, do not share confidential information that could reasonably lead to the identification of a client, research participant, supervisee, or other person with whom they have a confidential relationship unless they have obtained the prior written consent of the client, research participant, supervisee, or other person with whom they have a confidential relationship. Information may be shared only to the extent necessary to achieve the purposes of the consultation.

STANDARD III

PROFESSIONAL COMPETENCE AND INTEGRITY

Marriage and family therapists maintain high standards of professional competence and integrity.

3.1 Maintenance of Competency.

Marriage and family therapists pursue knowledge of new developments and maintain their competence in marriage and family therapy through education, training, and/or supervised experience.

3.2 Knowledge of Regulatory Standards.

Marriage and family therapists pursue appropriate consultation and training to ensure adequate knowledge of and adherence to applicable laws, ethics, and professional standards.

3.3 Seek Assistance.

Marriage and family therapists seek appropriate professional assistance for issues that may impair work performance or clinical judgment.

3.4 Conflicts of Interest.

Marriage and family therapists do not provide services that create a conflict of interest that may impair work performance or clinical judgment.

3.5 Maintenance of Records.

Marriage and family therapists maintain accurate and adequate clinical and financial records in accordance with applicable law.

3.6 Development of New Skills.

While developing new skills in specialty areas, marriage and family therapists take steps to ensure the competence of their work and to protect clients from possible harm.

Marriage and family therapists practice in specialty areas new to them only after appropriate education, training, and/or supervised experience.

3.7 Harassment.

Marriage and family therapists do not engage in sexual or other forms of harassment of clients, students, trainees, supervisees, employees, colleagues, or research subjects.

3.8 Exploitation.

Marriage and family therapists do not engage in the exploitation of clients, students, trainees, supervisees, employees, colleagues, or research subjects.

3.9 Gifts.

Marriage and family therapists attend to cultural norms when considering whether to accept gifts from or give gifts to clients. Marriage and family therapists consider the potential effects that receiving or giving gifts may have on clients and the integrity and efficacy of the therapeutic relationship.

3.10 Scope of Competence.

Marriage and family therapists do not diagnose, treat, or advise on problems outside the recognized boundaries of their competencies.

3.11 Public Statements.

Marriage and family therapists, because of their ability to influence and alter the lives of others, exercise special care when making public their professional recommendations and opinions through testimony or other public statements.

3.12 Professional Misconduct.

Marriage and family therapists may be in violation of this Code and subject to termination of membership or other appropriate action if they: (a) are convicted of any felony; (b) are convicted of a misdemeanor related to their qualifications or functions; (c) engage in conduct which could lead to the conviction of a felony, or a misdemeanor related to their qualifications or functions; (d) are expelled from or disciplined by other professional organizations; (e) have their licenses or certificates suspended or revoked or are otherwise disciplined by regulatory bodies; (f) continues to practice marriage and family therapy while no longer competent to do so because they are impaired by physical or mental causes or the abuse of alcohol or other substances; or (g) fail to cooperate with the Association at any point from the inception of an ethical complaint through the completion of all proceedings regarding that complaint.

STANDARD IV

RESPONSIBILITY TO STUDENTS AND SUPERVISEES

Marriage and family therapists do not exploit the trust and dependency of students and supervisees.

4.1 Exploitation.

Marriage and family therapists who are in a supervisory role are aware of their influential positions with respect to students and supervisees, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships that could impair professional objectivity or increase the risk of exploitation. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists take appropriate precautions.

4.2 Therapy with Students or Supervisees.

Marriage and family therapists do not provide therapy to current students or supervisees.

4.3 Sexual Intimacy with Students or Supervisees.

Marriage and family therapists do not engage in sexual intimacy with students or supervisees during the evaluative or training relationship between the therapist and student or supervisee.

4.4 Oversight of Supervisee Competence.

Marriage and family therapists do not permit students or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience, and competence.

4.5 Oversight of Supervisee Professionalism.

Marriage and family therapists take reasonable measures to ensure that services provided by supervisees are professional.

4.6 Existing Relationship with Students or Supervisees

Marriage and family therapists are aware of their influential positions with respect to supervisees, and they avoid exploiting the trust and dependency of such persons. Supervisors, therefore, make every effort to avoid conditions and multiple relationships with supervisees that could impair professional judgment or increase the risk of exploitation. Examples of such relationships include, but are not limited to, business or close personal relationships with supervisees or the supervisee's immediate family. When the risk of impairment or exploitation exists due to conditions or multiple roles, supervisors document the appropriate precautions taken.

4.7 Confidentiality with Supervisees.

Marriage and family therapists do not disclose supervisee confidences except by written authorization or waiver, or when mandated or permitted by law. In educational or training settings where there are multiple supervisors, disclosures are permitted only to other professional colleagues, administrators, or employers who share responsibility for the training of the supervisee. Verbal authorization will not be sufficient except in emergency situations unless prohibited by law.

4.8 Payment for Supervision.

Marriage and family therapists providing clinical supervision shall not enter into financial arrangements with supervisees through deceptive or exploitative practices, nor shall marriage and family therapists providing clinical supervision exert undue influence over supervisees when establishing supervision fees. Marriage and family therapists shall also not engage in other exploitative practices of supervisees.

STANDARD V

RESEARCH AND PUBLICATION

Marriage and family therapists respect the dignity and protect the welfare of research participants, and are aware of applicable laws, regulations, and professional standards governing the conduct of research.

5.1 Institutional Approval.

When institutional approval is required, marriage and family therapists submit accurate information about their research proposals and obtain appropriate approval before conducting the research.

5. 2 Protection of Research Participants.

Marriage and family therapists are responsible for making careful examinations of ethical acceptability in planning research. To the extent that services to research participants may be compromised by participation in research, marriage and family therapists seek the ethical advice of qualified professionals not directly involved in the investigation and observe safeguards to protect the rights of research participants.

5. 3 Informed Consent to Research.

Marriage and family therapists inform participants about the purpose of the research,

expected length, and research procedures. They also inform participants of the aspects of the research that might reasonably be expected to influence willingness to participate such as potential risks, discomforts, or adverse effects. Marriage and family therapists are especially sensitive to the possibility of diminished consent when participants are also receiving clinical services, or have impairments that limit understanding and/or communication, or when participants are children. Marriage and family therapists inform participants about any potential research benefits, the limits of confidentiality, and whom to contact concerning questions about the research and their rights as research participants.

5.4 Right to Decline or Withdraw Participation.

Marriage and family therapists respect each participant's freedom to decline participation in or to withdraw from a research study at any time. This obligation requires special thought and consideration when investigators or other members of the research team are in positions of authority or influence over participants. Marriage and family therapists, therefore, make every effort to avoid multiple relationships with research participants that could impair professional judgment or increase the risk of exploitation. When offering inducements for research participation, marriage and family therapists make reasonable efforts to avoid offering inappropriate or excessive inducements when such inducements are likely to coerce participation.

5.5 Confidentiality of Research Data.

Information obtained about a research participant during the course of an investigation is confidential unless there is a waiver previously obtained in writing. When the possibility exists that others, including family members, may obtain access to such information, this possibility, together with the plan for protecting confidentiality, is explained as part of the procedure for obtaining informed consent.

5.6 Publication.

Marriage and family therapists do not fabricate research results. Marriage and family therapists disclose potential conflicts of interest and take authorship credit only for work they have performed or to which they have contributed. Publication credits accurately reflect the relative contributions of the individual involved.

5.7 Authorship of Student Work.

Marriage and family therapists do not accept or require authorship credit for a publication based on a student's research unless the marriage and family therapist made a substantial contribution beyond being a faculty advisor or research committee

member. Co-authorship on student research should be determined in accordance with principles of fairness and justice.

5.8 Plagiarism.

Marriage and family therapists who are the authors of books or other materials that are published or distributed do not plagiarize or fail to cite persons to whom credit for original ideas or work is due.

5.9 Accuracy in Publication.

Marriage and family therapists who are authors of books or other materials published or distributed by an organization take reasonable precautions to ensure that the published materials are accurate and factual.

STANDARD VI

TECHNOLOGY-ASSISTED PROFESSIONAL SERVICES

Therapy, supervision, and other professional services engaged in by marriage and family therapists take place over an increasing number of technological platforms. There are great benefits and responsibilities inherent in both the traditional therapeutic and supervision contexts, as well as in the utilization of technologically-assisted professional services. This standard addresses basic ethical requirements of offering therapy, supervision, and related professional services using electronic means.

6.1 Technology Assisted Services.

Prior to commencing therapy or supervision services through electronic means (including but not limited to phone and Internet), marriage and family therapists ensure that they are compliant with all relevant laws for the delivery of such services. Additionally, marriage and family therapists must: (a) determine that technologically-assisted services or supervision are appropriate for clients or supervisees, considering professional, intellectual, emotional, and physical needs; (b) inform clients or supervisees of the potential risks and benefits associated with technologically-assisted services; (c) ensure the security of their communication medium; and (d) only commence electronic therapy or supervision after appropriate education, training, or supervised experience using the relevant technology.

6.2 Consent to Treat or Supervise.

Clients and supervisees, whether contracting for services as individuals, dyads, families, or groups, must be made aware of the risks and responsibilities associated with technology-assisted services. Therapists are to advise clients and supervisees in writing of these risks, and of both the therapist's and clients'/supervisees' responsibilities for minimizing such risks.

6.3 Confidentiality and Professional Responsibilities.

It is the therapist's or supervisor's responsibility to choose technological platforms that adhere to standards of best practices related to confidentiality and quality of services, and that meet applicable laws. Clients and supervisees are to be made aware in writing of the limitations and protections offered by the therapist's or supervisor's technology.

6.4 Technology and Documentation.

Therapists and supervisors are to ensure that all documentation containing identifying or otherwise sensitive information which is electronically stored and/or transferred is done using technology that adheres to standards of best practices related to confidentiality and quality of services, and that meet applicable laws. Clients and supervisees are to be made aware in writing of the limitations and protections offered by the therapist's or supervisor's technology.

6.5 Location of Services and Practice.

Therapists and supervisors follow all applicable laws regarding the location of practice and services and do not use technologically-assisted means for practicing outside of their allowed jurisdictions.

6.6 Training and Use of Current Technology.

Marriage and family therapists ensure that they are well trained and competent in the use of all chosen technology-assisted professional services. Careful choices of audio, video, and other options are made to optimize the quality and security of services and to adhere to standards of best practices for technology-assisted services. Furthermore, such choices of technology are to be suitably advanced and current to best serve the professional needs of clients and supervisees.

STANDARD VII

PROFESSIONAL EVALUATIONS

Marriage and family therapists aspire to the highest of standards in providing testimony in various contexts within the legal system.

7.1 Performance of Forensic Services.

Marriage and family therapists may perform forensic services which may include interviews, consultations, evaluations, reports, and assessments both formal and informal, in keeping with applicable laws and competencies.

7.2 Testimony in Legal Proceedings

Marriage and family therapists who provide expert or fact witness testimony in legal proceedings avoid misleading judgments, base conclusions, and opinions on appropriate data, and avoid inaccuracies insofar as possible. When offering testimony, as marriage and family therapy experts, they shall strive to be accurate, objective, fair, and independent.

7.3 Competence.

Marriage and family therapists demonstrate competence via education and experience in providing testimony in legal systems.

7.4 Informed Consent.

Marriage and family therapists provide written notice and make reasonable efforts to obtain written consent of persons who are the subject(s) of evaluations and inform clients about the evaluation process, use of information and recommendations, financial arrangements, and the role of the therapist within the legal system.

7.5 Avoiding Conflicts.

Clear distinctions are made between therapy and evaluations. Marriage and family therapists avoid conflict in roles in legal proceedings wherever possible and disclose potential conflicts. As therapy begins, marriage and family therapists clarify roles and the extent of confidentiality when legal systems are involved.

7.6 Avoiding Dual Roles.

Marriage and family therapists avoid providing therapy to clients for whom the therapist has provided a forensic evaluation and avoid providing evaluations for those who are clients unless otherwise mandated by legal systems.

7.7 Separation of Custody Evaluation from Therapy.

Marriage and family therapists avoid conflicts of interest in treating minors or adults involved in custody or visitation actions by not performing evaluations for custody, residence, or visitation of the minor. Marriage and family therapists who treat minors may provide the court or mental health professional performing the evaluation with information about the minor from the marriage and family therapist's perspective as a treating marriage and family therapist, so long as the marriage and family therapist obtains appropriate consents to release information.

7.8 Professional Opinions.

Marriage and family therapists who provide forensic evaluations avoid offering professional opinions about persons they have not directly interviewed. Marriage and family therapists declare the limits of their competencies and information.

7.9 Changes in Service.

Clients are informed of changes in the role of provision of services of marriage and family therapy occurring and/or are mandated by a legal system.

7.10 Familiarity with Rules.

Marriage and family therapists who provide forensic evaluations are familiar with judicial and/or administrative rules prescribing their roles.

STANDARD VIII

FINANCIAL ARRANGEMENTS

Marriage and family therapists make financial arrangements with clients, third-party payors, and supervisees that are reasonably understandable and conform to accepted professional practices.

8.1 Financial Integrity.

Marriage and family therapists do not offer or accept kickbacks, rebates, bonuses, or other remuneration for referrals. Fee-for-service arrangements are not prohibited.

8.2 Disclosure of Financial Policies.

Before entering into the therapeutic or supervisory relationship, marriage and family

therapists clearly disclose and explain to clients and supervisees: (a) all financial arrangements and fees related to professional services, including charges for canceled or missed appointments; (b) the use of collection agencies or legal measures for nonpayment; and (c) the procedure for obtaining payment from the client to the extent allowed by law, if payment is denied by the third-party payor. Once services have begun, therapists provide reasonable notice of any changes in fees or other charges.

8.3 Notice of Payment Recovery Procedures.

Marriage and family therapists give reasonable notice to clients with unpaid balances of their intent to seek collection by agency or legal recourse. When such action is taken, therapists will not disclose clinical information.

8.4 Truthful Representation of Services.

Marriage and family therapists represent facts truthfully to clients, third-party payors, and supervisees regarding services rendered.

8.5 Bartering.

Marriage and family therapists ordinarily refrain from accepting goods and services from clients in return for services rendered. Bartering for professional services may be conducted only if: (a) the supervisee or client requests it; (b) the relationship is not exploitative; (c) the professional relationship is not distorted; and (d) a clear written contract is established.

8.6 Withholding Records for Non-Payment.

Marriage and family therapists may not withhold records under their immediate control that are requested and needed for a client's treatment solely because payment has not been received for past services, except as otherwise provided by law.

STANDARD IX ADVERTISING

Marriage and family therapists engage in appropriate informational activities, including those that enable the public, referral sources, or others to choose professional services on an informed basis.

9.1 Accurate Professional Representation.

Marriage and family therapists accurately represent their competencies, education, training, and experience relevant to their practice of marriage and family therapy in

accordance with applicable law.

9.2 Promotional Materials.

Marriage and family therapists ensure that advertisements and publications in any media are true, accurate, and in accordance with applicable law.

9.3 Professional Affiliations.

Marriage and family therapists do not hold themselves out as being partners or associates of a firm if they are not.

9.4 Professional Identification.

Marriage and family therapists do not use any professional identification (such as a business card, office sign, letterhead, Internet, or telephone or association directory listing) if it includes a statement or claim that is false, fraudulent, misleading, or deceptive.

9.5 Educational Credentials.

Marriage and family therapists claim degrees for their clinical services only if those degrees demonstrate training and education in marriage and family therapy or related fields.

9.6 Employee or Supervisee Qualifications.

Marriage and family therapists make certain that the qualifications of their employees and supervisees are represented in a manner that is true, accurate, and in accordance with applicable law.

9.7 Specialization.

Marriage and family therapists represent themselves as providing specialized services only after taking reasonable steps to ensure the competence of their work and to protect clients, supervisees, and others from harm.

9.8 Correction of Misinformation.

Marriage and family therapists correct, wherever possible, false, misleading, or inaccurate information and representations made by others concerning the therapist's qualifications, services, or products.

How to File Complaint

If you are seeing a therapist and you feel that the person is acting unethically, you may be able to file a complaint against that person with the American Association for Marriage and Family Therapy. The first step is to verify if the therapist is a member of AAMFT. You can do this by calling our main number (703-838-9808) and asking the receptionist or by speaking with someone in the Ethics Department.

Ethical Complaint Process

Marriage and family therapists are professionals who strive to provide the best services for their clients. Therapists are also human beings and on occasion tend to make unfortunate mistakes when rendering these services. The point at which the client perceives that they have been injured by the professional is when they may seek justice from an outside source, such as the courts or a licensing board and/or professional organization. This article will explain how an ethics complaint is processed by the American Association for Marriage and Family Therapy (AAMFT).

American Association for Marriage and Family Therapy

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http://www.aamft.org/iMIS15/AAMFT/Content/Legal_Ethics/Code_of_Ethics.aspx