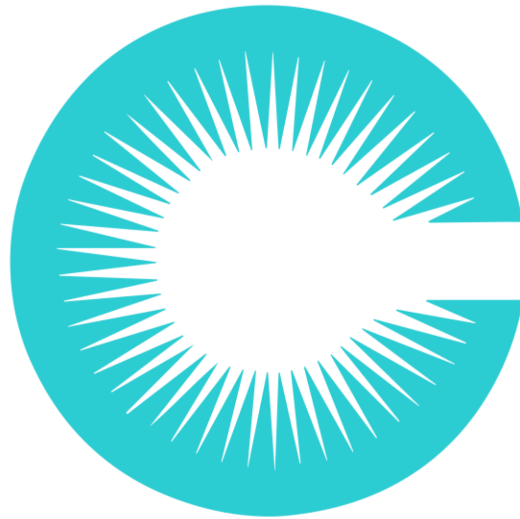

Clarity Clinic

Department of Psychological Services

Master's Level Clinical Training Manual

WELCOME!

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 Master's Level Clinical Training Manual is meant to serve as a supplement to the materials provided to you during New Employee Orientation and Onboarding which includes specific trainings for therapy 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 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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AAMFT Code of Ethics

ACA Code of Ethics

APA Code of Ethics

NASW Code of Ethics

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. Clarity Clinic updates our safety precautions to follow all required guidelines. Safety precautions may change depending on the local infection rate and hospitalization utilization.

Physical distancing continues to be 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 clinic guidelines, we will offer telemedicine 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, adolescent, and adult therapy, as well as specializations in 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, doctoral level student internships; practicum placement in psychological testing and advanced therapy; and post-doctoral opportunities.

The Clarity Clinic Training Program provides the knowledge and skills necessary for diagnosis, assessment, and interventions with a variety of clients in a diverse outpatient clinical setting. Clinical interns participate in training and have the opportunity to provide individual and group therapy, family therapy, 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 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 clinician.

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 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 for the quality of our individual 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 challengers, 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!

Organization Goals

Person – Centered Care: Recognize and define quality of care and patient centricity as the primary elements of the patient experience.

Employee Engagement: Maintain alignment across the organization. Actively help our team to develop and grow professional and personally

Balance of Purpose & Profit: Guides our triple bottom line approach people, purpose and profit. Our purpose guides decision making. People are the heart of our business. Profit allows us to make a difference in the here and now and tomorrow.

Locations

There are five locations across the Chicagoland area with plans for future expansion. Within each location there 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.

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

Evanston
501 Davis St, Evanston, IL
P: (312) 815-9660
F: (312) 235-1999

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

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

Administrative Staff

Administrative Staff
Founder and Chief Executive Officer: Pavan Prasad, MD
Co-Owner of Arlington Heights clinic and Psychiatrist: Sankrant Reddy MD
Chief Operating Officer: Joleen Simonetti
Sr Director of Psychological Services: Dr. Stacy Lott, PsyD
Director of Finance: Matt Shine
Director of Operations: Diego Lopez
HR Sr Manager: Slawomir Klus

Therapy Department:
Clinical Director, Psychological Testing and Training: Dr. Casey Noreika, PsyD (Loop)
Clinical Director, River North: Dr. Joel Muller, PhD
Clinical Director, Loop: Lovea Smith, LCPC
Clinical Director, Lakeview: Elizabeth "Liz" Black, LCPC
Clinical Director, Arlington Heights: Dr. Kailyn Bobb, PsyD
Clinical Director, Mokena: Carolyn Klinkert, LCPC
Clinical Director, Evanston: Sam Budyszewick, LCPC

Billing & Reimbursement:
Vice President of Billing & Reimbursement: Lisa Alvarado (Oakbrook)

Website Content and Marketing/Outreach:
Digital Marketing Manager: Ruby Maskey
Director of Outreach: Tara Javidan, LCPC

CC Clinical Supervisors:
Sloan Kodroff, LCPC - Arlington Heights
Virginia "Ginny" Harren, LCPC - Arlington Heights
Jason Reynolds, PsyD- Arlington Heights
Michelle Augoustatos, LCSW- Arlington Heights
Jaime Jaucian, LCPC – Arlington Heights
Dane Davlantis, LCSW- Evanston
Randi Schulman, LCSW - Evanston
Reggie Pacheco, PsyD- Loop/Testing
Jodi Randle, LCPC- Loop
Jill Perry, LCPC- Loop
Madison Barnes, LCSW – Loop
Victoria Nieman, LCPC – Loop
Lizzie Ausland, LCPC - Loop
Sydney Lawings, LCSW- Loop
Katerina Fager, LCPC- Lakeview
Sean Saltzberg, LCSW- Lakeview
Loren Green, LCSW- Lakeview
Leslie Wolf, LCPC- Lakeview
Miriam Mixon, LCSW- Lakeview
Elizabeth "Liz" Hand, LCSW- Lakeview

Angelina Rotar, LCPC- Mokena
Jessica Baran, LCPC- Mokena
Jessica Masbaum, LCSW-River North
Sarah Anker, LCSW-River North
Antonina “Nina” Lunetta, LCPC- River North

Practice Managers
Susan Lewis- Arlington Heights
Ellyn Jung- Evanston/Mokena
Simone Oliverio- Loop/Call Center
Mark Jasper- Lakeview
Shawana Ali- River North

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: Kailyn Bobb, PsyD- Arlington Heights location

Practicum students work within an interdisciplinary team and have the ability to engage in individual, family, group, and multi-family therapy sessions and psycho- educational training. They are supported and work 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, counseling, and social work:

1.Professionalism

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

2. Individual and Cultural Diversity

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

3. Ethical Legal Standards & Policy

Therapy interns/practicum students will demonstrate knowledge and application of the Social Workers, ACA, 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 interns/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 interns/practicum students will develop and apply their knowledge of evidenced based practice, including empirical bases of interventions (DBT, ACT, CBT, etc.)

6. Intervention

Therapy interns/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 interns/practicum students will demonstrate awareness of multiple and differing worldviews, roles, professional standards, and contributions across roles in the healthcare system. Therapy interns/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 interns/practicum students will demonstrate reflectivity both during and after professional activities, act upon reflection, and use the self as a reflective tool. Therapy interns/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.

Requirements for Application into the Master's Level Clinical Training Program

- Cover Letter
- CV
- 3 Letters of Recommendations
- Transcript – diagnostics & clinical interviewing skills must be taken prior to internship
- Please specify if you have a preference for site location

Email Application Materials to masterstrainingprogram@claritychi.com

Training Objectives

1. Conduct comprehensive clinical interviews, including establishing rapport, history taking, behavioral observations, and Mental Status Examinations to determine individual's immediate needs and make appropriate treatment recommendations

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

    a. Consult with psychiatrists and therapists

3. Become familiar and effectively utilize evidence-based treatment modalities with clients

Learning Activities and Resources

1. Participate in patient-centered, inpatient interdisciplinary case conferences

2. Learn and become efficient in charting, documentation, and supervision notes.

3. Conduct individual, group, and family treatment sessions from a Recovery and Medical Model perspective and complying with Legal/Ethical/Clinic standards.

4. 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

5. Develop appropriate treatment recommendations and share 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 trainees' school. Interns will be evaluated a minimum of two times per training year.

Competency Evaluation

Therapy interns/practicum students are assessed for competency triennially. Each therapy intern/ 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/internship year. In this meeting, supervisors rate the therapy interns/ practicum students on each of the benchmarks set forth in the goals of practicum/internship on a 5-point Likert scale (1=not at all meeting competency description, 5= very much meeting competency description). Therapy interns/ 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 interns/ practicum student must not receive any competency rated a value of 1 (not at all competent). The therapy interns/ practicum student must not receive more than five total competencies rated a value of 2 (somewhat competent). The therapy interns/ practicum student 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 interns/ 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 interns/ practicum student must not receive any competency rated a value of 1 (not at all competent). The therapy interns/ practicum student must not receive more than five total competencies rated a value of 2 (somewhat competent). The therapy interns/ practicum student 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 interns/ 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 interns/ practicum student must not receive any competency rated a value of 1 (not at all competent). The therapy interns/ practicum student must not receive more than five total competencies rated a value of 2 (somewhat competent). The therapy interns/ practicum student 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 interns/ 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 interns/ practicum student's progress in the training program a minimum of two times a year.

Description of Plan and Sequence of Direct Training Experiences

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

Along with weekly individual supervision from licensed providers, the therapy extern/ practicum student will also be shadowed for group, individual, and family sessions by their primary supervisors. Eventually the therapy extern/ practicum student is able to 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 interns/ practicum students take on their goal number of cases, they will be challenged with case presentations they have not previously worked with so as to challenge their clinical skills.

Therapy interns/ practicum students have the ability to do individual, family, group, multi-family group, psycho-educational trainings, 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 interns 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 interns 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 Sr Director of Psychological Services, as well as their site-specific Clinical Directors 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 interns/ 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 trainings for the students 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

interns/ practicum students' activities
- To assure each therapy interns/ practicum student can 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 interns/ practicum students if disciplinary actions are necessary.

While the primary and secondary supervisors provide all formal supervision, therapy interns/ 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 supervisee's progress, provide direct feedback concerning supervisee's professional development and clinical abilities in a constructive manner, and being a professional role model for upholding and being in accordance with 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 individual supervisor
- Group: Scheduled with group supervisor and fellow practicum students
- Didactic: Monthly and scheduled with 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 in order 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 Sr

Director of Psychological Services, immediately.

Training Opportunities

Clarity Clinic has a strong commitment to continuing education. Trainings are provided in specialty areas throughout each month and therapy interns/ 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 interns/ 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.

Scheduling/Tracking Hours

Therapy interns/ 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 interns/ practicum students will receive a minimum 8-10 direct patient hours per week. All therapy interns/ 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 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 trainings 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 Intern/Practicum Year

- The graduate program attended by the applicant is required to have an Active Affiliating Agreement with Clarity Clinic.
- 2 Day Onboarding (Monday and Tuesday of 1st week 9 AM-4 PM)
- New Hire Didactic
    - Daily beginning day 3 of onboarding
    - Wed-Fri 1st week
    - Mon-Fri 2nd week
- Weekly individual supervision
- Monthly site-specific group supervision
- Monthly site-specific organizational training
- Monthly Master's Interns Group Supervision
    - 3rd Thursday of the month from 12pm-1pm
- Monthly Training Program
    - Last Thursday of each month 9am-1pm
- 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.
- Applicants must obtain NPI prior to starting internship

- Therapy practicum students are required to complete a “passion project” during their training year to leave as a legacy upon completion of their training year.

Due Process Policy

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

To ensure that therapy interns/ practicum students are informed of these principles, and the protocols for recourse if problems arise, the *Due Process Procedure (outlined later in this manual)* is discussed at the time of interviews and reiterated during the orientation process. During the initial weeks of orientation, therapy interns/ practicum students receive copies of the program’s *Due Process Procedure,* and this policy is reviewed with their Primary Supervisor, accordingly. Therapy interns/ 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 Sr Director of Psychological Services, 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 in the event that problematic behavior is identified in a trainee.

Grievance Policy

The *Grievance Policy* (outlined later in this manual) is also discussed with therapy interns/ practicum students at the time of the interview and reiterated during the orientation process. The therapy interns/ 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.

Clarity Clinic Call Off Policy

The call-off policy applies to unexpected times off such as illness or emergencies. Any vacation or similar requested time off should be submitted through Paycom and approved by your supervisor.

Clarity Clinic's policy regarding calling off a scheduled shift is as follows:

To help Clarity Clinic, mitigate the impact of employees being unable to work a scheduled shift we ask that you make the Clinic aware of your pending absence as soon as possible. The preferred method for making the Clinic aware you will not be able to work a scheduled shift is an email sent to: Calloff@claritychi.com and cc your immediate supervisor and director.

This email will be received by HR, all Office Managers, Director of Operations, the Call Center, all Front Desks. Please make sure you note in your email which day/days and times you will not be present for your scheduled shift. Please cc your director and immediate supervisor.

If for some reason you are unable to send an email, please call the clinic where your scheduled shift was to be and leave a message informing us of the shift or shifts you will be unable to work. Please note that although calling off by phone is acceptable if you are unable to email, our policy requests that email be the first method of notification when possible. If you are unable to call off through email for any reason, please be ready to explain your inability to do so upon returning to work.

If for some reason you are unable to email, call, or find another way to make the Clinic aware you will not be working a scheduled shift, we will expect a valid explanation for why you were unable to do so upon your return. Lack of a valid explanation for not following policy may result in discipline up to and including termination.

NOTE:
When therapists are ill, the front desk/call center can assist with **cancelling** patients for the day the therapist is sick; however, the front desk/ call center typically will **NOT** reschedule therapist's appointments as they would not know when to reschedule the patient.

The more information you can provide the operations team when cancelling appointments, the better for patient care.

Example: "Please cancel my appointments for 11/23/21. Please let the patients know that I will call to reschedule their appointments for Wednesday, 11/24/21 through Friday, 11/26/21. If they prefer to reschedule while on the phone with you, I do have the following appointment times available for follow-up visits. 11/24/21 11 AM and 1 PM; 11/25/21 at 5 PM; and 11/26/21 at 10 AM, 12 PM, 1 PM and 4 PM.

Please inform the patients (who all have recurring appointments) that if the above times do not work for them, I can just see them next week at our usual time. Please let me know what each patient prefers as you cancel appointments, and I will follow up as needed. Thank you for your time and help with this!"
Ultimately... Therapists are responsible for contacting their own appointments to reschedule as they control their own scheduling email.

Holidays

The Clinic observes the following holidays each year:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

The holiday schedule may change from year to year. Regular full-time employees of the Clinic will be paid for office closures in observance of these holidays. Unless pre-approved, employees may not use PTO immediately before or after a holiday. Employees who are not scheduled to work on a designated holiday may be provided an extra day of PTO to be used as a floating holiday. Employees who call off or have an unexcused absence from work the last scheduled day before or after a holiday will not be eligible for pay for the holiday. If an employee has an approved PTO day immediately before, or after the holiday, the employee must work the full scheduled hours on the days bracketing approved PTO and holiday period or they will not be eligible for pay for the holiday.

Paid Time Off (PTO)/Unpaid Time Off (UTO)

The Clinic recognizes the health and personal well-being importance of occasional time away from the office. Interns are not provided Paid Time Off (PTO), but they are offered Unpaid Time Off (UTO). To the extent an intern can reasonably request UTO in advance, interns must provide the Clinic with at least one month written notice of any planned UTO. Requests of UTO in excess of 5 days should be submitted thirty (30) days in advance. When scheduling UTO, interns should take into consideration their workload, appointments, and planned time off previously scheduled by other employees. Interns must reschedule all patient appointments prior to using UTO. It is of the utmost importance to the Clinic for employees to find balance in their lives. With that said, when you do take UTO, you must prepare and make every arrangement for your essential duties to be covered during your time off.

Sick Leave

Master's Level Clinical Interns are not provided paid sick time but can take Unpaid Time Off if necessary. Unpaid Time Off can be used for any purpose that the intern considers health related. It is the intern's responsibility to notify their supervisor when they are taking time off. When new patients' appointments are missed for Psychiatry and Therapy Teams patients must be rescheduled within 5 business days.

The Clinic encourages employees to use Sick Leave for the following purposes:
• The employee is ill or injured, or for the purpose of receiving professional care, including preventive care, diagnosis, or treatment, for medical, mental, or behavioral issues, including substance use disorders.
• A member of the covered employee's family is ill, injured, or ordered to quarantine, or to care for a family member receiving professional care, including preventive care, diagnosis, or treatment, for medical, mental, or behavioral issues, including substance use disorders.
• The employee, or a member of the covered employee's family, is the victim of domestic violence, or a sex offense, or trafficking in persons.
• The covered employee's place of business is closed by order of a public official due to a public health emergency, or the covered employee needs to care for a family member whose school, class, or place of care has been closed.

Clarity Clinic Clinical Training Program's 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 in order 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 in order to afford the intern with a reasonable opportunity to remediate problems and to receive support and assistance. Interns have rights 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 Psychological Services Policies and Procedures manuals, 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 impact 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 impact 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 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 formal review and subsequent informal action, formal remediation, or termination from internship include a number of 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 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 or ACA or NASW etc. 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 Sr Director of Psychological Services, 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 Sr Director of Psychological Services, (or the designee of the Director of Training or Sr Director of Psychological Services,) 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 if 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.

Acknowledgement and no further action

Acknowledgment and no further action occurs when the Director of Training, Clarity Clinic Sr Director of Psychological Services, 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 Sr Director of Psychological Services, , 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 acknowledgement 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 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 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 Sr Director of Psychological Services, for approval. If the Sr Director of Psychological Services, agrees with the plan, it will be implemented, otherwise, it will be revised until accepted by the Sr Director of Psychological Services. A formal remediation plan will include communication to the graduate program, one or more specific time periods for 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 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. The intern will need to complete the normal procedures for ending internship including completion of all patient documentation. The evaluation decision will be forwarded to the Sr Director of Psychological Services for approval. If the Sr Director of Psychological Services, approves, it will be implemented. If the Sr Director of Psychological Services does not approve, the Sr Director of Psychological Services 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 Sr Director of Psychological Services, 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 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 Sr Director of Psychological Services 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

If 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 Sr Director of Psychological Services 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 Sr Director of Psychological Services, during this ten-day period.

2. The Sr Director of Psychological Services, will convene a formal review panel, consisting of the Sr Director of Psychological Services, 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 Sr Director of Psychological Services, if necessary. In the event of a conflict of interest, the Director of Training or the Clarity Clinic Sr Director of Psychological Services, 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 Sr Director of Psychological Services, then that appeal is reviewed again by the Sr Director of Psychological Services. The Sr Director of Psychological Services 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 Sr Director of Psychological Services is final.

Informal grievance procedures

A grievance is 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 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 Sr Director of Psychological Services 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 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 Sr Director of Psychological Services 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 in order 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 Sr Director of Psychological Services 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 in order 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 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 Sr Director of Psychological Services (based on department).

Procedure for Ethical Violations:

1. Ethics violations should be reported in writing immediately to **Human Resources** and the Director of Operations, Sr Director of Psychological Services 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 set forth 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, their 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 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 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 item's 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: 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 business practices that are questionable 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 operations for field.

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 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 prior to any clinical interventions.

4) Clarity Clinic recognizes the right of consumers to make choices about their own 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 with respect to 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 compliancy 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 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 is 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. <u>Government Investigation:</u>

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 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. <u>Prevention of Improper Referrals or Payments</u>:

1) Personnel will not **accept**, for themselves or for the organization, anything of value in exchange for referrals of business or the referral of consumers.

2) Personnel will not **offer**, for themselves or for 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 are documented.

5) Development or 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 interests.

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 for one's own 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. <u>External Relations</u>:

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 organizations 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 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. <u>Workforce Development and Management</u>:

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 are 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 believe 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 to 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 violation 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 personnel 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 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. <u>General Ethical Guidelines and Considerations</u>:

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 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. <u>Media Relations Procedures</u>:

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.

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: https://www.apa.org/ethics/code. 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)

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 the 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 to 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 of 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 practice.

The core values of AAMFT embody:

1. Acceptance, appreciation, and inclusion of a diverse membership.
2. Distinctiveness and excellence in 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 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 a 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 client's 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 record 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 on 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 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) continue 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 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 prior to 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 which 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 from 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. These standards 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 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.

6.5 Location of Services and Practice.

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

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 in order to optimize 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 so as 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 consents 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 if changes in the role of provision of services of marriage and family therapy occur 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.

Prior to 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

112 South Alfred Street Alexandria, VA 22314-3061 Phone: (703) 838-9808 | Fax: (703) 838-9805

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

ACA Code of Ethics

Preamble

The American Counseling Association (ACA) is an educational, scientific, and professional organization whose members work in a variety of settings and serve in multiple capacities. Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals. Professional values are an important way of living out an ethical commitment. The following are core professional values of the counseling profession: 1. enhancing human development

throughout the life span; 2. honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts; 3. promoting social justice; 4. safeguarding the integrity of the counselor–client relationship; and 5. practicing in a competent and ethical manner.

Introduction

Counselors facilitate client growth and development in ways that foster the interest and welfare of clients and promote formation of healthy relationships. Trust is the cornerstone of the counseling relationship, and counselors have the responsibility to respect and safeguard the client's right to privacy and confidentiality. Counselors actively attempt to understand the diverse cultural backgrounds of the clients they serve. Counselors also explore their own cultural identities and how these affect their values and beliefs about the counseling process. Additionally, counselors are encouraged to contribute to society by devoting a portion of their professional activities for little or no financial return (pro bono Publico).

Section A The Counseling Relationship

A.1. Client Welfare

A.1.a. Primary Responsibility

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

A.1.b. Records and Documentation

Counselors create, safeguard, and maintain documentation necessary for rendering professional services. Regardless of the medium, counselors include sufficient and timely documentation to facilitate the delivery and continuity of services. Counselors take reasonable steps to ensure that documentation accurately reflects client progress and services provided. If amendments are made to records and documentation, counselors take steps to properly note the amendments according to agency or institutional policies.

A.1.c. Counseling Plans

Counselors and their clients work jointly in devising counseling plans that offer reasonable promise of success and are consistent with the abilities, temperament, developmental level, and circumstances of clients. Counselors and clients regularly review and revise counseling plans to assess their continued viability and effectiveness, respecting clients' freedom of choice.

A.1.d. Support Network Involvement

Counselors recognize that support networks hold various meanings in the lives of clients and consider enlisting the support, understanding, and involvement of others (e.g., religious/spiritual/community leaders, family members, friends) as positive resources, when appropriate, with client consent.

A.2. Informed Consent in the Counseling Relationship

A.2.a. Informed Consent

Clients have the freedom to choose whether to enter into or remain in a counseling relationship and need adequate information about the counseling process and the counselor. Counselors have an obligation to review in writing and verbally with clients the rights and responsibilities of both counselors and clients. Informed consent is an ongoing part of the counseling process, and counselors appropriately document discussions of informed consent throughout the counseling relationship.

A.2.b. Types of Information Needed

Counselors explicitly explain to clients the nature of all services provided. They inform clients about issues such as, but not limited to, the following: the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services; the counselor's qualifications, credentials, relevant experience, and approach to counseling; continuation of services upon the incapacitation or death of the counselor; the role of technology; and other pertinent information. Counselors take steps to ensure that clients understand the implications of diagnosis and the intended use of tests and reports. Additionally, counselors inform clients about fees and billing arrangements, including procedures for nonpayment of fees. Clients have the right to confidentiality and to be provided with an explanation of its limits

(including how supervisors and/or treatment or interdisciplinary team professionals are involved), to obtain clear information about their records, to participate in the ongoing counseling plans, and to refuse any services or modality changes and to be advised of the consequences of such refusal.

A.2.c. Developmental and Cultural Sensitivity

Counselors communicate information in ways that are both developmentally and culturally appropriate. Counselors use clear and understandable language when discussing issues related to informed consent. When clients have difficulty understanding the language that counselors use, counselors provide necessary services (e.g., arranging for a qualified interpreter or translator) to ensure comprehension by clients. In collaboration with clients, counselors consider cultural implications of informed consent procedures and, where possible, counselors adjust their practices accordingly.

A.2.d. Inability to Give Consent

When counseling minors, incapacitated adults, or other persons unable to give voluntary consent, counselors seek the assent of clients to services and include them in decision making as appropriate. Counselors recognize the need to balance the ethical rights of clients to make choices, their capacity to give consent or assent to receive services, and parental or familial legal rights and responsibilities to protect these clients and make decisions on their behalf.

A.2.e. Mandated Clients

Counselors discuss the required limitations to confidentiality when working with clients who have been mandated for counseling services. Counselors also explain what type of information and with whom that information is shared prior to the beginning of counseling. The client may choose to refuse services. In this case, counselors will, to the best of their ability, discuss with the client the potential consequences of refusing counseling services.

A.3. Clients Served by Others

When counselors learn that their clients are in a professional relationship with other mental health professionals, they request release from clients to inform the other

professionals and strive to establish positive and collaborative professional relationships.

A.4. Avoiding Harm and Imposing Values

A.4.a. Avoiding Harm

Counselors act to avoid harming their clients, trainees, and research participants and to minimize or to remedy unavoidable or unanticipated harm.

A.4.b. Personal Values

Counselors are aware of—and avoid imposing—their own values, attitudes, beliefs, and behaviors. Counselors respect the diversity of clients, trainees, and research participants and seek training in areas in which they are at risk of imposing their values onto clients, especially when the counselor's values are inconsistent with the client's goals or are discriminatory in nature.

A.5. Prohibited Noncounseling Roles and Relationships

A.5.a. Sexual and/or Romantic Relationships Prohibited Sexual and/or romantic

counselor– client interactions or relationships with current clients, their romantic partners, or their family members are prohibited. This prohibition applies to both in person and electronic interactions or relationships.

A.5.b. Previous Sexual and/or Romantic Relationships

Counselors are prohibited from engaging in counseling relationships with persons with whom they have had a previous sexual and/or romantic relationship.

A.5.c. Sexual and/or Romantic Relationships With Former Clients Sexual and/or romantic

counselor– client interactions or relationships with former clients, their romantic partners, or their family members are prohibited for a period of 5 years following the last professional contact. This prohibition applies to both in-person and electronic interactions or relationships. Counselors, before

engaging in sexual and/or romantic interactions or relationships with former clients, their romantic partners, or their family members, demonstrate forethought and document (in written form) whether the interaction or relationship can be viewed as exploitive in any way and/or whether there is still potential to harm the former client; in cases of potential exploitation and/or harm, the counselor avoids entering into such an interaction or relationship.

A.5.d. Friends or Family Members

Counselors are prohibited from engaging in counseling relationships with friends or family members with whom they have an inability to remain objective.

A.5.e. Personal Virtual Relationships With Current Clients

Counselors are prohibited from engaging in a personal virtual relationship with individuals with whom they have a current counseling relationship (e.g., through social and other media).

A.6. Managing and Maintaining Boundaries and Professional Relationships

A.6.a. Previous Relationships

Counselors consider the risks and benefits of accepting as clients those with whom they have had a previous relationship. These potential clients may include individuals with whom the counselor has had a casual, distant, or past relationship. Examples include mutual or past membership in a professional association, organization, or community. When counselors accept these clients, they take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired, and no exploitation occurs.

A.6.b. Extending Counseling Boundaries

Counselors consider the risks and benefits of extending current counseling relationships beyond conventional parameters. Examples include attending a client's formal ceremony (e.g., a wedding/commitment ceremony or graduation), purchasing a service or product provided by a client (excepting unrestricted bartering), and visiting a client's ill family member in the

hospital. In extending these boundaries, counselors take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired, and no harm occurs.

A.6.c. Documenting Boundary Extensions

If counselors extend boundaries as described in A.6.a. and A.6.b., they must officially document, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the client or former client and other individuals significantly involved with the client or former client. When unintentional harm occurs to the client or former client, or to an individual significantly involved with the client or former client, the counselor must show evidence of an attempt to remedy such harm.

A.6.d. Role Changes in the Professional Relationship

When counselors change a role from the original or most recent contracted relationship, they obtain informed consent from the client and explain the client's right to refuse services related to the change. Examples of role changes include but are not limited to 1. changing from individual to relationship or family counseling, or vice versa; 2. changing from an evaluative role to a therapeutic role, or vice versa; and 3. changing from a counselor to a mediator role, or vice versa. Clients must be fully informed of any anticipated consequences (e.g., financial, legal, personal, therapeutic) of counselor role changes.

A.6.e. Nonprofessional Interactions or Relationships (Other Than Sexual or Romantic Interactions or Relationships)

Counselors avoid entering into nonprofessional relationships with former clients, their romantic partners, or their family members when the interaction is potentially harmful to the client. This applies to both in-person and electronic interactions or relationships.

A.7. Roles and Relationships at Individual, Group, Institutional, and Societal Levels

A.7.a. Advocacy

When appropriate, counselors advocate at individual, group, institutional, and societal levels to address potential barriers and obstacles that inhibit access and/or the growth and development of clients.

A.7.b. Confidentiality and Advocacy

Counselors obtain client consent prior to engaging in advocacy efforts on behalf of an identifiable client to improve the provision of services and to work toward removal of systemic barriers or obstacles that inhibit client access, growth, and development.

A.8. Multiple Clients

When a counselor agrees to provide counseling services to two or more persons who have a relationship, the counselor clarifies at the outset which person or persons are clients and the nature of the relationships the counselor will have with each involved person. If it becomes apparent that the counselor may be called upon to perform potentially conflicting roles, the counselor will clarify, adjust, or withdraw from roles appropriately.

A.9. Group Work

A.9.a. Screening

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

A.9.b. Protecting Clients In a group setting,

counselors take reasonable precautions to protect clients from physical, emotional, or psychological trauma.

A.10. Fees and Business Practices

A.10.a. Self-Referral

Counselors working in an organization (e.g., school, agency, institution) that provides counseling services do not refer clients to their private practice unless the policies of a particular organization make explicit provisions for self-referrals. In such instances, the clients must be informed of other options open to them should they seek private counseling services.

A.10.b. Unacceptable Business Practices

Counselors do not participate in fee splitting, nor do they give or receive commissions, rebates, or any other form of remuneration when referring clients for professional services.

A.10.c. Establishing Fees In establishing fees for professional counseling services,

counselors consider the financial status of clients and locality. If a counselor's usual fees create undue hardship for the client, the counselor may adjust fees, when legally permissible, or assist the client in locating comparable, affordable services.

A.10.d. Nonpayment of Fees

If counselors intend to use collection agencies or take legal measures to collect fees from clients who do not pay for services as agreed upon, they include such information in their informed consent documents and also inform clients in a timely fashion of intended actions and offer clients the opportunity to make payment.

A.10.e. Bartering

Counselors may barter only if the bartering does not result in exploitation or harm, if the client requests it, and if such arrangements are an accepted practice among professionals in the community. Counselors consider the cultural implications of bartering and discuss relevant concerns with clients and document such agreements in a clear written contract.

A.10.f. Receiving Gifts

Counselors understand the challenges of accepting gifts from clients and recognize that in some cultures, small gifts are a token of respect and gratitude. When determining whether to accept a gift from clients,

counselors take into account the therapeutic relationship, the monetary value of the gift, the client's motivation for giving the gift, and the counselor's motivation for wanting to accept or decline the gift.

A.11. Termination and Referral

A.11.a. Competence Within Termination and Referral

If counselors lack the competence to be of professional assistance to clients, they avoid entering or continuing counseling relationships. Counselors are knowledgeable about culturally and clinically appropriate referral resources and suggest these alternatives. If clients decline the suggested referrals, counselors discontinue the relationship.

A.11.b. Values Within Termination and Referral

Counselors refrain from referring prospective and current clients based solely on the counselor's personally held values, attitudes, beliefs, and behaviors. Counselors respect the diversity of clients and seek training in areas in which they are at risk of imposing their values onto clients, especially when the counselor's values are inconsistent with the client's goals or are discriminatory in nature.

A.11.c. Appropriate Termination

Counselors terminate a counseling relationship when it becomes reasonably apparent that the client no longer needs assistance, is not likely to benefit, or is being harmed by continued counseling. Counselors may terminate counseling when in jeopardy of harm by the client or by another person with whom the client has a relationship, or when clients do not pay fees as agreed upon. Counselors provide pretermination counseling and recommend other service providers when necessary.

A.11.d. Appropriate Transfer of Services

When counselors transfer or refer clients to other practitioners, they ensure that appropriate clinical and administrative processes are completed, and open communication is maintained with both clients and practitioners.

A.12. Abandonment and Client Neglect

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

Section B Confidentiality and Privacy

Introduction

Counselors recognize that trust is a cornerstone of the counseling relationship. Counselors aspire to earn the trust of clients by creating an ongoing partnership, establishing and upholding appropriate boundaries, and maintaining confidentiality. Counselors communicate the parameters of confidentiality in a culturally competent manner.

B.1. Respecting Client Rights

B.1.a. Multicultural/Diversity Considerations

Counselors maintain awareness and sensitivity regarding cultural meanings of confidentiality and privacy. Counselors respect differing views toward disclosure of information. Counselors hold ongoing discussions with clients as to how, when, and with whom information is to be shared.

B.1.b. Respect for Privacy

Counselors respect the privacy of prospective and current clients. Counselors request private information from clients only when it is beneficial to the counseling process.

B.1.c. Respect for Confidentiality

Counselors protect the confidential information of prospective and current clients. Counselors disclose information only with appropriate consent or with sound legal or ethical justification.

B.1.d. Explanation of Limitations At initiation and throughout the counseling process,

counselors inform clients of the limitations of confidentiality and seek to identify situations in which confidentiality must be breached.

B.2. Exceptions

B.2.a. Serious and Foreseeable Harm and Legal Requirements

The general requirement that counselors keep information confidential does not apply when disclosure is required to protect clients or identified others from serious and foreseeable harm or when legal requirements demand that confidential information must be revealed. Counselors consult with other professionals when in doubt as to the validity of an exception. Additional considerations apply when addressing end-of-life issues.

B.2.b. Confidentiality Regarding End-of-Life Decisions

Counselors who provide services to terminally ill individuals who are considering hastening their own deaths have the option to maintain confidentiality, depending on applicable laws and the specific circumstances of the situation and after seeking consultation or supervision from appropriate professional and legal parties.

B.2.c. Contagious, Life Threatening Diseases

When clients disclose that they have a disease commonly known to be both communicable and life threatening, counselors may be justified in disclosing information to identifiable third parties, if the parties are known to be at serious and foreseeable risk of contracting the disease. Prior to making a disclosure, counselors assess the intent of clients to inform the third parties about their disease or to engage in any behaviors that may be harmful to an identifiable third party. Counselors adhere to relevant state laws concerning disclosure about disease status.

B.2.d. Court-Ordered Disclosure

When ordered by a court to release confidential or privileged information without a client's permission, counselors seek to obtain written, informed consent from the client or take steps to prohibit the disclosure or have it limited as narrowly as possible because of potential harm to the client or counseling relationship.

B.2.e. Minimal Disclosure To the extent possible,

clients are informed before confidential information is disclosed and are involved in the disclosure decision-making process. When circumstances require the disclosure of confidential information, only essential information is revealed.

B.3. Information Shared With Others

B.3.a. Subordinates

Counselors make every effort to ensure that privacy and confidentiality of clients are maintained by subordinates, including employees, supervisees, students, clerical assistants, and volunteers.

B.3.b. Interdisciplinary Teams

When services provided to the client involve participation by an interdisciplinary or treatment team, the client will be informed of the team's existence and composition, information being shared, and the purposes of sharing such information.

B.3.c. Confidential Settings

Counselors discuss confidential information only in settings in which they can reasonably ensure client privacy.

B.3.d. Third-Party Payers

Counselors disclose information to third-party payers only when clients have authorized such disclosure.

B.3.e. Transmitting Confidential Information

Counselors take precautions to ensure the confidentiality of all information transmitted through the use of any medium.

B.3.f. Deceased Clients

Counselors protect the confidentiality of deceased clients, consistent with legal requirements and the documented preferences of the client.

B.4. Groups and Families

B.4.a. Group Work In group work,

counselors clearly explain the importance and parameters of confidentiality for the specific group.

B.4.b. Couples and Family

Counseling In couples and family counseling, counselors clearly define who is considered “the client” and discuss expectations and limitations of confidentiality. Counselors seek agreement and document in writing such agreement among all involved parties regarding the confidentiality of information. In the absence of an agreement to the contrary, the couple or family is considered to be the client.

B.5. Clients Lacking Capacity to Give Informed Consent

B.5.a. Responsibility to Clients

When counseling minor clients or adult clients who lack the capacity to give voluntary, informed consent, counselors protect the confidentiality of information received—in any medium—in the counseling relationship as specified by federal and state laws, written policies, and applicable ethical standards.

B.5.b. Responsibility to Parents and Legal Guardians

Counselors inform parents and legal guardians about the role of counselors and the confidential nature of the counseling relationship, consistent with current legal and custodial arrangements. Counselors are sensitive to the cultural diversity of families and respect the inherent rights and responsibilities of parents/guardians regarding the welfare of their children/charges according to law. Counselors work to establish, as appropriate, collaborative relationships with parents/guardians to best serve clients.

B.5.c. Release of Confidential Information

When counseling minor clients or adult clients who lack the capacity to give voluntary consent to release confidential information, counselors seek permission from an appropriate third party to disclose information. In such instances, counselors inform clients consistent with their level of understanding and take appropriate measures to safeguard client confidentiality.

B.6. Records and Documentation

B.6.a. Creating and Maintaining Records and Documentation

Counselors create and maintain records and documentation necessary for rendering professional services.

B.6.b. Confidentiality of Records and Documentation

Counselors ensure that records and documentation kept in any medium are secure and that only authorized persons have access to them.

B.6.c. Permission to Record

Counselors obtain permission from clients prior to recording sessions through electronic or other means.

B.6.d. Permission to Observe

Counselors obtain permission from clients prior to allowing any person to observe counseling sessions, review session transcripts, or view recordings of sessions with supervisors, faculty, peers, or others within the training environment.

B.6.e. Client Access

Counselors provide reasonable access to records and copies of records when requested by competent clients. Counselors limit the access of clients to their records, or portions of their records, only when there is compelling evidence that such access would cause harm to the client. Counselors document the request of clients and the rationale for withholding some or all of the records in the files of clients. In situations involving multiple clients, counselors provide individual clients with only those parts of records that relate directly to them and do not include confidential information related to any other client.

B.6.f. Assistance With Records

When clients request access to their records, counselors provide assistance and consultation in interpreting counseling records.

B.6.g. Disclosure or Transfer Unless exceptions to confidentiality exist.

counselors obtain written permission from clients to disclose or transfer records to legitimate third parties. Steps are taken to ensure that receivers of counseling records are sensitive to their confidential nature.

B.6.h. Storage and Disposal After Termination

Counselors store records following termination of services to ensure reasonable future access, maintain records in accordance with federal and state laws and statutes such as licensure laws and policies governing records, and dispose of client records and other sensitive materials in a manner that protects client confidentiality. Counselors apply careful discretion and deliberation before destroying records that may be needed by a court of law, such as notes on child abuse, suicide, sexual harassment, or violence.

B.6.i. Reasonable Precautions

Counselors take reasonable precautions to protect client confidentiality in the event of the counselor's termination of practice, incapacity, or death and appoint a records custodian when identified as appropriate.

B.7. Case Consultation

B.7.a. Respect for Privacy

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

B.7.b. Disclosure of Confidential Information

When consulting with colleagues, counselors do not disclose confidential information that reasonably could lead to the identification of a client or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization, or the disclosure cannot be avoided. They disclose information only to the extent necessary to achieve the purposes of the consultation.

Section C Professional Responsibility

Introduction

Counselors aspire to open, honest, and accurate communication in dealing with the public and other professionals. Counselors facilitate access to counseling services, and they practice in a nondiscriminatory manner within the boundaries of professional and personal competence; they also have a responsibility to abide by the ACA Code of Ethics. Counselors actively participate in local, state, and national associations that foster the development and improvement of counseling. Counselors are expected to advocate to promote changes at the individual, group, institutional, and societal levels that improve the quality of life for individuals and groups and remove potential barriers to the provision or access of appropriate services being offered. Counselors have a responsibility to the public to engage in counseling practices that are based on rigorous research methodologies. Counselors are encouraged to contribute to society by devoting a portion of their professional activity to services for which there is little or no financial return (pro bono publico). In addition, counselors engage in self-care activities to maintain and promote their own emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities.

C.1. Knowledge of and Compliance With Standards

Counselors have a responsibility to read, understand, and follow the ACA Code of Ethics and adhere to applicable laws and regulations.

C.2. Professional Competence

C.2.a. Boundaries of Competence

Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Whereas multicultural counseling competency is required across all counseling specialties, counselors gain knowledge, personal awareness, sensitivity, dispositions, and skills pertinent to being a culturally competent counselor in working with a diverse client population.

C.2.b. New Specialty Areas of Practice

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

C.2.c. Qualified for Employment

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

C.2.d. Monitor Effectiveness

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

C.2.e. Consultations on Ethical Obligations

Counselors take reasonable steps to consult with other counselors, the ACA Ethics and Professional Standards Department, or related professionals when they have questions regarding their ethical obligations or professional practice.

C.2.f. Continuing Education

Counselors recognize the need for continuing education to acquire and maintain a reasonable level of awareness of current scientific and professional information in their fields of activity. Counselors maintain their competence in the skills they use, are open to new procedures, and remain informed regarding best practices for working with diverse populations.

C.2.g. Impairment

Counselors monitor themselves for signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when impaired. They seek assistance for problems that reach the level of professional impairment, and, if necessary,

they limit, suspend, or terminate their professional responsibilities until it is determined that they may safely resume their work. Counselors assist colleagues or supervisors in recognizing their own professional impairment and provide consultation and assistance when warranted with colleagues or supervisors showing signs of impairment and intervene as appropriate to prevent imminent harm to clients.

C.2.h. Counselor Incapacitation, Death, Retirement, or Termination of Practice

Counselors prepare a plan for the transfer of clients and the dissemination of records to an identified colleague or records custodian in the case of the counselor's incapacitation, death, retirement, or termination of practice.

C.3. Advertising and Soliciting Clients

C.3.a. Accurate Advertising

When advertising or otherwise representing their services to the public counselors identify their credentials in an accurate manner that is not false, misleading, deceptive, or fraudulent.

C.3.b. Testimonials

Counselors who use testimonials do not solicit them from current clients, former clients, or any other persons who may be vulnerable to undue influence. Counselors discuss with clients the implications of and obtain permission for the use of any testimonial.

C.3.c. Statements by Others

When feasible, counselors make reasonable efforts to ensure that statements made by others about them or about the counseling profession are accurate.

C.3.d. Recruiting Through Employment

Counselors do not use their places of employment or institutional affiliation to recruit clients, supervisors, or consultees for their private practices.

C.3.e. Products and Training Advertisements

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

C.3.f. Promoting to Those Served

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

C.4. Professional Qualifications

C.4.a. Accurate Representation

Counselors claim or imply only professional qualifications actually completed and correct any known misrepresentations of their qualifications by others. Counselors truthfully represent the qualifications of their professional colleagues. Counselors clearly distinguish between paid and volunteer work experience and accurately describe their continuing education and specialized training.

C.4.b. Credentials

Counselors claim only licenses or certifications that are current and in good standing.

C.4.c. Educational Degrees

Counselors clearly differentiate between earned and honorary degrees.

C.4.d. Implying Doctoral-Level Competence

Counselors clearly state their highest earned degree in counseling or a closely related field. Counselors do not imply doctoral-level competence when possessing a master’s degree in counseling or a related field by referring to themselves as “Dr.” in a counseling context when their doctorate is not in

counseling or a related field. Counselors do not use “ABD” (all but dissertation) or other such terms to imply competency.

C.4.e. Accreditation Status

Counselors accurately represent the accreditation status of their degree program and college/university.

C.4.f. Professional Membership

Counselors clearly differentiate between current, active memberships and former memberships in associations. Members of ACA must clearly differentiate between professional membership, which implies the possession of at least a master’s degree in counseling, and regular membership, which is open to individuals whose interests and activities are consistent with those of ACA but are not qualified for professional membership.

C.5. Nondiscrimination

Counselors do not condone or engage in discrimination against prospective or current clients, students, employees, supervisees, or research participants based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital/ partnership status, language preference, socioeconomic status, immigration status, or any basis proscribed by law.

C.6. Public Responsibility

C.6.a. Sexual Harassment

Counselors do not engage in or condone sexual harassment. Sexual harassment can consist of a single intense or severe act, or multiple persistent or pervasive acts.

C.6.b. Reports to Third Parties

Counselors are accurate, honest, and objective in reporting their professional activities and judgments to appropriate third parties, including courts, health

insurance companies, those who are the recipients of evaluation reports, and others.

C.6.c. Media Presentations

When counselors provide advice or comment by means of public lectures, demonstrations, radio or television programs, recordings, technology-based applications, printed articles, mailed material, or other media, they take reasonable precautions to ensure that 1. the statements are based on appropriate professional counseling literature and practice, 2. the statements are otherwise consistent with the ACA Code of Ethics, and 3. the recipients of the information are not encouraged to infer that a professional counseling relationship has been established.

C.6.d. Exploitation of Others

Counselors do not exploit others in their professional relationships.

C.6.e. Contributing to the Public Good (Pro Bono Publico)

Counselors make a reasonable effort to provide services to the public for which there is little or no financial return (e.g., speaking to groups, sharing professional information, offering reduced fees).

C.7. Treatment Modalities

C.7.a. Scientific Basis for Treatment

When providing services, counselors use techniques/procedures/modalities that are grounded in theory and/or have an empirical or scientific foundation.

C.7.b. Development and Innovation

When counselors use developing or innovative techniques/procedures/ modalities, they explain the potential risks, benefits, and ethical considerations of using such techniques/procedures/ modalities. Counselors work to minimize any potential risks or harm when using these techniques/procedures/modalities.

C.7.c. Harmful Practices

Counselors do not use techniques/procedures/modalities when substantial evidence suggests harm, even if such services are requested.

C.8. Responsibility to Other Professionals

C.8.a. Personal Public Statements

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

Section D Relationships With Other Professionals

Introduction

Professional counselors recognize that the quality of their interactions with colleagues can influence the quality of services provided to clients. They work to become knowledgeable about colleagues within and outside the field of counseling. Counselors develop positive working relationships and systems of communication with colleagues to enhance services to clients.

D.1. Relationships With Colleagues, Employers, and Employees

D.1.a. Different Approaches

Counselors are respectful of approaches that are grounded in theory and/or have an empirical or scientific foundation but may differ from their own. Counselors acknowledge the expertise of other professional groups and are respectful of their practices.

D.1.b. Forming Relationships

Counselors work to develop and strengthen relationships with colleagues from other disciplines to best serve clients.

D.1.c. Interdisciplinary Teamwork

Counselors who are members of interdisciplinary teams delivering multifaceted services to clients remain focused on how to best serve clients.

They participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the counseling profession and those of colleagues from other disciplines.

D.1.d. Establishing Professional and Ethical Obligations

Counselors who are members of interdisciplinary teams work together with team members to clarify professional and ethical obligations of the team as a whole and of its individual members. When a team decision raises ethical concerns, counselors first attempt to resolve the concern within the team. If they cannot reach resolution among team members, counselors pursue other avenues to address their concerns consistent with client well-being.

D.1.e. Confidentiality

When counselors are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, they clarify role expectations and the parameters of confidentiality with their colleagues.

D.1.f. Personnel Selection and Assignment

When counselors are in a position requiring personnel selection and/or assigning of responsibilities to others, they select competent staff and assign responsibilities compatible with their skills and experiences.

D.1.g. Employer Policies

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

D.1.h. Negative Conditions

Counselors alert their employers of inappropriate policies and practices. They attempt to effect changes in such policies or procedures through constructive action within the organization. When such policies are potentially disruptive or damaging to clients or may limit the effectiveness of services provided and

change cannot be affected, counselors take appropriate further action. Such action may include referral to appropriate certification, accreditation, or state licensure organizations, or voluntary termination of employment.

D.1.i. Protection From Punitive Action

Counselors do not harass a colleague or employee or dismiss an employee who has acted in a responsible and ethical manner to expose inappropriate employer policies or practices.

D.2. Provision of Consultation Services

D.2.a. Consultant Competency

Counselors take reasonable steps to ensure that they have the appropriate resources and competencies when providing consultation services. Counselors provide appropriate referral resources when requested or needed.

D.2.b. Informed Consent in Formal Consultation

When providing formal consultation services, counselors have an obligation to review, in writing and verbally, the rights and responsibilities of both counselors and consultees. Counselors use clear and understandable language to inform all parties involved about the purpose of the services to be provided, relevant costs, potential risks and benefits, and the limits of confidentiality.

Section E Evaluation, Assessment, and Interpretation

Introduction

Counselors use assessment as one component of the counseling process, taking into account the clients' personal and cultural context. Counselors promote the well-being of individual clients or groups of clients by developing and using appropriate educational, mental health, psychological, and career assessments.

E.1. General E.

*1.a. Assessment*t

The primary purpose of educational, mental health, psychological, and career assessment is to gather information regarding the client for a variety of purposes, including, but not limited to, client decision making, treatment planning, and forensic proceedings. Assessment may include both qualitative and quantitative methodologies.

E.1.b. Client Welfare

Counselors do not misuse assessment results and interpretations, and they take reasonable steps to prevent others from misusing the information provided. They respect the client's right to know the results, the interpretations made, and the bases for counselors' conclusions and recommendations.

E.2. Competence to Use and Interpret Assessment Instruments

E.2.a. Limits of Competence

Counselors use only those testing and assessment services for which they have been trained and are competent. Counselors using technology-assisted test interpretations are trained in the construct being measured and the specific instrument being used prior to using its technology based application. Counselors take reasonable measures to ensure the proper use of assessment techniques by persons under their supervision.

E.2.b. Appropriate Use

Counselors are responsible for the appropriate application, scoring, interpretation, and use of assessment instruments relevant to the needs of the client, whether they score and interpret such assessments themselves or use technology or other services.

E.2.c. Decisions Based on Results

Counselors responsible for decisions involving individuals or policies that are based on assessment results have a thorough understanding of psychometrics.

E.3. Informed Consent in Assessment

E.3.a. Explanation to Clients

Prior to assessment, counselors explain the nature and purposes of assessment and the specific use of results by potential recipients. The explanation will be given in terms and language that the client (or other legally authorized person on behalf of the client) can understand.

E.3.b. Recipients of Results

Counselors consider the client's and/ or examinee's welfare, explicit understandings, and prior agreements in determining who receives the assessment results. Counselors include accurate and appropriate interpretations with any release of individual or group assessment results.

E.4. Release of Data to Qualified Personnel

Counselors release assessment data in which the client is identified only with the consent of the client or the client's legal representative. Such data are released only to persons recognized by counselors as qualified to interpret the data.

E.5. Diagnosis of Mental Disorders

E.5.a. Proper Diagnosis

Counselors take special care to provide proper diagnosis of mental disorders. Assessment techniques (including personal interviews) used to determine client care (e.g., locus of treatment, type of treatment, recommended follow-up) are carefully selected and appropriately used.

E.5.b. Cultural Sensitivity

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

E.5.c. Historical and Social Prejudices in the Diagnosis of Pathology

Counselors recognize historical and social prejudices in the misdiagnosis and pathologizing of certain individuals and groups and strive to become aware of and address such biases in themselves or others.

E.5.d. Refraining From Diagnosis

Counselors may refrain from making and/or reporting a diagnosis if they believe that it would cause harm to the client or others. Counselors carefully consider both the positive and negative implications of a diagnosis.

E.6. Instrument Selection

E.6.a. Appropriateness of Instruments

Counselors carefully consider the validity, reliability, psychometric limitations, and appropriateness of instruments when selecting assessments and, when possible, use multiple forms of assessment, data, and/or instruments in forming conclusions, diagnoses, or recommendations.

E.6.b. Referral Information

If a client is referred to a third party for assessment, the counselor provides specific referral questions and sufficient objective data about the client to ensure that appropriate assessment instruments are utilized.

E.7. Conditions of Assessment Administration

E.7.a. Administration Conditions

Counselors administer assessments under the same conditions that were established in their standardization. When assessments are not administered under standard conditions, as may be necessary to accommodate clients with disabilities, or when unusual behavior or irregularities occur during the administration, those conditions are noted in interpretation, and the results may be designated as invalid or of questionable validity.

E.7.b. Provision of Favorable Conditions

Counselors provide an appropriate environment for the administration of assessments (e.g., privacy, comfort, freedom from distraction).

E.7.c. Technological Administration

Counselors ensure that technologically administered assessments function properly and provide clients with accurate results.

E.7.d. Unsupervised Assessments

Unless the assessment instrument is designed, intended, and validated for self-administration and/or scoring, counselors do not permit unsupervised use.

E.8. Multicultural Issues/ Diversity in Assessment

Counselors select and use with caution assessment techniques normed on populations other than that of the client. Counselors recognize the effects of age, color, culture, disability, ethnic group, gender, race, language preference, religion, spirituality, sexual orientation, and socioeconomic status on test administration and interpretation, and they place test results in proper perspective with other relevant factors.

E.9. Scoring and Interpretation of Assessments

E.9.a. Reporting

When counselors report assessment results, they consider the client's personal and cultural background, the level of the client's understanding of the results, and the impact of the results on the client. In reporting assessment results, counselors indicate reservations that exist regarding validity or reliability due to circumstances of the assessment or inappropriateness of the norms for the person tested.

E.9.b. Instruments With Insufficient Empirical Data

Counselors exercise caution when interpreting the results of instruments not having sufficient empirical data to support respondent results. The specific purposes for the use of such instruments are stated explicitly to the examinee. Counselors qualify any conclusions, diagnoses, or recommendations made that are based on assessments or instruments with questionable validity or reliability.

E.9.c. Assessment Services

Counselors who provide assessment, scoring, and interpretation services to support the assessment process confirm the validity of such interpretations. They accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use. At all times, counselors maintain their ethical responsibility to those being assessed.

E.10. Assessment Security

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

E.11. Obsolete Assessment and Outdated Results

Counselors do not use data or results from assessments that are obsolete or outdated for the current purpose (e.g., noncurrent versions of assessments/ instruments). Counselors make every effort to prevent the misuse of obsolete measures and assessment data by others.

E.12. Assessment Construction

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

E.13. Forensic Evaluation: Evaluation for Legal Proceedings

E.13.a. Primary Obligations

When providing forensic evaluations, the primary obligation of counselors is to produce objective findings that can be substantiated based on information and techniques appropriate to the evaluation, which may include examination of the individual and/or review of records. Counselors form professional opinions based on their professional knowledge and expertise that can be supported by the data gathered in evaluations. Counselors define the limits of their reports or testimony, especially when an examination of the individual has not been conducted.

E.13.b. Consent for Evaluation

Individuals being evaluated are informed in writing that the relationship is for the purposes of an evaluation and is not therapeutic in nature, and entities or individuals who will receive the evaluation report are identified. Counselors who perform forensic evaluations obtain written consent from those being evaluated or from their legal representative unless a court orders evaluations to be conducted without the written consent of the individuals being evaluated. When children or adults who lack

the capacity to give voluntary consent are being evaluated, informed written consent is obtained from a parent or guardian.

E.13.c. Client Evaluation Prohibited

Counselors do not evaluate current or former clients, clients' romantic partners, or clients' family members for forensic purposes. Counselors do not counsel individuals they are evaluating.

E.13.d. Avoid Potentially Harmful Relationships

Counselors who provide forensic evaluations avoid potentially harmful professional or personal relationships with family members, romantic partners, and close friends of individuals they are evaluating or have evaluated in the past.

Section F Supervision, Training, and Teaching

Introduction

Counselor supervisors, trainers, and educators aspire to foster meaningful and respectful professional relationships and to maintain appropriate boundaries with supervisees and students in both face-to-face and electronic formats. They have theoretical and pedagogical foundations for their work; have knowledge of supervision models; and aim to be fair, accurate, and honest in their assessments of counselors, students, and supervisees.

F.1. Counselor Supervision and Client Welfare

F.1.a. Client Welfare

A primary obligation of counseling supervisors is to monitor the services provided by supervisees. Counseling supervisors monitor client welfare and supervisee performance and professional development. To fulfill these obligations, supervisors meet regularly with supervisees to review the supervisees' work and help them become prepared to serve a range of diverse clients. Supervisees have a responsibility to understand and follow the ACA Code of Ethics.

F.1.b. Counselor Credentials

Counseling supervisors work to ensure that supervisees communicate their qualifications to render services to their clients.

F.1.c. Informed Consent and Client Rights

Supervisors make supervisees aware of client rights, including the protection of client privacy and confidentiality in the counseling relationship. Supervisees provide clients with professional disclosure information and inform them of how the supervision process influences the limits of confidentiality. Supervisees make clients aware of who will have access to records of the counseling relationship and how these records will be stored, transmitted, or otherwise reviewed.

F.2. Counselor Supervision Competence

F.2.a. Supervisor Preparation

Prior to offering supervision services, counselors are trained in supervision methods and techniques. Counselors who offer supervision services regularly pursue continuing education activities, including both counseling and supervision topics and skills.

F.2.b. Multicultural Issues/ Diversity in Supervision

Counseling supervisors are aware of and address the role of multiculturalism/ diversity in the supervisory relationship.

F.2.c. Online Supervision

When using technology in supervision, counselor supervisors are competent in the use of those technologies. Supervisors take the necessary precautions to protect the confidentiality of all information transmitted through any electronic means.

F.3. Supervisory Relationship

F.3.a. Extending Conventional Supervisory Relationships

Counseling supervisors clearly define and maintain ethical professional, personal, and social relationships with their supervisees. Supervisors consider the risks and benefits of extending current supervisory relationships in any form beyond conventional parameters. In extending these boundaries, supervisors take appropriate professional precautions to ensure that judgment is not impaired and that no harm occurs.

F.3.b. Sexual Relationships

Sexual or romantic interactions or relationships with current supervisees are prohibited. This prohibition applies to both in-person and electronic interactions or relationships.

F.3.c. Sexual Harassment

Counseling supervisors do not condone or subject supervisees to sexual harassment.

F.3.d. Friends or Family Members

Supervisors are prohibited from engaging in supervisory relationships with individuals with whom they have an inability to remain objective.

F.4. Supervisor Responsibilities

F.4.a. Informed Consent for Supervision

Supervisors are responsible for incorporating into their supervision the principles of informed consent and participation. Supervisors inform supervisees of the policies and procedures to which supervisors are to adhere and the mechanisms for due process appeal of individual supervisor actions. The issues unique to the use of distance supervision are to be included in the documentation as necessary.

F.4.b. Emergencies and Absences

Supervisors establish and communicate to supervisees procedures for contacting supervisors or, in their absence, alternative on-call supervisors to assist in handling crises.

F.4.c. Standards for Supervisees

Supervisors make their supervisees aware of professional and ethical standards and legal responsibilities.

F.4.d. Termination of the Supervisory Relationship

Supervisors or supervisees have the right to terminate the supervisory relationship with adequate notice. Reasons for considering termination are discussed, and both

parties work to resolve differences. When termination is warranted, supervisors make appropriate referrals to possible alternative supervisors.

F.5. Student and Supervisee Responsibilities

F.5.a. Ethical Responsibilities

Students and supervisees have a responsibility to understand and follow the ACA Code of Ethics. Students and supervisees have the same obligation to clients as those required of professional counselors.

F.5.b. Impairment

Students and supervisees monitor themselves for signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when such impairment is likely to harm a client or others. They notify their faculty and/or supervisors and seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until it is determined that they may safely resume their work.

F.5.c. Professional Disclosure

Before providing counseling services, students and supervisees disclose their status as supervisees and explain how this status affects the limits of confidentiality. Supervisors ensure that clients are aware of the services rendered and the qualifications of the students and supervisees rendering those services. Students and supervisees obtain client permission before they use any information concerning the counseling relationship in the training process.

F.6. Counseling Supervision Evaluation, Remediation, and Endorsement

F.6.a. Evaluation

Supervisors document and provide supervisees with ongoing feedback regarding their performance and schedule periodic formal evaluative sessions throughout the supervisory relationship.

F.6.b. Gatekeeping and Remediation

Through initial and ongoing evaluation, supervisors are aware of supervisee limitations that might impede performance. Supervisors assist supervisees in securing remedial assistance when needed. They recommend dismissal from training programs, applied counseling settings, and state or voluntary professional credentialing processes when those supervisees are unable to demonstrate that they can provide competent professional services to a range of diverse clients. Supervisors seek consultation and document their decisions to dismiss or refer supervisees for assistance. They ensure that supervisees are aware of options available to them to address such decisions.

F.6.c. Counseling for Supervisees

If supervisees request counseling, the supervisor assists the supervisee in identifying appropriate services. Supervisors do not provide counseling services to supervisees. Supervisors address interpersonal competencies in terms of the impact of these issues on clients, the supervisory relationship, and professional functioning.

F.6.d. Endorsements

Supervisors endorse supervisees for certification, licensure, employment, or completion of an academic or training program only when they believe that supervisees are qualified for the endorsement. Regardless of qualifications, supervisors do not endorse supervisees whom they believe to be impaired in any way that would interfere with the performance of the duties associated with the endorsement.

F.7. Responsibilities of Counselor Educators

F.7.a. Counselor Educators

Counselor educators who are responsible for developing, implementing, and supervising educational programs are skilled as teachers and practitioners. They are knowledgeable regarding the ethical, legal, and regulatory aspects of the profession; are skilled in applying that knowledge; and make students and supervisees aware of their responsibilities. Whether in traditional, hybrid, and/or online formats, counselor educators conduct counselor education and training programs in an ethical manner and serve as role models for professional behavior.

F.7.b. Counselor Educator Competence

Counselors who function as counselor educators or supervisors provide instruction within their areas of knowledge and competence and provide instruction based on current information and knowledge available in the profession. When using technology to deliver instruction, counselor educators develop competence in the use of the technology.

F.7.c. Infusing Multicultural Issues/Diversity

Counselor educators infuse material related to multiculturalism/diversity into all courses and workshops for the development of professional counselors.

F.7.d. Integration of Study and Practice

In traditional, hybrid, and/or online formats, counselor educators establish education and training programs that integrate academic study and supervised practice.

F.7.e. Teaching Ethics

Throughout the program, counselor educators ensure that students are aware of the ethical responsibilities and standards of the profession and the ethical responsibilities of students to the profession. Counselor educators infuse ethical considerations throughout the curriculum.

F.7.f. Use of Case Examples

The use of client, student, or supervisee information for the purposes of case examples in a lecture or classroom setting is permissible only when (a) the client, student, or supervisee has reviewed the material and agreed to its presentation or (b) the information has been sufficiently modified to obscure identity.

F.7.g. Student-to-Student Supervision and Instruction

When students function in the role of counselor educators or supervisors, they understand that they have the same ethical obligations as counselor educators, trainers, and supervisors. Counselor educators make every effort to ensure that the rights of students are not compromised when their peers lead experiential counseling activities in traditional, hybrid, and/or online formats (e.g., counseling groups, skills classes, clinical supervision).

F.7.h. Innovative Theories and Techniques

Counselor educators promote the use of techniques/procedures/modalities that are grounded in theory and/or have an empirical or scientific foundation. When counselor educators discuss developing or innovative techniques/ procedures/modalities, they explain the potential risks, benefits, and ethical considerations of using such techniques/ procedures/modalities.

F.7.i. Field Placements

Counselor educators develop clear policies and provide direct assistance within their training programs regarding appropriate field placement and other clinical experiences. Counselor educators provide clearly stated roles and responsibilities for the student or supervisee, the site supervisor, and the program supervisor. They confirm that site supervisors are qualified to provide supervision in the formats in which services are provided and inform site supervisors of their professional and ethical responsibilities in this role.

F.8. Student Welfare

F.8.a. Program Information and Orientation

Counselor educators recognize that program orientation is a developmental process that begins upon students' initial contact with the counselor education program and continues throughout the educational and clinical training of students. Counselor education faculty provide prospective and current students with information about the counselor education program's expectations, including 1. the values and ethical principles of the profession; 2. the type and level of skill and knowledge acquisition required for successful completion of the training; 3. technology requirements; 4. program training goals, objectives, and mission, and subject matter to be covered; 5. bases for evaluation; 6. training components that encourage self-growth or self-disclosure as part of the training process; 7. the type of supervision settings and requirements of the sites for required clinical field experiences; 8. student and supervisor evaluation and dismissal policies and procedures; and 9. up-to-date employment prospects for graduates.

F.8.b. Student Career Advising

Counselor educators provide career advisement for their students and make them aware of opportunities in the field.

F.8.c. Self-Growth Experiences

Self-growth is an expected component of counselor education. Counselor educators are mindful of ethical principles when they require students to engage in self-growth experiences. Counselor educators and supervisors inform students that they have a right to decide what information will be shared or withheld in class.

F.8.d. Addressing Personal Concerns

Counselor educators may require students to address any personal concerns that have the potential to affect professional competency.

F.9. Evaluation and Remediation

F.9.a. Evaluation of Students

Counselor educators clearly state to students, prior to and throughout the training program, the levels of competency expected, appraisal methods, and timing of evaluations for both didactic and clinical competencies. Counselor educators provide students with ongoing feedback regarding their performance throughout the training program.

F.9.b. Limitations

Counselor educators, through ongoing evaluation, are aware of and address the inability of some students to achieve counseling competencies. Counselor educators do the following: 1. assist students in securing remedial assistance when needed, 2. seek professional consultation and document their decision to dismiss or refer students for assistance, and 3. ensure that students have recourse in a timely manner to address decisions requiring them to seek assistance or to dismiss them and provide students with due process according to institutional policies and procedures.

F.9.c. Counseling for Students

If students request counseling, or if counseling services are suggested as part of a remediation process, counselor educators assist students in identifying appropriate services.

F.10. Roles and Relationships Between Counselor Educators and Students

F.10.a. Sexual or Romantic Relationships

Counselor educators are prohibited from sexual or romantic interactions or relationships with students currently enrolled in a counseling or related program and over whom they have power and authority. This prohibition applies to both in-person and electronic interactions or relationships.

F.10.b. Sexual Harassment

Counselor educators do not condone or subject students to sexual harassment.

F.10.c. Relationships With Former Students

Counselor educators are aware of the power differential in the relationship between faculty and students. Faculty members discuss with former students' potential risks when they consider engaging in social, sexual, or other intimate relationships.

F.10.d. Nonacademic Relationships

Counselor educators avoid nonacademic relationships with students in which there is a risk of potential harm to the student or which may compromise the training experience or grades assigned. In addition, counselor educators do not accept any form of professional services, fees, commissions, reimbursement, or remuneration from a site for student or supervisor placement.

F.10.e. Counseling Services

Counselor educators do not serve as counselors to students currently enrolled in a counseling or related program and over whom they have power and authority.

F.10.f. Extending Educator– Student Boundaries

Counselor educators are aware of the power differential in the relationship between faculty and students. If they believe that a nonprofessional relationship with a student may be potentially beneficial to the student, they take precautions similar to those taken by counselors when working with clients. Examples of potentially beneficial interactions or relationships include, but are not limited to, attending a formal ceremony; conducting hospital visits; providing support during a stressful event; or maintaining mutual membership in a professional association, organization, or community. Counselor educators discuss with students the rationale

for such interactions, the potential benefits and drawbacks, and the anticipated consequences for the student. Educators clarify the specific nature and limitations of the additional role(s) they will have with the student prior to engaging in a nonprofessional relationship. Nonprofessional relationships with students should be time limited and/or context specific and initiated with student consent.

F.11. Multicultural/Diversity Competence in Counselor Education and Training Programs

F.11.a. Faculty Diversity

Counselor educators are committed to recruiting and retaining a diverse faculty.

F.11.b. Student Diversity

Counselor educators actively attempt to recruit and retain a diverse student body. Counselor educators demonstrate commitment to multicultural/diversity competence by recognizing and valuing the diverse cultures and types of abilities that students bring to the training experience. Counselor educators provide appropriate accommodations that enhance and support diverse student well-being and academic performance.

F.11.c. Multicultural/Diversity Competence

Counselor educators actively infuse multicultural/diversity competency in their training and supervision practices. They actively train students to gain awareness, knowledge, and skills in the competencies of multicultural practice.

Section G Research and Publication

Introduction

Counselors who conduct research are encouraged to contribute to the knowledge base of the profession and promote a clearer understanding of the conditions that lead to a healthy and more just society. Counselors support the efforts of researchers by participating fully and willingly whenever possible. Counselors minimize bias and respect diversity in designing and implementing research.

G.1. Research Responsibilities

G.1.a. Conducting Research

Counselors plan, design, conduct, and report research in a manner that is consistent with pertinent ethical principles, federal and state laws, host institutional regulations, and scientific standards governing research.

G.1.b. Confidentiality in Research

Counselors are responsible for understanding and adhering to state, federal, agency, or institutional policies or applicable guidelines regarding confidentiality in their research practices.

G.1.c. Independent Researchers

When counselors conduct independent research and do not have access to an institutional review board, they are bound to the same ethical principles and federal and state laws pertaining to the review of their plan, design, conduct, and reporting of research.

G.1.d. Deviation From Standard Practice

Counselors seek consultation and observe stringent safeguards to protect the rights of research participants when research indicates that a deviation from standard or acceptable practices may be necessary.

G.1.e. Precautions to Avoid Injury

Counselors who conduct research are responsible for their participants' welfare throughout the research process and should take reasonable precautions to avoid causing emotional, physical, or social harm to participants.

G.1.f. Principal Researcher Responsibility

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

G.2. Rights of Research Participants

G.2.a. Informed Consent in Research

Individuals have the right to decline requests to become research participants. In seeking consent, counselors use language that 1. accurately explains the

purpose and procedures to be followed; 2. identifies any procedures that are experimental or relatively untried; 3. describes any attendant discomforts, risks, and potential power differentials between researchers and participants; 4. describes any benefits or changes in individuals or organizations that might reasonably be expected; 5. discloses appropriate alternative procedures that would be advantageous for participants; 6. offers to answer any inquiries concerning the procedures; 7. describes any limitations on confidentiality; 8. describes the format and potential target audiences for the dissemination of research findings; and 9. instructs participants that they are free to withdraw their consent and discontinue participation in the project at any time, without penalty.

G.2.b. Student/Supervisee Participation

Researchers who involve students or supervisees in research make clear to them that the decision regarding participation in research activities does not affect their academic standing or supervisory relationship. Students or supervisees who choose not to participate in research are provided with an appropriate alternative to fulfill their academic or clinical requirements.

G.2.c. Client Participation

Counselors conducting research involving clients make clear in the informed consent process that clients are free to choose whether to participate in research activities. Counselors take necessary precautions to protect clients from adverse consequences of declining or withdrawing from participation.

G.2.d. Confidentiality of Information

Information obtained about research participants during the course of research is confidential. Procedures are implemented to protect confidentiality.

G.2.e. Persons Not Capable of Giving Informed Consent

When a research participant is not capable of giving informed consent, counselors provide an appropriate explanation to obtain agreement for participation from, and obtain the appropriate consent of a legally authorized person.

G.2.f. Commitments to Participants

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

G.2.g. Explanations After Data Collection

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

G.2.h. Informing Sponsors

Counselors inform sponsors, institutions, and publication channels regarding research procedures and outcomes. Counselors ensure that appropriate bodies and authorities are given pertinent information and acknowledgment.

G.2.i. Research Records Custodian

As appropriate, researchers prepare and disseminate to an identified colleague or records custodian a plan for the transfer of research data in the case of their incapacitation, retirement, or death.

G.3. Managing and Maintaining Boundaries

G.3.a. Extending Researcher– Participant Boundaries

Researchers consider the risks and benefits of extending current research relationships beyond conventional parameters. When a nonresearch interaction between the researcher and the research participant may be potentially beneficial, the researcher must document, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the research participant. Such interactions should be initiated with appropriate consent of the research participant. Where unintentional harm occurs to the research participant, the researcher must show evidence of an attempt to remedy such harm.

G.3.b. Relationships With Research Participants

Sexual or romantic counselor–research participant interactions or relationships with current research participants are prohibited. This prohibition applies to both in-person and electronic interactions or relationships.

G.3.c. Sexual Harassment and Research Participants

Researchers do not condone or subject research participants to sexual harassment.

G.4. Reporting Results

G.4.a. Accurate Results

Counselors plan, conduct, and report research accurately. Counselors do not engage in misleading or fraudulent research, distort data, misrepresent data, or deliberately bias their results. They describe the extent to which results are applicable for diverse populations.

G.4.b. Obligation to Report Unfavorable Results

Counselors report the results of any research of professional value. Results that reflect unfavorably on institutions, programs, services, prevailing opinions, or vested interests are not withheld.

G.4.c. Reporting Errors

If counselors discover significant errors in their published research, they take reasonable steps to correct such errors in a correction erratum or through other appropriate publication means.

G.4.d. Identity of Participants

Counselors who supply data, aid in the research of another person, report research results, or make original data available take due care to disguise the identity of respective participants in the absence of specific authorization from the participants to do otherwise. In situations where participants self-identify their involvement in research studies, researchers take active steps to ensure that data are adapted/changed to protect the identity and welfare of all parties and that discussion of results does not cause harm to participants.

G.4.e. Replication Studies

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

G.5. Publications and Presentations

G.5.a. Use of Case Examples

The use of participants', clients', students', or supervisees' information for the purpose of case examples in a presentation or publication is permissible only when (a) participants, clients, students, or supervisees have reviewed the material and agreed to its presentation or publication or (b) the information has been sufficiently modified to obscure identity.

G.5.b. Plagiarism

Counselors do not plagiarize; that is, they do not present another person's work as their own.

G.5.c. Acknowledging Previous

Work In publications and presentations, counselors acknowledge and give recognition to previous work on the topic by others or self.

G.5.d. Contributors

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

G.5.e. Agreement of Contributors

Counselors who conduct joint research with colleagues or students/supervisors establish agreements in advance regarding allocation of tasks, publication credit, and types of acknowledgment that will be received.

G.5.f. Student Research

Manuscripts or professional presentations in any medium that are substantially based on a student's course papers, projects, dissertations, or theses are used only with the student's permission and list the student as lead author.

G.5.g. Duplicate Submissions

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

G.5.h. Professional Review

Counselors who review material submitted for publication, research, or other scholarly purposes respect the confidentiality and proprietary rights of those who submitted it. Counselors make publication decisions based on valid and defensible standards. Counselors review article submissions in a timely manner and based on their scope and competency in research methodologies. Counselors who serve as reviewers at the request of editors or publishers make every effort to only review materials that are within their scope of competency and avoid personal biases.

Section H Distance Counseling, Technology, and Social Media

Introduction

Counselors understand that the profession of counseling may no longer be limited to in-person, face-to-face interactions. Counselors actively attempt to understand the evolving nature of the profession with regard to distance counseling, technology, and social media and how such resources may be used to better serve their clients. Counselors strive to become knowledgeable about these resources. Counselors understand the additional concerns related to the use of distance counseling, technology, and social media and make every attempt to protect confidentiality and meet any legal and ethical requirements for the use of such resources.

H.1. Knowledge and Legal Considerations

H.1.a. Knowledge and Competency

Counselors who engage in the use of distance counseling, technology, and/ or social media develop knowledge and skills regarding related technical, ethical, and legal considerations (e.g., special certifications, additional course work).

H.1.b. Laws and Statutes

Counselors who engage in the use of distance counseling, technology, and social media within their counseling practice understand that they may be subject to laws and regulations of both the counselor's practicing location and the client's place of residence. Counselors ensure that their clients are aware of pertinent legal rights and limitations governing the practice of counseling across state lines or international boundaries.

H.2. Informed Consent and Security

H.2.a. Informed Consent and Disclosure

Clients have the freedom to choose whether to use distance counseling, social media, and/or technology within the counseling process. In addition to the usual and customary protocol of informed consent between counselor and client for face-to-face counseling, the following issues, unique to the use of distance counseling, technology, and/ or social media, are addressed in the informed consent process: • distance counseling credentials, physical location of practice, and contact information; • risks and benefits of engaging in the use of distance counseling, technology, and/or social media; • possibility of technology failure and alternate methods of service delivery; • anticipated response time; • emergency procedures to follow when the counselor is not available; • time zone differences; • cultural and/or language differences that may affect delivery of services; • possible denial of insurance benefits; and • social media policy.

H.2.b. Confidentiality Maintained by the Counselor

Counselors acknowledge the limitations of maintaining the confidentiality of electronic records and transmissions. They inform clients that individuals might have authorized or unauthorized access to such records or transmissions (e.g., colleagues, supervisors, employees, information technologists).

H.2.c. Acknowledgment of Limitations

Counselors inform clients about the inherent limits of confidentiality when using technology. Counselors urge clients to be aware of authorized and/ or unauthorized access to information disclosed using this medium in the counseling process.

H.2.d. Security

Counselors use current encryption standards within their websites and/or technology-based communications that meet applicable legal requirements. Counselors take reasonable precautions to ensure the confidentiality of information transmitted through any electronic means.

H.3. Client Verification

Counselors who engage in the use of distance counseling, technology, and/ or social media to interact with clients take steps to verify the client's identity at the beginning and throughout the therapeutic process. Verification can include, but is not limited to, using code words, numbers, graphics, or other nondescript identifiers.

H.4. Distance Counseling Relationship

H.4.a. Benefits and Limitations

Counselors inform clients of the benefits and limitations of using technology applications in the provision of counseling services. Such technologies include, but are not limited to, computer hardware and/or software, telephones and applications, social media and Internet-based applications and other audio and/or video communication, or data storage devices or media.

H.4.b. Professional Boundaries in Distance

Counseling Counselors understand the necessity of maintaining a professional relationship with their clients. Counselors discuss and establish professional boundaries with clients regarding the appropriate use and/or application of technology and the limitations of its use within the counseling relationship (e.g., lack of confidentiality, times when not appropriate to use).

H.4.c. Technology-Assisted Services

When providing technology-assisted services, counselors make reasonable efforts to determine that clients are intellectually, emotionally, physically, linguistically, and functionally capable of using the application and that the application is appropriate for the needs of the client. Counselors verify that clients understand the purpose and operation of technology applications and follow up with clients to correct possible misconceptions, discover appropriate use, and assess subsequent steps.

H.4.d. Effectiveness of Services

When distance counseling services are deemed ineffective by the counselor or client, counselors consider delivering services face-to-face. If the counselor is not able to provide face-to-face services (e.g., lives in another state), the counselor assists the client in identifying appropriate services.

H.4.e. Access

Counselors provide information to clients regarding reasonable access to pertinent applications when providing technology-assisted services.

H.4.f. Communication Differences in Electronic Media

Counselors consider the differences between face-to-face and electronic communication (nonverbal and verbal cues) and how these may affect the counseling process. Counselors educate clients on how to prevent and address potential misunderstandings arising from the lack of visual cues and voice intonations when communicating electronically.

H.5. Records and Web Maintenance

H.5.a. Records

Counselors maintain electronic records in accordance with relevant laws and statutes. Counselors inform clients on how records are maintained electronically. This includes, but is not limited to, the type of encryption and security assigned to the records, and if/for how long archival storage of transaction records is maintained.

H.5.b. Client Rights

Counselors who offer distance counseling services and/or maintain a professional website provide electronic links to relevant licensure and professional certification boards to protect consumer and client rights and address ethical concerns.

H.5.c. Electronic Links

Counselors regularly ensure that electronic links are working and are professionally appropriate.

H.5.d. Multicultural and Disability Considerations

Counselors who maintain websites provide accessibility to persons with disabilities. They provide translation capabilities for clients who have a different primary language, when feasible. Counselors acknowledge the imperfect nature of such translations and accessibilities.

H.6. Social Media

H.6.a. Virtual Professional Presence

In cases where counselors wish to maintain a professional and personal presence for social media use, separate professional and personal web pages and profiles are created to clearly distinguish between the two kinds of virtual presence.

H.6.b. Social Media as Part of Informed Consent

Counselors clearly explain to their clients, as part of the informed consent procedure, the benefits, limitations, and boundaries of the use of social media.

H.6.c. Client Virtual Presence

Counselors respect the privacy of their clients' presence on social media unless given consent to view such information.

H.6.d. Use of Public Social Media

Counselors take precautions to avoid disclosing confidential information through public social media.

Section I Resolving Ethical Issues

Introduction

Professional counselors behave in an ethical and legal manner. They are aware that client welfare and trust in the profession depend on a high level of professional conduct. They hold other counselors to the same standards and are willing to take appropriate action to ensure that standards are upheld. Counselors strive to resolve ethical dilemmas with direct and open communication among all parties involved and seek consultation with colleagues and supervisors when necessary. Counselors incorporate ethical practice into their daily professional work and engage in ongoing professional development regarding current topics in ethical and legal issues in counseling. Counselors become familiar with the ACA Policy and Procedures for Processing Complaints of Ethical Violations1 and use it as a reference for assisting in the enforcement of the ACA Code of Ethics.

I.1. Standards and the Law

I.1.a. Knowledge

Counselors know and understand the ACA Code of Ethics and other applicable ethics codes from professional organizations or certification and licensure bodies of which they are members. Lack of knowledge or misunderstanding of an ethical responsibility is not a defense against a charge of unethical conduct.

I.1.b. Ethical Decision Making

When counselors are faced with an ethical dilemma, they use and document, as appropriate, an ethical decision making model that may include, but is not limited to, consultation; consideration of relevant ethical standards, principles, and laws; generation of potential courses of action; deliberation of risks and benefits; and selection of an objective decision based on the circumstances and welfare of all involved.

I.1.c. Conflicts Between Ethics and Laws

If ethical responsibilities conflict with the law, regulations, and/or other governing legal authority, counselors make known their commitment to the ACA Code of Ethics and take steps to resolve the conflict. If the conflict cannot be resolved using this approach, counselors, acting in the best interest of the client, may adhere to the requirements of the law, regulations, and/or other governing legal authority.

I.2. Suspected Violations I.2.a. Informal Resolution

When counselors have reason to believe that another counselor is violating or has violated an ethical standard and substantial harm has not occurred, they attempt to first resolve the issue informally with the other counselor if feasible, provided such action does not violate confidentiality rights that may be involved.

I.2.b. Reporting Ethical Violations

If an apparent violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution or is not resolved properly, counselors take further action depending on the situation. Such action may include referral to state or national committees on professional ethics, voluntary national certification bodies, state licensing boards, or appropriate institutional authorities. The confidentiality rights of clients should be considered in all actions. This standard does not apply when counselors have been retained to review the work of another counselor whose professional conduct is in question (e.g., consultation, expert testimony).

I.2.c. Consultation

When uncertain about whether a particular situation or course of action may be in violation of the ACA Code of Ethics, counselors consult with other counselors who are knowledgeable about ethics and the ACA Code of Ethics, with colleagues, or with appropriate authorities, such as the ACA Ethics and Professional Standards Department.

I.2.d. Organizational Conflicts

If the demands of an organization with which counselors are affiliated pose a conflict with the ACA Code of Ethics, counselors specify the nature of such conflicts and express to their supervisors or other responsible officials their commitment to the ACA Code of Ethics and, when possible, work through the appropriate channels to address the situation.

I.2.e. Unwarranted Complaints

Counselors do not initiate, participate in, or encourage the fling of ethics complaints that are retaliatory in nature or are made with reckless disregard or willful ignorance of facts that would disprove the allegation.

I.2.f. Unfair Discrimination Against Complainants and Respondents

Counselors do not deny individuals employment, advancement, admission to academic or other programs, tenure, or promotion based solely on their having made or they're being the subject of an ethics complaint. This does not preclude taking action based on the outcome of such proceedings or considering other appropriate information.

I.3. Cooperation With Ethics Committees

Counselors assist in the process of enforcing the ACA Code of Ethics. Counselors cooperate with investigations, proceedings, and requirements of the ACA Ethics Committee or ethics committees of other duly constituted associations or boards having jurisdiction over those charged with a violation.

National Association of Social Workers Code of Ethics

Read the Code of Ethics

The NASW Code of Ethics is a set of standards that guide the professional conduct of social workers. The 2021 update includes language that addresses the importance of professional self-care. Moreover, revisions to Cultural Competence standard provide more explicit guidance to social workers. All social workers should review the new text and affirm their commitment to abide by the Code of Ethics. Also available in Spanish.

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

Preamble

The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession’s dual focus on individual well-being in a social

context and the well-being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.

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

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

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

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

Purpose of the NASW Code of Ethics

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

The NASW Code of Ethics serves six purposes:

12. The Code identifies core values on which social work’s mission is based.
13. The Code summarizes broad ethical principles that reflect the profession’s core values and establishes a set of specific ethical standards that should be used to guide social work practice.
14. The Code is designed to help social workers identify relevant considerations when professional obligations conflict or ethical uncertainties arise.
15. The Code provides ethical standards to which the general public can hold the social work profession accountable.
16. The Code socializes practitioners new to the field to social work’s mission, values, ethical principles, and ethical standards, and encourages all social workers to engage in self-

care, ongoing education, and other activities to ensure their commitment to those same core features of the profession.

17. The Code articulates standards that the social work profession itself can use to assess whether social workers have engaged in unethical conduct. NASW has formal procedures to adjudicate ethics complaints filed against its members. * In subscribing to this Code, social workers are required to cooperate in its implementation, participate in NASW adjudication proceedings, and abide by any NASW disciplinary rulings or sanctions based on it.

The Code offers a set of values, principles, and standards to guide decision making and conduct when ethical issues arise. It does not provide a set of rules that prescribe how social workers should act in all situations. Specific applications of the Code must take into account the context in which it is being considered and the possibility of conflicts among the Code's values, principles, and standards. Ethical responsibilities flow from all human relationships, from the personal and familial to the social and professional.

* For information on the NASW Professional Review Process, see NASW Procedures for Professional Review.

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

Ethical decision making is a process. In situations when conflicting obligations arise, social workers may be faced with complex ethical dilemmas that have no simple answers. Social workers should take into consideration all the values, principles, and standards in this Code that are relevant to any situation in which ethical judgment is warranted. Social workers' decisions and actions should be consistent with the spirit as well as the letter of this Code.

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

based or social work organization's ethics committee, a regulatory body, knowledgeable colleagues, supervisors, or legal counsel.

Instances may arise when social workers' ethical obligations conflict with agency policies or relevant laws or regulations. When such conflicts occur, social workers must make a responsible effort to resolve the conflict in a manner that is consistent with the values, principles, and standards expressed in this Code. If a reasonable resolution of the conflict does not appear possible, social workers should seek proper consultation before making a decision. The NASW Code of Ethics is to be used by NASW and by individuals, agencies, organizations, and bodies (such as licensing and regulatory boards, professional liability insurance providers, courts of law, agency boards of directors, government agencies, and other professional groups) that choose to adopt it or use it as a frame of reference. Violation of standards in this Code does not automatically imply legal liability or violation of the law.
Such determination can only be made in the context of legal and judicial proceedings. Alleged violations of the Code would be subject to a peer review process. Such processes are generally separate from legal or administrative procedures and insulated from legal review or proceedings to allow the profession to counsel and discipline its own members.

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

With growth in the use of communication technology in various aspects of social work practice, social workers need to be aware of the unique challenges that may arise in relation to the maintenance of confidentiality, informed consent, professional boundaries, professional competence, record keeping, and other ethical considerations. In general, all ethical standards in this Code of Ethics are applicable to interactions, relationships, or communications, whether they occur in person or with the use of technology. For the purposes of this Code, "technology-assisted social work services" include any social work services that involve the use of computers, mobile or landline telephones, tablets, video technology, or other electronic or digital technologies; this includes the use of various electronic or digital platforms, such as the Internet, online social media, chat rooms, text messaging, e-mail and emerging digital

applications. Technology-assisted social work services encompass all aspects of social work practice, including psychotherapy; individual, family, or group counseling; community organization; administration; advocacy; mediation; education; supervision; research; evaluation; and other social work services. Social workers should keep apprised of emerging technological developments that may be used in social work practice and how various ethical standards apply to them.

Professional self-care is paramount for competent and ethical social work practice. Professional demands, challenging workplace climates, and exposure to trauma warrant that social workers maintain personal and professional health, safety, and integrity. Social work organizations, agencies, and educational institutions are encouraged to promote organizational policies, practices, and materials to support social workers' self-care.

Ethical Principles

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

Value: Service

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

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

Value: Social Justice

Ethical Principle: Social workers challenge social injustice.

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

Value: Dignity and Worth of the Person

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

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

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

Value: Importance of Human Relationships

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

Value: Integrity

Ethical Principle: Social workers behave in a trustworthy manner.

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

Value: Competence

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

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

Ethical Standards

The following ethical standards are relevant to the professional activities of all social workers. These standards concern (1) social workers' ethical responsibilities to clients, (2) social workers' ethical responsibilities to colleagues, (3) social workers' ethical responsibilities in practice settings, (4) social workers' ethical responsibilities as professionals, (5) social workers' ethical responsibilities to the social work profession, and (6) social workers' ethical responsibilities to the broader society. Some of the standards that follow are enforceable guidelines for professional conduct, and some are aspirational. The extent to which each standard is enforceable is a matter of professional judgment to be exercised by those responsible for reviewing alleged violations of ethical standards.

1. Social Workers' Ethical Responsibilities to Clients

NASW Code of Ethics: Ethical Standards

1.01 Commitment to Clients

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

1.02 Self-Determination

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

1.03 Informed Consent

(a) Social workers should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent. Social workers should use clear and understandable language to inform clients of the purpose of the services, risks related to the services, limits to services because of the requirements of a third-party payer, relevant costs, reasonable alternatives, clients' right to refuse or withdraw consent, and the time frame covered by the consent. Social workers should provide clients with an opportunity to ask questions.

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

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

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

(e) Social workers should discuss with clients the social workers' policies concerning the use of technology in the provision of professional services.

(f) Social workers who use technology to provide social work services should obtain informed consent from the individuals using these services during the initial screening or interview and prior to initiating services. Social workers should assess clients' capacity to provide informed consent and, when using technology to communicate, verify the identity and location of clients.

(g) Social workers who use technology to provide social work services should assess the clients' suitability and capacity for electronic and remote services. Social workers should consider the clients' intellectual, emotional, and physical ability to use technology to receive services and ability to understand the potential benefits, risks, and limitations of such services. If clients do not wish to use services provided through technology, social workers should help them identify alternate methods of service.
(h) Social workers should obtain clients' informed consent before making audio or video recordings of clients or permitting observation of service provision by a third party.
(i) Social workers should obtain client consent before conducting an electronic search on the client. Exceptions may arise when the search is for purposes of protecting the client or others from serious, foreseeable, and imminent harm, or for other compelling professional reasons.

1.04 Competence

(a) Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.
(b) Social workers should provide services in substantive areas or use intervention techniques or approaches that are new to them only after engaging in appropriate study, training, consultation, and supervision from people who are competent in those interventions or techniques.
(c) When generally recognized standards do not exist with respect to an emerging area of practice, social workers should exercise careful judgment and take responsible steps (including appropriate education, research, training, consultation, and supervision) to ensure the competence of their work and to protect clients from harm.
(d) Social workers who use technology in the provision of social work services should ensure that they have the necessary knowledge and skills to provide such services in a competent manner. This includes an understanding of the special communication challenges when using technology and the ability to implement strategies to address these challenges.
(e) Social workers who use technology in providing social work services should comply with the laws governing technology and social work practice in the jurisdiction in which they are regulated and located and, as applicable, in the jurisdiction in which the client is located.

1.05 Cultural Competence

(a) Social workers should demonstrate understanding of culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.
(b) Social workers should demonstrate knowledge that guides practice with clients of various cultures and be able to demonstrate skills in the provision of culturally informed services that empower marginalized individuals and groups. Social workers must take action against oppression, racism, discrimination, and inequities, and acknowledge personal privilege.

(c) Social workers should demonstrate awareness and cultural humility by engaging in critical self-reflection (understanding their own bias and engaging in self-correction), recognizing clients as experts of their own culture, committing to lifelong learning, and holding institutions accountable for advancing cultural humility.
(d) Social workers should obtain education about and demonstrate understanding of the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical ability.
(e) Social workers who provide electronic social work services should be aware of cultural and socioeconomic differences among clients' use of and access to electronic technology and seek to prevent such potential barriers. Social workers should assess cultural, environmental, economic, mental or physical ability, linguistic, and other issues that may affect the delivery or use of these services.

1.06 Conflicts of Interest

(a) Social workers should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. Social workers should inform clients when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the clients' interests primary and protects clients' interests to the greatest extent possible. In some cases, protecting clients' interests may require termination of the professional relationship with proper referral of the client.
(b) Social workers should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests.
(c) Social workers should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries. (Dual or multiple relationships occur when social workers relate to clients in more than one relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively.)
(d) When social workers provide services to two or more people who have a relationship with each other (for example, couples, family members), social workers should clarify with all parties which individuals will be considered clients and the nature of social workers' professional obligations to the various individuals who are receiving services. Social workers who anticipate a conflict of interest among the individual's receiving services or who anticipate having to perform in potentially conflicting roles (for example, when a social worker is asked to testify in a child custody dispute or divorce proceedings involving clients) should clarify their role with the parties involved and take appropriate action to minimize any conflict of interest.

(e) Social workers should avoid communication with clients using technology (such as social networking sites, online chat, e-mail, text messages, telephone, and video) for personal or non-work-related purposes.
(f) Social workers should be aware that posting personal information on professional Web sites or other media might cause boundary confusion, inappropriate dual relationships, or harm to clients.
(g) Social workers should be aware that personal affiliations may increase the likelihood that clients may discover the social worker's presence on Web sites, social media, and other forms of technology. Social workers should be aware that involvement in electronic communication with groups based on race, ethnicity, language, sexual orientation, gender identity or expression, mental or physical ability, religion, immigration status, and other personal affiliations may affect their ability to work effectively with particular clients.
(h) Social workers should avoid accepting requests from or engaging in personal relationships with clients on social networking sites or other electronic media to prevent boundary confusion, inappropriate dual relationships, or harm to clients.

1.07 Privacy and Confidentiality

(a) Social workers should respect clients' right to privacy. Social workers should not solicit private information from or about clients except for compelling professional reasons. Once private information is shared, standards of confidentiality apply.
(b) Social workers may disclose confidential information when appropriate with valid consent from a client or a person legally authorized to consent on behalf of a client.
(c) Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or others. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed.
(d) If social workers plan to disclose confidential information, they should (when feasible and to the extent possible) inform clients about the disclosure and the potential consequences prior to disclosing the information. This applies whether social workers disclose confidential information on the basis of a legal requirement or client consent.
(e) Social workers should discuss with clients and other interested parties the nature of confidentiality and limitations of clients' right to confidentiality. Social workers should review with clients' circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. This discussion should occur as soon as possible in the social worker–client relationship and as needed throughout the course of the relationship.

(f) When social workers provide counseling services to families, couples, or groups, social workers should seek agreement among the parties involved concerning each individual's right to confidentiality and obligation to preserve the confidentiality of information shared by others. This agreement should include consideration of whether confidential information may be exchanged in person or electronically, among clients or with others outside of formal counseling sessions. Social workers should inform participants in family, couples, or group counseling that social workers cannot guarantee that all participants will honor such agreements.
(g) Social workers should inform clients involved in family, couples, marital, or group counseling of the social worker's, employer's, and agency's policy concerning the social worker's disclosure of confidential information among the parties involved in the counseling.
(h) Social workers should not disclose confidential information to third-party payers unless clients have authorized such disclosure.
(i) Social workers should not discuss confidential information, electronically or in person, in any setting unless privacy can be ensured. Social workers should not discuss confidential information in public or semipublic areas such as hallways, waiting rooms, elevators, and restaurants.
(j) Social workers should protect the confidentiality of clients during legal proceedings to the extent permitted by law. When a court of law or other legally authorized body orders social workers to disclose confidential or privileged information without a client's consent and such disclosure could cause harm to the client, social workers should request that the court withdraw the order or limit the order as narrowly as possible or maintain the records under seal, unavailable for public inspection.
(k) Social workers should protect the confidentiality of clients when responding to requests from members of the media.
(l) Social workers should protect the confidentiality of clients' written and electronic records and other sensitive information. Social workers should take reasonable steps to ensure that clients' records are stored in a secure location and that clients' records are not available to others who are not authorized to have access.
(m) Social workers should take reasonable steps to protect the confidentiality of electronic communications, including information provided to clients or third parties. Social workers should use applicable safeguards (such as encryption, firewalls, and passwords) when using electronic communications such as e-mail, online posts, online chat sessions, mobile communication, and text messages.
(n) Social workers should develop and disclose policies and procedures for notifying clients of any breach of confidential information in a timely manner.
(o) In the event of unauthorized access to client records or information, including any unauthorized access to the social worker's electronic communication or storage systems, social

workers should inform clients of such disclosures, consistent with applicable laws and professional standards.
(p) Social workers should develop and inform clients about their policies, consistent with prevailing social work ethical standards, on the use of electronic technology, including Internet-based search engines, to gather information about clients.
(q) Social workers should avoid searching or gathering client information electronically unless there are compelling professional reasons, and when appropriate, with the client's informed consent.
(r) Social workers should avoid posting any identifying or confidential information about clients on professional Web sites or other forms of social media.
(s) Social workers should transfer or dispose of clients' records in a manner that protects clients' confidentiality and is consistent with applicable laws governing records and social work licensure.
(t) Social workers should take reasonable precautions to protect client confidentiality in the event of the social worker's termination of practice, incapacitation, or death.
(u) Social workers should not disclose identifying information when discussing clients for teaching or training purposes unless the client has consented to disclosure of confidential information.
(v) Social workers should not disclose identifying information when discussing clients with consultants unless the client has consented to disclosure of confidential information or there is a compelling need for such disclosure.
(w) Social workers should protect the confidentiality of deceased clients consistent with the preceding standards.

1.08 Access to Records

(a) Social workers should provide clients with reasonable access to records concerning the client. Social workers who are concerned that clients' access to their records could cause serious misunderstanding or harm to the client should provide assistance in interpreting the records and consultation with the client regarding the records. Social workers should limit clients' access to their records, or portions of their records, only in exceptional circumstances when there is compelling evidence that such access would cause serious harm to the client. Both clients' requests and the rationale for withholding some or all of the record should be documented in clients' files.
(b) Social workers should develop and inform clients about their policies, consistent with prevailing social work ethical standards, on the use of technology to provide clients with access to their records.
(c) When providing clients with access to their records, social workers should take steps to protect the confidentiality of other individuals identified or discussed in such records.

1.09 Sexual Relationships

(a) Social workers should under no circumstances engage in sexual activities, inappropriate sexual communications through the use of technology or in person, or sexual contact with current clients, whether such contact is consensual or forced.

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

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

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

1.10 Physical Contact

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

1.11 Sexual Harassment

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

1.12 Derogatory Language

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

1.13 Payment for Services

(a) When setting fees, social workers should ensure that the fees are fair, reasonable, and commensurate with the services performed. Consideration should be given to clients' ability to pay.
(b) Social workers should avoid accepting goods or services from clients as payment for professional services. Bartering arrangements, particularly involving services, create the potential for conflicts of interest, exploitation, and inappropriate boundaries in social workers' relationships with clients. Social workers should explore and may participate in bartering only in very limited circumstances when it can be demonstrated that such arrangements are an accepted practice among professionals in the local community, considered to be essential for the provision of services, negotiated without coercion, and entered into at the client's initiative and with the client's informed consent. Social workers who accept goods or services from clients as payment for professional services assume the full burden of demonstrating that this arrangement will not be detrimental to the client or the professional relationship.
(c) Social workers should not solicit a private fee or other remuneration for providing services to clients who are entitled to such available services through the social workers' employer or agency.

1.14 Clients Who Lack Decision-Making Capacity

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

1.15 Interruption of Services

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

1.16 Referral for Services

(a) Social workers should refer clients to other professionals when the other professionals' specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that other services are required.
(b) Social workers who refer clients to other professionals should take appropriate steps to facilitate an orderly transfer of responsibility. Social workers who refer clients to other professionals should disclose, with clients' consent, all pertinent information to the new service providers.
(c) Social workers are prohibited from giving or receiving payment for a referral when no professional service is provided by the referring social worker.

1.17 Termination of Services

(a) Social workers should terminate services to clients and professional relationships with them when such services and relationships are no longer required or no longer serve the clients' needs or interests.
(b) Social workers should take reasonable steps to avoid abandoning clients who are still in need of services. Social workers should withdraw services precipitously only under unusual circumstances, giving careful consideration to all factors in the situation and taking care to minimize possible adverse effects. Social workers should assist in making appropriate arrangements for continuation of services when necessary.
(c) Social workers in fee-for-service settings may terminate services to clients who are not paying an overdue balance if the financial contractual arrangements have been made clear to the client, if the client does not pose an imminent danger to self or others, and if the clinical and other consequences of the current nonpayment have been addressed and discussed with the client.
(d) Social workers should not terminate services to pursue a social, financial, or sexual relationship with a client.
(e) Social workers who anticipate the termination or interruption of services to clients should notify clients promptly and seek the transfer, referral, or continuation of services in relation to the clients' needs and preferences.
(f) Social workers who are leaving an employment setting should inform clients of appropriate options for the continuation of services and of the benefits and risks of the options.

2. Social Workers' Ethical Responsibilities to Colleagues

NASW Code of Ethics: Ethical Standards

2.01 Respect

(a) Social workers should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues.
(b) Social workers should avoid unwarranted negative criticism of colleagues in verbal, written, and electronic communications with clients or with other professionals. Unwarranted negative criticism may include demeaning comments that refer to colleagues' level of competence or to individuals' attributes such as race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical ability.
(c) Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients.

2.02 Confidentiality

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

2.03 Interdisciplinary Collaboration

(a) Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.
(b) Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.

2.04 Disputes Involving Colleagues

(a) Social workers should not take advantage of a dispute between a colleague and an employer to obtain a position or otherwise advance the social workers' own interests.
(b) Social workers should not exploit clients in disputes with colleagues or engage clients in any inappropriate discussion of conflicts between social workers and their colleagues.

2.05 Consultation

(a) Social workers should seek the advice and counsel of colleagues whenever such consultation is in the best interests of clients.
(b) Social workers should keep themselves informed about colleagues' areas of expertise and competencies. Social workers should seek consultation only from colleagues who have demonstrated knowledge, expertise, and competence related to the subject of the consultation.
(c) When consulting with colleagues about clients, social workers should disclose the least amount of information necessary to achieve the purposes of the consultation.

2.06 Sexual Relationships

(a) Social workers who function as supervisors or educators should not engage in sexual activities or contact (including verbal, written, electronic, or physical contact) with supervisees, students, trainees, or other colleagues over whom they exercise professional authority.
(b) Social workers should avoid engaging in sexual relationships with colleagues when there is potential for a conflict of interest. Social workers who become involved in, or anticipate becoming involved in, a sexual relationship with a colleague have a duty to transfer professional responsibilities, when necessary, to avoid a conflict of interest.

2.07 Sexual Harassment

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

2.08 Impairment of Colleagues

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

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

2.09 Incompetence of Colleagues

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

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

2.10 Unethical Conduct of Colleagues

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

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

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

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

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

3. Social Workers' Ethical Responsibilities in Practice Settings

NASW Code of Ethics: Ethical Standards

3.01 Supervision and Consultation

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

3.02 Education and Training

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

3.03 Performance Evaluation

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

3.04 Client Records

(a) Social workers should take reasonable steps to ensure that documentation in electronic and paper records is accurate and reflects the services provided.
(b) Social workers should include sufficient and timely documentation in records to facilitate the delivery of services and to ensure continuity of services provided to clients in the future.

(c) Social workers' documentation should protect clients' privacy to the extent that is possible and appropriate and should include only information that is directly relevant to the delivery of services.
(d) Social workers should store records following the termination of services to ensure reasonable future access. Records should be maintained for the number of years required by relevant laws, agency policies, and contracts.

3.05 Billing

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

3.06 Client Transfer

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

3.07 Administration

(a) Social work administrators should advocate within and outside their agencies for adequate resources to meet clients' needs.
(b) Social workers should advocate for resource allocation procedures that are open and fair. When not all clients' needs can be met, an allocation procedure should be developed that is nondiscriminatory and based on appropriate and consistently applied principles.
(c) Social workers who are administrators should take reasonable steps to ensure that adequate agency or organizational resources are available to provide appropriate staff supervision.
(d) Social work administrators should take reasonable steps to ensure that the working environment for which they are responsible is consistent with and encourages compliance with the NASW Code of Ethics. Social work administrators should take reasonable steps to eliminate any conditions in their organizations that violate, interfere with, or discourage compliance with the Code.

3.08 Continuing Education and Staff Development

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

3.09 Commitments to Employers

(a) Social workers generally should adhere to commitments made to employers and employing organizations.
(b) Social workers should work to improve employing agencies' policies and procedures and the efficiency and effectiveness of their services.
(c) Social workers should take reasonable steps to ensure that employers are aware of social workers' ethical obligations as set forth in the NASW Code of Ethics and of the implications of those obligations for social work practice.
(d) Social workers should not allow an employing organization's policies, procedures, regulations, or administrative orders to interfere with their ethical practice of social work. Social workers should take reasonable steps to ensure that their employing organizations' practices are consistent with the NASW Code of Ethics.
(e) Social workers should act to prevent and eliminate discrimination in the employing organization's work assignments and in its employment policies and practices.
(f) Social workers should accept employment or arrange student field placements only in organizations that exercise fair personnel practices.
(g) Social workers should be diligent stewards of the resources of their employing organizations, wisely conserving funds where appropriate and never misappropriating funds or using them for unintended purposes.

3.10 Labor–Management Disputes

(a) Social workers may engage in organized action, including the formation of and participation in labor unions, to improve services to clients and working conditions.
(b) The actions of social workers who are involved in labor-management disputes, job actions, or labor strikes should be guided by the profession's values, ethical principles, and ethical standards. Reasonable differences of opinion exist among social workers concerning their primary obligation as professionals during an actual or threatened labor strike or job action. Social workers should carefully examine relevant issues and their possible impact on clients before deciding on a course of action.

4. Social Workers' Ethical Responsibilities as Professionals

NASW Code of Ethics: Ethical Standards

4.01 Competence

(a) Social workers should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence.
(b) Social workers should strive to become and remain proficient in professional practice and the performance of professional functions. Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely

review the professional literature and participate in continuing education relevant to social work practice and social work ethics.

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

4.02 Discrimination

Social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical ability.

4.03 Private Conduct

Social workers should not permit their private conduct to interfere with their ability to fulfill their professional responsibilities.

4.04 Dishonesty, Fraud, and Deception

Social workers should not participate in, condone, or be associated with dishonesty, fraud, or deception.

4.05 Impairment

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

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

4.06 Misrepresentation

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

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

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

4.07 Solicitations

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

4.08 Acknowledging Credit

(a) Social workers should take responsibility and credit, including authorship credit, only for work they have actually performed and to which they have contributed. (b) Social workers should honestly acknowledge the work of, and the contributions made by others.

5. Social Workers' Ethical Responsibilities to the Social Work Profession

NASW Code of Ethics: Ethical Standards

5.01 Integrity of the Profession

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

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

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

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

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

5.02 Evaluation and Research

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

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

(c) Social workers should critically examine and keep current with emerging knowledge relevant to social work and fully use evaluation and research evidence in their professional practice.
(d) Social workers engaged in evaluation or research should carefully consider possible consequences and should follow guidelines developed for the protection of evaluation and research participants. Appropriate institutional review boards should be consulted.
(e) Social workers engaged in evaluation or research should obtain voluntary and written informed consent from participants, when appropriate, without any implied or actual deprivation or penalty for refusal to participate; without undue inducement to participate; and with due regard for participants' well-being, privacy, and dignity. Informed consent should include information about the nature, extent, and duration of the participation requested and disclosure of the risks and benefits of participation in the research.
(f) When using electronic technology to facilitate evaluation or research, social workers should ensure that participants provide informed consent for the use of such technology. Social workers should assess whether participants are able to use the technology and, when appropriate, offer reasonable alternatives to participate in the evaluation or research.
(g) When evaluation or research participants are incapable of giving informed consent, social workers should provide an appropriate explanation to the participants, obtain the participants' assent to the extent they are able, and obtain written consent from an appropriate proxy.
(h) Social workers should never design or conduct evaluation or research that does not use consent procedures, such as certain forms of naturalistic observation and archival research, unless rigorous and responsible review of the research has found it to be justified because of its prospective scientific, educational, or applied value and unless equally effective alternative procedures that do not involve waiver of consent are not feasible.
(i) Social workers should inform participants of their right to withdraw from evaluation and research at any time without penalty.
(j) Social workers should take appropriate steps to ensure that participants in evaluation and research have access to appropriate supportive services.
(k) Social workers engaged in evaluation or research should protect participants from unwarranted physical or mental distress, harm, danger, or deprivation.
(l) Social workers engaged in the evaluation of services should discuss collected information only for professional purposes and only with people professionally concerned with this information.
(m) Social workers engaged in evaluation or research should ensure the anonymity or confidentiality of participants and of the data obtained from them. Social workers should inform participants of any limits of confidentiality, the measures that will be taken to ensure confidentiality, and when any records containing research data will be destroyed.

(n) Social workers who report evaluation and research results should protect participants' confidentiality by omitting identifying information unless proper consent has been obtained authorizing disclosure.
(o) Social workers should report evaluation and research findings accurately. They should not fabricate or falsify results and should take steps to correct any errors later found in published data using standard publication methods.
(p) Social workers engaged in evaluation or research should be alert to and avoid conflicts of interest and dual relationships with participants, should inform participants when a real or potential conflict of interest arises, and should take steps to resolve the issue in a manner that makes participants' interests primary.
(q) Social workers should educate themselves, their students, and their colleagues about responsible research practices.

6. Social Workers' Ethical Responsibilities to the Broader Society

NASW Code of Ethics: Ethical Standards

6.01 Social Welfare

Social workers should promote the general welfare of society, from local to global levels, and the development of people, their communities, and their environments. Social workers should advocate for living conditions conducive to the fulfillment of basic human needs and should promote social, economic, political, and cultural values and institutions that are compatible with the realization of social justice.

6.02 Public Participation

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

6.03 Public Emergencies

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

6.04 Social and Political Action

(a) Social workers should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully. Social workers should be aware of the impact of the political arena on practice and should advocate for changes in policy and legislation to improve social conditions to meet basic human needs and promote social justice.
(b) Social workers should act to expand choice and opportunity for all people, with special regard for vulnerable, disadvantaged, oppressed, and exploited people and groups.
(c) Social workers should promote conditions that encourage respect for cultural and social diversity within the United States and globally. Social workers should promote policies and

practices that demonstrate respect for difference, support the expansion of cultural knowledge and resources, advocate for programs and institutions that demonstrate cultural competence, and promote policies that safeguard the rights of and confirm equity and social justice for all people.

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