CHAPTER 1

GENERAL PROVISIONS

Section 1. Rules of the Mental Health Professions Licensing Board, hereinafter referred to as the Board.

Section 2. Statutory Authority. The Mental Health Professions Licensing Board was created by W.S. 33-38-101 through 33-38-113, herein after referred to as the Act.

Section 3. Severability. If any provisions of these regulations or the application thereof to any person or circumstance is invalid, such invalidity shall not affect other provisions or application of these regulations which can be given effect without the invalid provision or application, and to this end the provisions of these regulations are declared to be severable.

Section 4. Purpose of These Rules. The purpose of these rules shall be to develop procedures and establish requirements for:

(a) Election of officers, establishment of Board organization, and codification of rules and procedures for Board meetings and subcommittee meetings;

(b) Standards and qualifications requisite in the issuance of licenses and certifications in the disciplines identified;

(c) Evaluation of qualifications of individuals applying for licensure and certification;

(d) Issuance and renewal of licenses and certifications to persons qualified in these disciplines in the State of Wyoming;

(e) Setting fees necessary for the administration of this act;

(f) Establishing criteria for actions against licensees and certificate holders, including but not limited to:

(i) Investigation and conduct of hearings on complaints of violations of this act;

(ii) Proceedings to enjoin, restrain or bring suit against persons violating this act;

(iii) Revocation, suspension, denial, restriction, or refusal for renewal of licenses and certifications; and,

(g) Codification of a canon of ethics.

Section 5. Terms Defined by Statute. Terms defined in W.S. 33-38-101 through 33-38-113 shall have the same meanings when used in these regulations unless the context or subject matter clearly requires a different interpretation.

Section 6. Terms Defined Herein. As used in these regulations, the following terms shall have the following meanings unless the context or subject matter clearly requires a different interpretation.

(a) Administrative Supervision- Employment by a business, agency, organization, firm, etc. to work for wages or salary. The employer must have the authority to hire, discipline and dismiss the provisional licensee and certificate holder. An independent contract for services does not meet the criteria of administrative supervision.

(b) Case Management- Non-clinical services that are provided to; assist the client in gaining access to needed medical, social, educational and other services; assist the client in making arrangements necessary to move from a residential, hospital, or institutional placement to the family or surrogate family home in the community; and foster a client's rehabilitation from a diagnosed mental disorder by organizing needed services and supports into an integrated system of care until the client is able to assume this responsibility. Provision of these services is not restricted to persons who are licensed or certified under the Act. Case management services include linkage, monitoring/follow-up, referral, advocacy, and crisis intervention.

(i) Linkage- Working with clients and/or service providers to secure access to services. Activities include making telephone calls to agencies to arrange for appointments or services following the initial referral process, and preparing clients for these appointments.

(ii) Monitoring/follow-up- Contacting the client or others to ensure that a client is following a prescribed service plan and monitoring the progress and impact of that plan.

(iii) Referral- Arranging initial appointments with service providers or informing clients of services available, addresses and telephone numbers of agencies providing services.

(iv) Advocacy- Advocacy on behalf of a specific client for the purpose of accessing needed services.

(v) Crisis Intervention- Intervention and stabilization provided in situations requiring immediate attention/resolution for a specific client. The case manager may provide the initial intervention in a crisis situation and would assist the client in gaining access to other needed clinical crisis intervention.

(c) Certified Addictions Practitioner (CAP)- A person certified under the Act to practice addictions therapy for which they are qualified by virtue of training and experience, under administrative supervision and under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming.

(d) Certified Addictions Practitioner Assistant (CAPA)- A person certified under the Act to assist a licensed mental health professional in those methods and techniques of addictions assessment and treatment for which they are qualified by virtue of training and experience under administrative supervision and under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming.

(i) Therapeutic interventions are limited to education and skill development activities.

(ii) The practice of a CAPA does not include assigning diagnosis, making treatment recommendation, or acting as a primary treatment provider,

(e) Certified Mental Health Worker (CMHW)- A person certified under the Act to perform mental health procedures for which they are qualified by virtue of training and experience and that are consistent with their level of competence and expertise, under administrative supervision and under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming.

(f) Certified Social Worker (CSW)- A person certified under the Act to practice clinical social work for which they are qualified by virtue of training and experience, under administrative supervision and under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming.

(g) Client- An individual or entity for which a professional service is provided by a licensee or certificate holder who is acting in his/her professional capacity and who is performing any professional service governed by the Act or these Rules and Regulations.

(h) Clinical Crisis Intervention- A specific clinical service designed to assess a person's mental status, suicide/homicide potential, diagnosis and/or need for therapeutic services.

(i) Clinical Supervisor- A designated qualified clinical supervisor shall be a licensed professional counselor, licensed clinical social worker, licensed marriage and family therapist, licensed addictions therapist, licensed psychologist, licensed psychiatrist, or licensed advanced practitioner of nursing with psychiatric specialty. In addition, a licensed physician with specialty in addictionology shall qualify as a designated qualified clinical supervisor for a candidate seeking licensure as an Addictions Therapist. Precautions should be taken to avoid conflictual dual relationships in supervision.

(i) The designated qualified clinical supervisor shall have been licensed for a minimum of two (2) years prior to beginning supervision, and

(ii) The designated qualified clinical supervisor shall have had four (4) years of post graduate professional experience in their discipline prior to beginning supervision.

(iii) The Board may require an evaluation of the qualifications and roles of any designated qualified clinical supervisor and may approve or disapprove supervision at its discretion.

(j) Conflictual Dual Relationship- An association which may potentially lead to conflict with the therapeutic alliance.

(i) Conflictual dual relationship includes but is not limited to:

(A) Blood and/or legal relatives;

(B) Spousal relationships or significant others, either current or former;

(C) Current or former therapists and/or clients;

(D) Any other relationship which might compromise therapist/client, supervisor and supervisee relationship, whether or not there was remuneration for services.

(ii) Designated qualified clinical supervisors clearly define and maintain ethical, professional, professional, personal and social relationships with their supervisees. If supervisors must assume other professional roles (e.g., clinical and administrative supervisor, instructor) with supervisees, they work to minimize potential conflicts and explain to supervisees the expectations and responsibilities associated with each role.

(iii) Any supervisor or supervisee claiming an exception to this section due to practice in a rural location, or accredited training institution of formal learning, or special needs of the clinical population being served shall show by preponderance of the evidence that:

(A) The client was fully informed of the dual relationship and the possibility for conflicts of interest;

(B) The client's access to quality care has not been compromised;

(C) The supervisor and supervisee have not benefited from the relationship over and above a reasonable fee for service (i.e., that the power in the therapeutic relationship has not been used to influence the therapeutic relationship for personal gain);

(D) The therapeutic and supervisory relationship has not been compromised and the best interests of the client are served by the relationship.

(k) Individual Face-to-face Clinical Supervision- A direct tutorial relationship between a designated qualified clinical supervisor and a supervisee. The designated qualified clinical supervisor monitors the quality of services being offered to clients, facilitates the supervisee's learning and skill development, and endeavors to enhance the professional growth of the supervisee within the discipline.

(i) The designated qualified clinical supervisor is readily available to give aid, direction, and instruction to any supervisee rendering clinical services pursuant to the Act.

(ii) A designated qualified clinical supervisor shall not serve as the designated qualified clinical supervisor for more than three (3) supervisees at any time. Exemptions to this requirement may be approved by the Board.

(l) Licensed Addictions Therapist (LAT)- A person licensed under the Act to practice addictions therapy independent of administrative or clinical supervision.

(m) Licensed Clinical Social Worker (LCSW)- A person licensed under the Act to practice clinical social work independent of administrative or clinical supervision.

(n) Licensed Marriage and Family Therapist (LMFT)- A person licensed under the Act to practice couples, marriage and family therapy independent of administrative or clinical supervision.

(o) Licensed Professional Counselor (LPC)- A person licensed under the Act to practice professional counseling independent of administrative or clinical supervision.

(p) Licensure Standards Sub-Committee- The Sub-Committee appointed or elected by the professional organization in Wyoming representing each discipline, which serves as monitor for licensure and certification standards for that discipline and as liaison between the Board and the professional organization.

(q) Provisional Addictions Therapist (PAT)- A person provisionally licensed under the Act to practice addictions therapy for which they are qualified by virtue of training and experience, under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming.

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(t) Provisional Professional Counselor (PPC)- A person provisionally licensed under the Act to practice professional counseling for which they are qualified by virtue of training and experience, under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming.

(u) Supervisee- A person receiving clinical supervision.

(v) Triadic Face-to-Face Clinical Supervision- A direct tutorial relationship wherein a designated qualified clinical supervisor conducts clinical supervision with two (2) supervisees simultaneously. The supervision is provided in the same manner, content and quality as during Individual Face-to-Face Clinical Supervision.

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Section 6. Terms Defined Herein. As used in these regulations, the following terms shall have the following meanings unless the context or subject matter clearly requires a different interpretation.

~~(a) Accredited Program. An accredited program is a graduate degree program in one of the four (4) disciplines governed by these rules which is accredited by one (1) or more of the following organizations:~~

~~(i) For Professional Counseling.~~

~~(A) CACREP--Council for Accreditation of Counseling and Related Educational Programs, or~~

~~(B) CORE--Council on Rehabilitation Education, or~~

~~(C) A graduate degree from a regionally accredited educational institution (i.e., North Central Association of Schools and Colleges) and an equivalent course of study as defined by the Board. Refer to Chapter 3, Section 2(a)(ii).~~

~~(ii) For Marriage and Family Therapy.~~

~~(A) CAMFTE--Commission on Accreditation For Marriage and Family Therapy Education, or~~

~~(B) CACREP-MFC-- Council for Accreditation of Counseling and Related Educational Programs- Marriage and Family Counseling.~~

~~(iii) For Social Work. CSWE--Council on Social Work Education.~~

~~(iv) For Addictions Therapy. A graduate degree from a regionally accredited educational institution (i.e., North Central Association of Schools and Colleges) and an equivalent course of study as defined by the Board. Refer to Chapter 3, Section 2(d)(i).~~

(a) Administrative Supervision- Employment by a business, agency, organization, firm, etc. to work for wages or salary. The employer must have the authority to hire, discipline and dismiss the provisional licensee and certificate holder. An independent contract for services does not meet the criteria of administrative supervision.

(b) Case Management-. Non-clinical services that are provided to; assist the client in gaining access to needed medical, social, educational and other services; assist the client in making arrangements necessary to move from a residential, hospital, or institutional placement to the family or surrogate family home in the community; and foster a client's rehabilitation from a diagnosed mental disorder by organizing needed services and supports into an integrated system of care until the client is able to assume this responsibility. Provision of these services is not restricted to persons who are licensed or certified under the Act. Case management services include linkage, monitoring/follow-up, referral, advocacy, and crisis intervention.

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(D) Any other relationship which might ~~command~~ compromise therapist/client, supervisor and supervisee relationship, whether or not there was remuneration for services.

(ii) ~~A supervisor shall not be prohibited from a conflictual dual relationship so long as the parties involved conform to the specific personnel policies and procedures of the agency and are not engaged in clinical supervision involving the conflicted relationship.~~ Designated qualified clinical supervisors clearly define and maintain ethical, professional, professional, personal and social relationships with their supervisees. If supervisors must assume other professional roles (e.g., clinical and administrative supervisor, instructor) with supervisees, they work to minimize potential conflicts and explain to supervisees the expectations and responsibilities associated with each role.

(iii) Any supervisor or ~~psychotherapist~~ supervisee claiming an exception to this section ~~the above~~ due to practice in a rural location, or accredited training institution of formal learning,

or special needs of the clinical population being served shall show by preponderance of the evidence that:

(A) The client was fully informed of the dual relationship and the possibility for conflicts of interest;

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~~(g) Revocation. The withdrawal of licensure or certification privileges for cause after adjudication.~~

(~~h~~u) Supervisee.~~-~~ A person receiving ~~individual direct face-to-face~~ clinical supervision.

~~(i) Suspension. The temporary denial of the rights of licensure or certification for cause as defined under the Administrative Procedures Act.~~

(v) Triadic Face-to-Face Clinical Supervision- A direct tutorial relationship wherein a designated qualified clinical supervisor conducts clinical supervision with two (2) supervisees simultaneously. The supervision is provided in the same manner, content and quality as during Individual Face-to-Face Clinical Supervision.

CHAPTER 2

ORGANIZATION AND PROCEDURES OF THE BOARD

Section 1. Structure of the Board. The Board shall consist of six (6) persons, all of whom are residents of Wyoming for a minimum of one (1) year and who are appointed by the governor by and with the consent of the senate: one (1) licensed person from each of the four (4) disciplines plus two (2) persons from the public at large. Board members shall serve three (3) year terms. The state organization representing each discipline licensed by the Board is responsible for providing the Governor with a list of eligible recommended persons from which the Governor shall select. In cases where vacancies occur on the Board the discipline group affected by the vacancy shall provide a list of names of eligible candidates to the Governor within sixty (60) days. Public at large vacancies shall be filled at the pleasure of the Governor.

Section 2. Establishment of Licensure Standards. The state professional organizations representing each discipline may recommend to the Board the specific requirements, rules, and procedures appropriate for licensing and certifying persons in that field and suggest changes to the rules and regulations.

Section 3. Relationship of Board to the Professional Organizations Representing These Disciplines.

Schematic Structure

	The Board Three-year Staggered Terms		Chair Vice Chair Secretary Treasurer		
Public Appointed by Governor	LPC Appointed by Governor	LCSW Appointed by Governor	LMFT Appointed by Governor	LAT Appointed by Governor	Public Appointed by Governor
	Professional Standards Subcommittee	Professional Standards Subcommittee	Professional Standards Subcommittee	Professional Standards Subcommittee	
	State Professional Counselor Organization	State Social Worker Organization	State Marriage and Family Organization	State Addictions Therapy Organization	

The Board shall encourage the formulation of a professional standards committee from each organization to advise the Board concerning licensing and certification standards and licensing and certification processes for that discipline, and serve as a resource to the Board~~. The codes of ethics and standards of practice of each discipline's professional organization will be used by the Board as standards in addressing complaints~~.

Section 4. Officers. Officers of the Board shall be elected annually, by a majority vote of the Board, and be comprised of a chair, a vice chair and a secretary-treasurer.

Section 5. Meetings of the Board.

(a) The Board shall meet at least once each year at a date, place and time established by the Chair with special meetings held as requested by the Chair or by a majority of the members.

(b) Meeting dates and times shall be made known to Board members by the Secretary-Treasurer at least twenty (20) days prior to such meeting except for special meetings which may be held upon emergency notice to all Board members.

(c) Meetings shall be open to the public and held in accordance with the Wyoming Administrative Procedures Act. The Board has the right to call executive sessions pursuant to W.S. 16-4-405.

(d) The Chair may conduct meetings and Board business by telephone as a means of conserving funds and expediting appropriate business.

(e) A quorum shall consist of four (4) members, and a majority vote of those Board members present and voting is required to approve Board actions.

Section 6. Establishment of Committees. The Board may, by a majority vote of the membership, establish and empower committees to approve or preliminarily deny applications for license and certification, applications for renewal, supervision agreements, special request, and other issues that the Board deems proper to delegate. Committees may also be established and empowered to conduct complaint investigations, and make recommendations on complaints. These committees shall be comprised of current members of the Board and/or administrative staff.

APPENDIX D

AMERICAN COUNSELING ASSOCIATION

CODE OF ETHICS

Effective October 2005

SECTION A:
THE COUNSELING RELATIONSHIP

Introduction
Counselors encourage client growth and development in ways that foster the interest and welfare of clients and promote formation of healthy relationships. 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. 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).

A.1. Welfare of Those Served by Counselors

A.1.a. Primary Responsibility
The primary responsibility of counselors is to respect the dignity and to promote the welfare of clients.

A.1.b. Records
Counselors maintain records necessary for rendering professional services to their clients and as required by laws, regulations, or agency or institution procedures. Counselors include sufficient and timely documentation in their client records to facilitate the delivery and continuity of needed services. Counselors take reasonable steps to ensure that documentation in records accurately reflects client progress and services provided. If errors are made in client records, counselors take steps to properly note the correction of such errors according to agency or institutional policies. (See A.12.g.7., B.6., B.6.g., G.2.j.)

A.1.c. Counseling Plans
Counselors and their clients work jointly in devising integrated counseling plans that offer reasonable promise of success and are consistent with abilities and circumstances of clients. Counselors and clients regularly review counseling plans to assess their continued viability and effectiveness, respecting the freedom of choice of clients. (See A.2.a., A.2.d., A.12.g.)

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.1.e. Employment Needs
Counselors work with their clients considering employment in jobs that are consistent with the overall abilities, vocational limitations, physical restrictions, general temperament, interest and aptitude patterns, social skills, education, general qualifications, and other relevant characteristics and needs of clients. When appropriate, counselors appropriately trained in career development will assist in the placement of clients in positions that are consistent with the interest, culture, and the welfare of clients, employers, and/or the public.

A.2. Informed Consent in the Counseling Relationship (See A.12.g., B.5., B.6.b., E.3., E.13.b., F.1.c., G.2.a.)

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 the counselor and the client. 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, and relevant experience; continuation of services upon the incapacitation or death of a counselor; and other pertinent information. Counselors take steps to ensure that clients understand the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements. Clients have the right to confidentiality and to be provided with an explanation of its limitations (including how supervisors and/or treatment 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 change 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 used by counselors, they 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 or 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.3. Clients Served by Others

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

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 their own values, attitudes, beliefs, and behaviors and avoid imposing values that are inconsistent with counseling goals. Counselors respect the diversity of clients, trainees, and research participants.

A.5. Roles and Relationships With Clients (See F.3., F.10., G.3.)

A.5.a. Current Clients
Sexual or romantic counselor-client interactions or relationships with current clients, their romantic partners, or their family members are prohibited.

A.5.b. Former Clients
Sexual 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. Counselors, before engaging in sexual or romantic interactions or relationships with clients, their romantic partners, or client family members after 5 years following the last professional contact, demonstrate forethought and document (in written form) whether the interactions or relationship can be viewed as exploitive in some 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 such an interaction or relationship.

A.5.c. Nonprofessional Interactions or Relationships (Other Than Sexual or Romantic Interactions or Relationships)
Counselor-client nonprofessional relationships with clients, former clients, their romantic partners, or their family members should be avoided, except when the interaction is potentially beneficial to the client. (See A.5.d.)

A.5.d. Potentially Beneficial Interactions
When a counselor-client nonprofessional interaction with a client or former client may be potentially beneficial to the client or former client, the counselor must document in case records, 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. Such interactions should be initiated with appropriate client consent. Where unintentional harm occurs to the client or former client, or to an individual significantly involved with the client or former client, due to the nonprofessional interaction, the counselor must show evidence of an attempt to remedy such harm. Examples of potentially beneficial interactions include, but are not limited to, attending a formal ceremony (e.g., a wedding/commitment ceremony or graduation); purchasing a service or product provided by a client or former client (excepting unrestricted bartering); hospital visits to an ill family member; mutual membership in a professional association, organization, or community. (See A.5.c.)

A.5.e. Role Changes in the Professional Relationship
When a counselor changes a role from the original or most recent contracted relationship, he or she obtains informed consent from the client and explains the right of the client to refuse services related to the change. Examples of role changes include

1. changing from individual to relationship or family counseling, or vice versa;
2. changing from a nonforensic evaluative role to a therapeutic role, or vice versa;
3. changing from a counselor to a researcher role (i.e., enlisting clients as research participants), or vice versa; and
4. 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, or therapeutic) of counselor role changes.

A.6. Roles and Relationships at Individual, Group, Institutional, and Societal Levels

A.6.a. Advocacy
When appropriate, counselors advocate at individual, group, institutional, and societal levels to examine potential barriers and obstacles that inhibit access and/or the growth and development of clients.

A.6.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.7. 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. (See A.8.a., B.4.)

A.8. Group Work (See B.4.a.)

A.8.a. Screening
Counselors screen prospective group counseling/therapy participants. To the extent possible, counselors select members whose needs and goals are compatible with goals of the group, who will not impede the group process, and whose well-being will not be jeopardized by the group experience. A.8.b. Protecting Clients In a group setting, counselors take reasonable precautions to protect clients from physical, emotional, or psychological trauma.

A.9. End-of-Life Care for Terminally Ill Clients

A.9.a. Quality of Care
Counselors strive to take measures that enable clients

1. to obtain high quality end-of-life care for their physical, emotional, social, and spiritual needs;
2. to exercise the highest degree of self-determination possible;
3. to be given every opportunity possible to engage in informed decision making regarding their end-of-life care; and
4. to receive complete and adequate assessment regarding their ability to make competent, rational decisions on their own behalf from a mental health professional who is experienced in end-of-life care practice.

A.9.b. Counselor Competence, Choice, and Referral
Recognizing the personal, moral, and competence issues related to end-of-life decisions, counselors may choose to work or not work with terminally ill clients who wish to explore their end-of-life options. Counselors provide appropriate referral information to ensure that clients receive the necessary help.

A.9.c. Confidentiality
Counselors who provide services to terminally ill individuals who are considering hastening their own deaths have the option of breaking or not breaking confidentiality, depending on applicable laws and the specific circumstances of the situation and after seeking consultation or supervision from appropriate professional and legal parties. (See B.5.c., B.7.c.)

A.10. Fees and Bartering

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

A.10.b. Establishing Fees
In establishing fees for professional counseling services, counselors consider the financial status of clients and locality. In the event that the established fee structure is inappropriate for a client, counselors assist clients in attempting to find comparable services of acceptable cost.

A.10.c. 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 first inform clients of intended actions and offer clients the opportunity to make payment.

A.10.d. Bartering
Counselors may barter only if the relationship is not exploitive or harmful and does not place the counselor in an unfair advantage, 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.e. 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 showing gratitude. When determining whether or not to accept a gift from clients, counselors take into account the therapeutic relationship, the monetary value of the gift, a client's motivation for giving the gift, and the counselor's motivation for wanting or declining the gift.

A.11. Termination and Referral

A.11.a. Abandonment Prohibited
Counselors do not abandon or neglect clients in counseling. Counselors assist in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions such as vacations, illness, and following termination.

A.11.b. Inability to Assist Clients
If counselors determine an inability 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 should discontinue the relationship.

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 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. Technology Applications

A.12.a. Benefits and Limitations
Counselors inform clients of the benefits and limitations of using information technology applications in the counseling process and in business/ billing procedures. Such technologies include but are not limited to computer hardware and software, telephones, the World Wide Web, the Internet, online assessment instruments and other communication devices.

A.12.b. Technology-Assisted Services
When providing technology-assisted distance counseling services, counselors determine that clients are intellectually, emotionally, and physically capable of using the application and that the application is appropriate for the needs of clients.

A.12.c. Inappropriate Services
When technology-assisted distance counseling services are deemed inappropriate by the counselor or client, counselors consider delivering services face to face.

A.12.d. Access
Counselors provide reasonable access to computer applications when providing technology-assisted distance counseling services.

A.12.e. Laws and Statutes
Counselors ensure that the use of technology does not violate the laws of any local, state, national, or international entity and observe all relevant statutes.

A.12.f. Assistance
Counselors seek business, legal, and technical assistance when using technology applications, particularly when the use of such applications crosses state or national

boundaries. A.12.g. Technology and Informed Consent As part of the process of establishing informed consent, counselors do the following:

1. Address issues related to the difficulty of maintaining the confidentiality of electronically transmitted communications.
2. Inform clients of all colleagues, supervisors, and employees, such as Informational Technology (IT) administrators, who might have authorized or unauthorized access to electronic transmissions.
3. Urge clients to be aware of all authorized or unauthorized users including family members and fellow employees who have access to any technology clients may use in the counseling process.
4. Inform clients of pertinent legal rights and limitations governing the practice of a profession over state lines or international boundaries.
5. Use encrypted Web sites and e-mail communications to help ensure confidentiality when possible.
6. When the use of encryption is not possible, counselors notify clients of this fact and limit electronic transmissions to general communications that are not client specific.
7. Inform clients if and for how long archival storage of transaction records are maintained.
8. Discuss the possibility of technology failure and alternate methods of service delivery.
9. Inform clients of emergency procedures, such as calling 911 or a local crisis hotline, when the counselor is not available.
10. Discuss time zone differences, local customs, and cultural or language differences that might impact service delivery.
11. Inform clients when technology assisted distance counseling services are not covered by insurance. (See A.2.)

A.12.h. Sites on the World Wide Web

Counselors maintaining sites on the World Wide Web (the Internet) do the following:

1. Regularly check that electronic links are working and professionally appropriate.
2. Establish ways clients can contact the counselor in case of technology failure.
3. Provide electronic links to relevant state licensure and professional certification boards to protect consumer rights and facilitate addressing ethical concerns.
4. Establish a method for verifying client identity.
5. Obtain the written consent of the legal guardian or other authorized legal representative prior to rendering services in the event the client is a minor child, an adult who is legally incompetent, or an adult incapable of giving informed consent.
6. Strive to provide a site that is accessible to persons with disabilities.
7. Strive to provide translation capabilities for clients who have a different primary language while also addressing the imperfect nature of such translations.
8. Assist clients in determining the validity and reliability of information found on the World Wide Web and other technology applications.

SECTION B
CONFIDENTIALITY, PRIVILEGED COMMUNICATION, 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 client rights to privacy. Counselors solicit private information from clients only when it is beneficial to the counseling process.

B.1.c. Respect for Confidentiality
Counselors do not share confidential information without client consent or without 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 foreseeable situations in which confidentiality must be breached. (See A.2.b.)

B.2. Exceptions

B.2.a. Danger 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. (See A.9.c.)

B.2.b. 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 they are known to be at demonstrable and high risk of

contracting the disease. Prior to making a disclosure, counselors confirm that there is such a diagnosis and 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.

B.2.c. Court-Ordered Disclosure When subpoenaed to release confidential or privileged information without a client's permission, counselors obtain written, informed consent from the client or take steps to prohibit the disclosure or have it limited as narrowly as possible due to potential harm to the client or counseling relationship.

B.2.d. 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. (See F.1.c.)

B.3.b. Treatment Teams
When client treatment involves a continued review or participation by a 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 information transmitted through the use of computers, electronic mail, facsimile machines, telephones, voicemail, answering machines, and other electronic or computer technology. (See A.12.g.)

B.3.f. Deceased Clients
Counselors protect the confidentiality of deceased clients, consistent with legal requirements and agency or setting policies.

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 being entered.

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 having capacity to give consent concerning each individual's right to confidentiality and any obligation to preserve the confidentiality of information known.

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 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. Counselors are sensitive to the cultural diversity of families and respect the inherent rights and responsibilities of parents/guardians over 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 culturally appropriate measures to safeguard client confidentiality.

B.6. Records

B.6.a. Confidentiality of Records
Counselors ensure that records are kept in a secure location and that only authorized persons have access to records.

B.6.b. Permission to Record
Counselors obtain permission from clients prior to recording sessions through electronic or other means.

B.6.c. Permission to Observe

Counselors obtain permission from clients prior to observing counseling sessions, reviewing session transcripts, or viewing recordings of sessions with supervisors, faculty, peers, or others within the training environment.

B.6.d. 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 record in the files of clients. In situations involving multiple clients, counselors provide individual clients with only those parts of records that related directly to them and do not include confidential information related to any other client.

B.6.e. Assistance With Records
When clients request access to their records, counselors provide assistance and consultation in interpreting counseling records.

B.6.f. 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. (See A.3., E.4.)

B.6.g. Storage and Disposal After Termination
Counselors store records following termination of services to ensure reasonable future access, maintain records in accordance with state and federal statutes governing records, and dispose of client records and other sensitive materials in a manner that protects client confidentiality. When records are of an artistic nature, counselors obtain client (or guardian) consent with regards to handling of such records or documents. (See A.1.b.)

B.6.h. Reasonable Precautions
Counselors take reasonable precautions to protect client confidentiality in the event of the counselor's termination of practice, incapacity, or death. (See C.2.h.)

B.7. Research and Training

B.7.a. Institutional Approval
When institutional approval is required, counselors provide accurate information about their research proposals and obtain approval prior to conducting their research. They conduct research in accordance with the approved research protocol.

B.7.b. Adherence to Guidelines
Counselors are responsible for understanding and adhering to state, federal, agency, or institutional policies or applicable guidelines regarding confidentiality in their research practices.

B.7.c. Confidentiality of Information Obtained in Research
Violations of participant privacy and confidentiality are risks of participation in research involving human participants. Investigators maintain all research records in a secure manner. They explain to participants the risks of violations of privacy and confidentiality and disclose to participants any limits of confidentiality that reasonably can be expected. Regardless of the degree to which confidentiality will be maintained, investigators must disclose to participants any limits of confidentiality that reasonably can be expected. (See G.2.e.)

B.7.d. Disclosure of Research Information
Counselors do not disclose confidential information that reasonably could lead to the identification of a research participant unless they have obtained the prior consent of the person. Use of data derived from counseling relationships for purposes of training, research, or publication is confined to content that is disguised to ensure the anonymity of the individuals involved. (See G.2.a., G.2.d.)

B.7.e. Agreement for Identification
Identification of clients, students, or supervisees in a presentation or publication is permissible only when they have reviewed the material and agreed to its presentation or publication. (See G.4.d.)

B.8. Consultation

B.8.a. Agreements
When acting as consultants, counselors seek agreements among all parties involved concerning each individual's rights to confidentiality, the obligation of each individual to preserve confidential information, and the limits of confidentiality of information shared by others.

B.8.b. Respect for Privacy
Information obtained in a consulting relationship is discussed for professional purposes only with persons directly involved with the case. 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.8.c. 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. (See D.2.d.)

SECTION C PROFESSIONAL RESPONSIBILITY

Introduction
Counselors aspire to open, honest, and accurate communication in dealing with the public and other professionals. They practice in a nondiscriminatory manner within the boundaries of professional and personal competence and 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 advocate to promote change 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. In addition, counselors engage in self-care activities to maintain and promote their emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities.

C.1. Knowledge of 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. Counselors gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population. (See A.9.b., C.4.e., E.2., F.2., F.11.b.)

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 to protect others from possible harm. (See F.6.f.)

C.2.c. Qualified for Employment
Counselors accept employment only for positions for which they are qualified by education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors hire for professional counseling positions only individuals who are qualified and competent for those positions.

C.2.d. Monitor Effectiveness
Counselors continually monitor their effectiveness as professionals and take steps to improve when necessary. Counselors in private practice take reasonable steps to seek peer supervision as needed to evaluate their efficacy as counselors.

C.2.e. Consultation on Ethical Obligations
Counselors take reasonable steps to consult with other counselors 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. They take steps to maintain competence in the skills they use, are open to new procedures, and keep current with the diverse populations and specific populations with whom they work.

C.2.g. Impairment
Counselors are alert to the 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 seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until such time 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. (See A.11.b., F.8.b.)

C.2.h. Counselor Incapacitation or Termination of Practice
When counselors leave a practice, they follow a prepared plan for transfer of clients and files. Counselors prepare and disseminate to an identified colleague or "records custodian" a plan for the transfer of clients and files in the case of their incapacitation, death, 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 nor former clients nor any other persons who may be vulnerable to undue influence.

C.3.c. Statements by Others
Counselors make reasonable efforts to ensure that statements made by others about them or the profession of counseling are accurate.

C.3.d. Recruiting Through Employment

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

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. (See C.6.d.)

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. (See C.2.a.)

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 closely related field. Counselors do not imply doctoral-level competence when only 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 related field.

C.4.e. Program Accreditation Status
Counselors clearly state the accreditation status of their degree programs at the time the degree was earned.

C.4.f. Professional Membership
Counselors clearly differentiate between current, active memberships and former memberships in associations. Members of the American Counseling Association 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 based on age, culture, disability, ethnicity, race, religion/ spirituality, gender, gender identity, sexual orientation, marital status/ partnership, language preference, socioeconomic status, or any basis proscribed by law. Counselors do not discriminate against clients, students, employees, supervisees, or research participants in a manner that has a negative impact on these persons.

C.6.Public Responsibility

C.6.a. Sexual Harassment
Counselors do not engage in or condone sexual harassment. Sexual harassment is defined as sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with professional activities or roles, and that either

1. is unwelcome, is offensive, or creates a hostile workplace or learning environment, and counselors know or are told this; or
2. is sufficiently severe or intense to be perceived as harassment to a reasonable person in the context in which the behavior occurred.

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. (See B.3., E.4.)

C.6.c. Media Presentations
When counselors provide advice or comment by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, 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. (See C.3.e.)

C.6.e. Scientific Bases for Treatment Modalities

Counselors use techniques/ procedures/ modalities that are grounded in 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. (See A.1.a.)

C.7. Responsibility to Other Professionals

C.7.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 to counseling services that differ from their own. Counselors are respectful of traditions and practices of other professional groups with which they work.

D.1.b. Forming Relationships
Counselors work to develop and strengthen interdisciplinary relations 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, keep the focus on how to best serve the clients. to expose inappropriate employer policies or practices.

D.1.d. 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. (See B.1.c., B.1.d., B.2.c., B.2.d., B.3.b.)

D.1.e. Establishing Professional and Ethical Obligations
Counselors who are members of interdisciplinary teams 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.f. Personnel Selection and Assignment
Counselors 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 as to acceptable standards of 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 effected, 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 take care not to harass or dismiss an employee who has acted in a responsible and ethical manner theory and/or have an empirical or scientific foundation. Counselors who do not must define the techniques/ procedures as "unproven" or "developing" and explain the potential risks and ethical considerations of using such techniques/procedures and take steps to protect clients from possible harm. (See A.4.a., E.5.c., E.5.d.)

D.2. Consultation

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. (See C.2.a.)

D.2.b. Understanding Consultees
When providing consultation, counselors attempt to develop with their consultees a clear understanding of problem definition, goals for change, and predicted consequences of interventions selected.

D.2.c. Consultant Goals
The consulting relationship is one in which consultee adaptability and growth toward self-direction are consistently encouraged and cultivated.

D.2.d. Informed Consent in Consultation
When providing consultation, 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. Working in conjunction with the consultee, counselors attempt to develop a clear definition of the problem, goals for change, and predicted consequences of interventions that are culturally responsive and appropriate to the needs of consultees. (See A.2.a., A.2.b.)

SECTION E EVALUATION, ASSESSMENT, AND INTERPRETATION

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

E.1. General

E.1.a. Assessment
The primary purpose of educational, psychological, and career assessment is to provide measurements that are valid and reliable in either comparative or absolute terms. These include, but are not limited to, measurements of ability, personality, interest, intelligence, achievement, and performance. Counselors recognize the need to interpret the statements in this section as applying to both quantitative and qualitative assessments.

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 these techniques provide. 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 utilize 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 psychological and career assessment techniques by persons under their supervision. (See A.12.)

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 educational, psychological, and career measurement, including validation criteria, assessment research, and guidelines for assessment development and use.

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 the language of the client (or other legally authorized person on behalf of the client), unless an explicit exception has been agreed upon in advance. Counselors consider the client's personal or cultural context, the level of the client's understanding of the results, and the impact of the results on the client. (See A.2., A.12.g., F.1.c.)

E.3.b. Recipients of Results
Counselors consider the 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. (See B.2.c., B.5.)

E.4. Release of Data to Qualified Professionals

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. (See B.1., B.3., B.6.b.)

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 interview) used to determine client care (e.g., locus of treatment, type of treatment, or 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. Clients' socioeconomic and cultural experiences are considered when diagnosing mental disorders. (See A.2.c.)

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 the role of mental health professionals in perpetuating these prejudices through diagnosis and treatment.

E.5.d. Refraining From Diagnosis
Counselors may refrain from making and/or reporting a diagnosis if they believe it would cause harm to the client or others.

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.

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. (See A.9.b., B.3.)

E.6.c. Culturally Diverse Populations
Counselors are cautious when selecting assessments for culturally diverse populations to avoid the use of instruments that lack appropriate psychometric properties for the client population. (See A.2.c., E.5.b.)

E.7. Conditions of Assessment Administration (See A.12.b., A.12.d.)

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. Technological Administration
Counselors ensure that administration programs function properly and provide clients with accurate results when technological or other electronic methods are used for assessment administration.

E.7.c. Unsupervised Assessments
Unless the assessment instrument is designed, intended, and validated for self-administration and/or scoring, counselors do not permit inadequately supervised use.

E.7.d. Disclosure of Favorable Conditions

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

E.8. Multicultural Issues/ Diversity in Assessment

Counselors use with caution assessment techniques that were 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 place test results in proper perspective with other relevant factors. (See A.2.c., E.5.b.)

E.9. Scoring and Interpretation of Assessments

E.9.a. Reporting
In reporting assessment results, counselors indicate reservations that exist regarding validity or reliability due to circumstances of the assessment or the inappropriateness of the norms for the person tested.

E.9.b. Research Instruments
Counselors exercise caution when interpreting the results of research instruments not having sufficient technical data to support respondent results. The specific purposes for the use of such instruments are stated explicitly to the examinee.

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. The public offering of an automated test interpretations service is considered a professional-to-professional consultation. The formal responsibility of the consultant is to the consultee, but the ultimate and overriding responsibility is to the client. (See D.2.)

E.10. Assessment Security

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

E.11. Obsolete Assessments and Outdated Results

Counselors do not use data or results from assessments that are obsolete or outdated for the current purpose. 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 educational and psychological 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 are entitled to form professional opinions based on their professional knowledge and expertise that can be supported by the data gathered in evaluations. Counselors will 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 counseling in nature, and entities or individuals who will receive the evaluation report are identified. Written consent to be evaluated is obtained from those being evaluated unless a court orders evaluations to be conducted without the written consent of individuals being evaluated. When children or vulnerable adults are being evaluated, informed written consent is obtained from a parent or guardian.

E.13.c. Client Evaluation Prohibited
Counselors do not evaluate individuals for forensic purposes they currently counsel or individuals they have counseled in the past. Counselors do not accept as counseling clients individuals they are evaluating or individuals they have evaluated in the past for forensic purposes.

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
Counselors aspire to foster meaningful and respectful professional relationships and to maintain appropriate boundaries with supervisees and students. Counselors have theoretical and pedagogical foundations for their work and aim to be fair, accurate, and honest in their assessments of counselors-in-training.

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 other counselors or counselors-in-training. Counseling supervisors monitor client welfare and supervisee clinical performance and professional development. To fulfill these obligations, supervisors meet regularly with supervisees to review case notes, samples of clinical work, or live observations. Supervisees have a responsibility to understand and follow the *ACA Code of Ethics.*

F.1.b. Counselor Credentials
Counseling supervisors work to ensure that clients are aware of the qualifications of the supervisees who render services to the clients. *(See A.2.b.)*

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 used. *(See A.2.b., B.1.d.)*

F.2. Counselor Supervision Competence

F.2.a. Supervisor Preparation
Prior to offering clinical supervision services, counselors are trained in supervision methods and techniques. Counselors who offer clinical supervision services regularly pursue continuing education activities including both counseling and supervision topics and skills. *(See C.2.a., C.2.f.)*

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.3. Supervisory Relationships

F.3.a. Relationship Boundaries With Supervisees
Counseling supervisors clearly define and maintain ethical professional, personal, and social relationships with their supervisees. Counseling supervisors avoid nonprofessional relationships with current supervisees. If supervisors must assume other professional roles (e.g., clinical and administrative supervisor, instructor) with supervisees, they work to minimize potential conflicts and explain to supervisees the expectations and responsibilities associated with each role. They do not engage in any form of nonprofessional interaction that may compromise the supervisory relationship.

F.3.b. Sexual Relationships
Sexual or romantic interactions or relationships with current supervisees are prohibited.

F.3.c. Sexual Harassment
Counseling supervisors do not condone or subject supervisees to sexual harassment. *(See C.6.a.)*

F.3.d. Close Relatives and Friends
Counseling supervisors avoid accepting close relatives, romantic partners, or friends as supervisees.

F.3.e. Potentially Beneficial Relationships
Counseling supervisors are aware of the power differential in their relationships with supervisees. If they believe nonprofessional relationships with a supervisee may be potentially beneficial to the supervisee, they take precautions similar to those taken by counselors when working with clients. Examples of potentially beneficial interactions or relationships include attending a formal ceremony; hospital visits; providing support during a stressful event; or mutual membership in a professional association, organization, or community. Counseling supervisors engage in open discussions with supervisees when they consider entering into relationships with them outside of their roles as clinical and/or administrative supervisors. Before engaging in nonprofessional relationships, supervisors discuss with supervisees and document the rationale for such interactions, potential benefits or drawbacks, and anticipated consequences for the supervisee. Supervisors clarify the specific nature and limitations of the additional role(s) they will have with the supervisee.

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 they are to adhere and the mechanisms for due process appeal of individual supervisory actions.

F.4.b. Emergencies and Absences
Supervisors establish and communicate to supervisees procedures for contacting them 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. Supervisors of post degree counselors encourage these counselors to adhere to professional standards of practice. *(See C.1.)*

F.4.d. Termination of the Supervisory Relationship

Supervisors or supervisees have the right to terminate the supervisory relationship with adequate notice. Reasons for withdrawal are provided to the other party. When cultural, clinical, or professional issues are crucial to the viability of the supervisory relationship, both parties make efforts to resolve differences. When termination is warranted, supervisors make appropriate referrals to possible alternative supervisors.

F.5. Counseling Supervision Evaluation, Remediation, and Endorsement

F.5.a. Evaluation
Supervisors document and provide supervisees with ongoing performance appraisal and evaluation feedback and schedule periodic formal evaluative sessions throughout the supervisory relationship.

F.5.b. Limitations
Through ongoing evaluation and appraisal, supervisors are aware of the limitations of supervisees that might impede performance. Supervisors assist supervisees in securing remedial assistance when needed. They recommend dismissal from training programs, applied counseling settings, or state or voluntary professional credentialing processes when those supervisees are unable to provide competent professional services. 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. *(See C.2.g.)*

F.5.c. Counseling for Supervisees
If supervisees request counseling, supervisors provide them with acceptable referrals. Counselors 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. *(See F.3.a.)*

F.5.d. Endorsement
Supervisors endorse supervisees for certification, licensure, employment, or completion of an academic or training program only when they believe 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.6. Responsibilities of Counselor Educators

F.6.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. Counselor educators conduct counselor education and training programs

in an ethical manner and serve as role models for professional behavior. *(See C.1., C.2.a., C.2.c.)*

F.6.b. Infusing Multicultural Issues/ Diversity
Counselor educators infuse material related to multiculturalism/diversity into all courses and workshops for the development of professional counselors.

F.6.c. Integration of Study and Practice
Counselor educators establish education and training programs that integrate academic study and supervised practice.

F.6.d. Teaching Ethics
Counselor educators make students and supervisees 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. *(See C.1.)*

F.6.e. Peer Relationships
Counselor educators make every effort to ensure that the rights of peers are not compromised when students or supervisees lead counseling groups or provide clinical supervision. Counselor educators take steps to ensure that students and supervisees understand they have the same ethical obligations as counselor educators, trainers, and supervisors.

F.6.f. Innovative Theories and Techniques
When counselor educators teach counseling techniques/procedures that are innovative, without an empirical foundation, or without a well-grounded theoretical foundation, they define the counseling techniques/procedures as "unproven" or "developing" and explain to students the potential risks and ethical considerations of using such techniques/procedures.

F.6.g. Field Placements
Counselor educators develop clear policies within their training programs regarding 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 and inform site supervisors of their professional and ethical responsibilities in this role.

F.6.h. Professional Disclosure
Before initiating counseling services, counselors-in-training disclose their status as students and explain how this status affects the limits of confidentiality. Counselor educators ensure that the clients at field placements 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. *(See A.2.b.)*

F.7. Student Welfare

F.7.a. Orientation
Counselor educators recognize that orientation is a developmental process that continues throughout the educational and clinical training of students. Counseling faculty provide prospective students with information about the counselor education program's expectations:

1. the type and level of skill and knowledge acquisition required for successful completion of the training;
2. program training goals, objectives, and mission, and subject matter to be covered;
3. bases for evaluation;
4. training components that encourage self-growth or self-disclosure as part of the training process;
5. the type of supervision settings and requirements of the sites for required clinical field experiences;
6. student and supervisee evaluation and dismissal policies and procedures; and
7. up-to-date employment prospects for graduates.

F.7.b. Self-Growth Experiences
Counselor education programs delineate requirements for self-disclosure or self-growth experiences in their admission and program materials. Counselor educators use professional judgment when designing training experiences they conduct that require student and supervisee self-growth or self-disclosure. Students and supervisees are made aware of the ramifications their self-disclosure may have when counselors whose primary role as teacher, trainer, or supervisor requires acting on ethical obligations to the profession. Evaluative components of experiential training experiences explicitly delineate predetermined academic standards that are separate and do not depend on the student's level of self-disclosure. Counselor educators may require trainees to seek professional help to address any personal concerns that may be affecting their competency.

F.8. Student Responsibilities

F.8.a. Standards for Students
Counselors-in-training have a responsibility to understand and follow the *ACA Code of Ethics* and adhere to applicable laws, regulatory policies, and rules and policies governing professional staff behavior at the agency or placement setting. Students have the same obligation to clients as those required of professional counselors. *(See C.1., H.1.)*

F.8.b. Impairment

Counselors-in-training refrain from offering or providing counseling services when their physical, mental, or emotional problems are likely to harm a client or others. They are alert to the signs of impairment, seek assistance for problems, and notify their program supervisors when they are aware that they are unable to effectively provide services. In addition, they seek appropriate professional services for themselves to remediate the problems that are interfering with their ability to provide services to others. *(See A.1., C.2.d., C.2.g.)*

F.9. Evaluation and Remediation of Students

F.9.a. Evaluation
Counselors 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 performance appraisal and evaluation feedback throughout the training program.

F.9.b. Limitations
Counselor educators, throughout ongoing evaluation and appraisal, are aware of and address the inability of some students to achieve counseling competencies that might impede performance. Counselor educators

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 to require them to seek assistance or to dismiss them and provide students with due process according to institutional policies and procedures. *(See C.2.g.)*

F.9.c. Counseling for Students
If students request counseling or if counseling services are required as part of a remediation process, counselor educators provide acceptable referrals.

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

F.10.a. Sexual or Romantic Relationships
Sexual or romantic interactions or relationships with current students are prohibited.

F.10.b. Sexual Harassment
Counselor educators do not condone or subject students to sexual harassment. *(See C.6.a.)*

F.10.c. Relationships With Former Students
Counselor educators are aware of the power differential in the relationship between faculty and students. Faculty members foster open discussions with former students when considering engaging in a social, sexual, or other intimate relationship. Faculty members

discuss with the former student how their former relationship may affect the change in relationship.

F.10.d. Nonprofessional Relationships
Counselor educators avoid nonprofessional or ongoing professional relationships with students in which there is a risk of potential harm to the student or that 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 supervisee placement.

F.10.e. Counseling Services
Counselor educators do not serve as counselors to current students unless this is a brief role associated with a training experience.

F.10.f. Potentially Beneficial Relationships
Counselor educators are aware of the power differential in the relationship between faculty and students. If they believe 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; hospital visits; providing support during a stressful event; or mutual membership in a professional association, organization, or community. Counselor educators engage in open discussions with students when they consider entering into relationships with students outside of their roles as teachers and supervisors. They 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 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 diverse cultures and types of abilities 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. Counselor educators include case examples, role-plays, discussion questions, and other classroom activities that promote and represent various cultural perspectives.

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 efforts of researchers by participating fully and willingly whenever possible. Counselors minimize bias and respect diversity in designing and implementing research programs.

G.1. Research Responsibilities

G.1.a. Use of Human Research Participants
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 with human research participants.

G.1.b. Deviation From Standard Practice
Counselors seek consultation and observe stringent safeguards to protect the rights of research participants when a research problem suggests a deviation from standard or acceptable practices.

G.1.c. Independent Researchers
When independent researchers do not have access to an Institutional Review Board (IRB), they should consult with researchers who are familiar with IRB procedures to provide appropriate safeguards.

G.1.d. Precautions to Avoid Injury
Counselors who conduct research with human participants are responsible for the welfare of participants throughout the research process and should take reasonable precautions to avoid causing injurious psychological, emotional, physical, or social effects to participants.

G.1.e. 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.1.f. Minimal Interference

Counselors take reasonable precautions to avoid causing disruptions in the lives of research participants that could be caused by their involvement in research.

G.1.g. Multicultural/Diversity Considerations in Research
When appropriate to research goals, counselors are sensitive to incorporating research procedures that take into account cultural considerations. They seek consultation when appropriate.

G.2. Rights of Research Participants
(See A.2, A.7.)

G.2.a. Informed Consent in Research
Individuals have the right to consent 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 and risks,
4. describes any benefits or changes in individuals or organizations that might be reasonably 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 to discontinue participation in the project at any time without penalty.

G.2.b. Deception
Counselors do not conduct research involving deception unless alternative procedures are not feasible and the prospective value of the research justifies the deception. If such deception has the potential to cause physical or emotional harm to research participants, the research is not conducted, regardless of prospective value. When the methodological requirements of a study necessitate concealment or deception, the investigator explains the reasons for this action as soon as possible during the debriefing.

G.2.c. Student/Supervisee Participation
Researchers who involve students or supervisees in research make clear to them that the decision regarding whether or not to participate in research activities does not affect one's academic standing or supervisory relationship. Students or supervisees who choose not to participate in educational research are provided with an appropriate alternative to fulfill their academic or clinical requirements.

G.2.d. Client Participation

Counselors conducting research involving clients make clear in the informed consent process that clients are free to choose whether or not to participate in research activities. Counselors take necessary precautions to protect clients from adverse consequences of declining or withdrawing from participation.

G.2.e. Confidentiality of Information
Information obtained about research participants during the course of an investigation is confidential. When the possibility exists that others may obtain access to such information, ethical research practice requires that the possibility, together with the plans for protecting confidentiality, be explained to participants as a part of the procedure for obtaining informed consent.

G.2.f. Persons Not Capable of Giving Informed Consent
When a person 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.g. Commitments to Participants
Counselors take reasonable measures to honor all commitments to research participants. *(See A.2.c.)*

G.2.h. 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.i. 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 acknowledgement.

G.2.j. Disposal of Research Documents and Records
Within a reasonable period of time following the completion of a research project or study, counselors take steps to destroy records or documents (audio, video, digital, and written) containing confidential data or information that identifies research participants. When records are of an artistic nature, researchers obtain participant consent with regard to handling of such records or documents. *(See B.4.a, B.4.g.)*

G.3. Relationships With Research Participants (When Research Involves Intensive or Extended Interactions)

G.3.a. Nonprofessional Relationships
Nonprofessional relationships with research participants should be avoided.

G.3.b. Relationships With Research Participants
Sexual or romantic counselor–research participant interactions or relationships with current research participants are prohibited.

G.3.c. Sexual Harassment and Research Participants
Researchers do not condone or subject research participants to sexual harassment.

G.3.d. Potentially Beneficial Interactions
When a nonprofessional 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 due to the nonprofessional interaction, the researcher must show evidence of an attempt to remedy such harm.

G.4. Reporting Results

G.4.a. Accurate Results
Counselors plan, conduct, and report research accurately. They provide thorough discussions of the limitations of their data and alternative hypotheses. Counselors do not engage in misleading or fraudulent research, distort data, misrepresent data, or deliberately bias their results. They explicitly mention all variables and conditions known to the investigator that may have affected the outcome of a study or the interpretation of data. 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 is 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 data to qualified professionals who may wish to replicate the study.

G.5. Publication

G.5.a. Recognizing Contributions
When conducting and reporting research, counselors are familiar with and give recognition to previous work on the topic, observe copyright laws, and give full credit to those to whom credit is due.

G.5.b. Plagiarism
Counselors do not plagiarize, that is, they do not present another person's work as their own work.

G.5.c. Review/Republication of Data or Ideas
Counselors fully acknowledge and make editorial reviewers aware of prior publication of ideas or data where such ideas or data are submitted for review or publication.

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/ supervisees establish agreements in advance regarding allocation of tasks, publication credit, and types of acknowledgement that will be received.

G.5.f. Student Research
For articles that are substantially based on students' course papers, projects, dissertations or theses, and on which students have been the primary contributors, they are listed as principal authors.

G.5.g. Duplicate Submission
Counselors submit manuscripts for consideration to only one journal at a time. Manuscripts that are published in whole or in substantial part in another journal or published work are not submitted for publication without acknowledgment and permission from the previous publication.

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 use care to 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 use care to avoid personal biases.

SECTION H
RESOLVING ETHICAL ISSUES

Introduction
Counselors behave in a legal, ethical, and moral manner in the conduct of their professional work. They are aware that client protection 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 these 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. They engage in ongoing professional development regarding current topics in ethical and legal issues in counseling.

H.1. Standards and the Law
(See F.9.a.)

H.1.a. Knowledge
Counselors understand the *ACA Code of Ethics* and other applicable ethics codes from other professional organizations or from 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.

H.1.b. Conflicts Between Ethics and Laws
If ethical responsibilities conflict with law, regulations, 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 by such means, counselors may adhere to the requirements of law, regulations, or other governing legal authority.

H.2. Suspected Violations

H.2.a. Ethical Behavior Expected
Counselors expect colleagues to adhere to the *ACA Code of Ethics*. When counselors possess knowledge that raises doubts as to whether another counselor is acting in an ethical manner, they take appropriate action. *(See H.2.b., H.2.c.)*

H.2.b. Informal Resolution
When counselors have reason to believe that another counselor is violating or has violated an ethical standard, they attempt first to resolve the issue informally with the

other counselor if feasible, provided such action does not violate confidentiality rights that may be involved.

H.2.c. 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 appropriate to the situation. Such action might include referral to state or national committees on professional ethics, voluntary national certification bodies, state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when counselors have been retained to review the work of another counselor whose professional conduct is in question.

H.2.d. Consultation
When uncertain as to 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.

H.2.e. 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.* When possible, counselors work toward change within the organization to allow full adherence to the *ACA Code of Ethics.* In doing so, they address any confidentiality issues.

H.2.f. Unwarranted Complaints
Counselors do not initiate, participate in, or encourage the filing of ethics complaints that are made with reckless disregard or willful ignorance of facts that would disprove the allegation.

H.2.g. Unfair Discrimination Against Complainants and Respondents
Counselors do not deny persons employment, advancement, admission to academic or other programs, tenure, or promotion based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

H.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. Counselors are familiar with the *ACA*

Policy and Procedures for Processing Complains of Ethical Violations and use it as a reference for assisting in the enforcement of the *ACA Code of Ethics*.

Glossary of Terms

Advocacy - promotion of the well-being of individuals and groups, and the counseling profession within systems and organizations. Advocacy seeks to remove barriers and obstacles that inhibit access, growth, and development.

Assent - to demonstrate agreement, when a person is otherwise not capable or competent to give formal consent (e.g., informed consent) to a counseling service or plan.

Client - an individual seeking or referred to the professional services of a counselor for help with problem resolution or decision making.

Counselor - a professional (or a student who is a counselor in- training) engaged in a counseling practice or other counseling-related services. Counselors fulfill many roles and responsibilities such as counselor educators, researchers, supervisors, practitioners, and consultants.

Counselor Educator - a professional counselor engaged primarily in developing, implementing, and supervising the educational preparation of counselors-in-training.

Counselor Supervisor - a professional counselor who engages in a formal relationship with a practicing counselor or counselor-in-training for the purpose of overseeing that individual's counseling work or clinical skill development.

Culture - membership in a socially constructed way of living, which incorporates collective values, beliefs, norms, boundaries, and lifestyles that are co-created with others who share similar worldviews comprising biological, psychosocial, historical, psychological, and other factors.

Diversity - the similarities and differences that occur within and across cultures, and the intersection of cultural and social identities.

Documents - any written, digital, audio, visual, or artistic recording of the work within the counseling relationship between counselor and client.

Examinee - a recipient of any professional counseling service that includes educational, psychological, and career appraisal utilizing qualitative or quantitative techniques.

Forensic Evaluation - any formal assessment conducted for court or other legal proceedings.

Multicultural/Diversity Competence - a capacity whereby counselors possess cultural and diversity awareness and knowledge about self and others, and how this awareness and knowledge is applied effectively in practice with clients and client groups.

Multicultural/Diversity Counseling - counseling that recognizes diversity and embraces approaches that support the worth, dignity, potential, and uniqueness of individuals within their historical, cultural, economic, political, and psychosocial contexts.

Student - an individual engaged in formal educational preparation as a counselor-in-training.

Supervisee - a professional counselor or counselor-in-training whose counseling work or clinical skill development is being overseen in a formal supervisory relationship by a qualified trained professional.

Supervisor - counselors who are trained to oversee the professional clinical work of counselors and counselors-in-training.

Teaching - all activities engaged in as part of a formal educational program designed to lead to a graduate degree in counseling.

Training - the instruction and practice of skills related to the counseling profession. Training contributes to the ongoing proficiency of students and professional counselors.

APPENDIX D

AMERICAN COUNSELING ASSOCIATION

CODE OF ETHICS

Effective October 2005

SECTION A:
THE COUNSELING RELATIONSHIP

Introduction

Counselors encourage client growth and development in ways that foster the interest and welfare of clients and promote formation of healthy relationships. 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. 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).

A.1. Welfare of Those Served by Counselors

A.1.a. Primary Responsibility

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

A.1.b. Records

Counselors maintain records necessary for rendering professional services to their clients and as required by laws, regulations, or agency or institution procedures. Counselors include sufficient and timely documentation in their client records to facilitate the delivery and continuity of needed services. Counselors take reasonable steps to ensure that documentation in records accurately reflects client progress and services provided. If errors are made in client records, counselors take steps to properly note the correction of such errors according to agency or institutional policies. (See A.12.g.7., B.6., B.6.g., G.2.j.)

A.1.c. Counseling Plans

Counselors and their clients work jointly in devising integrated counseling plans that offer reasonable promise of success and are consistent with abilities and circumstances of clients. Counselors and clients regularly review counseling plans to assess their continued viability and effectiveness, respecting the freedom of choice of clients. (See A.2.a., A.2.d., A.12.g.)

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.1.e. Employment Needs
Counselors work with their clients considering employment in jobs that are consistent with the overall abilities, vocational limitations, physical restrictions, general temperament, interest and aptitude patterns, social skills, education, general qualifications, and other relevant characteristics and needs of clients. When appropriate, counselors appropriately trained in career development will assist in the placement of clients in positions that are consistent with the interest, culture, and the welfare of clients, employers, and/or the public.

A.2. Informed Consent in the Counseling Relationship (See A.12.g., B.5., B.6.b., E.3., E.13.b., F.1.c., G.2.a.)

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 the counselor and the client. 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, and relevant experience; continuation of services upon the incapacitation or death of a counselor; and other pertinent information. Counselors take steps to ensure that clients understand the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements. Clients have the right to confidentiality and to be provided with an explanation of its limitations (including how supervisors and/or treatment 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 change 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 used by counselors, they 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 or 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.3. Clients Served by Others

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

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 their own values, attitudes, beliefs, and behaviors and avoid imposing values that are inconsistent with counseling goals. Counselors respect the diversity of clients, trainees, and research participants.

A.5. Roles and Relationships With Clients (See F.3., F.10., G.3.)

A.5.a. Current Clients
Sexual or romantic counselor-client interactions or relationships with current clients, their romantic partners, or their family members are prohibited.

A.5.b. Former Clients
Sexual 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. Counselors, before engaging in sexual or romantic interactions or relationships with clients, their romantic partners, or client family members after 5 years following the last professional contact, demonstrate forethought and document (in written form) whether the interactions or relationship can be viewed as exploitive in some 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 such an interaction or relationship.

A.5.c. Nonprofessional Interactions or Relationships (Other Than Sexual or Romantic Interactions or Relationships)
Counselor-client nonprofessional relationships with clients, former clients, their romantic partners, or their family members should be avoided, except when the interaction is potentially beneficial to the client. (See A.5.d.)

A.5.d. Potentially Beneficial Interactions
When a counselor-client nonprofessional interaction with a client or former client may be potentially beneficial to the client or former client, the counselor must document in case records, 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. Such interactions should be initiated with appropriate client consent. Where unintentional harm occurs to the client or former client, or to an individual significantly involved with the client or former client, due to the nonprofessional interaction, the counselor must show evidence of an attempt to remedy such harm. Examples of potentially beneficial interactions include, but are not limited to, attending a formal ceremony (e.g., a wedding/commitment ceremony or graduation); purchasing a service or product provided by a client or former client (excepting unrestricted bartering); hospital visits to an ill family member; mutual membership in a professional association, organization, or community. (See A.5.c.)

A.5.e. Role Changes in the Professional Relationship
When a counselor changes a role from the original or most recent contracted relationship, he or she obtains informed consent from the client and explains the right of the client to refuse services related to the change. Examples of role changes include

1. changing from individual to relationship or family counseling, or vice versa;
2. changing from a nonforensic evaluative role to a therapeutic role, or vice versa;
3. changing from a counselor to a researcher role (i.e., enlisting clients as research participants), or vice versa; and
4. 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, or therapeutic) of counselor role changes.

A.6. Roles and Relationships at Individual, Group, Institutional, and Societal Levels

A.6.a. Advocacy
When appropriate, counselors advocate at individual, group, institutional, and societal levels to examine potential barriers and obstacles that inhibit access and/or the growth and development of clients.

A.6.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.7. 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. (See A.8.a., B.4.)

A.8. Group Work (See B.4.a.)

A.8.a. Screening
Counselors screen prospective group counseling/therapy participants. To the extent possible, counselors select members whose needs and goals are compatible with goals of the group, who will not impede the group process, and whose well-being will not be jeopardized by the group experience. A.8.b. Protecting Clients In a group setting, counselors take reasonable precautions to protect clients from physical, emotional, or psychological trauma.

A.9. End-of-Life Care for Terminally Ill Clients

A.9.a. Quality of Care
Counselors strive to take measures that enable clients

1. to obtain high quality end-of-life care for their physical, emotional, social, and spiritual needs;
2. to exercise the highest degree of self-determination possible;
3. to be given every opportunity possible to engage in informed decision making regarding their end-of-life care; and
4. to receive complete and adequate assessment regarding their ability to make competent, rational decisions on their own behalf from a mental health professional who is experienced in end-of-life care practice.

A.9.b. Counselor Competence, Choice, and Referral
Recognizing the personal, moral, and competence issues related to end-of-life decisions, counselors may choose to work or not work with terminally ill clients who wish to explore their end-of-life options. Counselors provide appropriate referral information to ensure that clients receive the necessary help.

A.9.c. Confidentiality
Counselors who provide services to terminally ill individuals who are considering hastening their own deaths have the option of breaking or not breaking confidentiality, depending on applicable laws and the specific circumstances of the situation and after seeking consultation or supervision from appropriate professional and legal parties. (See B.5.c., B.7.c.)

A.10. Fees and Bartering

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

A.10.b. Establishing Fees
In establishing fees for professional counseling services, counselors consider the financial status of clients and locality. In the event that the established fee structure is inappropriate for a client, counselors assist clients in attempting to find comparable services of acceptable cost.

A.10.c. 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 first inform clients of intended actions and offer clients the opportunity to make payment.

A.10.d. Bartering
Counselors may barter only if the relationship is not exploitive or harmful and does not place the counselor in an unfair advantage, 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.e. 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 showing gratitude. When determining whether or not to accept a gift from clients, counselors take into account the therapeutic relationship, the monetary value of the gift, a client's motivation for giving the gift, and the counselor's motivation for wanting or declining the gift.

A.11. Termination and Referral

A.11.a. Abandonment Prohibited
Counselors do not abandon or neglect clients in counseling. Counselors assist in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions such as vacations, illness, and following termination.

A.11.b. Inability to Assist Clients
If counselors determine an inability 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 should discontinue the relationship.

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 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. Technology Applications

A.12.a. Benefits and Limitations
Counselors inform clients of the benefits and limitations of using information technology applications in the counseling process and in business/ billing procedures. Such technologies include but are not limited to computer hardware and software, telephones, the World Wide Web, the Internet, online assessment instruments and other communication devices.

A.12.b. Technology-Assisted Services
When providing technology-assisted distance counseling services, counselors determine that clients are intellectually, emotionally, and physically capable of using the application and that the application is appropriate for the needs of clients.

A.12.c. Inappropriate Services
When technology-assisted distance counseling services are deemed inappropriate by the counselor or client, counselors consider delivering services face to face.

A.12.d. Access
Counselors provide reasonable access to computer applications when providing technology-assisted distance counseling services.

A.12.e. Laws and Statutes
Counselors ensure that the use of technology does not violate the laws of any local, state, national, or international entity and observe all relevant statutes.

A.12.f. Assistance
Counselors seek business, legal, and technical assistance when using technology applications, particularly when the use of such applications crosses state or national

boundaries. A.12.g. Technology and Informed Consent As part of the process of establishing informed consent, counselors do the following:

1. Address issues related to the difficulty of maintaining the confidentiality of electronically transmitted communications.
2. Inform clients of all colleagues, supervisors, and employees, such as Informational Technology (IT) administrators, who might have authorized or unauthorized access to electronic transmissions.
3. Urge clients to be aware of all authorized or unauthorized users including family members and fellow employees who have access to any technology clients may use in the counseling process.
4. Inform clients of pertinent legal rights and limitations governing the practice of a profession over state lines or international boundaries.
5. Use encrypted Web sites and e-mail communications to help ensure confidentiality when possible.
6. When the use of encryption is not possible, counselors notify clients of this fact and limit electronic transmissions to general communications that are not client specific.
7. Inform clients if and for how long archival storage of transaction records are maintained.
8. Discuss the possibility of technology failure and alternate methods of service delivery.
9. Inform clients of emergency procedures, such as calling 911 or a local crisis hotline, when the counselor is not available.
10. Discuss time zone differences, local customs, and cultural or language differences that might impact service delivery.
11. Inform clients when technology assisted distance counseling services are not covered by insurance. (See A.2.)

A.12.h. Sites on the World Wide Web

Counselors maintaining sites on the World Wide Web (the Internet) do the following:

1. Regularly check that electronic links are working and professionally appropriate.
2. Establish ways clients can contact the counselor in case of technology failure.
3. Provide electronic links to relevant state licensure and professional certification boards to protect consumer rights and facilitate addressing ethical concerns.
4. Establish a method for verifying client identity.
5. Obtain the written consent of the legal guardian or other authorized legal representative prior to rendering services in the event the client is a minor child, an adult who is legally incompetent, or an adult incapable of giving informed consent.
6. Strive to provide a site that is accessible to persons with disabilities.
7. Strive to provide translation capabilities for clients who have a different primary language while also addressing the imperfect nature of such translations.
8. Assist clients in determining the validity and reliability of information found on the World Wide Web and other technology applications.

SECTION B
CONFIDENTIALITY, PRIVILEGED COMMUNICATION, 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 client rights to privacy. Counselors solicit private information from clients only when it is beneficial to the counseling process.

B.1.c. Respect for Confidentiality

Counselors do not share confidential information without client consent or without 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 foreseeable situations in which confidentiality must be breached. (See A.2.b.)

B.2. Exceptions

B.2.a. Danger 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. (See A.9.c.)

B.2.b. 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 they are known to be at demonstrable and high risk of

contracting the disease. Prior to making a disclosure, counselors confirm that there is such a diagnosis and 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.

B.2.c. Court-Ordered Disclosure When subpoenaed to release confidential or privileged information without a client's permission, counselors obtain written, informed consent from the client or take steps to prohibit the disclosure or have it limited as narrowly as possible due to potential harm to the client or counseling relationship.

B.2.d. 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. (See F.1.c.)

B.3.b. Treatment Teams
When client treatment involves a continued review or participation by a 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 information transmitted through the use of computers, electronic mail, facsimile machines, telephones, voicemail, answering machines, and other electronic or computer technology. (See A.12.g.)

B.3.f. Deceased Clients
Counselors protect the confidentiality of deceased clients, consistent with legal requirements and agency or setting policies.

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 being entered.

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 having capacity to give consent concerning each individual's right to confidentiality and any obligation to preserve the confidentiality of information known.

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 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. Counselors are sensitive to the cultural diversity of families and respect the inherent rights and responsibilities of parents/guardians over 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 culturally appropriate measures to safeguard client confidentiality.

B.6. Records

B.6.a. Confidentiality of Records
Counselors ensure that records are kept in a secure location and that only authorized persons have access to records.

B.6.b. Permission to Record
Counselors obtain permission from clients prior to recording sessions through electronic or other means.

B.6.c. Permission to Observe

Counselors obtain permission from clients prior to observing counseling sessions, reviewing session transcripts, or viewing recordings of sessions with supervisors, faculty, peers, or others within the training environment.

B.6.d. 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 record in the files of clients. In situations involving multiple clients, counselors provide individual clients with only those parts of records that related directly to them and do not include confidential information related to any other client.

B.6.e. Assistance With Records
When clients request access to their records, counselors provide assistance and consultation in interpreting counseling records.

B.6.f. 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. (See A.3., E.4.)

B.6.g. Storage and Disposal After Termination
Counselors store records following termination of services to ensure reasonable future access, maintain records in accordance with state and federal statutes governing records, and dispose of client records and other sensitive materials in a manner that protects client confidentiality. When records are of an artistic nature, counselors obtain client (or guardian) consent with regards to handling of such records or documents. (See A.1.b.)

B.6.h. Reasonable Precautions
Counselors take reasonable precautions to protect client confidentiality in the event of the counselor's termination of practice, incapacity, or death. (See C.2.h.)

B.7. Research and Training

B.7.a. Institutional Approval
When institutional approval is required, counselors provide accurate information about their research proposals and obtain approval prior to conducting their research. They conduct research in accordance with the approved research protocol.

B.7.b. Adherence to Guidelines
Counselors are responsible for understanding and adhering to state, federal, agency, or institutional policies or applicable guidelines regarding confidentiality in their research practices.

B.7.c. Confidentiality of Information Obtained in Research
Violations of participant privacy and confidentiality are risks of participation in research involving human participants. Investigators maintain all research records in a secure manner. They explain to participants the risks of violations of privacy and confidentiality and disclose to participants any limits of confidentiality that reasonably can be expected. Regardless of the degree to which confidentiality will be maintained, investigators must disclose to participants any limits of confidentiality that reasonably can be expected. (See G.2.e.)

B.7.d. Disclosure of Research Information
Counselors do not disclose confidential information that reasonably could lead to the identification of a research participant unless they have obtained the prior consent of the person. Use of data derived from counseling relationships for purposes of training, research, or publication is confined to content that is disguised to ensure the anonymity of the individuals involved. (See G.2.a., G.2.d.)

B.7.e. Agreement for Identification
Identification of clients, students, or supervisees in a presentation or publication is permissible only when they have reviewed the material and agreed to its presentation or publication. (See G.4.d.)

B.8. Consultation

B.8.a. Agreements
When acting as consultants, counselors seek agreements among all parties involved concerning each individual's rights to confidentiality, the obligation of each individual to preserve confidential information, and the limits of confidentiality of information shared by others.

B.8.b. Respect for Privacy
Information obtained in a consulting relationship is discussed for professional purposes only with persons directly involved with the case. 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.8.c. 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. (See D.2.d.)

SECTION C PROFESSIONAL RESPONSIBILITY

Introduction

Counselors aspire to open, honest, and accurate communication in dealing with the public and other professionals. They practice in a nondiscriminatory manner within the boundaries of professional and personal competence and 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 advocate to promote change 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. In addition, counselors engage in self-care activities to maintain and promote their emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities.

C.1. Knowledge of 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. Counselors gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population. (See A.9.b., C.4.e., E.2., F.2., F.11.b.)

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 to protect others from possible harm. (See F.6.f.)

C.2.c. Qualified for Employment

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

C.2.d. Monitor Effectiveness

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

C.2.e. Consultation on Ethical Obligations
Counselors take reasonable steps to consult with other counselors 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. They take steps to maintain competence in the skills they use, are open to new procedures, and keep current with the diverse populations and specific populations with whom they work.

C.2.g. Impairment
Counselors are alert to the 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 seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until such time 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. (See A.11.b., F.8.b.)

C.2.h. Counselor Incapacitation or Termination of Practice
When counselors leave a practice, they follow a prepared plan for transfer of clients and files. Counselors prepare and disseminate to an identified colleague or "records custodian" a plan for the transfer of clients and files in the case of their incapacitation, death, 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 nor former clients nor any other persons who may be vulnerable to undue influence.

C.3.c. Statements by Others
Counselors make reasonable efforts to ensure that statements made by others about them or the profession of counseling are accurate.

C.3.d. Recruiting Through Employment

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

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. (See C.6.d.)

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. (See C.2.a.)

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 closely related field. Counselors do not imply doctoral-level competence when only 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 related field.

C.4.e. Program Accreditation Status
Counselors clearly state the accreditation status of their degree programs at the time the degree was earned.

C.4.f. Professional Membership
Counselors clearly differentiate between current, active memberships and former memberships in associations. Members of the American Counseling Association 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 based on age, culture, disability, ethnicity, race, religion/ spirituality, gender, gender identity, sexual orientation, marital status/ partnership, language preference, socioeconomic status, or any basis proscribed by law. Counselors do not discriminate against clients, students, employees, supervisees, or research participants in a manner that has a negative impact on these persons.

C.6.Public Responsibility

C.6.a. Sexual Harassment
Counselors do not engage in or condone sexual harassment. Sexual harassment is defined as sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with professional activities or roles, and that either

1. is unwelcome, is offensive, or creates a hostile workplace or learning environment, and counselors know or are told this; or
2. is sufficiently severe or intense to be perceived as harassment to a reasonable person in the context in which the behavior occurred.

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. (See B.3., E.4.)

C.6.c. Media Presentations
When counselors provide advice or comment by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, 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. (See C.3.e.)

C.6.e. Scientific Bases for Treatment Modalities

Counselors use techniques/ procedures/ modalities that are grounded in 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. (See A.1.a.)

C.7. Responsibility to Other Professionals

C.7.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 to counseling services that differ from their own. Counselors are respectful of traditions and practices of other professional groups with which they work.

D.1.b. Forming Relationships
Counselors work to develop and strengthen interdisciplinary relations 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, keep the focus on how to best serve the clients. to expose inappropriate employer policies or practices.

D.1.d. 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. (See B.1.c., B.1.d., B.2.c., B.2.d., B.3.b.)

D.1.e. Establishing Professional and Ethical Obligations
Counselors who are members of interdisciplinary teams 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.f. Personnel Selection and Assignment
Counselors 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 as to acceptable standards of 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 effected, 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 take care not to harass or dismiss an employee who has acted in a responsible and ethical manner theory and/or have an empirical or scientific foundation. Counselors who do not must define the techniques/ procedures as "unproven" or "developing" and explain the potential risks and ethical considerations of using such techniques/procedures and take steps to protect clients from possible harm. (See A.4.a., E.5.c., E.5.d.)

D.2. Consultation

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. (See C.2.a.)

D.2.b. Understanding Consultees
When providing consultation, counselors attempt to develop with their consultees a clear understanding of problem definition, goals for change, and predicted consequences of interventions selected.

D.2.c. Consultant Goals
The consulting relationship is one in which consultee adaptability and growth toward self-direction are consistently encouraged and cultivated.

D.2.d. Informed Consent in Consultation
When providing consultation, 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. Working in conjunction with the consultee, counselors attempt to develop a clear definition of the problem, goals for change, and predicted consequences of interventions that are culturally responsive and appropriate to the needs of consultees. (See A.2.a., A.2.b.)

SECTION E EVALUATION, ASSESSMENT, AND INTERPRETATION

Introduction

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

E.1. General

E.1.a. Assessment
The primary purpose of educational, psychological, and career assessment is to provide measurements that are valid and reliable in either comparative or absolute terms. These include, but are not limited to, measurements of ability, personality, interest, intelligence, achievement, and performance. Counselors recognize the need to interpret the statements in this section as applying to both quantitative and qualitative assessments.

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 these techniques provide. 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 utilize 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 psychological and career assessment techniques by persons under their supervision. (See A.12.)

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 educational, psychological, and career measurement, including validation criteria, assessment research, and guidelines for assessment development and use.

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 the language of the client (or other legally authorized person on behalf of the client), unless an explicit exception has been agreed upon in advance. Counselors consider the client's personal or cultural context, the level of the client's understanding of the results, and the impact of the results on the client. (See A.2., A.12.g., F.1.c.)

E.3.b. Recipients of Results
Counselors consider the 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. (See B.2.c., B.5.)

E.4. Release of Data to Qualified Professionals

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. (See B.1., B.3., B.6.b.)

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 interview) used to determine client care (e.g., locus of treatment, type of treatment, or 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. Clients' socioeconomic and cultural experiences are considered when diagnosing mental disorders. (See A.2.c.)

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 the role of mental health professionals in perpetuating these prejudices through diagnosis and treatment.

E.5.d. Refraining From Diagnosis
Counselors may refrain from making and/or reporting a diagnosis if they believe it would cause harm to the client or others.

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.

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. (See A.9.b., B.3.)

E.6.c. Culturally Diverse Populations
Counselors are cautious when selecting assessments for culturally diverse populations to avoid the use of instruments that lack appropriate psychometric properties for the client population. (See A.2.c., E.5.b.)

E.7. Conditions of Assessment Administration (See A.12.b., A.12.d.)

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. Technological Administration
Counselors ensure that administration programs function properly and provide clients with accurate results when technological or other electronic methods are used for assessment administration.

E.7.c. Unsupervised Assessments
Unless the assessment instrument is designed, intended, and validated for self-administration and/or scoring, counselors do not permit inadequately supervised use.

E.7.d. Disclosure of Favorable Conditions

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

E.8. Multicultural Issues/ Diversity in Assessment

Counselors use with caution assessment techniques that were 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 place test results in proper perspective with other relevant factors. (See A.2.c., E.5.b.)

E.9. Scoring and Interpretation of Assessments

E.9.a. Reporting
In reporting assessment results, counselors indicate reservations that exist regarding validity or reliability due to circumstances of the assessment or the inappropriateness of the norms for the person tested.

E.9.b. Research Instruments
Counselors exercise caution when interpreting the results of research instruments not having sufficient technical data to support respondent results. The specific purposes for the use of such instruments are stated explicitly to the examinee.

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. The public offering of an automated test interpretations service is considered a professional-to-professional consultation. The formal responsibility of the consultant is to the consultee, but the ultimate and overriding responsibility is to the client. (See D.2.)

E.10. Assessment Security

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

E.11. Obsolete Assessments and Outdated Results

Counselors do not use data or results from assessments that are obsolete or outdated for the current purpose. 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 educational and psychological 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 are entitled to form professional opinions based on their professional knowledge and expertise that can be supported by the data gathered in evaluations. Counselors will 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 counseling in nature, and entities or individuals who will receive the evaluation report are identified. Written consent to be evaluated is obtained from those being evaluated unless a court orders evaluations to be conducted without the written consent of individuals being evaluated. When children or vulnerable adults are being evaluated, informed written consent is obtained from a parent or guardian.

E.13.c. Client Evaluation Prohibited
Counselors do not evaluate individuals for forensic purposes they currently counsel or individuals they have counseled in the past. Counselors do not accept as counseling clients individuals they are evaluating or individuals they have evaluated in the past for forensic purposes.

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
Counselors aspire to foster meaningful and respectful professional relationships and to maintain appropriate boundaries with supervisees and students. Counselors have theoretical and pedagogical foundations for their work and aim to be fair, accurate, and honest in their assessments of counselors-in-training.

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 other counselors or counselors-in-training. Counseling supervisors monitor client welfare and supervisee clinical performance and professional development. To fulfill these obligations, supervisors meet regularly with supervisees to review case notes, samples of clinical work, or live observations. Supervisees have a responsibility to understand and follow the *ACA Code of Ethics.*

F.1.b. Counselor Credentials
Counseling supervisors work to ensure that clients are aware of the qualifications of the supervisees who render services to the clients. *(See A.2.b.)*

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 used. *(See A.2.b., B.1.d.)*

F.2. Counselor Supervision Competence

F.2.a. Supervisor Preparation
Prior to offering clinical supervision services, counselors are trained in supervision methods and techniques. Counselors who offer clinical supervision services regularly pursue continuing education activities including both counseling and supervision topics and skills. *(See C.2.a., C.2.f.)*

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.3. Supervisory Relationships

F.3.a. Relationship Boundaries With Supervisees
Counseling supervisors clearly define and maintain ethical professional, personal, and social relationships with their supervisees. Counseling supervisors avoid nonprofessional relationships with current supervisees. If supervisors must assume other professional roles (e.g., clinical and administrative supervisor, instructor) with supervisees, they work to minimize potential conflicts and explain to supervisees the expectations and responsibilities associated with each role. They do not engage in any form of nonprofessional interaction that may compromise the supervisory relationship.

F.3.b. Sexual Relationships
Sexual or romantic interactions or relationships with current supervisees are prohibited.

F.3.c. Sexual Harassment
Counseling supervisors do not condone or subject supervisees to sexual harassment. *(See C.6.a.)*

F.3.d. Close Relatives and Friends
Counseling supervisors avoid accepting close relatives, romantic partners, or friends as supervisees.

F.3.e. Potentially Beneficial Relationships
Counseling supervisors are aware of the power differential in their relationships with supervisees. If they believe nonprofessional relationships with a supervisee may be potentially beneficial to the supervisee, they take precautions similar to those taken by counselors when working with clients. Examples of potentially beneficial interactions or relationships include attending a formal ceremony; hospital visits; providing support during a stressful event; or mutual membership in a professional association, organization, or community. Counseling supervisors engage in open discussions with supervisees when they consider entering into relationships with them outside of their roles as clinical and/or administrative supervisors. Before engaging in nonprofessional relationships, supervisors discuss with supervisees and document the rationale for such interactions, potential benefits or drawbacks, and anticipated consequences for the supervisee. Supervisors clarify the specific nature and limitations of the additional role(s) they will have with the supervisee.

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 they are to adhere and the mechanisms for due process appeal of individual supervisory actions.

F.4.b. Emergencies and Absences
Supervisors establish and communicate to supervisees procedures for contacting them 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. Supervisors of post degree counselors encourage these counselors to adhere to professional standards of practice. *(See C.1.)*

F.4.d. Termination of the Supervisory Relationship

Supervisors or supervisees have the right to terminate the supervisory relationship with adequate notice. Reasons for withdrawal are provided to the other party. When cultural, clinical, or professional issues are crucial to the viability of the supervisory relationship, both parties make efforts to resolve differences. When termination is warranted, supervisors make appropriate referrals to possible alternative supervisors.

F.5. Counseling Supervision Evaluation, Remediation, and Endorsement

F.5.a. Evaluation
Supervisors document and provide supervisees with ongoing performance appraisal and evaluation feedback and schedule periodic formal evaluative sessions throughout the supervisory relationship.

F.5.b. Limitations
Through ongoing evaluation and appraisal, supervisors are aware of the limitations of supervisees that might impede performance. Supervisors assist supervisees in securing remedial assistance when needed. They recommend dismissal from training programs, applied counseling settings, or state or voluntary professional credentialing processes when those supervisees are unable to provide competent professional services. 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. *(See C.2.g.)*

F.5.c. Counseling for Supervisees
If supervisees request counseling, supervisors provide them with acceptable referrals. Counselors 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. *(See F.3.a.)*

F.5.d. Endorsement
Supervisors endorse supervisees for certification, licensure, employment, or completion of an academic or training program only when they believe 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.6. Responsibilities of Counselor Educators

F.6.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. Counselor educators conduct counselor education and training programs

in an ethical manner and serve as role models for professional behavior. *(See C.1., C.2.a., C.2.c.)*

F.6.b. Infusing Multicultural Issues/ Diversity
Counselor educators infuse material related to multiculturalism/diversity into all courses and workshops for the development of professional counselors.

F.6.c. Integration of Study and Practice
Counselor educators establish education and training programs that integrate academic study and supervised practice.

F.6.d. Teaching Ethics
Counselor educators make students and supervisees 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. *(See C.1.)*

F.6.e. Peer Relationships
Counselor educators make every effort to ensure that the rights of peers are not compromised when students or supervisees lead counseling groups or provide clinical supervision. Counselor educators take steps to ensure that students and supervisees understand they have the same ethical obligations as counselor educators, trainers, and supervisors.

F.6.f. Innovative Theories and Techniques
When counselor educators teach counseling techniques/procedures that are innovative, without an empirical foundation, or without a well-grounded theoretical foundation, they define the counseling techniques/procedures as "unproven" or "developing" and explain to students the potential risks and ethical considerations of using such techniques/procedures.

F.6.g. Field Placements
Counselor educators develop clear policies within their training programs regarding 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 and inform site supervisors of their professional and ethical responsibilities in this role.

F.6.h. Professional Disclosure
Before initiating counseling services, counselors-in-training disclose their status as students and explain how this status affects the limits of confidentiality. Counselor educators ensure that the clients at field placements 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. *(See A.2.b.)*

F.7. Student Welfare

F.7.a. Orientation

Counselor educators recognize that orientation is a developmental process that continues throughout the educational and clinical training of students. Counseling faculty provide prospective students with information about the counselor education program's expectations:

1. the type and level of skill and knowledge acquisition required for successful completion of the training;
2. program training goals, objectives, and mission, and subject matter to be covered;
3. bases for evaluation;
4. training components that encourage self-growth or self-disclosure as part of the training process;
5. the type of supervision settings and requirements of the sites for required clinical field experiences;
6. student and supervisee evaluation and dismissal policies and procedures; and
7. up-to-date employment prospects for graduates.

F.7.b. Self-Growth Experiences

Counselor education programs delineate requirements for self-disclosure or self-growth experiences in their admission and program materials. Counselor educators use professional judgment when designing training experiences they conduct that require student and supervisee self-growth or self-disclosure. Students and supervisees are made aware of the ramifications their self-disclosure may have when counselors whose primary role as teacher, trainer, or supervisor requires acting on ethical obligations to the profession. Evaluative components of experiential training experiences explicitly delineate predetermined academic standards that are separate and do not depend on the student's level of self-disclosure. Counselor educators may require trainees to seek professional help to address any personal concerns that may be affecting their competency.

F.8. Student Responsibilities

F.8.a. Standards for Students

Counselors-in-training have a responsibility to understand and follow the *ACA Code of Ethics* and adhere to applicable laws, regulatory policies, and rules and policies governing professional staff behavior at the agency or placement setting. Students have the same obligation to clients as those required of professional counselors. *(See C.1., H.1.)*

F.8.b. Impairment

Counselors-in-training refrain from offering or providing counseling services when their physical, mental, or emotional problems are likely to harm a client or others. They are alert to the signs of impairment, seek assistance for problems, and notify their program supervisors when they are aware that they are unable to effectively provide services. In addition, they seek appropriate professional services for themselves to remediate the problems that are interfering with their ability to provide services to others. *(See A.1., C.2.d., C.2.g.)*

F.9. Evaluation and Remediation of Students

F.9.a. Evaluation
Counselors 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 performance appraisal and evaluation feedback throughout the training program.

F.9.b. Limitations
Counselor educators, throughout ongoing evaluation and appraisal, are aware of and address the inability of some students to achieve counseling competencies that might impede performance. Counselor educators

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 to require them to seek assistance or to dismiss them and provide students with due process according to institutional policies and procedures. *(See C.2.g.)*

F.9.c. Counseling for Students
If students request counseling or if counseling services are required as part of a remediation process, counselor educators provide acceptable referrals.

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

F.10.a. Sexual or Romantic Relationships
Sexual or romantic interactions or relationships with current students are prohibited.

F.10.b. Sexual Harassment
Counselor educators do not condone or subject students to sexual harassment. *(See C.6.a.)*

F.10.c. Relationships With Former Students
Counselor educators are aware of the power differential in the relationship between faculty and students. Faculty members foster open discussions with former students when considering engaging in a social, sexual, or other intimate relationship. Faculty members

discuss with the former student how their former relationship may affect the change in relationship.

F.10.d. Nonprofessional Relationships
Counselor educators avoid nonprofessional or ongoing professional relationships with students in which there is a risk of potential harm to the student or that 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 supervisee placement.

F.10.e. Counseling Services
Counselor educators do not serve as counselors to current students unless this is a brief role associated with a training experience.

F.10.f. Potentially Beneficial Relationships
Counselor educators are aware of the power differential in the relationship between faculty and students. If they believe 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; hospital visits; providing support during a stressful event; or mutual membership in a professional association, organization, or community. Counselor educators engage in open discussions with students when they consider entering into relationships with students outside of their roles as teachers and supervisors. They 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 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 diverse cultures and types of abilities 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. Counselor educators include case examples, role-plays, discussion questions, and other classroom activities that promote and represent various cultural perspectives.

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 efforts of researchers by participating fully and willingly whenever possible. Counselors minimize bias and respect diversity in designing and implementing research programs.

G.1. Research Responsibilities

G.1.a. Use of Human Research Participants

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 with human research participants.

G.1.b. Deviation From Standard Practice

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

G.1.c. Independent Researchers

When independent researchers do not have access to an Institutional Review Board (IRB), they should consult with researchers who are familiar with IRB procedures to provide appropriate safeguards.

G.1.d. Precautions to Avoid Injury

Counselors who conduct research with human participants are responsible for the welfare of participants throughout the research process and should take reasonable precautions to avoid causing injurious psychological, emotional, physical, or social effects to participants.

G.1.e. 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.1.f. Minimal Interference

Counselors take reasonable precautions to avoid causing disruptions in the lives of research participants that could be caused by their involvement in research.

G.1.g. Multicultural/Diversity Considerations in Research

When appropriate to research goals, counselors are sensitive to incorporating research procedures that take into account cultural considerations. They seek consultation when appropriate.

G.2. Rights of Research Participants

(See A.2, A.7.)

G.2.a. Informed Consent in Research

Individuals have the right to consent 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 and risks,
4. describes any benefits or changes in individuals or organizations that might be reasonably 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 to discontinue participation in the project at any time without penalty.

G.2.b. Deception

Counselors do not conduct research involving deception unless alternative procedures are not feasible and the prospective value of the research justifies the deception. If such deception has the potential to cause physical or emotional harm to research participants, the research is not conducted, regardless of prospective value. When the methodological requirements of a study necessitate concealment or deception, the investigator explains the reasons for this action as soon as possible during the debriefing.

G.2.c. Student/Supervisee Participation

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

G.2.d. Client Participation

Counselors conducting research involving clients make clear in the informed consent process that clients are free to choose whether or not to participate in research activities. Counselors take necessary precautions to protect clients from adverse consequences of declining or withdrawing from participation.

G.2.e. Confidentiality of Information
Information obtained about research participants during the course of an investigation is confidential. When the possibility exists that others may obtain access to such information, ethical research practice requires that the possibility, together with the plans for protecting confidentiality, be explained to participants as a part of the procedure for obtaining informed consent.

G.2.f. Persons Not Capable of Giving Informed Consent
When a person 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.g. Commitments to Participants
Counselors take reasonable measures to honor all commitments to research participants. *(See A.2.c.)*

G.2.h. 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.i. 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 acknowledgement.

G.2.j. Disposal of Research Documents and Records
Within a reasonable period of time following the completion of a research project or study, counselors take steps to destroy records or documents (audio, video, digital, and written) containing confidential data or information that identifies research participants. When records are of an artistic nature, researchers obtain participant consent with regard to handling of such records or documents. *(See B.4.a, B.4.g.)*

G.3. Relationships With Research Participants (When Research Involves Intensive or Extended Interactions)

G.3.a. Nonprofessional Relationships
Nonprofessional relationships with research participants should be avoided.

G.3.b. Relationships With Research Participants
Sexual or romantic counselor–research participant interactions or relationships with current research participants are prohibited.

G.3.c. Sexual Harassment and Research Participants
Researchers do not condone or subject research participants to sexual harassment.

G.3.d. Potentially Beneficial Interactions
When a nonprofessional 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 due to the nonprofessional interaction, the researcher must show evidence of an attempt to remedy such harm.

G.4. Reporting Results

G.4.a. Accurate Results
Counselors plan, conduct, and report research accurately. They provide thorough discussions of the limitations of their data and alternative hypotheses. Counselors do not engage in misleading or fraudulent research, distort data, misrepresent data, or deliberately bias their results. They explicitly mention all variables and conditions known to the investigator that may have affected the outcome of a study or the interpretation of data. 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 is 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 data to qualified professionals who may wish to replicate the study.

G.5. Publication

G.5.a. Recognizing Contributions
When conducting and reporting research, counselors are familiar with and give recognition to previous work on the topic, observe copyright laws, and give full credit to those to whom credit is due.

G.5.b. Plagiarism
Counselors do not plagiarize, that is, they do not present another person's work as their own work.

G.5.c. Review/Republication of Data or Ideas
Counselors fully acknowledge and make editorial reviewers aware of prior publication of ideas or data where such ideas or data are submitted for review or publication.

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/ supervisees establish agreements in advance regarding allocation of tasks, publication credit, and types of acknowledgement that will be received.

G.5.f. Student Research
For articles that are substantially based on students' course papers, projects, dissertations or theses, and on which students have been the primary contributors, they are listed as principal authors.

G.5.g. Duplicate Submission
Counselors submit manuscripts for consideration to only one journal at a time. Manuscripts that are published in whole or in substantial part in another journal or published work are not submitted for publication without acknowledgment and permission from the previous publication.

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 use care to 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 use care to avoid personal biases.

SECTION H
RESOLVING ETHICAL ISSUES

Introduction
Counselors behave in a legal, ethical, and moral manner in the conduct of their professional work. They are aware that client protection 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 these 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. They engage in ongoing professional development regarding current topics in ethical and legal issues in counseling.

H.1. Standards and the Law
(See F.9.a.)

H.1.a. Knowledge
Counselors understand the *ACA Code of Ethics* and other applicable ethics codes from other professional organizations or from 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.

H.1.b. Conflicts Between Ethics and Laws
If ethical responsibilities conflict with law, regulations, 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 by such means, counselors may adhere to the requirements of law, regulations, or other governing legal authority.

H.2. Suspected Violations

H.2.a. Ethical Behavior Expected
Counselors expect colleagues to adhere to the *ACA Code of Ethics*. When counselors possess knowledge that raises doubts as to whether another counselor is acting in an ethical manner, they take appropriate action. *(See H.2.b., H.2.c.)*

H.2.b. Informal Resolution
When counselors have reason to believe that another counselor is violating or has violated an ethical standard, they attempt first to resolve the issue informally with the

other counselor if feasible, provided such action does not violate confidentiality rights that may be involved.

H.2.c. 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 appropriate to the situation. Such action might include referral to state or national committees on professional ethics, voluntary national certification bodies, state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when counselors have been retained to review the work of another counselor whose professional conduct is in question.

H.2.d. Consultation
When uncertain as to 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.

H.2.e. 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*. When possible, counselors work toward change within the organization to allow full adherence to the *ACA Code of Ethics*. In doing so, they address any confidentiality issues.

H.2.f. Unwarranted Complaints
Counselors do not initiate, participate in, or encourage the filing of ethics complaints that are made with reckless disregard or willful ignorance of facts that would disprove the allegation.

H.2.g. Unfair Discrimination Against Complainants and Respondents
Counselors do not deny persons employment, advancement, admission to academic or other programs, tenure, or promotion based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

H.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. Counselors are familiar with the *ACA*

Policy and Procedures for Processing Complains of Ethical Violations and use it as a reference for assisting in the enforcement of the *ACA Code of Ethics.*

Glossary of Terms

Advocacy - promotion of the well-being of individuals and groups, and the counseling profession within systems and organizations. Advocacy seeks to remove barriers and obstacles that inhibit access, growth, and development.

Assent - to demonstrate agreement, when a person is otherwise not capable or competent to give formal consent (e.g., informed consent) to a counseling service or plan.

Client - an individual seeking or referred to the professional services of a counselor for help with problem resolution or decision making.

Counselor - a professional (or a student who is a counselor in- training) engaged in a counseling practice or other counseling-related services. Counselors fulfill many roles and responsibilities such as counselor educators, researchers, supervisors, practitioners, and consultants.

Counselor Educator - a professional counselor engaged primarily in developing, implementing, and supervising the educational preparation of counselors-in-training.

Counselor Supervisor - a professional counselor who engages in a formal relationship with a practicing counselor or counselor-in-training for the purpose of overseeing that individual's counseling work or clinical skill development.

Culture - membership in a socially constructed way of living, which incorporates collective values, beliefs, norms, boundaries, and lifestyles that are co-created with others who share similar worldviews comprising biological, psychosocial, historical, psychological, and other factors.

Diversity - the similarities and differences that occur within and across cultures, and the intersection of cultural and social identities.

Documents - any written, digital, audio, visual, or artistic recording of the work within the counseling relationship between counselor and client.

Examinee - a recipient of any professional counseling service that includes educational, psychological, and career appraisal utilizing qualitative or quantitative techniques.

Forensic Evaluation - any formal assessment conducted for court or other legal proceedings.

Multicultural/Diversity Competence - a capacity whereby counselors possess cultural and diversity awareness and knowledge about self and others, and how this awareness and knowledge is applied effectively in practice with clients and client groups.

Multicultural/Diversity Counseling - counseling that recognizes diversity and embraces approaches that support the worth, dignity, potential, and uniqueness of individuals within their historical, cultural, economic, political, and psychosocial contexts.

Student - an individual engaged in formal educational preparation as a counselor-in-training.

Supervisee - a professional counselor or counselor-in-training whose counseling work or clinical skill development is being overseen in a formal supervisory relationship by a qualified trained professional.

Supervisor - counselors who are trained to oversee the professional clinical work of counselors and counselors-in-training.

Teaching - all activities engaged in as part of a formal educational program designed to lead to a graduate degree in counseling.

Training - the instruction and practice of skills related to the counseling profession. Training contributes to the ongoing proficiency of students and professional counselors.

Appendix C

American Association for Marriage and Family Therapy

Code of Ethics

Effective July 1, 2001

Principle I
Responsibility to Clients

Marriage and family therapists advance the welfare of families and individuals. They respect the rights of those persons seeking their assistance, and make reasonable efforts to ensure that their services are used appropriately.

1.1. 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, or sexual orientation.

1.2 Marriage and family therapists obtain appropriate informed consent to therapy or related procedures as early as feasible in the therapeutic relationship, and use language that is reasonably understandable to clients. 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. 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.

1.3 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 take appropriate precautions.

1.4 Sexual intimacy with clients is prohibited.

1.5 Sexual intimacy with former clients is likely to be harmful and is therefore prohibited for two years following the termination of therapy or last professional contact. In an

effort to avoid exploiting the trust and dependency of clients, marriage and family therapists should not engage in sexual intimacy with former clients after the two years following termination or last professional contact. Should therapists engage in sexual intimacy with former clients following two years after termination or last professional contact, the burden shifts to the therapist to demonstrate that there has been no exploitation or injury to the former client or to the client's immediate family.

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

1.7 Marriage and family therapists do not use their professional relationships with clients to further their own interests.

1.8 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 the clients that they have the responsibility to make decisions regarding relationships such as cohabitation, marriage, divorce, separation, reconciliation, custody, and visitation.

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

1.10 Marriage and family therapists assist persons in obtaining other therapeutic services if the therapist is unable or unwilling, for appropriate reasons, to provide professional help.

1.11 Marriage and family therapists do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of such treatment.

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

1.13 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.

Principle 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 Marriage and family therapists disclose to clients and other interested parties, as early as feasible in their professional contacts, 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 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 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 Subprinciple 2.2, or when appropriate steps have been taken to protect client identity and confidentiality.

2.4 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.

2.5 Subsequent to the therapist moving from the area, closing the practice, or upon the death of the therapist, a marriage and family therapist arranges for the storage, transfer, or disposal of client records in ways that maintain confidentiality and safeguard the welfare of clients.

2.6 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.

Principle III
Professional Competence and Integrity

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

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

3.2 Marriage and family therapists maintain adequate knowledge of and adhere to applicable laws, ethics, and professional standards.

3.3 Marriage and family therapists seek appropriate professional assistance for their personal problems or conflicts that may impair work performance or clinical judgment.

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

3.5 Marriage and family therapists, as presenters, teachers, supervisors, consultants and researchers, are dedicated to high standards of scholarship, present accurate information, and disclose potential conflicts of interest.

3.6 Marriage and family therapists maintain accurate and adequate clinical and financial records.

3.7 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, or supervised experience.

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

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

3.10 Marriage and family therapists do not give to or receive from clients (a) gifts of substantial value or (b) gifts that impair the integrity or efficacy of the therapeutic relationship.

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

3.12 Marriage and family therapists make efforts to prevent the distortion or misuse of their clinical and research findings.

3.13 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.

3.14 To avoid a conflict of interests, marriage and family therapists who treat minors or adults involved in custody or visitation actions may not also perform forensic evaluations for custody, residence, or visitation of the minor. The marriage and family therapist who treats the minor 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 does not violate confidentiality.

3.15 Marriage and family therapists are 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.

Principle IV
Responsibility to Students and Supervisees

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

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

4.3 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. Should a supervisor engage in sexual activity with a former supervisee, the burden of proof shifts to the supervisor to demonstrate that there has been no exploitation or injury to the supervisee.

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

4.6 Marriage and family therapists avoid accepting as supervisees or students those individuals with whom a prior or existing relationship could compromise the therapist's objectivity. When such situations cannot be avoided, therapists take appropriate precautions to maintain objectivity. Examples of such relationships include, but are not limited to, those individuals with whom the therapist has a current or prior sexual, close personal, immediate familial, or therapeutic relationship.

4.7 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.

Principle V
Responsibility to Research Participants

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

5. 1 Investigators are responsible for making careful examinations of ethical acceptability in planning studies. To the extent that services to research participants may be compromised by participation in research, investigators seek the ethical advice of qualified professionals not directly involved in the investigation and observe safeguards to protect the rights of research participants.

5. 2 Investigators requesting participant involvement in research inform participants of the aspects of the research that might reasonably be expected to influence willingness to participate. Investigators 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.

5.3 Investigators 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.

5.4 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.

Principle VI
Responsibility to the Profession

Marriage and family therapists respect the rights and responsibilities of professional colleagues and participate in activities that advance the goals of the profession.

6.1 Marriage and family therapists remain accountable to the standards of the profession 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 attempt to resolve the conflict in a way that allows the fullest adherence to the Code of Ethics.

6.2 Marriage and family therapists assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.

6.3 Marriage and family therapists do not accept or require authorship credit for a publication based on research from a student's program, unless the therapist made a substantial contribution beyond being a faculty advisor or research committee member. Coauthorship on a student thesis, dissertation, or project should be determined in accordance with principles of fairness and justice.

6.4 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.

6.5 Marriage and family therapists who are the authors of books or other materials published or distributed by an organization take reasonable precautions to ensure that the organization promotes and advertises the materials accurately and factually.

6.6 Marriage and family therapists participate 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.

6.7 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.

6.8 Marriage and family therapists encourage public participation in the design and delivery of professional services and in the regulation of practitioners.

Principle VII

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.

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

7.2 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.

7.3 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.

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

7.5 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.

7.6 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.

Principle VIII
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.

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

8.2 Marriage and family therapists ensure that advertisements and publications in any media (such as directories, announcements, business cards, newspapers, radio, television, Internet, and facsimiles) convey information that is necessary for the public to make an appropriate selection of professional services. Information could include: (a) office information, such as name, address, telephone number, credit card acceptability, fees, languages spoken, and office hours; (b) qualifying clinical degree (see subprinciple 8.5); (c) other earned degrees (see subprinciple 8.5) and state or provincial licensures and/or certifications; (d) AAMFT clinical member status; and (e) description of practice.

8.3 Marriage and family therapists do not use names that could mislead the public concerning the identity, responsibility, source, and status of those practicing under that name, and do not hold themselves out as being partners or associates of a firm if they are not.

8.4 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.

8.5 In representing their educational qualifications, marriage and family therapists list and claim as evidence only those earned degrees: (a) from institutions accredited by regional accreditation sources recognized by the United States Department of Education, (b) from institutions recognized by states or provinces that license or certify marriage and family therapists, or (c) from equivalent foreign institutions.

8.6 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.

8.7 Marriage and family therapists make certain that the qualifications of their employees or supervisees are represented in a manner that is not false, misleading, or deceptive.

8.8 Marriage and family therapists do not represent themselves as providing specialized services unless they have the appropriate education, training, or supervised experience.

Appendix C

American Association for Marriage and Family Therapy

Code of Ethics

Effective July 1, 2001

Principle I
Responsibility to Clients

Marriage and family therapists advance the welfare of families and individuals. They respect the rights of those persons seeking their assistance, and make reasonable efforts to ensure that their services are used appropriately.

1.1. 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, or sexual orientation.

1.2 Marriage and family therapists obtain appropriate informed consent to therapy or related procedures as early as feasible in the therapeutic relationship, and use language that is reasonably understandable to clients. 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. 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.

1.3 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 take appropriate precautions.

1.4 Sexual intimacy with clients is prohibited.

1.5 Sexual intimacy with former clients is likely to be harmful and is therefore prohibited for two years following the termination of therapy or last professional contact. In an

effort to avoid exploiting the trust and dependency of clients, marriage and family therapists should not engage in sexual intimacy with former clients after the two years following termination or last professional contact. Should therapists engage in sexual intimacy with former clients following two years after termination or last professional contact, the burden shifts to the therapist to demonstrate that there has been no exploitation or injury to the former client or to the client's immediate family.

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

1.7 Marriage and family therapists do not use their professional relationships with clients to further their own interests.

1.8 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 the clients that they have the responsibility to make decisions regarding relationships such as cohabitation, marriage, divorce, separation, reconciliation, custody, and visitation.

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

1.10 Marriage and family therapists assist persons in obtaining other therapeutic services if the therapist is unable or unwilling, for appropriate reasons, to provide professional help.

1.11 Marriage and family therapists do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of such treatment.

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

1.13 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.

Principle 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 Marriage and family therapists disclose to clients and other interested parties, as early as feasible in their professional contacts, 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 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 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 Subprinciple 2.2, or when appropriate steps have been taken to protect client identity and confidentiality.

2.4 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.

2.5 Subsequent to the therapist moving from the area, closing the practice, or upon the death of the therapist, a marriage and family therapist arranges for the storage, transfer, or disposal of client records in ways that maintain confidentiality and safeguard the welfare of clients.

2.6 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.

Principle III
Professional Competence and Integrity

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

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

3.2 Marriage and family therapists maintain adequate knowledge of and adhere to applicable laws, ethics, and professional standards.

3.3 Marriage and family therapists seek appropriate professional assistance for their personal problems or conflicts that may impair work performance or clinical judgment.

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

3.5 Marriage and family therapists, as presenters, teachers, supervisors, consultants and researchers, are dedicated to high standards of scholarship, present accurate information, and disclose potential conflicts of interest.

3.6 Marriage and family therapists maintain accurate and adequate clinical and financial records.

3.7 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, or supervised experience.

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

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

3.10 Marriage and family therapists do not give to or receive from clients (a) gifts of substantial value or (b) gifts that impair the integrity or efficacy of the therapeutic relationship.

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

3.12 Marriage and family therapists make efforts to prevent the distortion or misuse of their clinical and research findings.

3.13 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.

3.14 To avoid a conflict of interests, marriage and family therapists who treat minors or adults involved in custody or visitation actions may not also perform forensic evaluations for custody, residence, or visitation of the minor. The marriage and family therapist who treats the minor 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 does not violate confidentiality.

3.15 Marriage and family therapists are 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.

Principle IV
Responsibility to Students and Supervisees

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

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

4.3 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. Should a supervisor engage in sexual activity with a former supervisee, the burden of proof shifts to the supervisor to demonstrate that there has been no exploitation or injury to the supervisee.

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

4.6 Marriage and family therapists avoid accepting as supervisees or students those individuals with whom a prior or existing relationship could compromise the therapist's objectivity. When such situations cannot be avoided, therapists take appropriate precautions to maintain objectivity. Examples of such relationships include, but are not limited to, those individuals with whom the therapist has a current or prior sexual, close personal, immediate familial, or therapeutic relationship.

4.7 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.

Principle V
Responsibility to Research Participants

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

5. 1 Investigators are responsible for making careful examinations of ethical acceptability in planning studies. To the extent that services to research participants may be compromised by participation in research, investigators seek the ethical advice of qualified professionals not directly involved in the investigation and observe safeguards to protect the rights of research participants.

5. 2 Investigators requesting participant involvement in research inform participants of the aspects of the research that might reasonably be expected to influence willingness to participate. Investigators 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.

5.3 Investigators 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.

5.4 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.

Principle VI
Responsibility to the Profession

Marriage and family therapists respect the rights and responsibilities of professional colleagues and participate in activities that advance the goals of the profession.

6.1 Marriage and family therapists remain accountable to the standards of the profession 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 attempt to resolve the conflict in a way that allows the fullest adherence to the Code of Ethics.

6.2 Marriage and family therapists assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.

6.3 Marriage and family therapists do not accept or require authorship credit for a publication based on research from a student's program, unless the therapist made a substantial contribution beyond being a faculty advisor or research committee member. Coauthorship on a student thesis, dissertation, or project should be determined in accordance with principles of fairness and justice.

6.4 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.

6.5 Marriage and family therapists who are the authors of books or other materials published or distributed by an organization take reasonable precautions to ensure that the organization promotes and advertises the materials accurately and factually.

6.6 Marriage and family therapists participate 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.

6.7 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.

6.8 Marriage and family therapists encourage public participation in the design and delivery of professional services and in the regulation of practitioners.

Principle VII

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.

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

7.2 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.

7.3 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.

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

7.5 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.

7.6 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.

Principle VIII
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.

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

8.2 Marriage and family therapists ensure that advertisements and publications in any media (such as directories, announcements, business cards, newspapers, radio, television, Internet, and facsimiles) convey information that is necessary for the public to make an appropriate selection of professional services. Information could include: (a) office information, such as name, address, telephone number, credit card acceptability, fees, languages spoken, and office hours; (b) qualifying clinical degree (see subprinciple 8.5); (c) other earned degrees (see subprinciple 8.5) and state or provincial licensures and/or certifications; (d) AAMFT clinical member status; and (e) description of practice.

8.3 Marriage and family therapists do not use names that could mislead the public concerning the identity, responsibility, source, and status of those practicing under that name, and do not hold themselves out as being partners or associates of a firm if they are not.

8.4 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.

8.5 In representing their educational qualifications, marriage and family therapists list and claim as evidence only those earned degrees: (a) from institutions accredited by regional accreditation sources recognized by the United States Department of Education, (b) from institutions recognized by states or provinces that license or certify marriage and family therapists, or (c) from equivalent foreign institutions.

8.6 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.

8.7 Marriage and family therapists make certain that the qualifications of their employees or supervisees are represented in a manner that is not false, misleading, or deceptive.

8.8 Marriage and family therapists do not represent themselves as providing specialized services unless they have the appropriate education, training, or supervised experience.

Appendix B

National Association of Social Workers

Code of Ethics

Effective 2008

1. SOCIAL WORKERS' ETHICAL RESPONSIBILITIES TO CLIENTS

1.01 Commitment to Clients

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

1.02 SelfDetermination

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

1.03 Informed Consent

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

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

(c) In instances when clients lack the capacity to provide informed consent, social workers should protect clients' interests by seeking permission from an appropriate third

party, informing clients consistent with the clients' level of understanding. In such instances social workers should seek to ensure that the third party acts in a manner consistent with clients' wishes and interests. Social workers should take reasonable steps to enhance such clients' ability to give informed consent.

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

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

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

1.04 Competence

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

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

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

1.05 Cultural Competence and Social Diversity

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

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

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

1.06 Conflicts of Interest

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

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

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

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

1.07 Privacy and Confidentiality

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

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

(c) Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or

other identifiable person. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed.

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

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

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

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

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

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

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

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

(l) Social workers should protect the confidentiality of clients' written and electronic records and other sensitive information. Social workers should take reasonable steps to ensure that clients' records are stored in a secure location and that clients' records are not available to others who are not authorized to have access.

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

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

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

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

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

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

1.08 Access to Records

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

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

1.09 Sexual Relationships

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

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

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

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

1.10 Physical Contact

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

1.11 Sexual Harassment

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

1.12 Derogatory Language

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

1.13 Payment for Services

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

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

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

1.14 Clients Who Lack Decision-Making Capacity

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

1.15 Interruption of Services

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

1.16 Termination of Services

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

2.01 Respect

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

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

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

2.02 Confidentiality

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

2.03 Interdisciplinary Collaboration

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

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

2.04 Disputes Involving Colleagues

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

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

2.05 Consultation

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

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

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

2.06 Referral for Services

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

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

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

2.07 Sexual Relationships

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

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

2.08 Sexual Harassment

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

2.09 Impairment of Colleagues

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

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

2.10 Incompetence of Colleagues

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

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

2.11 Unethical Conduct of Colleagues

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

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

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

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

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

3. SOCIAL WORKERS' ETHICAL RESPONSIBILITIES IN PRACTICE SETTINGS

3.01 Supervision and Consultation

(a) Social workers who provide supervision or consultation should have the necessary knowledge and skill to supervise or consult appropriately and should do so only within their areas of knowledge and competence.

(b) Social workers who provide supervision or consultation are responsible for setting clear, appropriate, and culturally sensitive boundaries.

(c) Social workers should not engage in any dual or multiple relationships with supervisees in which there is a risk of exploitation of or potential harm to the supervisee.

(d) Social workers who provide supervision should evaluate supervisees' performance in a manner that is fair and respectful.

3.02 Education and Training

(a) Social workers who function as educators, field instructors for students, or trainers should provide instruction only within their areas of knowledge and competence and should provide instruction based on the most current information and knowledge available in the profession.

(b) Social workers who function as educators or field instructors for students should evaluate students' performance in a manner that is fair and respectful.

(c) Social workers who function as educators or field instructors for students should take reasonable steps to ensure that clients are routinely informed when services are being provided by students.

(d) Social workers who function as educators or field instructors for students should not engage in any dual or multiple relationships with students in which there is a risk of exploitation or potential harm to the student. Social work educators and field instructors are responsible for setting clear, appropriate, and culturally sensitive boundaries.

3.03 Performance Evaluation

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

3.04 Client Records

(a) Social workers should take reasonable steps to ensure that documentation in records is accurate and reflects the services provided.

(b) Social workers should include sufficient and timely documentation in records to facilitate the delivery of services and to ensure continuity of services provided to clients in the future.

(c) Social workers' documentation should protect clients' privacy to the extent that is possible and appropriate and should include only information that is directly relevant to the delivery of services.

(d) Social workers should store records following the termination of services to ensure reasonable future access. Records should be maintained for the number of years required by state statutes or relevant contracts.

3.05 Billing

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

3.06 Client Transfer

(a) When an individual who is receiving services from another agency or colleague contacts a social worker for services, the social worker should carefully consider the

client's needs before agreeing to provide services. To minimize possible confusion and conflict, social workers should discuss with potential clients the nature of the clients' current relationship with other service providers and the implications, including possible benefits or risks, of entering into a relationship with a new service provider.

(b) If a new client has been served by another agency or colleague, social workers should discuss with the client whether consultation with the previous service provider is in the client's best interest.

3.07 Administration

(a) Social work administrators should advocate within and outside their agencies for adequate resources to meet clients' needs.

(b) Social workers should advocate for resource allocation procedures that are open and fair. When not all clients' needs can 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

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 disability.

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 the organizations.

(c) Social workers should ensure that their representations to clients, agencies, and the public of professional qualifications, credentials, education, competence, affiliations, services provided, or results to be achieved are accurate. Social workers should claim

only those relevant professional credentials they actually possess and take steps to correct any inaccuracies or 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

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' wellbeing, privacy, and dignity. Informed consent should include information about the nature, extent, and duration of the participation requested and disclosure of the risks and benefits of participation in the research.

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

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

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

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

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

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

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

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

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

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

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

6. SOCIAL WORKERS' ETHICAL RESPONSIBILITIES TO THE BROADER SOCIETY

6.01 Social Welfare

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

6.02 Public Participation

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

6.03 Public Emergencies

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

6.04 Social and Political Action

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

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

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

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

Appendix B

National Association of Social Workers

Code of Ethics

Effective 2008

1. SOCIAL WORKERS' ETHICAL RESPONSIBILITIES TO CLIENTS

1.01 Commitment to Clients

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

1.02 SelfDetermination

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

1.03 Informed Consent

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

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

(c) In instances when clients lack the capacity to provide informed consent, social workers should protect clients' interests by seeking permission from an appropriate third

party, informing clients consistent with the clients' level of understanding. In such instances social workers should seek to ensure that the third party acts in a manner consistent with clients' wishes and interests. Social workers should take reasonable steps to enhance such clients' ability to give informed consent.

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

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

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

1.04 Competence

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

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

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

1.05 Cultural Competence and Social Diversity

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

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

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

1.06 Conflicts of Interest

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

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

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

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

1.07 Privacy and Confidentiality

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

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

(c) Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or

other identifiable person. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed.

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

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

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

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

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

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

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

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

(l) Social workers should protect the confidentiality of clients' written and electronic records and other sensitive information. Social workers should take reasonable steps to ensure that clients' records are stored in a secure location and that clients' records are not available to others who are not authorized to have access.

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

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

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

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

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

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

1.08 Access to Records

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

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

1.09 Sexual Relationships

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

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

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

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

1.10 Physical Contact

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

1.11 Sexual Harassment

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

1.12 Derogatory Language

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

1.13 Payment for Services

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

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

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

1.14 Clients Who Lack Decision-Making Capacity

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

1.15 Interruption of Services

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

1.16 Termination of Services

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

2.01 Respect

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

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

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

2.02 Confidentiality

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

2.03 Interdisciplinary Collaboration

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

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

2.04 Disputes Involving Colleagues

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

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

2.05 Consultation

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

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

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

2.06 Referral for Services

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

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

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

2.07 Sexual Relationships

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

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

2.08 Sexual Harassment

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

2.09 Impairment of Colleagues

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

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

2.10 Incompetence of Colleagues

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

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

2.11 Unethical Conduct of Colleagues

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

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

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

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

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

3. SOCIAL WORKERS' ETHICAL RESPONSIBILITIES IN PRACTICE SETTINGS

3.01 Supervision and Consultation

(a) Social workers who provide supervision or consultation should have the necessary knowledge and skill to supervise or consult appropriately and should do so only within their areas of knowledge and competence.

(b) Social workers who provide supervision or consultation are responsible for setting clear, appropriate, and culturally sensitive boundaries.

(c) Social workers should not engage in any dual or multiple relationships with supervisees in which there is a risk of exploitation of or potential harm to the supervisee.

(d) Social workers who provide supervision should evaluate supervisees' performance in a manner that is fair and respectful.

3.02 Education and Training

(a) Social workers who function as educators, field instructors for students, or trainers should provide instruction only within their areas of knowledge and competence and should provide instruction based on the most current information and knowledge available in the profession.

(b) Social workers who function as educators or field instructors for students should evaluate students' performance in a manner that is fair and respectful.

(c) Social workers who function as educators or field instructors for students should take reasonable steps to ensure that clients are routinely informed when services are being provided by students.

(d) Social workers who function as educators or field instructors for students should not engage in any dual or multiple relationships with students in which there is a risk of exploitation or potential harm to the student. Social work educators and field instructors are responsible for setting clear, appropriate, and culturally sensitive boundaries.

3.03 Performance Evaluation

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

3.04 Client Records

(a) Social workers should take reasonable steps to ensure that documentation in records is accurate and reflects the services provided.

(b) Social workers should include sufficient and timely documentation in records to facilitate the delivery of services and to ensure continuity of services provided to clients in the future.

(c) Social workers' documentation should protect clients' privacy to the extent that is possible and appropriate and should include only information that is directly relevant to the delivery of services.

(d) Social workers should store records following the termination of services to ensure reasonable future access. Records should be maintained for the number of years required by state statutes or relevant contracts.

3.05 Billing

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

3.06 Client Transfer

(a) When an individual who is receiving services from another agency or colleague contacts a social worker for services, the social worker should carefully consider the

client's needs before agreeing to provide services. To minimize possible confusion and conflict, social workers should discuss with potential clients the nature of the clients' current relationship with other service providers and the implications, including possible benefits or risks, of entering into a relationship with a new service provider.

(b) If a new client has been served by another agency or colleague, social workers should discuss with the client whether consultation with the previous service provider is in the client's best interest.

3.07 Administration

(a) Social work administrators should advocate within and outside their agencies for adequate resources to meet clients' needs.

(b) Social workers should advocate for resource allocation procedures that are open and fair. When not all clients' needs can 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

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 disability.

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 the organizations.

(c) Social workers should ensure that their representations to clients, agencies, and the public of professional qualifications, credentials, education, competence, affiliations, services provided, or results to be achieved are accurate. Social workers should claim

only those relevant professional credentials they actually possess and take steps to correct any inaccuracies or 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

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' wellbeing, privacy, and dignity. Informed consent should include information about the nature, extent, and duration of the participation requested and disclosure of the risks and benefits of participation in the research.

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

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

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

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

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

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

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

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

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

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

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

6. SOCIAL WORKERS' ETHICAL RESPONSIBILITIES TO THE BROADER SOCIETY

6.01 Social Welfare

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

6.02 Public Participation

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

6.03 Public Emergencies

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

6.04 Social and Political Action

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

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

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

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

Appendix A

NAADAC, the Association for Addiction Professionals (National Association for Alcoholism and Drug Abuse Counselors)

Code of Ethics

Effective August 18, 2008

Principle 1: Non-Discrimination

I shall affirm diversity among colleagues or clients regardless of age gender, sexual orientation, ethnic/racial background, religious/spiritual beliefs, marital status, political beliefs, or mental/physical disability and veteran status.

I shall strive to treat all individuals with impartiality and objectivity relating to all based solely on their personal merits and mindful of the dignity of all human persons. As such, I shall not impose my personal values on my clients.

I shall avoid bringing personal or professional issues into the counseling relationship. Through an awareness of the impact of stereotyping and discrimination, I shall guard the individual rights and personal dignity of my clients.

I shall relate to all clients with empathy and understanding no matter what their diagnosis or personal history.

Principle 2: Client Welfare

I understand that the ability to do good is based on an underlying concern for the well being of others. I shall act for the good of others and exercise respect, sensitivity, and insight. I understand that my primary professional responsibility and loyalty is to the welfare of my clients, and I shall work for the client irrespective of who actually pays his/her fees.

I shall do everything possible to safeguard the privacy and confidentiality of client information except where the client has given specific, written, informed, and limited consent or when the client poses a risk to himself or others.

I shall provide the client his/her rights regarding confidentiality, in writing, as part of informing the client of any areas likely to affect the client's confidentiality.

I understand and support all that will assist clients to a better quality of life, greater freedom, and true independence.

I shall not do for others what they can readily do for themselves but rather, facilitate and support the doing. Likewise, I shall not insist on doing what I perceive as good without reference to what the client perceives as good and necessary.

I understand that suffering is unique to a specific individual and not of some generalized or abstract suffering, such as might be found in the understanding of the disorder. I also understand that the action taken to relieve suffering must be uniquely suited to the suffering individual and not simply some universal prescription.

I shall provide services without regard to the compensation provided by the client or by a third party and shall render equally appropriate services to individuals whether they are paying a reduced fee or a full fee.

Principle 3: Client Relationship

I understand and respect the fundamental human right of all individuals to self-determination and to make decisions that they consider in their own best interest. I shall be open and clear about the nature, extent, probable effectiveness, and cost of those services to allow each individual to make an informed decision of their care.

I shall provide the client and/or guardian with accurate and complete information regarding the extent of the potential professional relationship, such as the Code of Ethics and professional loyalties and responsibilities.

I shall inform the client and obtain the client's participation including the recording of the interview, the use of interview material for training purposes, and/or observation of an interview by another person.

Principle 4: Trustworthiness

I understand that effectiveness in my profession is largely based on the ability to be worthy of trust, and I shall work to the best of my ability to act consistently within the bounds of a known moral universe, to faithfully fulfill the terms of both personal and professional commitments, to safeguard fiduciary relationships consistently, and to speak the truth as it is known to me.

I shall never misrepresent my credentials or experience.

I shall make no unsubstantiated claims for the efficacy of the services I provide and make no statements about the nature and course of addictive disorders that have not been verified by scientific inquiry.

I shall constantly strive for a better understanding of addictive disorders and refuse to accept supposition and prejudice as if it were the truth.

I understand that ignorance in those matters that should be known does not excuse me from the ethical fault of misinforming others.

I understand the effect of impairment on professional performance and shall be willing to seek appropriate treatment for myself or for a colleague. I shall support peer assistance programs in this respect.

I understand that most property in the healing professions is intellectual property and shall not present the ideas or formulations of others as if they were my own. Rather, I shall give appropriate credit to their originators both in written and spoken communication.

I regard the use of any copyrighted material without permission or the payment of royalty to be theft.

Principle 5: Compliance with Law

I understand that laws and regulations exist for the good ordering of society and for the restraint of harm and evil, and I am aware of those laws and regulations that are relevant both personally and professionally and follow them, while reserving the right to commit civil disobedience.

I understand that the determination that a law or regulation is unjust is not a matter of preference or opinion but a matter of rational investigation, deliberation, and dispute.

I willingly accept that there may be a penalty for justified civil disobedience, and I must weigh the personal harm of that penalty against the good done by civil protest.

Principle 6: Rights and Duties

I understand that personal and professional commitments and relationships create a network of rights and corresponding duties. I shall work to the best of my ability to safeguard the natural and consensual rights of each individual and fulfill those duties required of me.

I understand that justice extends beyond individual relationships to the community and society; therefore, I shall participate in activities that promote the health of my community and profession.

I shall, to the best of my ability, actively engage in the legislative processes, educational institutions, and the general public to change public policy and legislation to make possible opportunities and choice of service for all human beings of any ethnic or social background whose lives are impaired by alcoholism and drug abuse.

I understand that the right of confidentiality cannot always be maintained if it serves to protect abuse, neglect, or exploitation of any person or leaves another at risk of bodily harm.

Principle 7: Dual Relationships

I understand that I must seek to nurture and support the development of a relationship of equals rather than to take unfair advantage of individuals who are vulnerable and exploitable.

I shall not engage in professional relationships or commitments that conflict with family members, friends, close associates, or others whose welfare might be jeopardized by such a dual relationship.

Because a relationship begins with a power differential, I shall not exploit relationships with current or former clients for personal gain, including social or business relationships.

I shall not under any circumstances engage in sexual behavior with current or former clients.

I shall not accept substantial gifts from clients, other treatment organizations, or the providers of materials or services used in my practice.

Principle 8: Preventing Harm

I understand that every decision and action has ethical implication leading either to benefit or harm, and I shall carefully consider whether any of my decisions or actions has the potential to produce harm of a physical, psychological, financial, legal, or spiritual nature before implementing them.

I shall refrain from using any methods that could be considered coercive such as threats, negative labeling, and attempts to provoke shame or humiliation.

I shall make no requests of clients that are not necessary as part of the agreed treatment plan.

I shall terminate a counseling or consulting relationship when it is reasonably clear that the client is not benefiting from the relationship.

I understand an obligation to protect individuals, institutions, and the profession from harm that might be done by others. Consequently, I am aware that the conduct of another individual is an actual or likely source of harm to clients, colleagues, institutions, or the profession, and that I have an ethical obligation to report such conduct to competent authorities.

Principle 9: Duty of Care

I shall operate under the principle of Duty of Care and shall maintain a working/therapeutic environment in which clients, colleagues, and employees can be safe from the threat of physical, emotional or intellectual harm.

I respect the right of others to hold spiritual opinions, beliefs, and values different from my own.

I shall strive for understanding and the establishment of common ground rather than for the ascendancy of one opinion over another.

I shall maintain competence in the area of my practice through continuing education, constantly improving my knowledge and skills in those approaches most effective with my specific clients.

I shall scrupulously avoid practicing in any area outside of my competence.

Appendix A

NAADAC, the Association for Addiction Professionals (National Association for Alcoholism and Drug Abuse Counselors)

Code of Ethics

Effective August 18, 2008

Principle 1: Non-Discrimination

I shall affirm diversity among colleagues or clients regardless of age gender, sexual orientation, ethnic/racial background, religious/spiritual beliefs, marital status, political beliefs, or mental/physical disability and veteran status.

I shall strive to treat all individuals with impartiality and objectivity relating to all based solely on their personal merits and mindful of the dignity of all human persons. As such, I shall not impose my personal values on my clients.

I shall avoid bringing personal or professional issues into the counseling relationship. Through an awareness of the impact of stereotyping and discrimination, I shall guard the individual rights and personal dignity of my clients.

I shall relate to all clients with empathy and understanding no matter what their diagnosis or personal history.

Principle 2: Client Welfare

I understand that the ability to do good is based on an underlying concern for the well being of others. I shall act for the good of others and exercise respect, sensitivity, and insight. I understand that my primary professional responsibility and loyalty is to the welfare of my clients, and I shall work for the client irrespective of who actually pays his/her fees.

I shall do everything possible to safeguard the privacy and confidentiality of client information except where the client has given specific, written, informed, and limited consent or when the client poses a risk to himself or others.

I shall provide the client his/her rights regarding confidentiality, in writing, as part of informing the client of any areas likely to affect the client's confidentiality.

I understand and support all that will assist clients to a better quality of life, greater freedom, and true independence.

I shall not do for others what they can readily do for themselves but rather, facilitate and support the doing. Likewise, I shall not insist on doing what I perceive as good without reference to what the client perceives as good and necessary.

I understand that suffering is unique to a specific individual and not of some generalized or abstract suffering, such as might be found in the understanding of the disorder. I also understand that the action taken to relieve suffering must be uniquely suited to the suffering individual and not simply some universal prescription.

I shall provide services without regard to the compensation provided by the client or by a third party and shall render equally appropriate services to individuals whether they are paying a reduced fee or a full fee.

Principle 3: Client Relationship

I understand and respect the fundamental human right of all individuals to self-determination and to make decisions that they consider in their own best interest. I shall be open and clear about the nature, extent, probable effectiveness, and cost of those services to allow each individual to make an informed decision of their care.

I shall provide the client and/or guardian with accurate and complete information regarding the extent of the potential professional relationship, such as the Code of Ethics and professional loyalties and responsibilities.

I shall inform the client and obtain the client's participation including the recording of the interview, the use of interview material for training purposes, and/or observation of an interview by another person.

Principle 4: Trustworthiness

I understand that effectiveness in my profession is largely based on the ability to be worthy of trust, and I shall work to the best of my ability to act consistently within the bounds of a known moral universe, to faithfully fulfill the terms of both personal and professional commitments, to safeguard fiduciary relationships consistently, and to speak the truth as it is known to me.

I shall never misrepresent my credentials or experience.

I shall make no unsubstantiated claims for the efficacy of the services I provide and make no statements about the nature and course of addictive disorders that have not been verified by scientific inquiry.

I shall constantly strive for a better understanding of addictive disorders and refuse to accept supposition and prejudice as if it were the truth.

I understand that ignorance in those matters that should be known does not excuse me from the ethical fault of misinforming others.

I understand the effect of impairment on professional performance and shall be willing to seek appropriate treatment for myself or for a colleague. I shall support peer assistance programs in this respect.

I understand that most property in the healing professions is intellectual property and shall not present the ideas or formulations of others as if they were my own. Rather, I shall give appropriate credit to their originators both in written and spoken communication.

I regard the use of any copyrighted material without permission or the payment of royalty to be theft.

Principle 5: Compliance with Law

I understand that laws and regulations exist for the good ordering of society and for the restraint of harm and evil, and I am aware of those laws and regulations that are relevant both personally and professionally and follow them, while reserving the right to commit civil disobedience.

I understand that the determination that a law or regulation is unjust is not a matter of preference or opinion but a matter of rational investigation, deliberation, and dispute.

I willingly accept that there may be a penalty for justified civil disobedience, and I must weigh the personal harm of that penalty against the good done by civil protest.

Principle 6: Rights and Duties

I understand that personal and professional commitments and relationships create a network of rights and corresponding duties. I shall work to the best of my ability to safeguard the natural and consensual rights of each individual and fulfill those duties required of me.

I understand that justice extends beyond individual relationships to the community and society; therefore, I shall participate in activities that promote the health of my community and profession.

I shall, to the best of my ability, actively engage in the legislative processes, educational institutions, and the general public to change public policy and legislation to make possible opportunities and choice of service for all human beings of any ethnic or social background whose lives are impaired by alcoholism and drug abuse.

I understand that the right of confidentiality cannot always be maintained if it serves to protect abuse, neglect, or exploitation of any person or leaves another at risk of bodily harm.

Principle 7: Dual Relationships

I understand that I must seek to nurture and support the development of a relationship of equals rather than to take unfair advantage of individuals who are vulnerable and exploitable.

I shall not engage in professional relationships or commitments that conflict with family members, friends, close associates, or others whose welfare might be jeopardized by such a dual relationship.

Because a relationship begins with a power differential, I shall not exploit relationships with current or former clients for personal gain, including social or business relationships.

I shall not under any circumstances engage in sexual behavior with current or former clients.

I shall not accept substantial gifts from clients, other treatment organizations, or the providers of materials or services used in my practice.

Principle 8: Preventing Harm

I understand that every decision and action has ethical implication leading either to benefit or harm, and I shall carefully consider whether any of my decisions or actions has the potential to produce harm of a physical, psychological, financial, legal, or spiritual nature before implementing them.

I shall refrain from using any methods that could be considered coercive such as threats, negative labeling, and attempts to provoke shame or humiliation.

I shall make no requests of clients that are not necessary as part of the agreed treatment plan.

I shall terminate a counseling or consulting relationship when it is reasonably clear that the client is not benefiting from the relationship.

I understand an obligation to protect individuals, institutions, and the profession from harm that might be done by others. Consequently, I am aware that the conduct of another individual is an actual or likely source of harm to clients, colleagues, institutions, or the profession, and that I have an ethical obligation to report such conduct to competent authorities.

Principle 9: Duty of Care

I shall operate under the principle of Duty of Care and shall maintain a working/therapeutic environment in which clients, colleagues, and employees can be safe from the threat of physical, emotional or intellectual harm.

I respect the right of others to hold spiritual opinions, beliefs, and values different from my own.

I shall strive for understanding and the establishment of common ground rather than for the ascendancy of one opinion over another.

I shall maintain competence in the area of my practice through continuing education, constantly improving my knowledge and skills in those approaches most effective with my specific clients.

I shall scrupulously avoid practicing in any area outside of my competence.

CHAPTER 17

COMPLAINTS: PRACTICE AND PROCEDURE

Section 1. Complaints. All complaints shall be filed with the Board in writing and shall contain:

(a) Name and address of licensee or certificate holder;

(b) Name, address and telephone number of complainant;

(c) Nature of alleged violations;

(d) A short and concise statement of facts relating to the alleged violations; and

(e) Signature of complaint.

Section 2. Investigation.

(a) The Board shall assign an investigation committee comprised of one (1) or two (2) Board members or other individuals with assistance from a representative of the Attorney General's Office.

(b) Upon completion of the investigation, the committee may:

(i) Prepare and file a formal complaint and notice of hearing with the Board, setting the matter for a contested case hearing;

(ii) Recommend to the Board that the complaint be dismissed.

(c) The Board may resolve a complaint at any time by:

(i) Sending a written letter of reprimand/warning to the licensee or certificate holder;

(ii) Accepting a voluntary surrender of a license or certification;

(iii) Accepting conditional terms for settlement;

(iv) Dismissal.

Section 3. Service of Notice and Formal Complaint. Notice and Complaint shall be served by mail at least twenty (20) days prior to the date set for hearing. It shall be sent by certified or registered mail with return receipt thereof to the licensee's or certificate holder's last known address.

Section 4. Docket. A contested case shall be assigned a number when a complaint is filed with the Board. A separate file shall be established for each docketed case, in which shall be systematically placed all papers, pleadings, documents, transcripts, evidence and exhibits.

Section 5. Answer or Appearance. The licensee or certificate holder shall file an Answer or Notice of Appearance, which shall be received by the Board at least three (3) working days prior to the date set for hearing in the matter.

Section 6. Default in Licensee or Certificate Answering or Appearing. In the event of the failure of a licensee or certificate holder to answer or otherwise appear within the time allowed, a default may be entered and the allegations as set forth in the Notice and Complaint shall be taken as true and an Order of the Board entered accordingly.

Section 7. Discovery. In all contested cases coming before the Board, the taking of depositions and discovery shall be available to the parties.

Section 8. Subpoenas. Subpoenas for appearance and to produce testimony, books, papers, documents, or exhibits may be issued by the Board or hearing officer on behalf of any party to the contested case.

Section 9. Contested Case Hearing. All issues and matters set forth in the Notice and Complaint shall be presented to the Board. A licensee or certificate holder may be represented by an attorney, licensed to practice law in this State or otherwise associated at the hearing with an attorney licensed to practice law in this State.

Section 10. Hearing Officer. The Board may employ and secure a hearing officer to assist and advise the Board in the conduct of a hearing and the preparation of recommended findings of fact, conclusions of law and order.

Section 11. Order of Procedure. As nearly as may be, hearings shall be conducted in accordance with the following order of procedure:

(a) The Board or hearing officer shall announce that the hearing is convened upon the call of the docket number and title of the matter and case to be heard, and thereupon the Board or hearing officer shall incorporate all pleadings into the record and shall note for the record all subpoenas issued and all appearances of record;

(b) All persons testifying at the hearing shall be administered the standard oath;

(c) The attorney or representative of the State shall thereupon proceed to present the State's evidence. Witnesses may be cross-examined by the licensee, certificate holder, or attorney if represented. Redirect examination may be permitted;

(d) The licensee or certificate holder shall be heard in the same manner as the State's evidence. The State shall have the opportunity of cross-examination and redirect examination may be permitted;

(e) Opening statements may be made;

(f) Closing statements, at the conclusion of the presentation of evidence, may be made by parties or attorneys. A rebuttal statement may be made by the State. The time for oral argument may be limited by the Board or hearing officer;

(g) After all proceedings have been concluded, the Board or hearing officer shall dismiss and excuse all witnesses and declare the hearing closed. Any party who may wish or desire to tender written briefs of law unto the Board may do so. The Board may take the case under advisement and shall declare unto each of the parties that the decision of the Board shall be announced within due and proper time following consideration of all the matters presented at the hearing; and

(h) The Board and hearing officer shall retain the right and opportunity to examine any witness upon the conclusion of all testimony offered by a particular witness.

Section 12. Rules of Civil Procedure to Apply. The rules of practice and procedure contained in the Wyoming Rules of Civil Procedure insofar as they are applicable and not inconsistent with the matters before the Board and applicable to the rules and orders promulgated by the Board shall apply.

Section 13. Attorneys. The filing of an answer or other appearance by an attorney constitutes an appearance for the party for whom the pleading is filed. The Board and all parties shall be notified in writing of any withdrawal. Any person appearing before the Board at a hearing in a representative capacity shall be precluded from examining or cross-examining any witness unless the person is an attorney licensed to practice law in this State, or associated with an attorney licensed to practice law in this State. This rule shall not be construed to prohibit any licensee or certificate holder from representing themselves in any hearing before the Board, but any licensee or certificate holder appearing in their own behalf shall not be relived of abiding by all rules established for the hearing proceedings.

Section 14. Attorney General to be Present. In all hearings held upon formal action brought before the Board, a representative of the Office of the Attorney General of Wyoming shall appear on behalf of the State, and shall present all evidence, testimony and legal authority in support of the Notice and Complaint to be considered by the Board.

Section 15. Record of Proceedings. When the denial, revocation or suspension of any license or certification is the subject for hearing, it shall be regarded as a contested case and the proceedings, including all testimony, shall be reported verbatim by a court reporter or other adequate recording device.

Section 16. Decision, Findings of Fact and Conclusions of Law and Order.

(a) The Board shall, with the assistance of the hearing officer, following the full and complete hearing, make and enter a written decision and order containing findings of fact and conclusions of law. The decision and order shall be filed with the Board and shall, without further action, become the decision and order as a result of the hearing.

(b) No member, staff or agent of the Board who participated or advised in the investigation or presentation of evidence at the hearing shall participate or advise in the decision.

(c) Upon entry and filing, the Board shall mail copies of the decision to each licensee, or certificate holder, and attorneys of record.

Section 17. Appeals to District Court. Appeals from Board decisions shall be taken to the district court having jurisdiction and proper venue in accordance with applicable statutes and the Wyoming Rules of Appellate Procedure.

Section 18. Transcript in Case of Appeal. In the case of an appeal to the district court, the appellant shall pay and arrange for the transcript of the testimony. The transcript shall be verified by the oath of the reporter who took the testimony as a true and correct transcript of the testimony and other evidence in the case.

CHAPTER ~~13~~17

COMPLAINTS: PRACTICE AND PROCEDURE

Section 1. Complaints. All complaints shall be filed with the Board in writing and shall contain:

(a) Name and address of ~~Licensee~~ licensee or ~~Certificate~~certificate holder;

(b) Name, address and telephone number of complainant;

(c) Nature of alleged violations;

(d) A short and concise statement of facts relating to the alleged violations; and

(e) Signature of complaint.

Section 2. Investigation.

(a) The Board shall ~~consider the complaint to determine if further investigation of the matter is warranted. If further investigation is deemed necessary, the Board shall~~ assign an investigation committee comprised of one (1) or two (2) Board members or other individuals with assistance from a representative of the Attorney General's Office.

(b) Upon completion of the investigation, the committee may:

(i) Prepare and file a formal complaint and notice of hearing with the Board, setting the matter for a contested case hearing;

~~(ii) Recommend to the Board that a reprimand be given to the Licensee or Certificate; or~~

(~~iii~~ii) Recommend to the Board that the complaint be dismissed.

(c) The Board may resolve a complaint at any time by:

(i) Sending a written letter of reprimand/warning to the ~~Licensee~~ licensee or ~~Certificate~~certificate holder;

(ii) Accepting a voluntary surrender of a license or certification;

(iii) Accepting conditional terms for settlement;

~~(iv) Dispensing with it in an informal manner; or~~

(~~v~~iv) Dismissal.

Section 3. Service of Notice and Formal Complaint. Notice and Complaint shall be served by mail at least twenty (20) days prior to the date set for hearing. It shall be sent by certified or registered mail with return receipt thereof to the ~~Licensee's~~ licensee's or ~~Certificate's~~ certificate holder's last known address.

Section 4. Docket. A contested case shall be assigned a number when a complaint is filed with the Board. A separate file shall be established for each docketed case, in which shall be systematically placed all papers, pleadings, documents, transcripts, evidence and exhibits.

Section 5. Answer or Appearance. The ~~Licensee~~ licensee or ~~Certificate~~ certificate holder shall file an Answer or Notice of Appearance, which shall be received by the Board at least three (3) working days prior to the date set for hearing in the matter.

Section 6. Default in Licensee or Certificate Answering or Appearing. In the event of the failure of a ~~Licensee~~ licensee or ~~Certificate~~ certificate holder to answer or otherwise appear within the time allowed, a default may be entered and the allegations as set forth in the Notice and Complaint shall be taken as true and an Order of the Board entered accordingly.

Section 7. Discovery. In all contested cases coming before the Board, the taking of depositions and discovery shall be available to the parties.

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Section 10. Hearing Officer. The Board may employ and secure a hearing officer to assist and advise the Board in the conduct of a hearing and the preparation of recommended findings of fact, conclusions of law and order.

Section 11. Order of Procedure. As nearly as may be, hearings shall be conducted in accordance with the following order of procedure:

(a) The Board or hearing officer shall announce that the hearing is convened upon the call of the docket number and title of the matter and case to be heard, and thereupon the Board or hearing officer shall incorporate all pleadings into the record and shall note for the record all subpoenas issued and all appearances of record;

(b) All persons testifying at the hearing shall be administered the standard oath;

(c) The attorney or representative of the State shall thereupon proceed to present the State's evidence. Witnesses may be cross-examined by the ~~Licensee~~licensee, ~~Certificate~~certificate holder, or attorney if represented. Redirect examination may be permitted;

(d) The ~~Licensee~~ licensee or ~~Certificate~~ certificate holder shall be heard in the same manner as the State's evidence. The State shall have the opportunity of cross-examination and redirect examination may be permitted;

(e) Opening statements may be made;

(f) Closing statements, at the conclusion of the presentation of evidence, may be made by parties or attorneys. A rebuttal statement may be made by the State. The time for oral argument may be limited by the Board or hearing officer;

(g) After all proceedings have been concluded, the Board or hearing officer shall dismiss and excuse all witnesses and declare the hearing closed. Any party who may wish or desire to tender written briefs of law unto the Board may do so. The Board may take the case under advisement and shall declare unto each of the parties that the decision of the Board shall be announced within due and proper time following consideration of all the matters presented at the hearing; and

(h) The Board and hearing officer shall retain the right and opportunity to examine any witness upon the conclusion of all testimony offered by a particular witness.

Section 12. Rules of Civil Procedure to Apply. The rules of practice and procedure contained in the Wyoming Rules of Civil Procedure insofar as they are applicable and not inconsistent with the matters before the Board and applicable to the rules and orders promulgated by the Board shall apply.

Section 13. Attorneys. The filing of an answer or other appearance by an attorney constitutes an appearance for the party for whom the pleading is filed. The Board and all parties shall be notified in writing of any withdrawal. Any person appearing before the Board at a hearing in a representative capacity shall be precluded from examining or cross-examining any witness unless the person is an attorney licensed to practice law in this State, or associated with an attorney licensed to practice law in this State. This rule shall not be construed to prohibit any ~~Licensee~~ licensee or ~~Certificate~~ certificate holder from representing themselves in any hearing before the Board, but any ~~Licensee~~ licensee or ~~Certificate~~ certificate holder appearing in their own behalf shall not be relived of abiding by all rules established for the hearing proceedings.

Section 14. Attorney General to be Present. In all hearings held upon formal action brought before the Board, a representative of the Office of the Attorney General of Wyoming

shall appear on behalf of the State, and shall present all evidence, testimony and legal authority in support of the Notice and Complaint to be considered by the Board.

Section 15. Record of Proceedings. When the denial, revocation or suspension of any license or certification is the subject for hearing, it shall be regarded as a contested case and the proceedings, including all testimony, shall be reported verbatim by a court reporter or other adequate recording device.

Section 16. Decision, Findings of Fact and Conclusions of Law and Order.

(a) The Board shall, with the assistance of the hearing officer, following the full and complete hearing, make and enter a written decision and order containing findings of fact and conclusions of law. The decision and order shall be filed with the Board and shall, without further action, become the decision and order as a result of the hearing.

(b) No member, staff or agent of the Board who participated or advised in the investigation or presentation of evidence at the hearing shall participate or advise in the decision.

(c) Upon entry and filing, the Board shall mail copies of the decision to each ~~Licensee~~licensee, or ~~Certificate~~certificate holder, and attorneys of record.

Section 17. Appeals to District Court. Appeals from Board decisions shall be taken to the district court having jurisdiction and proper venue in accordance with applicable statutes and the Wyoming Rules of Appellate Procedure.

Section 18. Transcript in Case of Appeal. In the case of an appeal to the district court, the appellant shall pay and arrange for the transcript of the testimony. The transcript shall be verified by the oath of the reporter who took the testimony as a true and correct transcript of the testimony and other evidence in the case.

CHAPTER 16

ADVERSE ACTION

Section 1. Board Authorization. The Board is authorized to refuse to renew, or may deny, suspend, revoke or otherwise restrict the license or certification of any person violating provisions of the Act pursuant to W.S. 33-38-110.

Section 2. Grounds. The Board may take action for unprofessional or unethical conduct.

(a) Unprofessional conduct shall include, but is not limited to:

(i) Willful violation of any provision of these Rules.

(ii) Suspension, revocation, denial, or other disciplinary action imposed upon a license or certification held in another jurisdiction. A certified copy of the disciplinary order shall be conclusive evidence.

(iii) Representation of oneself as legally authorized to engage in the practice of any profession regulated by the Act without a license or certification issued by this Board.

(iv) Conviction of a felony. A certified copy of the conviction shall be conclusive evidence.

(v) Conviction of a misdemeanor involving moral turpitude. A certified copy of the conviction shall be conclusive evidence.

(vi) Renting or lending the license or certification issued pursuant to this act to any person planning to use that license or certification;

(vii) Soliciting clients by any form of false or misleading communication.

(viii) Gross incompetence or malpractice.

(ix) Mental incompetency.

(x) Knowingly submitting false information to the Board.

(xi) Addiction or habitual intemperate use of alcohol, drugs and/or a controlled substance.

(xii) Violation and conviction of a charge under W.S. 35-7-1001 et. Seq, the Wyoming Controlled Substance Act.

(xiii) Sexual exploitation of a client, defined as:

(A) Offering professional services for some form of sexual gratification; or

(B) Sexual contact with a client.

(xiv) Willful violation of any provisions of this Act, W.S. 33-38-101, et. seq.

(b) Unethical conduct shall be a violation of any provision of the adopted Professional Standards as set forth in these Rules.

CHAPTER ~~12~~ 16

ADVERSE ACTION

Section 1. Board Authorization. The Board is authorized to refuse to renew, or may deny, suspend, revoke or otherwise restrict the license or certification of any person violating provisions of the Act pursuant to W.S. 33-38-110.

Section 2. Grounds. The Board may ~~also~~ take action for unprofessional or unethical conduct.

(a) ~~Unethical~~ Unprofessional conduct shall include, but is not limited to:

(i) Willful violation of any provision of these Rules~~;~~.

(ii) Suspension, ~~or~~ revocation, denial, or other disciplinary action imposed upon ~~of~~ a license or certification held in another jurisdiction. A certified copy of the disciplinary order shall be conclusive evidence~~;~~.

(iii) Representation of oneself as ~~licensed~~ legally authorized to engage in ~~private~~ the practice ~~in~~ of ~~professional counseling, clinical social work, marriage and family therapy and/or addictions therapy~~any profession regulated by the Act without a license or certification issued by this Board~~;~~.

(iv) Conviction of a felony. ~~or conviction of a high misdemeanor involving moral turpitude. The record of conviction~~A certified ~~by the clerk or judge of the court in which the conviction is held~~ copy of the conviction shall be conclusive evidence~~;~~.

(v) Conviction of a misdemeanor involving moral turpitude. A certified copy of the conviction shall be conclusive evidence.

(~~v~~vi) Renting or lending the license or certification issued pursuant to this act to any person planning to use that license or certification;

(~~vi~~vii) Soliciting clients by any form of false or misleading communication.

(~~vii~~viii) Gross incompetence or malpractice.

(~~viii~~ix) Mental incompetency.

(~~ix~~x) Knowingly submitting false information to the Board ~~in any application~~.

(~~x~~xi) ~~Habitual intemperate use of alcohol and/or a controlled substance.~~ Addiction or habitual intemperate use of alcohol, drugs and/or a controlled substance.

(~~xi~~xii) Violation and conviction of a charge under W.S. 35-7-1001 et. Seq, the Wyoming Controlled Substance Act.

(~~xii~~xiii) Sexual exploitation of a ~~patient~~ client, defined as:

(A) ~~Any behavior by a Licensee or Certificate which involves offers of exchange of~~ Offering professional services for some form of sexual gratification; or

(B) ~~Unlawful or unprofessional sexual~~ Sexual contact with a client.

(~~xiii~~xiv) Willful violation of any provisions of this Act, W.S. 33-38-101, et. seq.

(b) Unethical conduct shall be a violation of any provision of the adopted ~~Ethical~~ Professional Standards as set forth in ~~Chapter 11 of~~ these Rules.

CHAPTER 15

PROFESSIONAL RESPONSIBILITY

Section 1. Ethical Standards. The protection of the public health, safety and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the Board.

(a) Ethical standards incorporate and are based on the Code of Ethics and Professional Standards of the professional organizations representing each discipline. The published Code of Ethics and Professional Standards of the appropriate professional organizations are adopted by reference herein and shall be used by the licensee and certificate holder and the Board to provide additional guidelines to ethical standards. Where the Codes of Ethics and Professional Standards of the professional organizations conflict with the Act and/or these rules and regulations, the Act and rules and regulations shall control.

(b) Persons licensed or certified by the Board shall:

(i) Practice in a manner that is in the best interest of the public and does not endanger the public health, safety or welfare.

(ii) Be able to justify all services rendered to clients as necessary for diagnostic or therapeutic purposes.

(iii) Practice only within the competency areas for which they are trained and experienced. The licensee or certificate holder must be able to demonstrate to the Board competency, training, and/or expertise should their ability to practice in a specialty area be called into question.

(iv) Report to the Board known or suspected violations of the laws and regulations governing the practice of licensed or certified professionals.

(v) Treat colleagues with respect and should represent accurately and fairly the qualifications, views and obligations of colleagues.

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

(vii) Not take advantage of a dispute between a colleague and an employer to obtain a position or otherwise advance their own interest.

(viii) Use only those educational credentials in association with their licensure or certification and practice as a professional that have been earned at an educational institution accredited by one of the regional or national institutional accrediting bodies recognized by the Council for Higher Education Accreditation (CHEA), and that are directly related to their licensed or certified discipline,

and that are professional in nature, including, but not limited to M.Ed., M.A., M.S., M.S.S.W., M.S.W., D.S.W., Ph.D., and Ed.D., and shall include the designation of licensure as an LAT, LCSW, LMFT, LPC PPC, PMFT, PCSW, PAT, CSW, CAP, CAPA or CMHW.

(ix) Use only indicators of current discipline-related credentials earned such as Certified Rehabilitation Counselor and Certified Mental Health Counselor or such indicators as awarded by independent credentialing agencies such as the American Association for Marriage and Family Therapy, the National Board for Certified Counselors, Inc., the National Association of Alcohol and Drug Abuse Counselors, and the National Association of Social Workers in association with their licensure or certification and practice.

(x) Ensure that clients are aware of fees and billing arrangements before rendering services. Bartering is not an acceptable fee arrangement.

(xi) Provide clients with accurate and complete information regarding the extent and nature of services available to them.

(xii) Respect the privacy of clients and hold in confidence all information obtained in the course of professional service.

(xiii) Keep confidential their professional relationships with clients.

(xiv) Inform clients fully about the limits of confidentiality in a given situation, the purposes for which information is obtained and how it may be used.

(xv) Disclose the information contained in a client's record to the client or designated recipient within no more than thirty (30) days of receipt of an appropriate request for release of such information signed by the client, or an individual who is authorized to consent to treatment for the client. The paper, microfilm or data storage unit upon which the client's information is maintained belongs to the licensee or certificate holder and/or facility in which he/she practices. Clients do not have a right to possess the means by which the information is stored.

(A) Licensees or certificate holders may provide the client record or any portion in an accurate, detailed, comprehensive summary of the factual information contained in the complete record.

(B) The client record does not include a licensee's or certificate holder's personal office notes or personal communications between referring and consulting treatment providers relating to the client. A licensee or certificate holder may, however, include such notes and communications if appropriate.

(C) A licensee or certificate holder may refuse disclosure of client records in accord with W.S. 33-38-113 or as otherwise provided by law.

(D) If the licensee or certificate holder disclosing the client record believes, in good faith, that releasing any portion of the record would injure the health or well being of the client, a licensee or certificate holder may refuse disclosure of that portion of the record. In such

instances, a licensee or certificate holder shall document the factual basis and rationale used in deciding against disclosure. A licensee or certificate holder may also deny access to client records if he/she reasonably concludes that access to the information requested is otherwise prohibited by law.

(E) A licensee or certificate holder may establish reasonable charges for the actual costs incurred in responding to a client's request for copies of any portion of a client's record. Such costs may include the cost of copies, clerical staff time and the licensee's or certificate holder's time in reviewing and summarizing the records and/or diagnostic records, if necessary. The client requesting records is responsible for payment of all such charges, however, a client shall not be denied a summary or a copy of requested client records because of inability to pay.

(F) A licensee or certificate holder may not withhold client records solely because payment has not been received for past services.

(xvi) Maintain accurate documentation of all professional services rendered to a client in confidential files for each client and ensure that client records are kept in a secure, safe, retrievable and legible condition.

(A) Each client record must be retained for a minimum of seven (7) years from the date of the last session.

(B) Records of treatment provided to minor clients must be retained for a minimum of seven (7) years from the date of the last session, or until the client reaches twenty-five (25) years of age, whichever is longer.

(C) A licensee in private practice shall make necessary arrangements for the maintenance of and access to client records to ensure clients' right to confidentiality in the event of the death or incapacity of the licensee.

(D) The licensee shall name a qualified person who will retain the client records and properly release the client records upon request.

(xvii) Ensure that the welfare of clients is in no way compromised in any experimentation or research involving those clients which would include but not be limited to informed consent of the client.

(xviii) Refrain from dual relationships with clients that might compromise the client's well-being or impair the licensee's or certificate holder's objectivity and professional judgment including, but not limited to, familial, social, financial, business, or close personal relationships.

(xix) Refrain from engaging in romantic or sexual intimacies with a client or former client. Refrain from engaging in a therapeutic relationship with persons with whom they have had sexual or romantic intimacies.

(xx) When advertising their services to the public, ensure that such advertising is neither fraudulent nor misleading.

(xxi) Not practice, facilitate or condone discrimination on the basis of race, sex, sexual orientation, age, religion, nation origin, marital status, political belief, mental or physical handicap or other preferences or characteristics.

(xxii) Clearly state the person's licensure or certification status by the use of a title or initials such as "licensed professional counselor" (LPC) or a statement such as "licensed by the Wyoming Mental Health Professions Licensing Board" in any advertising, public directory or solicitation, including telephone directory listings.

(xxiii) Terminate services when such services are no longer required and no longer serve the client's needs. Services are not withdrawn precipitously except in unusual circumstances and with care to minimize possible adverse effects. This includes providing referral and transfer of services as appropriate.

(xxiv) Avoid using relationships with clients to promote, for personal gain or the profit of an agency, commercial enterprises of any kind.

(xxv) Seek advice and counsel of colleagues and supervisors when such consultation is in the best interest of the client while taking care to protect the client's confidentiality.

(xxvi) Respond to all requests for information and all other correspondence from the Board.

(xxvii) Conspicuously display a professional disclosure statement wherever their services are performed and provide a copy of the statement to each client before or during the first session and upon request. The professional disclosure statement shall contain the licensee's or certificate holder's name, title, business address and telephone number; listing of formal professional education with the name of the institution(s) attended and the specific degree(s) received; licensure or certification status; the designated qualified clinical supervisor's name, phone number and address; statement of confidentiality; a statement that sexual intimacy with a client is never appropriate; a statement that the professional will adhere to the professions' Code of Ethics; and a statement that the disclosure statement is required by the Mental Health Professions Licensing Act. It is recommended that the disclosure statement also contain areas of specialization, state of licensure or certification, license number, and address and phone number of the Mental Health Professions Licensing Board.

(xxviii) Display their license or certification at all times in a conspicuous location readily accessible to all clients at the licensee's or certificate holder's place of business.

(xxix) Ensure that they do not provide clinical supervision to persons holding a provisional license who have no intention of becoming fully licensed, or aid persons in obtaining a provisional license who have no intention of becoming fully licensed.

(xxx) Ensure that they do not provide clinical supervision to persons seeking certification who have not submitted an application to the Board.

(xxxi) Ensure that they do not supervise a provisional licensee or a certificate holder without a board approved supervision agreement.

(xxxii) Not permit, condone or facilitate unlicensed practice or any activity which is a violation of the Act or these rules and regulations.

(c) All persons providing clinical services via the use of technology must comply with the ACA Codes of Ethics, Section A12 as adopted in Appendix D. All references to the term "counselor" in Section A12 shall mean the same as "licensee or certificate holder".

CHAPTER ~~11~~ 15

PROFESSIONAL RESPONSIBILITY

~~**Section 1. Scope of Practice for Disciplines Licensed.**~~

~~(a) Professional Counseling: The practice of professional counseling is the rendering to individuals, couples, families, groups, organizations, corporations, institutions, government agencies or the general public a service that integrates a wellness, pathology and multi-cultural model of human behavior. This model applies a combination of mental health, psychotherapeutic, and human development principles and procedures to help clients achieve effective mental, emotional, physical, social, moral, educational, spiritual or career development and adjustment throughout the life span, and includes the diagnostic description and treatment of mental disorders or disabilities within the range of the professional's preparation.~~

~~(b) Clinical Social Work: The practice of clinical social work is the application of social work theory and methods to the diagnosis, treatment and prevention of psychosocial dysfunction, disability or impairment, including emotional and mental disorders. It is based on knowledge of one (1) or more theories of human development within a psychosocial context. The perspective of person-in-situation is central to professional social work practice. Professional clinical social work includes, but is not limited to, interventions directed to interpersonal interactions, intrapsychic dynamics, and life-support and management issues. Professional clinical social work services consist of assessment; diagnosis; treatment, including psychotherapy and counseling; client-centered advocacy; consultation and evaluation with individuals, families, groups, communities and organizations.~~

~~(c) Marriage and Family Therapy: The practice of marriage and family therapy is the rendering of professional marital and family therapy services and treatment to individuals, family groups and marital pairs, singly or in groups. Marital and family therapy includes, but is not limited to, the diagnosis and treatment, including psychotherapy, of nervous, emotional, and mental disorders, whether cognitive, affective or behavioral, within the context of marital and family systems. Marital and family therapy involves the professional application of psychotherapeutic and family systems theories and techniques in the delivery of services to individuals, marital pairs and families for the purpose of treating such diagnosed nervous and mental disorders.~~

~~(d) Addictions Therapy: The practice of addictions therapy is providing services based on theory and methods of counseling, psychotherapy, and addictionology to persons who are experiencing cognitive, affective or behavioral psychosocial dysfunction as a direct or indirect result of addiction, chemical dependency, abuse of chemical substances or related disorders. The practice of addictions therapy includes, but is not limited to, addiction prevention, crisis intervention, diagnosis, referral, direct treatment, and follow-up treatment which is rendered to individuals, families, groups, organizations, schools, and communities who are adversely affected by addictions or related disorders.~~

Section ~~2~~ 1. Ethical Standards. ~~The following ethical standards are adopted and incorporated herein by the Board:~~

~~(a)~~ The protection of the public health, safety and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the Board.

(a~~b~~) Ethical standards incorporate and are based on the Code of Ethics and Professional Standards of the professional organizations representing each discipline. The published Code of Ethics and Professional Standards of the appropriate professional ~~organization~~ organizations are adopted by reference herein and shall be used by the ~~Licensee~~ licensee and ~~Certificate~~ certificate holder and the Board to provide additional guidelines to ethical standards. ~~These Codes of Ethics and Professional Standards are:~~ Where the Codes of Ethics and Professional Standards of the professional organizations conflict with the Act and/or these rules and regulations, the Act and rules and regulations shall control.

~~(i) For Licensed Professional Counselors, Provisional Professional Counselors and Certified Mental Health Workers- the American Counseling Association, "Code of Ethics and Standards of Practice" incorporated as Appendix B and Appendix C.~~

~~(ii) For Licensed Marriage and Family Therapists and Provisional Marriage and Family Therapists- the American Association for Marriage and Family Therapy, "Code of Ethics" incorporated as Appendix D.~~

~~(iii) For Licensed Clinical Social Workers, Provisional Clinical Social Workers, and Certified Social Workers- the National Association of Social Workers, "Code of Ethics" incorporated as Appendix E.~~

~~(iv) For Licensed Addictions Therapists, Provisional Addictions Therapists, and Certified Addictions Practitioners- the National Association of Alcoholism and Drug Abuse Counselors, "Ethical Standards of Alcoholism and Drug Abuse Counselors, Specific Principles" incorporated as Appendix F.~~

(b~~e~~) Persons licensed or certified by the Board shall:

(i) Practice in a manner that is in the best interest of the public and does not endanger the public health, safety or welfare.

(ii) Be able to justify all services rendered to clients as necessary for diagnostic or therapeutic purposes.

(iii) Practice only within the competency areas for which they are trained and experienced. ~~Passing specialization examinations or completing other specialization requirements of each discipline shall be an indication of special competency within a discipline area.~~ The licensee or certificate holder must be able to demonstrate to the Board competency, training, and/or expertise should their ability to practice in a specialty area be called into question.

(iv) Report to the Board known or suspected violations of the laws and regulations governing the practice of licensed or certified professionals.

(v) Treat colleagues with respect and should represent accurately and fairly the qualifications, views and obligations of colleagues.

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

(vii) Not take advantage of a dispute between a colleague and an employer to obtain a position or otherwise advance their own interest.

(~~v~~viii) Use only those educational credentials in association with their licensure or certification and practice as a professional that have been earned at an ~~acceptable~~ educational institution accredited by one of the regional or national institutional accrediting bodies recognized by the Council for Higher Education Accreditation (CHEA), ~~as defined by this act~~ and that are directly related to their licensed or certified discipline, and that are professional in nature, including, but not limited to M.Ed., M.A., M.S., M.S.S.W., M.S.W., D.S.W., Ph.D., and Ed.D., and shall include the designation of licensure as an LAT, LCSW, LMFT, LPC PPC, PMFT, PCSW, PAT, CSW, CAP, CAPA or CMHW.

(~~vi~~ix) Use only indicators of current discipline-related credentials earned such as Certified Rehabilitation Counselor and Certified Mental Health Counselor or such indicators as awarded by independent credentialing agencies such as the American Association for Marriage and Family ~~Therapists~~ Therapy, the National Board for Certified Counselors, Inc., the National ~~Academy of Drug and Alcohol~~ Association of Alcohol and Drug Abuse Counselors, and the National Association of Social Workers in association with their licensure or certification and practice.

(~~vii~~x) Ensure that clients are aware of fees and billing arrangements before rendering services. ~~Barter~~ Bartering is not an acceptable fee arrangement.

(~~viii~~xi) Provide clients with accurate and complete information regarding the extent and nature of services available to them.

(~~ix~~xii) Respect the privacy of clients and hold in confidence all information obtained in the course of professional service.

(~~x~~xiii) Keep confidential their professional relationships with clients.

(~~xi~~xiv) ~~Disclose client records to others only with the expressed written consent of the client or as required by law and shall inform~~ Inform clients fully about the limits of confidentiality in a given situation, the purposes for which information is obtained and how it may be used.

(xv) Disclose the information contained in a client's record to the client or designated recipient within no more than thirty (30) days of receipt of an appropriate request for release of such information signed by the client, or an individual who is authorized to consent to treatment for the client. The paper, microfilm or data storage unit upon which the client's information is maintained belongs to the licensee or certificate holder and/or facility in which he/she practices. Clients do not have a right to possess the means by which the information is stored.

(A) Licensees or certificate holders may provide the client record or any portion in an accurate, detailed, comprehensive summary of the factual information contained in the complete record.

(B) The client record does not include a licensee's or certificate holder's personal office notes or personal communications between referring and consulting treatment providers relating to the client. A licensee or certificate holder may, however, include such notes and communications if appropriate.

(C) A licensee or certificate holder may refuse disclosure of client records in accord with W.S. 33-38-113 or as otherwise provided by law.

(D) If the licensee or certificate holder disclosing the client record believes, in good faith, that releasing any portion of the record would injure the health or well being of the client, a licensee or certificate holder may refuse disclosure of that portion of the record. In such instances, a licensee or certificate holder shall document the factual basis and rationale used in deciding against disclosure. A licensee or certificate holder may also deny access to client records if he/she reasonably concludes that access to the information requested is otherwise prohibited by law.

(E) A licensee or certificate holder may establish reasonable charges for the actual costs incurred in responding to a client's request for copies of any portion of a client's record. Such costs may include the cost of copies, clerical staff time and the licensee's or certificate holder's time in reviewing and summarizing the records and/or diagnostic records, if necessary. The client requesting records is responsible for payment of all such charges, however, a client shall not be denied a summary or a copy of requested client records because of inability to pay.

(F) A licensee or certificate holder may not withhold client records solely because payment has not been received for past services.

(xvi) Maintain accurate documentation of all professional services rendered to a client in confidential files for each client and ensure that client records are kept in a secure, safe, retrievable and legible condition.

(A) Each client record must be retained for a minimum of seven (7) years from the date of the last session.

(B) Records of treatment provided to minor clients must be retained for a minimum of seven (7) years from the date of the last session, or until the client reaches twenty-five (25) years of age, whichever is longer.

(C) A licensee in private practice shall make necessary arrangements for the maintenance of and access to client records to ensure clients' right to confidentiality in the event of the death or incapacity of the licensee.

(D) The licensee shall name a qualified person who will retain the client records and properly release the client records upon request.

(~~xii~~xvii) Ensure that the welfare of clients is in no way compromised in any experimentation or research involving those clients which would include but not be limited to informed consent of the client.

(~~xiii~~xviii) Refrain from ~~conflictual~~ dual relationships with clients that might compromise the client's well-being or impair the ~~Licensee's~~ licensee's or ~~Certificate's~~ certificate holder's objectivity and professional judgment including, but not limited to, ~~the counseling of the professional's close friends or relatives~~ familial, social, financial, business, or close personal relationships.

(~~xiv~~xix) Refrain from engaging in romantic or sexual intimacies with a client or former client. Refrain from engaging in a therapeutic relationship with persons with whom they have had sexual or romantic intimacies.

(~~xv~~xx) When advertising their services to the public, ensure that such advertising is neither fraudulent nor misleading.

(~~xvi~~xxi) Not practice, facilitate or condone discrimination on the basis of race, sex, sexual orientation, age, religion, nation origin, marital status, political belief, mental or physical handicap or other preferences or characteristics.

(~~xvii~~xxii) Clearly state the person's licensure or certification status by the use of a title or initials such as "licensed professional counselor" (LPC) or a statement such as "licensed by the Wyoming Mental Health Professions Licensing Board" in any advertising, public directory or solicitation, including telephone directory listings~~, regardless of whether such a presentment is made under the Licensee's or Certificate's name, a fictitious business or group name or a corporate name~~.

(~~xviii~~xxiii) Terminate services when such services are no longer required and no longer serve the client's needs. Services are not withdrawn precipitously except in unusual circumstances and with care to minimize possible adverse effects. This includes providing referral and transfer of services as appropriate.

(~~xix~~xxiv) Avoid using relationships with clients to promote, for personal gain or the profit of an agency, commercial enterprises of any kind.

(~~xx~~xxv) Seek advice and counsel of colleagues and supervisors when such consultation is in the best interest of the client while taking care to protect the ~~clients~~client's confidentiality.

(~~xxi~~xxvi) Respond to all requests for information and all other correspondence from the Board.

(~~xxii~~xxvii) Conspicuously display a professional disclosure statement wherever their services are performed and provide a copy of the statement to each client before or during the first session and upon request. The professional disclosure statement shall contain the ~~Licensee's~~ licensee's or ~~Certificate's~~ certificate holder's name, title, business address and telephone number; listing

of formal professional education with the name of the institution(s) attended and the specific degree(s) received; licensure or certification status; the designated qualified clinical supervisor's name, phone number and address; statement of confidentiality; a statement that sexual intimacy with a client is never appropriate; a statement that the professional will adhere to the professions' Code of Ethics; and a statement that the disclosure statement is required by the Mental Health Professions Licensing Act. It is recommended that the disclosure statement also contain areas of specialization, state of licensure or certification, license number, and address and phone number of the Mental Health Professions Licensing Board.

(~~xxiii~~xxviii) Display their license or certification at all times in a conspicuous location readily accessible to all clients at the ~~Licensee's~~ licensee's or ~~Certificate's~~ certificate holder's place of business.

(xxix) Ensure that they do not provide clinical supervision to persons holding a provisional license who have no intention of becoming fully licensed, or aid persons in obtaining a provisional license who have no intention of becoming fully licensed.

(xxx) Ensure that they do not provide clinical supervision to persons seeking certification who have not submitted an application to the Board.

(xxxi) Ensure that they do not supervise a provisional licensee or a certificate holder without a board approved supervision agreement.

(xxxii) Not permit, condone or facilitate unlicensed practice or any activity which is a violation of the Act or these rules and regulations.

~~**Section 3. Grounds for Disciplinary Proceedings.** A violation by a Licensee or Certificate of the ethical standards adopted by the professional organizations or the Board shall constitute unprofessional conduct and grounds for disciplinary action.~~

(c) All persons providing clinical services via the use of technology must comply with the ACA Codes of Ethics, Section A12 as adopted in Appendix D. All references to the term "counselor" in Section A12 shall mean the same as "licensee or certificate holder".

CHAPTER 14

RENEWAL

Section 1. Biennial Renewal.

(a) Licenses and certifications may be renewed every two (2) years by providing the Board with the following:

(i) Payment of the renewal fee;

(ii) Complete application for renewal; and

(iii) Compliance with the continuing education requirements set out below.

(b) Each licensee and certificate holder shall earn a minimum of forty-five (45) contact hours of continuing education during each renewal period.

(i) Contact hours for purposes of this section shall be the actual number of hours during which instruction was received. A contact hour shall consist of not less than fifty (50) minutes of actual instruction or presentation. For academic courses, one (1) semester credit equals fifteen (15) contact hours. One (1) quarter credit equals ten (10) contact hours.

(ii) Only those hours acquired during the renewal period will be considered.

(A) For initial renewal, the renewal period begins on the license or certification issue date and ends on the licensee's or certificate holder's birth date immediately following the second anniversary of the issue date. Subsequent renewals shall take place every two (2) years.

(iii) The following standards shall govern acceptability of continuing education activities:

(A) These activities shall have significant intellectual or practical content, and the primary objective shall be to increase the participant's competence within each licensed or certified discipline.

(B) The scope of practice for each discipline in these rules and regulations may be used as a basis of what knowledge and skills are acceptable to the Board as continuing education activities.

(C) Presenters of acceptable activities shall be experts in the discipline and of at least master's degree level in education.

(D) Continuing education credit will be allowed for making presentations designed to increase other mental health professionals' knowledge base. One (1) hour of credit will be allowed for each hour of presentation, up to a maximum of six (6) hours during each renewal period. Credit may be received only once for a particular presentation topic.

(I) Individuals employed by universities and colleges may not claim credit units for conducting courses that are a part of the regular course offering of those institutions, even if those courses are offered in the evening or summer, or for individuals enrolled in a degree program or vocational or technical schools.

(iv) Licensees and certificate holders shall attest to the number of continuing education hours completed.

(v) Licensees and certificate holders shall report their continuing education activities in a manner determined by the Board.

(A) Licensees and certificate holders shall maintain copies of any certificates of attendance, letters certifying attendance, transcripts, or any official documents which serve as proof of participation or attendance for at least two (2) years from the date submitted for renewal.

(B) Proof of attendance shall contain the activity title, dates, contact hours attended, sponsor, presenter, qualifications of the presenter, the name of the licensee or certificate holder, and shall be signed by the sponsor or the presenter.

(vi) Licensees and certificate holders are responsible for maintaining their own continuing education documentation.

(vii) Approximately sixty (60) days prior to the renewal date the Board should send a renewal notice to the licensee's or certificate holder's last address of record.

(viii) Renewal applications shall not be accepted more than one hundred twenty (120) days prior to the expiration date.

(ix) Renewal applications received by the Board which are postmarked after the expiration date, or after the next business day in cases when the expiration date falls on a weekend or holiday, will not be accepted by the Board, and the license or certification will become null and void for failure to timely and sufficiently secure renewal. Electronic renewal applications will not be accepted after midnight on the expiration date.

(x) Failure to receive a notice for renewal from the Board does not excuse a licensee or certificate holder from the requirement for renewal under the Act and these rules.

(c) For renewal applications due six (6) months after the enactment of these rules each licensee and certificate holder shall complete at least three (3) contact hours of continuing education activities in professional ethics during the renewal period.

(d) For renewal applications due six (6) months after the enactment of these rules each person holding a LAT, CAP, or CAPA shall complete at least fifteen (15) hours of continuing education in addictions topics during the renewal period.

Section 2. Continuing Education Audit. Continuing education may be audited by the Board for verification of compliance with these requirements.

(a) Failure to provide the documents requested for audit within thirty (30) days may subject the licensee or certificate holder to disciplinary action.

(b) If the Board disallows any continuing education hours as a result of an audit, the licensee or certificate holder shall have three (3) months from notice of such disallowance to either;

(i) provide further evidence that the disallowed continuing education hours meet the criteria established by these rules, or

(ii) provide evidence of having completed appropriate continuing education during the required time frame which may substitute for the disallowance , or

(iii) remedy the disallowance by completing the number of additional continuing education hours necessary to fulfill the requirements in this Chapter. These additional continuing education hours shall not be reported on subsequent applications for license renewal.

(c) If the continuing education hours disallowed are not remedied within the time frame permitted, then the license or certificate holder shall be subject to disciplinary action.

Section 3. Exemption From Continuing Education.

(a) A licensee or certificate may be exempted from a portion of the continuing education required for the renewal of their license or certificate if during the current renewal period:

(i) The licensee or certificate otherwise meets all renewal requirements and is a civilian called to active duty in the armed forces of the United States for a period of time exceeding one hundred and eight (180) or more consecutive days in any calendar year.

(ii) The licensee or certificate otherwise meets all renewal requirements and experiences a physical disability, illness or other disabling situation exceeding one hundred and eight (180) or more consecutive days in any calendar year.

(b) The number of hours exempted shall be in proportion to the length of deployment, disability or situation.

(c) The licensee or certificate claiming an exemption shall provide supporting documentation from a third party acceptable to the Board.

Section 4. Retired Licensees and Certificate Holders. Persons who are retired from active practice are exempt from the requirement for continuing education for renewal. Retired persons exercising this exemption may not, under any circumstances, provide the services regulated by the Act and these Rules within the state of Wyoming. To do so is unlicensed practice in violation of the Act. In order to qualify for the exemption, the licensee or certificate holder shall;

(a) Notify the Board that they have retired from active practice. The notice shall be in writing and accompanied by the original wall certificate issued by the Board denoting an active license or certificate.

(b) A replacement wall certificate shall be issued which clearly distinguishes that the licensee or certificate holder is retired. There shall be a one-time fee of $10.00 for the replacement certificate.

(c) The licenses and certificates of retired persons shall expire and be renewable on the same two (2) year cycle as their original active license or certificate for the purposes of maintaining accurate contact information.

(d) There is no fee for the renewal of a license or certificate on retired status.

(e) A retired licensee or certificate holder may return to active practice by completing forty-five (45) hours of continuing education activities within the two (2) years immediately preceding re-application, submitting a professional disclosure statement, and paying the full renewal fee for the remainder of the current license or certificate period.

Section 5. Re-licensure. A licensee who has allowed their license to expire may apply for re-licensure within five (5) years of the license expiration date without re-examination. However, applicants shall be required to meet all other current licensure standards in place at the time of re-licensure. In addition, the applicant shall provide verification of having completed forty-five (45) hours of continuing education activities within the two (2) years immediately preceding re-application.

Section 6. Re-certification. A certificate holder who has allowed their certification to lapse may apply for re-certification within five (5) years of the certification expiration date without re-examination. However applicants shall be required to meet all other current certification standards in place at the time of application. In addition, the applicant shall provide verification of having completed forty-five (45) hours of continuing education activities within the two (2) years immediately preceding re-certification. Certified Mental Health Workers are

not eligible for re-certification.

CHAPTER ~~10~~ 14

~~CONTINUING LICENSURE~~RENEWAL

Section 1. Biennial Renewal.

(a) Licenses and certifications ~~shall~~ may be ~~renewable~~ renewed every two (2) years by providing the Board with the following:

(i) Payment of the renewal fee;

(ii) Complete ~~and notarized~~ application for renewal; and

(iii) ~~Verification of compliance~~ Compliance with the continuing education requirements ~~as~~ set out below.

~~(iv) A copy of the professional's disclosure statement.~~

(b) Each ~~Licensee~~ licensee and ~~Certificate~~ certificate holder shall earn a minimum of forty-five (45) contact hours of continuing education ~~every~~ during each ~~two (2) years~~renewal period.

(i) Contact hours for purposes of this section shall be the actual number of hours during which instruction was received. A contact hour shall consist of not less than fifty (50) minutes of actual instruction or presentation. For academic courses, one (1) semester credit equals fifteen (15) contact hours. ~~One (1) CEU credit is equal to ten (10) contact hours.~~ One (1) quarter credit equals ten (10) contact hours.

(ii) Only those hours acquired during the ~~current two (2) year~~ renewal period will be considered.

(A) For initial renewal, the ~~two (2) year~~ renewal period begins on the license or certification issue date and ~~ends on the designated expiration date~~ends on the licensee's or certificate holder's birth date immediately following the second anniversary of the issue date. Subsequent renewals shall take place every two (2) years.

~~(B) For subsequent renewals, the two (2) year renewal period begins on the last date renewed and ends on the designated expiration date.~~

(iii) The following standards shall govern acceptability of continuing education activities:

(A) These activities shall have significant intellectual or practical content, and the primary objective shall be to increase the participant's competence within each licensed or certified discipline.

(B) ~~These activities shall constitute an organized program of learning dealing with matters directly related to the clinical practice, professional responsibility or ethical obligations of each discipline.~~ The scope of practice for each discipline in these rules and regulations may be used as a basis of what knowledge and skills are acceptable to the Board as continuing education activities.

(C) Presenters of ~~these~~ acceptable activities ~~should~~ shall be experts in the discipline and of at least master's degree level in education. ~~The scope of practice for each discipline in these rules and regulations may be used as a basis of what knowledge and skills are acceptable to the Board as continuing education activities.~~

(D) Continuing education credit will be allowed for making presentations designed to increase other mental health professionals' knowledge base. One (1) hour of credit will be allowed for each hour of presentation, up to a maximum of six (6) hours during each renewal period. Credit may be received only once for a particular presentation topic.

(I) Individuals employed by universities and colleges may not claim credit units for conducting courses that are a part of the regular course offering of those institutions, even if those courses are offered in the evening or summer, or for individuals enrolled in a degree program or vocational or technical schools.

(iv) Licensees and ~~Certificates~~ certificate holders shall attest to the number of continuing education hours completed.

(v) Licensees and ~~Certificates~~ certificate holders shall ~~list~~ report their continuing education activities ~~on the form provided~~ in a manner determined by the Board.

(A) ~~In addition to the listing, the~~ Licensees and ~~Certificates~~ certificate holders shall maintain ~~attach~~ copies of any certificates of attendance, letters certifying attendance, transcripts, or any official documents which serve as proof of participation or attendance for at least two (2) years from the date submitted for renewal.

(B) Proof of attendance shall contain the activity title, dates, contact hours attended, sponsor ~~and sponsor's signature~~, presenter, qualifications of the presenter, ~~and~~ the name of the ~~Licensee~~ licensee or ~~Certificate~~certificate holder, and shall be signed by the sponsor or the presenter.

(vi) Licensees and ~~Certificates~~ certificate holders are responsible for maintaining their own continuing education documentation.

(vii) Approximately sixty (60) days prior to the renewal date the Board should send a renewal ~~application~~ notice to the licensee's or certificate holder's last address of record.

(viii) Renewal applications ~~will~~ shall not be accepted more than one hundred twenty (120) days prior to the expiration date.

(ix) Renewal applications received by the Board which are postmarked after the expiration date, or after the next business day in cases when the expiration date falls on a weekend or holiday, will not be accepted by the Board, and the license or certification will become null and void for failure to timely and sufficiently secure renewal. Electronic renewal applications will not be accepted after midnight on the expiration date.

(x) Failure to receive ~~an application~~ a notice for renewal from the Board does not excuse a ~~Licensee~~ licensee or ~~Certificate~~ certificate holder from the requirement for renewal under the Act and these rules.

(c) For ~~the initial~~ renewal applications due six (6) months after the enactment of these rules ~~after July 1, 1997,~~ each ~~Licensee~~ licensee and ~~Certificate~~ certificate holder ~~must~~ shall complete ~~provide verification that~~ at least ~~one (1)~~ three (3) contact hours of continuing education ~~activity~~ activities in professional ethics ~~completed~~ during the renewal period ~~was a program in professional ethics, or that they had completed course work in professional ethics as part of their educational preparation~~.

(d) For renewal applications due six (6) months after the enactment of these rules each person holding a LAT, CAP, or CAPA shall complete at least fifteen (15) hours of continuing education in addictions topics during the renewal period.

Section 2. Continuing Education Audit. Continuing education may be audited by the Board for verification of compliance with these requirements.

(a) Failure to provide the documents requested for audit within thirty (30) days may subject the licensee or certificate holder to disciplinary action.

(b) If the Board disallows any continuing education hours as a result of an audit, the licensee or certificate holder shall have three (3) months from notice of such disallowance to either;

(i) provide further evidence that the disallowed continuing education hours meet the criteria established by these rules, or

(ii) provide evidence of having completed appropriate continuing education during the required time frame which may substitute for the disallowance , or

(iii) remedy the disallowance by completing the number of additional continuing education hours necessary to fulfill the requirements in this Chapter. These additional continuing education hours shall not be reported on subsequent applications for license renewal.

(c) If the continuing education hours disallowed are not remedied within the time

frame permitted, then the license or certificate holder shall be subject to disciplinary action.

Section 3. Exemption From Continuing Education.

(a) A licensee or certificate may be exempted from a portion of the continuing education required for the renewal of their license or certificate if during the current renewal period:

(i) The licensee or certificate otherwise meets all renewal requirements and is a civilian called to active duty in the armed forces of the United States for a period of time exceeding one hundred and eight (180) or more consecutive days in any calendar year.

(ii) The licensee or certificate otherwise meets all renewal requirements and experiences a physical disability, illness or other disabling situation exceeding one hundred and eight (180) or more consecutive days in any calendar year.

(b) The number of hours exempted shall be in proportion to the length of deployment, disability or situation.

(c) The licensee or certificate claiming an exemption shall provide supporting documentation from a third party acceptable to the Board.

Section ~~2~~4. Retired Licensees and ~~Certificates~~Certificate Holders. Persons who are retired from active practice are exempt from the requirement for continuing education for renewal ~~of their license~~. Retired persons exercising this exemption may not, under any circumstances, provide the services regulated by the Act and these Rules within the state of Wyoming. To do so ~~would be considered~~is unlicensed practice in violation of the Act. In order to qualify for the exemption, the ~~Licensee~~ licensee or ~~Certificate~~ certificate holder ~~must~~shall;

(a) Notify the Board that they have retired from active practice. The notice ~~must~~ shall be in writing and accompanied by the original wall certificate issued by the Board denoting an active license or certificate.

(b) A replacement wall certificate ~~will~~ shall be issued which clearly distinguishes that the ~~Licensee~~ licensee or ~~Certificate~~ certificate holder is retired. There ~~will~~ shall be a one-time fee of $10.00 for the replacement certificate.

(c) The licenses and certificates of retired persons shall expire and be renewable on the same two (2) year cycle as their original active license or certificate for the purposes of maintaining accurate contact information.

(d) ~~The fee for renewal shall be the same as for an active license or certificate.~~There is no fee for the renewal of a license or certificate on retired status.

(e) A retired ~~Licensee~~ licensee or ~~Certificate~~ certificate holder may return to active practice by completing ~~the equivalent of~~ forty-five (45) hours of continuing education activities

within the two (2) years immediately preceding re-application, submitting a professional disclosure statement, and paying the full renewal fee for the remainder of the current license or certificate period.

Section 5. Re-licensure. A licensee who has allowed their license to expire may apply for re-licensure within five (5) years of the license expiration date without re-examination. However, applicants shall be required to meet all other current licensure standards in place at the time of re-licensure. In addition, the applicant shall provide verification of having completed forty-five (45) hours of continuing education activities within the two (2) years immediately preceding re-application.

Section 6. Re-certification. A certificate holder who has allowed their certification to lapse may apply for re-certification within five (5) years of the certification expiration date without re-examination. However applicants shall be required to meet all other current certification standards in place at the time of application. In addition, the applicant shall provide verification of having completed forty-five (45) hours of continuing education activities within the two (2) years immediately preceding re-certification. Certified Mental Health Workers are not eligible for re-certification.

CHAPTER 13

FEES.

Section 1. Fees. This fee schedule is adopted by the Board pursuant to W.S. 33-1-201.

(a)	Application Fees:		
	(i)	Licensure by reciprocity	$300.00 per discipline
	(ii)	Licensure by examination	$300.00 per discipline
	(iii)	Licensure by completing provisional	$200.00 per discipline
	(iv)	Certification by reciprocity	$250.00 per discipline
	(v)	Certification by examination	$250.00 per discipline
	(vi)	Provisional License	$100.00 per discipline
(b)	Renewal Fees:		
	(i)	License	$125.00 for the initial discipline and $75.00 for every additional discipline.
	(ii)	Certification	$100.00 per discipline
(c)	Non-sufficient Funds Fee:		in accordance with W.S. 1-1-115
(d)	Verification Fee:		$15.00
(e)	Copy Fee:		($.25 per page)

Section 2. Refunds. Error! Bookmark not defined. All fees collected by the Board are non-refundable.

Section 3. Applications Unaccompanied by Fees.. No application shall be considered by the Board unless accompanied by the application fee.

Section 4. Duplicate or Replacement Certificate and Pocket Card.. Duplicate or replacement wall certificates and pocket cards may be issued by the Board. All requests for duplicate or replacement certificates shall be in writing and shall be accompanied by a $10.00 fee for each duplicate or replacement. All requests for duplicate or replacement pocket cards shall be in writing and shall be accompanied by a $5.00 fee for each duplicate or replacement.

Section 5. Requests for Roster of Licensees and Certificate Holders.. The roster of current licensees and certificate holders shall be updated at least annually and made available electronically at no charge.

CHAPTER ~~9~~ 13

~~COSTS~~FEES.

Section 1. Fees. This fee schedule is adopted by the Board pursuant to W.S. 33-1-201.

(a) Application Fees:

(i) Licensure by reciprocity ~~$200.00~~300.00 per discipline

(ii) Licensure by examination $300.00 per discipline

(iii) Licensure by completing provisional $200.00 per discipline

(~~ii~~iv) Certification by reciprocity ~~$150.00~~250.00 per discipline

(v) Certification by examination $250.00 per discipline

(~~iii~~vi) Provisional License $100.00 per discipline

~~(b) License and Certification Fees $100.00 per discipline~~

(~~e~~b) Renewal Fees:

(i) License ~~$100.00~~ $125.00 for the initial discipline and ~~$50.00~~ $75.00 for every additional discipline.

(ii) Certification ~~$75.00~~ $100.00 per discipline

~~(d) Examination Fees: Actual cost of test and administration~~

(~~e~~c) Non-sufficient Funds Fee: in accordance with W.S. 1-1-115~~$15.00~~

(~~f~~d) ~~License and Certification~~ Verification Fee: $15.00

(e) Copy Fee: ($.25 per page)

Section 2. Refunds. Error! Bookmark not defined.

~~(a) Fees shall be paid in the exact amount, by money order or cashier's check, and shall be paid in advance of services rendered. Fees for renewal of license or certification may be paid by personal or business check.~~

~~(b)~~ All fees collected by the Board are non-refundable.

Section 3. Applications Unaccompanied by Fees.. No application shall be considered by the Board unless accompanied by the application fee.

~~**Section 4. Forfeiture of Examination Fees.**. If the applicant fails to appear for a scheduled examination, the examination fee shall be forfeited.~~

Section ~~5~~ 4. Duplicate or Replacement Certificate and Pocket Card.. Duplicate or replacement wall certificates and pocket cards may be issued by the Board. All requests for duplicate or replacement certificates ~~must~~ shall be in writing and ~~must~~ shall be accompanied by a $10.00 fee for each duplicate or replacement. All requests for duplicate or replacement pocket cards ~~must~~ shall be in writing and ~~must~~ shall be accompanied by a $5.00 fee for each duplicate or replacement.

Section ~~6~~ 5. Requests for Roster of Licensees and ~~Certificates~~Certificate Holders.. The ~~printed~~ roster of current ~~Licensees~~ licensees and ~~Certificates~~ certificate holders shall be updated at least annually and made available electronically ~~upon request~~at no charge.

CHAPTER 13

FEES.

Section 1. Fees. This fee schedule is adopted by the Board pursuant to W.S. 33-1-201.

(a)	Application Fees:		
	(i)	Licensure by reciprocity	$300.00 per discipline
	(ii)	Licensure by examination	$300.00 per discipline
	(iii)	Licensure by completing provisional	$200.00 per discipline
	(iv)	Certification by reciprocity	$250.00 per discipline
	(v)	Certification by examination	$250.00 per discipline
	(vi)	Provisional License	$100.00 per discipline
(b)	Renewal Fees:		
	(i)	License	$125.00 for the initial discipline and $75.00 for every additional discipline.
	(ii)	Certification	$100.00 per discipline
(c)	Non-sufficient Funds Fee:		in accordance with W.S. 1-1-115
(d)	Verification Fee:		$15.00
(e)	Copy Fee:		($.25 per page)

Section 2. Refunds. Error! Bookmark not defined. All fees collected by the Board are non-refundable.

Section 3. Applications Unaccompanied by Fees.. No application shall be considered by the Board unless accompanied by the application fee.

Section 4. Duplicate or Replacement Certificate and Pocket Card.. Duplicate or replacement wall certificates and pocket cards may be issued by the Board. All requests for duplicate or replacement certificates shall be in writing and shall be accompanied by a $10.00 fee for each duplicate or replacement. All requests for duplicate or replacement pocket cards shall be in writing and shall be accompanied by a $5.00 fee for each duplicate or replacement.

Section 5. Requests for Roster of Licensees and Certificate Holders.. The roster of current licensees and certificate holders shall be updated at least annually and made available electronically at no charge.

CHAPTER ~~9~~ 13

~~COSTS~~FEES.

Section 1. Fees. This fee schedule is adopted by the Board pursuant to W.S. 33-1-201.

(a) Application Fees:

(i) Licensure by reciprocity ~~$200.00~~300.00 per discipline

(ii) Licensure by examination $300.00 per discipline

(iii) Licensure by completing provisional $200.00 per discipline

(~~ii~~iv) Certification by reciprocity ~~$150.00~~250.00 per discipline

(v) Certification by examination $250.00 per discipline

(~~iii~~vi) Provisional License $100.00 per discipline

~~(b) License and Certification Fees $100.00 per discipline~~

(~~e~~b) Renewal Fees:

(i) License ~~$100.00~~ $125.00 for the initial discipline and ~~$50.00~~ $75.00 for every additional discipline.

(ii) Certification ~~$75.00~~ $100.00 per discipline

~~(d) Examination Fees: Actual cost of test and administration~~

(~~e~~c) Non-sufficient Funds Fee: in accordance with W.S. 1-1-115~~$15.00~~

(~~f~~d) ~~License and Certification~~ Verification Fee: $15.00

(e) Copy Fee: ($.25 per page)

Section 2. Refunds. Error! Bookmark not defined.

~~(a) Fees shall be paid in the exact amount, by money order or cashier's check, and shall be paid in advance of services rendered. Fees for renewal of license or certification may be paid by personal or business check.~~

~~(b)~~ All fees collected by the Board are non-refundable.

Section 3. Applications Unaccompanied by Fees.. No application shall be considered by the Board unless accompanied by the application fee.

~~**Section 4. Forfeiture of Examination Fees.**. If the applicant fails to appear for a scheduled examination, the examination fee shall be forfeited.~~

Section ~~5~~ 4. Duplicate or Replacement Certificate and Pocket Card.. Duplicate or replacement wall certificates and pocket cards may be issued by the Board. All requests for duplicate or replacement certificates ~~must~~ shall be in writing and ~~must~~ shall be accompanied by a $10.00 fee for each duplicate or replacement. All requests for duplicate or replacement pocket cards ~~must~~ shall be in writing and ~~must~~ shall be accompanied by a $5.00 fee for each duplicate or replacement.

Section ~~6~~ 5. Requests for Roster of Licensees and ~~Certificates~~Certificate Holders.. The ~~printed~~ roster of current ~~Licensees~~ licensees and ~~Certificates~~ certificate holders shall be updated at least annually and made available electronically ~~upon request~~at no charge.

CHAPTER 12

APPLICATION PROCEDURE

Section 1. Class of License and Certification.

(a) A separate and distinct license or certification shall be issued for each of the following disciplines:

(i) Certified Addictions Practitioner (CAP)

(ii) Certified Addictions Practitioner Assistant (CAPA)

(iii) Certified Mental Health Worker (CMHW)

(iv) Certified Social Worker (CSW)

(v) Licensed Addictions Therapist (LAT)

(vi) Licensed Clinical Social Worker (LCSW)

(vii) Licensed Marriage and Family Therapist (LMFT)

(viii) Licensed Professional Counselor (LPC)

(ix) Provisional Addictions Therapist (PAT)

(x) Provisional Clinical Social Workers (PCSW)

(xi) Provisional Marriage and Family Therapist (PMFT)

(xii) Provisional Professional Counselor (PPC)

(b) Initial licenses and certifications shall expire on the licensee's or certificate holder's birth date immediately following the second anniversary of the issue date. Thereafter, upon renewal, the license or certification shall be valid for two (2) years.

(c) Additional licenses and certifications issued to the same individual shall expire on the same date as the initial license or certification held by that individual. Thereafter, upon renewal, the license or certification shall be valid for two (2) years.

(d) An applicant shall clearly indicate the specific license or certification desired. An applicant who seeks licensure or certification in more than one discipline shall submit separate applications, appropriate fees and documentation for each license or certification sought.

(e) The Board shall not review an individual's credentials prior to receiving a complete application.

Section 2. General Application Procedures. An individual is considered an applicant once he or she has submitted the following:

(a) A complete official application form accompanied by the application fee and appropriate proof of legal presence in the U.S.

(b) Official transcripts from all colleges and universities attended.

(c) Professional references from three (3) professionals with at least six (6) months of direct knowledge of the applicant's abilities and professional performance in the discipline for which the license or certification is requested;

(i) References shall have been written within six (6) months of the date of application.

(ii) References shall not be accepted from relatives of the applicant.

(d) A certificate of professional qualification in the discipline from a national credentials bank, approved by the Board, may be accepted by the Board for license by reciprocity. The Board may require the applicant to submit such supplemental information as it deems necessary to assure that the applicant meets the qualifications for licensure.

(e) All documents submitted in support of the application shall contain an original signature and be submitted directly to the office of the Board from the respondent and not forwarded through the applicant.

(f) Completion of all requirements for licensure shall be documented within one (1) year of the date the application was received by the Board, otherwise the application will be deemed incomplete and closed without further notice.

(g) Completion of all requirements for certification shall be documented within six (6) months of the date the application was received by the Board, otherwise the application will be deemed incomplete and closed without further notice.

(h) The Board shall not accept faxed or photocopied documents.

Section 3. Application for Licensure by Examination. In addition to the documents required in Section 2 of this chapter, the designated qualified clinical supervisor(s) of the applicant shall submit complete Verification and Evaluation of Supervised Experience forms.

Section 4. Application for Licensure by Reciprocity. In addition to the documents required in Section 2 of this chapter, the applicant shall request verification of licensure in good standing from jurisdictions where the applicant holds or has held a license in any mental health discipline.

Section 5. Application for Certification by Examination. In addition to the documents required in section 2 of this chapter, the designated qualified clinical supervisor of the applicant shall submit a complete Certificate Supervision Agreement.

Section 6. Application for Certification by Reciprocity. In addition to the documents required in Section 2 of this chapter, the applicant shall request verification of certification in good standing from jurisdictions where the applicant holds or has held a certification in any mental health discipline.

Section 7. Notification of Applicants and Right of Appeal. If the applicant's initial application is denied, the reasons for this rejection shall be communicated in writing. The applicant shall have the right to request reconsideration of the application materials, and may further request a hearing before the Board in accordance with the Wyoming Administrative Procedures Act.

Section 8. Issuance of License or Certification. The Board shall issue a wall certificate to the successful applicant bearing the full name of the holder, discipline designation, license or certification serial number, date of issuance, expiration date, and appropriate seal.

Section 9. Change of Name, Address or Telephone Number.

(a) Licensees and certificate holders shall register with the Board any change in their legal name, shall submit documentation demonstrating the change of name, appropriate fee and shall surrender the old wall certificate and a new wall certificate shall be issued by the Board.

(b) Each applicant, licensee and certificate holders shall file with the Board their current home and professional mailing addresses and telephone numbers and shall report to the Board in writing any change of addresses or telephone numbers, giving both old and new addresses and telephone numbers. A revised disclosure statement shall accompany any change in employment.

Section 10. Release of Confidential Records.

(a) Release of Board records shall be governed by W.S. 16-4-201 et seq., The Public Records Act.

(b) Any applicant, licensee, certificate holder, or others with proper notarized written consent may personally inspect the contents of their application, license, or certification file with the exception of the documents specified in the Public Records Act.

(c) Record inspection shall take place under the following conditions:

(i) An appointment shall be made to review the file between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday at the offices of the Board.

(ii) Record inspection shall take place in the presence of a member of the Board or a representative of its administrative staff.

(iii) Original documents shall remain with the Board but may be copied at the Board offices for a reasonable fee to be paid by the individual making such request.

Section 11. Correction and Amendment. Any applicant, licensee or certificate holder may clarify erroneous, inaccurate or misleading information in their file by submitting a written statement to the Board which will be placed in their file.

CHAPTER ~~8~~ 12

APPLICATION PROCEDURE

Section 1. Class of License and Certification.

(a) A separate and distinct license or certification shall be issued for each of the following disciplines ~~involved. These are~~:

(i) ~~Licensed Professional Counselor (LPC)~~Certified Addictions Practitioner (CAP)

(ii) ~~Licensed Marriage and Family Therapist (LMFT)~~Certified Addictions Practitioner Assistant (CAPA)

(iii) ~~Licensed Clinical Social Worker (LCSW)~~Certified Mental Health Worker (CMHW)

(iv) ~~Licensed Addictions Therapist (LAT)~~Certified Social Worker (CSW)

(v) ~~Provisional Professional Counselor (PPC)~~Licensed Addictions Therapist (LAT)

(vi) ~~Provisional Marriage and Family Therapist (PMFT)~~Licensed Clinical Social Worker (LCSW)

(vii) ~~Provisional Clinical Social Worker (PCSW)~~Licensed Marriage and Family Therapist (LMFT)

(viii) ~~Provisional Addictions Therapist (PAT)~~Licensed Professional Counselor (LPC)

(ix) ~~Certified Social Worker (CSW)~~Provisional Addictions Therapist (PAT)

(x) ~~Certified Addictions Practitioner (CAP)~~Provisional Clinical Social Workers (PCSW)

(xi) ~~Certified Mental Health Worker (CMHW)~~Provisional Marriage and Family Therapist (PMFT)

(xii) Provisional Professional Counselor (PPC)

(b) Initial ~~Licenses~~ licenses and certifications ~~issued after July 1, 1997~~ shall expire on the ~~Licensee's~~ licensee's or ~~Certificate's~~ certificate holder's birth date immediately following the second anniversary of the issue date. Thereafter, upon renewal, the license or certification shall be valid for two (2) years. ~~Valid licenses and certifications issued prior to July 1, 1997 shall expire on the Licensee's or~~

~~Certificate's birth date following the current expiration date. Thereafter, upon renewal, the license or certificate shall be valid for two (2) years.~~

(c) Additional licenses and certifications issued to the same individual shall expire on the same date as the ~~current~~ initial license or ~~/~~certification held by that individual. Thereafter, upon renewal, the license or certification shall be valid for two (2) years.

(d) An applicant shall clearly indicate the specific license or certification desired. An applicant who seeks licensure or certification in more than one discipline shall submit separate applications, appropriate fees and documentation for each license or certification sought.

(e) The Board shall not review an individual's credentials prior to receiving a complete application.

Section 2. General Application Procedures. ~~The completed application must be received and accepted by the Board at least three (3) months prior to the scheduled administration of the examination for the appropriate discipline or the applicant may be required to wait until the next administration of the exam. The following documents are required of all applicants for licensure or certification~~An individual is considered an applicant once he or she has submitted the following:

(a) A complete ~~and notarized~~ official application form accompanied by the application fee and appropriate proof of legal presence in the U.S.

(b) Official transcripts from all colleges and universities attended.

(c) Professional references ~~References~~ from three (3) professionals ~~familiar with the applicant which address~~ with at least six (6) months of direct knowledge of the applicant's abilities and professional performance in the discipline for which the license or certification is requested;

(i) References ~~must~~ shall have been written within six (6) months of the date of application.

~~(ii) References will not be accepted from individuals who submit verification of supervised experience on behalf of the applicant.~~

(ii~~ii~~) References ~~will~~ shall not be accepted from relatives of the applicant.

(d) A certificate of professional qualification in the discipline from a national credentials bank, approved by the Board, may be accepted by the Board for license by reciprocity. The Board may require the applicant to submit such supplemental information as it deems necessary to assure that the applicant meets the qualifications for licensure.

(~~d~~e) All documents submitted in support of the application ~~must~~ shall contain an original signature and be submitted directly to the office of the Board from the respondent and not forwarded through the applicant.

(f) Completion of all requirements for licensure shall be documented within one (1) year

of the date the application was received by the Board, otherwise the application will be deemed incomplete and closed without further notice.

(g) Completion of all requirements for certification shall be documented within six (6) months of the date the application was received by the Board, otherwise the application will be deemed incomplete and closed without further notice.

(~~e~~h) The Board ~~will~~ shall not accept faxed or photocopied documents.

Section 3. Application for Licensure by ~~Exam~~Examination. In addition to the documents required in Section 2 of this chapter, the designated qualified clinical supervisor(s) of the applicant shall submit complete Verification and Evaluation of Supervised Experience forms.

~~**Section 4. Application for Certification.** In addition to the documents required in Section 2 of this chapter, the designated clinical supervisor of the applicant shall submit a complete Certificate Supervision Agreement form.~~

Section ~~5~~ 4. Application for Licensure by ~~Endorsement~~Reciprocity.

~~(a)~~ In addition to the documents required in Section 2 of this chapter, the applicant shall request verification of licensure in good standing from jurisdictions where the applicant holds or has held a license in any mental health discipline.

~~(b) Applicants licensed for less than two (2) years shall provide verification of supervised experience as required in these rules.~~

Section 5. Application for Certification by Examination. In addition to the documents required in section 2 of this chapter, the designated qualified clinical supervisor of the applicant shall submit a complete Certificate Supervision Agreement.

Section 6. Application for Certification by ~~Endorsement~~Reciprocity. In addition to the documents required in Section 2 of this chapter, the applicant shall request verification of certification in good standing from jurisdictions where the applicant holds or has held a certification in any mental health discipline.

~~**Section 7. Application for Licensure by Exemption.** (The deadline to apply for this method of licensure expired on June 30, 1998. Licensure by exemption is not longer applicable. This language remains in the rules and regulations for historical purposes only.) The application and satisfactory supportive evidence must be received by the Board no later than July 1, 1998. In addition to the documents required in Section 2 of this chapter, the applicant shall:~~

~~(a) Provide satisfactory evidence of having been primarily employed in this state in the area of practice for which they have applied within the two (2) years prior to December 31, 1997.~~

~~(i) Applicants in private practice shall submit a Verification of Self Employment form accompanied by sufficient evidence to satisfy the Board that they have been primarily practicing in this state.~~

~~(ii) Applicants not in private practice shall submit a Verification of Employment form sent directly from the employer to the Board.~~

~~(b) Provide copies of any additional documentation necessary to verify the completion of the educational requirement for licensure as an Addictions Therapist.~~

~~(c) Provide verification of two (2) years of supervised clinical experience if required for licensure as a Professional Counselor.~~

~~(d) Provide any additional documentation as may be requested by the Board if the applicant's qualifications are unclear or unacceptable.~~

~~**Section 8. Application for Certification by Exemption.** (The deadline to apply for this method of licensure expired on June 30, 1998. Licensure by exemption is not longer applicable. This language remains in the rules and regulations for historical purposes only.) The application and satisfactory supportive evidence must be received by the Board no later than July 1, 1998. In addition to the documents required in Section 2 of this chapter, the applicant shall:~~

~~(a) Submit a Verification of Employment form sent directly from the employer to the Board as satisfactory evidence of having been primarily employed in this state in the area of practice for which they have applied within the two (2) years prior to December 31, 1997.~~

~~(b) Provide copies of any additional documentation necessary to verify the completion of the educational requirement for certification as an Addictions Practitioner.~~

~~(c) Provide any additional documentation as may be requested by the Board if the applicant's qualifications are unclear or unacceptable.~~

Section ~~9~~ 7. Notification of Applicants and Right of Appeal. ~~If the Board approves the applicant's initial application, this finding will be communicated in writing to the applicant along with examination, licensure or certification instructions. If the applicant is denied on the basis of initial application materials, the reasons for this rejection shall be communicated in writing. The applicant shall have the right of reconsideration based on submission of new information and/or an appearance before the Board with the opportunity to demonstrate to the Board that they meet the licensure or certification requirements.~~If the applicant's initial application is denied, the reasons for this rejection shall be communicated in writing. The applicant shall have the right to request reconsideration of the application materials, and may further request a hearing before the Board in accordance with the Wyoming Administrative Procedures Act.

Section ~~10~~ 8. Issuance of License or Certification. The Board shall issue a wall certificate to the successful applicant bearing the full name of the holder, discipline designation, license or certification serial number, date of issuance, expiration date, and appropriate seal.

Section ~~11~~ 9. Change of Name, Address or Telephone Number.

(a) Licensees and ~~Certificates~~ certificate holders ~~must~~ shall register with the Board any change in their legal name, ~~must~~ shall submit documentation demonstrating the change of name, appropriate fee and ~~must~~ shall surrender the old wall certificate and a new wall certificate shall be issued by the Board.

(b) Each applicant, ~~Licensee~~ licensee and ~~Certificate~~ certificate holders ~~must~~ shall file with the Board their current home and professional mailing addresses and telephone numbers and ~~must~~ shall report to the Board in writing any change of addresses or telephone numbers, giving both old and new addresses and telephone numbers. A revised disclosure statement shall accompany any change in employment.

Section ~~12~~ 10. Release of Confidential Records.

(a) Release of Board records shall be governed by W.S. 16-4-201 et seq., The Public Records Act.

(b) Any applicant, ~~Licensee~~licensee, ~~Certificate~~certificate holder, or others with proper notarized written consent may personally inspect the contents of ~~a Board~~ their application, license, or certification file with the exception of ~~personal recommendations or verification of supervised experience~~the documents specified in the Public Records Act.

(c) Record inspection shall take place under the following conditions:

(i) An appointment ~~must~~ shall be made to review the file between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday at the offices of the Board.

(ii) Record inspection ~~must~~ shall take place in the presence of a member of the Board or a representative of its administrative staff.

(iii) Original documents ~~must~~ shall remain with the Board but may be copied at the Board offices for a reasonable fee to be paid by the individual making such request.

Section ~~13~~ 11. Correction and Amendment. Any applicant, ~~Licensee~~ licensee or ~~Certificate~~ certificate holder may clarify erroneous, inaccurate or misleading information in their file by submitting a written statement to the Board which will be placed in their file.

CHAPTER 11

LICENSED PROFESSIONAL COUNSELOR

Section 1. The Practice of a Licensed Professional Counselor. The practice of a Licensed Professional Counselor is the rendering to individuals, couples, families, groups, organizations, corporations, institutions, government agencies or the general public a service that integrates a wellness, pathology and multicultural model of human behavior. This model applies a combination of mental health, psychotherapeutic, and human development principles and procedures to help clients achieve effective mental, emotional, physical, social, moral, educational, spiritual or career development and adjustment throughout the life span, and includes performing mental health procedures, the assessment, diagnostic description and treatment of mental disorders or disabilities within the range of the professional's preparation.

Section 2. General Requirements for Licensure. It is the sole responsibility of the applicant to ensure that the Board receives all documentation necessary to prove to the Board's satisfaction that the applicant meets all the requirements for licensure herein. The applicant shall provide satisfactory evidence to the Board that they:

(a) are of majority age; and

(b) have no felony convictions, and no misdemeanor convictions involving moral turpitude, although exceptions to this requirement may be granted by the Board if consistent with the public interest; and

(c) are legal inhabitants of the United States, and

(d) satisfy the requirements established in these rules.

Section 3. Education Requirement for Licensure.

(a) The applicant shall have received a master's or doctorate degree in counseling from a Council for Accreditation of Counseling and Related Educational Programs (CACREP) or Council on Rehabilitation Education (CORE) accredited program in counseling.

(b) Applicants who have completed graduate counselor programs not accredited by CACREP or CORE may be deemed to have met the educational requirement provided they meet the following criteria:

(i) The graduate degree program, and any applicable additional graduate level course work, was completed at an educational institution accredited by one of the regional or national institutional accrediting bodies recognized by the Council for Higher Education Accreditation (CHEA).

(ii) The program was substantially similar in content as required by

CACREP including instructor qualifications, clinical supervision and course work.

(iii) The applicant has completed a minimum of seventy-two (72) quarter hours or forty-eight (48) semester hours of graduate level course work.

(iv) The official transcripts, course prefixes, and course descriptions clearly identify the educational program as preparing persons to be professional counselors.

(v) Course work shall be completed in a master's or doctoral program or subsequent graduate level course work.

(vi) Course work was completed in each of the core areas defined herein:

(A) Practicums, Internships or Field Experience under clinical supervision.

(B) Human Growth and Development- studies that provide an understanding of the nature and needs of individuals at all developmental levels, including all of the following:

(I) Theories of individual and family development and transitions across the life-span;

(II) Theories of learning and personality development;

(III) Human behavior including an understanding of developmental crises, disability, exceptional behavior, addictive behavior, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior;

(IV) Strategies for facilitating optimum development over the life-span; and

(V) Ethical and legal considerations.

(C) Social and Cultural Diversity- studies that provide an understanding of the cultural context of relationships, issues and trends in a multicultural and diverse society related to such factors as culture, ethnicity, nationality, age, gender, sexual orientation, mental and physical characteristics, education, family values, religious and spiritual values, socioeconomic status and unique characteristics of individuals, couples, families, ethnic groups, and communities including all of the following:

(I) Multicultural and pluralistic trends, including characteristics and concerns between and within diverse groups nationally and internationally;

(II) Attitudes, beliefs, understandings, and

acculturative experiences, including specific experiential learning activities;

(III) Individual, couple, family, group, and community strategies for working with diverse populations and ethnic groups;

(IV) Counselors' roles in social justice, advocacy and conflict resolution, cultural self-awareness, the nature of biases, prejudices, processes of intentional and unintentional oppression and discrimination, and other culturally supported behaviors that are detrimental to the growth of the human spirit, mind, or body;

(V) Theories of multicultural counseling, theories of identity development, and multicultural competencies; and

(VI) Ethical and legal considerations.

(D) Helping Relationships- studies that provide an understanding of counseling and consultation processes, including all of the following:

(I) Counselor and consultant characteristics and behaviors that influence helping processes including age, gender, and ethnic differences, verbal and nonverbal behaviors and personal characteristics, orientations, and skills;

(II) An understanding of essential interviewing and counseling skills so that the student is able to develop a therapeutic relationship, establish appropriate counseling goals, design intervention strategies, evaluate client outcome, and successfully terminate the counselor-client relationship. Studies will also facilitate student self-awareness so that the counselor-client relationship is therapeutic and the counselor maintains appropriate professional boundaries;

(III) Counseling theories that provide the student with a consistent model(s) to conceptualize client presentation and select appropriate counseling interventions. Student experiences should include an examination of the historical development of counseling theories, an exploration of affective, behavioral, and cognitive theories, and an opportunity to apply the theoretical material to case studies. Students will also be exposed to models of counseling that are consistent with current professional research and practice in the field so that they can begin to develop a personal model of counseling;

(IV) A systems perspective that provides an understanding of family and other systems theories and major models of family and related interventions. Students will be exposed to a rationale for selecting family and other systems theories as appropriate modalities for family assessment and counseling;

(V) A general framework for understanding and practicing. Student experiences should include an examination of the historical development of consultation, an exploration of the stages of consultation and the major models of consultation, and an opportunity to apply the theoretical material to case presentations. Students will begin to

develop a personal model of consultation;

(VI) Integration of technological strategies and applications within counseling and consultation processes; and

(VII) Ethical and legal considerations.

(E) Group Work- studies that provide both theoretical and experiential understandings of group purpose, development, dynamics, counseling theories, group counseling methods and skills, and other group approaches, including all of the following:

(I) Principles of group dynamics, including group process components, developmental stage theories, group members' roles and behaviors, and therapeutic factors of group work;

(II) Group leadership styles and approaches, including characteristics of various types of group leaders and leadership styles;

(III) Theories of group counseling, including commonalties, distinguishing characteristics, and pertinent research and literature;

(IV) Group counseling methods, including group counselor orientations and behaviors, appropriate selection criteria and methods, and methods of evaluation of effectiveness;

(V) Approaches used for other types of group work, including task groups, psycho educational groups, and therapy groups;

(VI) Professional preparation standards for group leaders; and

(VII) Ethical and legal considerations.

(F) Career Development- studies that provide an understanding of career development and related life factors, including all of the following:

(I) Career development theories and decision-making models;

(II) Career, avocational, educational, occupational and labor market information resources, visual and print media, computer-based career information systems, and other electronic career information systems;

(III) Career development program planning, organization, implementation, administration, and evaluation;

(IV) Interrelationships among and between work, family, and other life roles and factors including the role of diversity and gender in career development;

(V) Career and educational planning, placement, follow-up, and evaluation;

(VI) Assessment instruments and techniques that are relevant to career planning and decision making;

(VII) Technology-based career development applications and strategies, including computer-assisted career guidance and information systems and appropriate world-wide web sites;

(VIII) Career counseling processes, techniques, and resources, including those applicable to specific populations; and

(IX) Ethical and legal considerations.

(G) Assessment- studies that provide an understanding of individual and group approaches to assessment and evaluation, including all of the following:

(I) Historical perspectives concerning the nature and meaning of assessment;

(II) Basic concepts of standardized and non-standardized testing and other assessment techniques including norm-referenced and criterion-referenced assessment, environmental assessment, performance assessment, individual and group test and inventory methods, behavioral observations, and computer-managed and computer-assisted methods;

(III) Statistical concepts, including scales of measurement, measures of central tendency, indices of variability, shapes and types of distributions, and correlations;

(IV) Reliability (i.e., theory of measurement error, models of reliability, and the use of reliability information);

(V) Validity (i.e., evidence of validity, types of validity, and the relationship between reliability and validity;

(VI) Age, gender, sexual orientation, ethnicity, language, disability, culture, spirituality, and other factors related to the assessment and evaluation of individuals, groups, and specific populations;

(VII) Strategies for selecting, administering, and

interpreting assessment and evaluation instruments and techniques in counseling;

(VIII) An understanding of general principles and methods of case conceptualization, assessment, and/or diagnoses of mental and emotional status; and

(IX) Ethical and legal considerations.

(H) Research and Program Evaluation- studies that provide an understanding of research methods, statistical analysis, needs assessment, and program evaluation, including all of the following:

(I) The importance of research and opportunities and difficulties in conducting research in the counseling profession,

(II) Research methods such as qualitative, quantitative, single-case designs, action research, and outcome-based research;

(III) Use of technology and statistical methods in conducting research and program evaluation, assuming basic computer literacy;

(IV) Principles, models, and applications of needs assessment, program evaluation, and use of findings to effect program modifications;

(V) Use of research to improve counseling effectiveness; and

(VI) Ethical and legal considerations.

(I) Professional Orientation and Ethical Practice- studies that provide an understanding of all of the following aspects of professional functioning:

(I) History and philosophy of the counseling profession, including significant factors and events;

(II) Professional roles, functions, and relationships with other human service providers;

(III) Technological competence and computer literacy;

(IV) Professional organizations, primarily ACA, its divisions, branches, and affiliates, including membership benefits, activities, services to members, and current emphases;

(V) Professional credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these

issues;

(VI) Public and private policy processes, including the role of the professional counselor in advocating on behalf of the profession;

(VII) Advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients; and

(VIII) Ethical standards of ACA and related entities, and applications of ethical and legal considerations in professional counseling.

Section 4. Supervised Training/Work Experience Requirement for Licensure.

(a) A minimum of three thousand (3,000) hours of supervised clinical training/work experience in professional counseling under the direct supervision of a designated qualified clinical supervisor is required for all applicants. This experience shall meet the requirements set forth in these rules.

(i) All three thousand (3,000) hours of supervised clinical training/work experience required shall be completed after the award of the master's degree. Of the three thousand (3,000) hours required, at least one thousand two hundred (1,200) hours shall be direct client contact hours. This paragraph shall not apply to persons holding a provisional license on January 1, 2011. These persons will be evaluated under the rules in effect at the time they were granted the provisional license.

(b) A minimum of one hundred (100) post master's hours of direct, verifiable, individual and/or triadic face-to-face clinical supervision with a designated qualified clinical is required. Group supervision is not acceptable towards completion of the face-to-face clinical supervision requirement.

Section 5. Professional Recommendation Requirement for Licensure. Applicants shall demonstrate their integrity, professionalism and character in professional counseling through three (3) professional recommendations which attest to applicants' abilities and professional performance.

Section 6. Examination Requirement for Licensure.

(a) Examinations shall be scheduled by the examination provider.

(b) Applicants are allowed three (3) attempts to pass the exam. The Board may allow an applicant to make one (1) more attempt to pass the examination upon approval of a remediation plan submitted by the applicant.

(c) The Board shall accept the passing score as established by the examination provider approved by the Board.

(d) The Board shall accept a passing score on the following examinations:

(i) The National Board for Certified Counselor's (NBCC) National Counselor Examination (NCE) or the National Clinical Mental Health Examination (NCMHE).

(ii) The Certification Examination administered by the Commission on Rehabilitation Counselor Certification (CRCC).

(iii) Other examinations as may be approved by the Board.

Section 7. License by Reciprocity. An individual holding a license in good standing to engage in the practice of professional counseling under the laws of another state having licensure requirements substantially similar to those required by the Act and these rules may, upon approval of the board, be issued a license as a Professional Counselor in this state.

(a) Applicants may be issued a provisional license to practice under supervision while completing deficiencies identified and required by the Board provided they possess a graduate degree comparable to those required by the Act and these rules.

Section 8. Standards of Conduct.

(a) The terms "Licensed Professional Counselor" or "Professional Counselor" shall be used only after the applicant is granted licensure by the Board.

(b) The Licensed Professional Counselor shall adhere to the American Counseling Association "Code of Ethics" incorporated as Appendix D.

CHAPTER 11

LICENSED PROFESSIONAL COUNSELOR

Section 1. The Practice of a Licensed Professional Counselor. The practice of a Licensed Professional Counselor is the rendering to individuals, couples, families, groups, organizations, corporations, institutions, government agencies or the general public a service that integrates a wellness, pathology and multicultural model of human behavior. This model applies a combination of mental health, psychotherapeutic, and human development principles and procedures to help clients achieve effective mental, emotional, physical, social, moral, educational, spiritual or career development and adjustment throughout the life span, and includes performing mental health procedures, the assessment, diagnostic description and treatment of mental disorders or disabilities within the range of the professional's preparation.

Section 2. General Requirements for Licensure. It is the sole responsibility of the applicant to ensure that the Board receives all documentation necessary to prove to the Board's satisfaction that the applicant meets all the requirements for licensure herein. The applicant shall provide satisfactory evidence to the Board that they:

(a) are of majority age; and

(b) have no felony convictions, and no misdemeanor convictions involving moral turpitude, although exceptions to this requirement may be granted by the Board if consistent with the public interest; and

(c) are legal inhabitants of the United States, and

(d) satisfy the requirements established in these rules.

Section 3. Education Requirement for Licensure.

(a) The applicant shall have received a master's or doctorate degree in counseling from a Council for Accreditation of Counseling and Related Educational Programs (CACREP) or Council on Rehabilitation Education (CORE) accredited program in counseling.

(b) Applicants who have completed graduate counselor programs not accredited by CACREP or CORE may be deemed to have met the educational requirement provided they meet the following criteria:

(i) The graduate degree program, and any applicable additional graduate level course work, was completed at an educational institution accredited by one of the regional or national institutional accrediting bodies recognized by the Council for Higher Education Accreditation (CHEA).

(ii) The program was substantially similar in content as required by

CACREP including instructor qualifications, clinical supervision and course work.

(iii) The applicant has completed a minimum of seventy-two (72) quarter hours or forty-eight (48) semester hours of graduate level course work.

(iv) The official transcripts, course prefixes, and course descriptions clearly identify the educational program as preparing persons to be professional counselors.

(v) Course work shall be completed in a master's or doctoral program or subsequent graduate level course work.

(vi) Course work was completed in each of the core areas defined herein:

(A) Practicums, Internships or Field Experience under clinical supervision.

(B) Human Growth and Development- studies that provide an understanding of the nature and needs of individuals at all developmental levels, including all of the following:

(I) Theories of individual and family development and transitions across the life-span;

(II) Theories of learning and personality development;

(III) Human behavior including an understanding of developmental crises, disability, exceptional behavior, addictive behavior, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior;

(IV) Strategies for facilitating optimum development over the life-span; and

(V) Ethical and legal considerations.

(C) Social and Cultural Diversity- studies that provide an understanding of the cultural context of relationships, issues and trends in a multicultural and diverse society related to such factors as culture, ethnicity, nationality, age, gender, sexual orientation, mental and physical characteristics, education, family values, religious and spiritual values, socioeconomic status and unique characteristics of individuals, couples, families, ethnic groups, and communities including all of the following:

(I) Multicultural and pluralistic trends, including characteristics and concerns between and within diverse groups nationally and internationally;

(II) Attitudes, beliefs, understandings, and

acculturative experiences, including specific experiential learning activities;

(III) Individual, couple, family, group, and community strategies for working with diverse populations and ethnic groups;

(IV) Counselors' roles in social justice, advocacy and conflict resolution, cultural self-awareness, the nature of biases, prejudices, processes of intentional and unintentional oppression and discrimination, and other culturally supported behaviors that are detrimental to the growth of the human spirit, mind, or body;

(V) Theories of multicultural counseling, theories of identity development, and multicultural competencies; and

(VI) Ethical and legal considerations.

(D) Helping Relationships- studies that provide an understanding of counseling and consultation processes, including all of the following:

(I) Counselor and consultant characteristics and behaviors that influence helping processes including age, gender, and ethnic differences, verbal and nonverbal behaviors and personal characteristics, orientations, and skills;

(II) An understanding of essential interviewing and counseling skills so that the student is able to develop a therapeutic relationship, establish appropriate counseling goals, design intervention strategies, evaluate client outcome, and successfully terminate the counselor-client relationship. Studies will also facilitate student self-awareness so that the counselor-client relationship is therapeutic and the counselor maintains appropriate professional boundaries;

(III) Counseling theories that provide the student with a consistent model(s) to conceptualize client presentation and select appropriate counseling interventions. Student experiences should include an examination of the historical development of counseling theories, an exploration of affective, behavioral, and cognitive theories, and an opportunity to apply the theoretical material to case studies. Students will also be exposed to models of counseling that are consistent with current professional research and practice in the field so that they can begin to develop a personal model of counseling;

(IV) A systems perspective that provides an understanding of family and other systems theories and major models of family and related interventions. Students will be exposed to a rationale for selecting family and other systems theories as appropriate modalities for family assessment and counseling;

(V) A general framework for understanding and practicing. Student experiences should include an examination of the historical development of consultation, an exploration of the stages of consultation and the major models of consultation, and an opportunity to apply the theoretical material to case presentations. Students will begin to

develop a personal model of consultation;

(VI) Integration of technological strategies and applications within counseling and consultation processes; and

(VII) Ethical and legal considerations.

(E) Group Work- studies that provide both theoretical and experiential understandings of group purpose, development, dynamics, counseling theories, group counseling methods and skills, and other group approaches, including all of the following:

(I) Principles of group dynamics, including group process components, developmental stage theories, group members' roles and behaviors, and therapeutic factors of group work;

(II) Group leadership styles and approaches, including characteristics of various types of group leaders and leadership styles;

(III) Theories of group counseling, including commonalties, distinguishing characteristics, and pertinent research and literature;

(IV) Group counseling methods, including group counselor orientations and behaviors, appropriate selection criteria and methods, and methods of evaluation of effectiveness;

(V) Approaches used for other types of group work, including task groups, psycho educational groups, and therapy groups;

(VI) Professional preparation standards for group leaders; and

(VII) Ethical and legal considerations.

(F) Career Development- studies that provide an understanding of career development and related life factors, including all of the following:

(I) Career development theories and decision-making models;

(II) Career, avocational, educational, occupational and labor market information resources, visual and print media, computer-based career information systems, and other electronic career information systems;

(III) Career development program planning, organization, implementation, administration, and evaluation;

(IV) Interrelationships among and between work, family, and other life roles and factors including the role of diversity and gender in career development;

(V) Career and educational planning, placement, follow-up, and evaluation;

(VI) Assessment instruments and techniques that are relevant to career planning and decision making;

(VII) Technology-based career development applications and strategies, including computer-assisted career guidance and information systems and appropriate world-wide web sites;

(VIII) Career counseling processes, techniques, and resources, including those applicable to specific populations; and

(IX) Ethical and legal considerations.

(G) Assessment- studies that provide an understanding of individual and group approaches to assessment and evaluation, including all of the following:

(I) Historical perspectives concerning the nature and meaning of assessment;

(II) Basic concepts of standardized and non-standardized testing and other assessment techniques including norm-referenced and criterion-referenced assessment, environmental assessment, performance assessment, individual and group test and inventory methods, behavioral observations, and computer-managed and computer-assisted methods;

(III) Statistical concepts, including scales of measurement, measures of central tendency, indices of variability, shapes and types of distributions, and correlations;

(IV) Reliability (i.e., theory of measurement error, models of reliability, and the use of reliability information);

(V) Validity (i.e., evidence of validity, types of validity, and the relationship between reliability and validity;

(VI) Age, gender, sexual orientation, ethnicity, language, disability, culture, spirituality, and other factors related to the assessment and evaluation of individuals, groups, and specific populations;

(VII) Strategies for selecting, administering, and

interpreting assessment and evaluation instruments and techniques in counseling;

(VIII) An understanding of general principles and methods of case conceptualization, assessment, and/or diagnoses of mental and emotional status; and

(IX) Ethical and legal considerations.

(H) Research and Program Evaluation- studies that provide an understanding of research methods, statistical analysis, needs assessment, and program evaluation, including all of the following:

(I) The importance of research and opportunities and difficulties in conducting research in the counseling profession,

(II) Research methods such as qualitative, quantitative, single-case designs, action research, and outcome-based research;

(III) Use of technology and statistical methods in conducting research and program evaluation, assuming basic computer literacy;

(IV) Principles, models, and applications of needs assessment, program evaluation, and use of findings to effect program modifications;

(V) Use of research to improve counseling effectiveness; and

(VI) Ethical and legal considerations.

(I) Professional Orientation and Ethical Practice- studies that provide an understanding of all of the following aspects of professional functioning:

(I) History and philosophy of the counseling profession, including significant factors and events;

(II) Professional roles, functions, and relationships with other human service providers;

(III) Technological competence and computer literacy;

(IV) Professional organizations, primarily ACA, its divisions, branches, and affiliates, including membership benefits, activities, services to members, and current emphases;

(V) Professional credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these

issues;

(VI) Public and private policy processes, including the role of the professional counselor in advocating on behalf of the profession;

(VII) Advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients; and

(VIII) Ethical standards of ACA and related entities, and applications of ethical and legal considerations in professional counseling.

Section 4. Supervised Training/Work Experience Requirement for Licensure.

(a) A minimum of three thousand (3,000) hours of supervised clinical training/work experience in professional counseling under the direct supervision of a designated qualified clinical supervisor is required for all applicants. This experience shall meet the requirements set forth in these rules.

(i) All three thousand (3,000) hours of supervised clinical training/work experience required shall be completed after the award of the master's degree. Of the three thousand (3,000) hours required, at least one thousand two hundred (1,200) hours shall be direct client contact hours. This paragraph shall not apply to persons holding a provisional license on January 1, 2011. These persons will be evaluated under the rules in effect at the time they were granted the provisional license.

(b) A minimum of one hundred (100) post master's hours of direct, verifiable, individual and/or triadic face-to-face clinical supervision with a designated qualified clinical is required. Group supervision is not acceptable towards completion of the face-to-face clinical supervision requirement.

Section 5. Professional Recommendation Requirement for Licensure. Applicants shall demonstrate their integrity, professionalism and character in professional counseling through three (3) professional recommendations which attest to applicants' abilities and professional performance.

Section 6. Examination Requirement for Licensure.

(a) Examinations shall be scheduled by the examination provider.

(b) Applicants are allowed three (3) attempts to pass the exam. The Board may allow an applicant to make one (1) more attempt to pass the examination upon approval of a remediation plan submitted by the applicant.

(c) The Board shall accept the passing score as established by the examination provider approved by the Board.

(d) The Board shall accept a passing score on the following examinations:

(i) The National Board for Certified Counselor's (NBCC) National Counselor Examination (NCE) or the National Clinical Mental Health Examination (NCMHE).

(ii) The Certification Examination administered by the Commission on Rehabilitation Counselor Certification (CRCC).

(iii) Other examinations as may be approved by the Board.

Section 7. License by Reciprocity. An individual holding a license in good standing to engage in the practice of professional counseling under the laws of another state having licensure requirements substantially similar to those required by the Act and these rules may, upon approval of the board, be issued a license as a Professional Counselor in this state.

(a) Applicants may be issued a provisional license to practice under supervision while completing deficiencies identified and required by the Board provided they possess a graduate degree comparable to those required by the Act and these rules.

Section 8. Standards of Conduct.

(a) The terms "Licensed Professional Counselor" or "Professional Counselor" shall be used only after the applicant is granted licensure by the Board.

(b) The Licensed Professional Counselor shall adhere to the American Counseling Association "Code of Ethics" incorporated as Appendix D.

CHAPTER 10

LICENSED MARRIAGE AND FAMILY THERAPIST

Section 1. The Practice of a Marriage and Family Therapist. The practice of a Licensed Marriage and Family Therapist is the rendering of professional couples, marital and family therapy services and treatment to individuals, family groups, organizations, couples, marital pairs, singly or in groups. Couples, marital and family therapy includes, but is not limited to, performing mental health procedures, the assessment, diagnosis and treatment, including psychotherapy, of nervous, emotional, and mental disorders, whether cognitive, affective or behavioral, within the context of couples, marital and family systems. Couples, marital and family therapy involves the professional application of psychotherapeutic and family systems theories and techniques in the delivery of services to individuals, couples, marital pairs and families for the purpose of treating such diagnosed nervous and mental disorders.

Section 2. General Requirements for Licensure. It is the sole responsibility of the applicant to ensure that the Board receives all documentation necessary to prove to the Board's satisfaction that the applicant meets all the requirements for licensure herein. The applicant shall provide satisfactory evidence to the Board that they:

(a) are of majority age; and

(b) have no felony convictions, and no misdemeanor convictions involving moral turpitude, although exceptions to this requirement may be granted by the Board if consistent with the public interest; and

(c) are legal inhabitants of the United States, and

(d) satisfy the requirements established in these rules.

Section 3. Education Requirement for Licensure.

(a) All educational requirements for licensure shall be met through the completion of a master's degree program in marriage and family therapy from a Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) or Council for Accreditation of Counseling and Related Educational Programs- Marriage and Family Counseling (CACREP-MCFC) accredited program.

(b) Applicants who have completed couple, marriage and family therapy programs not accredited by COAMFTE or CACREP-MCFC may be deemed to have met the educational requirement provided they meet the following criteria:

(i) The graduate degree program, and any applicable additional graduate level course work, was completed at an educational institution accredited by one of the regional or national institutional accrediting bodies recognized by the Council for Higher

Education Accreditation (CHEA).

(ii) The program was substantially similar in content as required by COAMFTE or CACREP-MCFC including instructor qualifications, clinical supervision, practicum and internship requirements and course work.

(iii) The official transcripts, course prefixes, and course descriptions clearly identify the educational program as preparing persons to be couples, marriage and family therapists.

(iv) Course work shall be completed in a master's or doctoral program or subsequent graduate level course work.

(v) The applicant has completed a minimum of seventy-two (72) quarter hours or forty-eight (48) semester hours of graduate level course work.

(vi) Course work was completed in each of the core areas defined herein:

(A) Individual and Family Development (9 semester credits)- Courses in this area include content on individual and family development across the lifespan. Content should provide knowledge of individual personality development and its normal and abnormal manifestations. The applicant should have relevant coursework in human development across the life span which includes special issues that effect an individual's development. This material should be integrated with systems concepts. Topic areas may include human development, child/adolescent development, psychopathology, personality theory, human sexuality, and other psychosocial development including career development, or other courses related directly to human development. Test and measurement courses are not acceptable in this area.

(B) Theoretical Knowledge of Couples, Marital and Family Therapy (9 semester credits)- Courses in this area address the historical development, theoretical and empirical foundations, and contemporary conceptual directions of the field of couples, marriage and family therapy. Content enables students to conceptualize and distinguish the critical epistemological issues in the profession of couples, marriage and family therapy and provide a comprehensive survey and substantive understanding of the major models of marriage, couples, and family therapy. All courses in this area must have a major focus from a systems theory orientation. Topic areas may include systems theory, family subsystems, blended family, gender issues in families, cultural issues in families, or other courses directly related to couples, marital and family theory. Survey or overview courses in which systems is one of several theories covered are not appropriate. Courses in which systems theory is the major focus and other theories are studied in relation to systems theory are appropriate.

(C) Clinical Knowledge of Couples, Marital and Family Therapy (9 semester credits)- Courses in this area address, from a relational/systemic perspective, psychopharmacology, physical health and illness, traditional psychodiagnostic categories, and the assessment, diagnosis and treatment of major mental health issues. Content

addresses contemporary issues, which include but are not limited to gender, sexual functioning, sexual orientation, sex therapy, violence, addictions, and abuse, in the treatment of individuals, couples, and families from a relational/systemic perspective. Material addresses a wide variety of presenting clinical problems. Courses in this area should have a major focus on advanced family systems theories and systemic therapeutic interventions. This area is intended to provide a substantive understanding of the major theories of systems change and the applied practices evolving from each theoretical orientation. Major theoretical approaches may include strategic, structural, object relations family therapy, behavioral family therapy, communications family therapy, intergenerational family therapy, systemic sex therapy, or other courses directly related to couples, marital and family therapy. Survey or overview courses in which family therapy is one of several types of theories covered is not acceptable.

(D) Research (3 semester credits)- Courses in this area include significant material on research in couple and family therapy. Content focuses on research methodology, data analysis and the evaluation of research including quantitative and qualitative research and its methods. Individual personality, test and measurement, and library research courses are not acceptable toward this area.

(E) Professional Identify & Ethics (3 semester credits)- Courses in this area are intended to contribute to the professional development of the therapist. Content includes professional identity, including professional socialization, scope of practice, professional organizations, licensure, and certification. Coursework focuses on ethical issues related to the profession of individual, couples, marriage and family therapy. Other areas that need to be addressed include the AAMFT Code of Ethics, confidentiality issues, the legal responsibilities and liabilities of clinical practice and research, family law, record keeping, reimbursement, the business aspects of practice, and familiarity with regional and federal laws as they relate to the practice of individual, couple and family therapy. Religious ethics courses and moral theology are not accepted towards this area.

(F) Clinical Practicum/Internship- Applicants shall complete a supervised clinical practicum/internship with individuals, couples, and families.

(vii) Three (3) semester credits is equivalent to four (4) quarter credits.

Section 4. Supervised Training/Work Experience Requirement for Licensure.

(a) A minimum of three thousand (3,000) hours of supervised clinical training/work experience in individual, couple, marriage and family therapy under the direct supervision of a designated qualified clinical supervisor is required for all applicants. This experience shall meet the requirements set forth in these rules.

(i) All three thousand (3,000) hours of supervised clinical training/work experience required shall be completed after the award of the master's degree. Of the three thousand (3,000) hours required, at least one thousand two hundred (1,200) hours shall be direct client contact hours. This paragraph shall not apply to persons holding a provisional license on January 1, 2011. These persons will be evaluated under the rules in effect at the time

they were granted the provisional license.

(b) A minimum of one hundred (100) post master's hours of direct, verifiable, individual and/or triadic face-to-face clinical supervision with a designated qualified clinical is required. Group supervision is not acceptable towards completion of the face-to-face clinical supervision requirement.

Section 5. Professional Recommendation Requirement for Licensure. Applicants shall demonstrate their integrity, professionalism and character in couples, marriage and family therapy through three (3) professional recommendations which attest to applicants' abilities and professional performance.

Section 6. Examination Requirement for Licensure.

(a) Examinations shall be scheduled by the examination provider.

(b) Applicants are allowed three (3) attempts to pass the exam. The Board may allow an applicant to make one (1) more attempt to pass the examination upon approval of a remediation plan submitted by the applicant.

(c) The Board shall accept the passing score as established by the examination provider approved by the Board.

(d) The Board shall accept a passing score on the following examinations:

(i) The Association of Marital and Family Therapists Regulatory Boards (AMFTRB) examination.

(ii) Other examinations as may be approved by the Board.

Section 7. License by Reciprocity. An individual holding a license in good standing to engage in the practice of marriage and family therapy under the laws of another state having licensure requirements substantially similar to those required by the Act and these rules may, upon approval of the board, be issued a license as a Marriage and Family Therapist in this state.

(a) Applicants may be issued a provisional license to practice under supervision while completing deficiencies identified and required by the Board provided they possess a graduate degree comparable to those required by the Act and these rules.

Section 8. Standards of Conduct.

(a) The terms "Licensed Marriage and Family Therapist" or "Marriage and Family Therapist" shall be used only after the applicant is granted licensure by the Board.

(b) The Licensed Marriage and Family Therapist shall adhere to the American

Association for Marriage and Family Therapy "Code of Ethics" incorporated as Appendix C.

CHAPTER 10

LICENSED MARRIAGE AND FAMILY THERAPIST

Section 1. The Practice of a Marriage and Family Therapist. The practice of a Licensed Marriage and Family Therapist is the rendering of professional couples, marital and family therapy services and treatment to individuals, family groups, organizations, couples, marital pairs, singly or in groups. Couples, marital and family therapy includes, but is not limited to, performing mental health procedures, the assessment, diagnosis and treatment, including psychotherapy, of nervous, emotional, and mental disorders, whether cognitive, affective or behavioral, within the context of couples, marital and family systems. Couples, marital and family therapy involves the professional application of psychotherapeutic and family systems theories and techniques in the delivery of services to individuals, couples, marital pairs and families for the purpose of treating such diagnosed nervous and mental disorders.

Section 2. General Requirements for Licensure. It is the sole responsibility of the applicant to ensure that the Board receives all documentation necessary to prove to the Board's satisfaction that the applicant meets all the requirements for licensure herein. The applicant shall provide satisfactory evidence to the Board that they:

(a) are of majority age; and

(b) have no felony convictions, and no misdemeanor convictions involving moral turpitude, although exceptions to this requirement may be granted by the Board if consistent with the public interest; and

(c) are legal inhabitants of the United States, and

(d) satisfy the requirements established in these rules.

Section 3. Education Requirement for Licensure.

(a) All educational requirements for licensure shall be met through the completion of a master's degree program in marriage and family therapy from a Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) or Council for Accreditation of Counseling and Related Educational Programs- Marriage and Family Counseling (CACREP-MCFC) accredited program.

(b) Applicants who have completed couple, marriage and family therapy programs not accredited by COAMFTE or CACREP-MCFC may be deemed to have met the educational requirement provided they meet the following criteria:

(i) The graduate degree program, and any applicable additional graduate level course work, was completed at an educational institution accredited by one of the regional or national institutional accrediting bodies recognized by the Council for Higher

Education Accreditation (CHEA).

(ii) The program was substantially similar in content as required by COAMFTE or CACREP-MCFC including instructor qualifications, clinical supervision, practicum and internship requirements and course work.

(iii) The official transcripts, course prefixes, and course descriptions clearly identify the educational program as preparing persons to be couples, marriage and family therapists.

(iv) Course work shall be completed in a master's or doctoral program or subsequent graduate level course work.

(v) The applicant has completed a minimum of seventy-two (72) quarter hours or forty-eight (48) semester hours of graduate level course work.

(vi) Course work was completed in each of the core areas defined herein:

(A) Individual and Family Development (9 semester credits)- Courses in this area include content on individual and family development across the lifespan. Content should provide knowledge of individual personality development and its normal and abnormal manifestations. The applicant should have relevant coursework in human development across the life span which includes special issues that effect an individual's development. This material should be integrated with systems concepts. Topic areas may include human development, child/adolescent development, psychopathology, personality theory, human sexuality, and other psychosocial development including career development, or other courses related directly to human development. Test and measurement courses are not acceptable in this area.

(B) Theoretical Knowledge of Couples, Marital and Family Therapy (9 semester credits)- Courses in this area address the historical development, theoretical and empirical foundations, and contemporary conceptual directions of the field of couples, marriage and family therapy. Content enables students to conceptualize and distinguish the critical epistemological issues in the profession of couples, marriage and family therapy and provide a comprehensive survey and substantive understanding of the major models of marriage, couples, and family therapy. All courses in this area must have a major focus from a systems theory orientation. Topic areas may include systems theory, family subsystems, blended family, gender issues in families, cultural issues in families, or other courses directly related to couples, marital and family theory. Survey or overview courses in which systems is one of several theories covered are not appropriate. Courses in which systems theory is the major focus and other theories are studied in relation to systems theory are appropriate.

(C) Clinical Knowledge of Couples, Marital and Family Therapy (9 semester credits)- Courses in this area address, from a relational/systemic perspective, psychopharmacology, physical health and illness, traditional psychodiagnostic categories, and the assessment, diagnosis and treatment of major mental health issues. Content

addresses contemporary issues, which include but are not limited to gender, sexual functioning, sexual orientation, sex therapy, violence, addictions, and abuse, in the treatment of individuals, couples, and families from a relational/systemic perspective. Material addresses a wide variety of presenting clinical problems. Courses in this area should have a major focus on advanced family systems theories and systemic therapeutic interventions. This area is intended to provide a substantive understanding of the major theories of systems change and the applied practices evolving from each theoretical orientation. Major theoretical approaches may include strategic, structural, object relations family therapy, behavioral family therapy, communications family therapy, intergenerational family therapy, systemic sex therapy, or other courses directly related to couples, marital and family therapy. Survey or overview courses in which family therapy is one of several types of theories covered is not acceptable.

(D) Research (3 semester credits)- Courses in this area include significant material on research in couple and family therapy. Content focuses on research methodology, data analysis and the evaluation of research including quantitative and qualitative research and its methods. Individual personality, test and measurement, and library research courses are not acceptable toward this area.

(E) Professional Identify & Ethics (3 semester credits)- Courses in this area are intended to contribute to the professional development of the therapist. Content includes professional identity, including professional socialization, scope of practice, professional organizations, licensure, and certification. Coursework focuses on ethical issues related to the profession of individual, couples, marriage and family therapy. Other areas that need to be addressed include the AAMFT Code of Ethics, confidentiality issues, the legal responsibilities and liabilities of clinical practice and research, family law, record keeping, reimbursement, the business aspects of practice, and familiarity with regional and federal laws as they relate to the practice of individual, couple and family therapy. Religious ethics courses and moral theology are not accepted towards this area.

(F) Clinical Practicum/Internship- Applicants shall complete a supervised clinical practicum/internship with individuals, couples, and families.

(vii) Three (3) semester credits is equivalent to four (4) quarter credits.

Section 4. Supervised Training/Work Experience Requirement for Licensure.

(a) A minimum of three thousand (3,000) hours of supervised clinical training/work experience in individual, couple, marriage and family therapy under the direct supervision of a designated qualified clinical supervisor is required for all applicants. This experience shall meet the requirements set forth in these rules.

(i) All three thousand (3,000) hours of supervised clinical training/work experience required shall be completed after the award of the master's degree. Of the three thousand (3,000) hours required, at least one thousand two hundred (1,200) hours shall be direct client contact hours. This paragraph shall not apply to persons holding a provisional license on January 1, 2011. These persons will be evaluated under the rules in effect at the time

they were granted the provisional license.

(b) A minimum of one hundred (100) post master's hours of direct, verifiable, individual and/or triadic face-to-face clinical supervision with a designated qualified clinical is required. Group supervision is not acceptable towards completion of the face-to-face clinical supervision requirement.

Section 5. Professional Recommendation Requirement for Licensure. Applicants shall demonstrate their integrity, professionalism and character in couples, marriage and family therapy through three (3) professional recommendations which attest to applicants' abilities and professional performance.

Section 6. Examination Requirement for Licensure.

(a) Examinations shall be scheduled by the examination provider.

(b) Applicants are allowed three (3) attempts to pass the exam. The Board may allow an applicant to make one (1) more attempt to pass the examination upon approval of a remediation plan submitted by the applicant.

(c) The Board shall accept the passing score as established by the examination provider approved by the Board.

(d) The Board shall accept a passing score on the following examinations:

(i) The Association of Marital and Family Therapists Regulatory Boards (AMFTRB) examination.

(ii) Other examinations as may be approved by the Board.

Section 7. License by Reciprocity. An individual holding a license in good standing to engage in the practice of marriage and family therapy under the laws of another state having licensure requirements substantially similar to those required by the Act and these rules may, upon approval of the board, be issued a license as a Marriage and Family Therapist in this state.

(a) Applicants may be issued a provisional license to practice under supervision while completing deficiencies identified and required by the Board provided they possess a graduate degree comparable to those required by the Act and these rules.

Section 8. Standards of Conduct.

(a) The terms "Licensed Marriage and Family Therapist" or "Marriage and Family Therapist" shall be used only after the applicant is granted licensure by the Board.

(b) The Licensed Marriage and Family Therapist shall adhere to the American

Association for Marriage and Family Therapy "Code of Ethics" incorporated as Appendix C.

CHAPTER 9

LICENSED CLINICAL SOCIAL WORKER

Section 1. The Practice of a Licensed Clinical Social Worker. The practice of a Licensed Clinical Social Worker is the application of social work theory and methods to the diagnosis, treatment and prevention of psychosocial dysfunction, disability or impairment, including emotional and mental disorders. It is based on knowledge of one (1) or more theories of human development within a psychosocial context. The perspective of person-in-situation is central to professional social work practice. Professional clinical social work includes, but is not limited to, performing mental health procedures, interventions directed to interpersonal interactions, intrapsychic dynamics, and life-support and management issues. Professional clinical social work services consist of assessment; diagnosis; treatment, including psychotherapy and counseling; client-centered advocacy; consultation and evaluation with individuals, families, groups, communities and organizations.

Section 2. General Requirements for Licensure. It is the sole responsibility of the applicant to ensure that the Board receives all documentation necessary to prove to the Board's satisfaction that the applicant meets all the requirements for licensure herein. The applicant shall provide satisfactory evidence to the Board that they:

(a) are of majority age; and

(b) have no felony convictions, and no misdemeanor convictions involving moral turpitude, although exceptions to this requirement may be granted by the Board if consistent with the public interest; and

(c) are legal inhabitants of the United States, and

(d) satisfy the requirements established in these rules.

Section 3. Education Requirement for Licensure. All educational requirements for licensure shall be met through the completion of a Council on Social Work Education (CSWE) accredited master's degree program in social work.

Section 4. Supervised Training/Work Experience Requirement for Licensure.

(a) A minimum of three thousand (3,000) hours of supervised clinical training/work experience in clinical social work under the direct supervision of a designated qualified clinical supervisor is required for all applicants. This experience shall meet the requirements set forth in these rules.

(i) All three thousand (3,000) hours of supervised clinical training/work experience required shall be completed after the award of the master's degree. Of the three thousand (3,000) hours required, at least one thousand two hundred (1,200) hours shall be

direct client contact hours. This paragraph shall not apply to persons holding a provisional license on January 1, 2011. These persons will be evaluated under the rules in effect at the time they were granted the provisional license.

(b) A minimum of one hundred (100) post master's hours of direct, verifiable, individual and/or triadic face-to-face clinical supervision with a designated qualified clinical supervisor is required. Group supervision is not acceptable towards completion of the face-to-face clinical supervision requirement.

Section 5. Professional Recommendation Requirement for Licensure. Applicants shall demonstrate their integrity, professionalism and character in clinical social work through three (3) professional recommendations which attest to applicants' abilities and professional performance.

Section 6. Examination Requirement for Licensure.

(a) Examinations shall be scheduled by the examination provider.

(b) Applicants are allowed three (3) attempts to pass the exam. The Board may allow an applicant to make one (1) more attempt to pass the examination upon approval of a remediation plan submitted by the applicant.

(c) The Board shall accept the passing score as established by the examination provider approved by the Board.

(d) The Board shall accept a passing score on the following examinations:

(i) The Association of Social Work Boards (ASWB) examination at the Advanced Generalist or Clinical Level.

(ii) Other examinations as may be approved by the Board.

Section 7. License by Reciprocity. An individual holding a license in good standing to engage in the practice of clinical social work under the laws of another state having licensure requirements substantially similar to those required by the Act and these rules may, upon approval of the board, be issued a license as a Clinical Social Worker in this state.

(a) Applicants may be issued a provisional license to practice under supervision while completing deficiencies identified and required by the Board provided they possess a graduate degree comparable to those required by the Act and these rules.

Section 8. Standards of Conduct.

(a) The terms "Licensed Clinical Social Worker" or "Clinical Social Worker" shall be used only after the applicant is granted licensure by the Board.

(b) The Licensed Clinical Social Worker shall adhere to the National Association of Social Workers "Code of Ethics" incorporated as Appendix B.

CHAPTER 9

LICENSED CLINICAL SOCIAL WORKER

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(a) are of majority age; and

(b) have no felony convictions, and no misdemeanor convictions involving moral turpitude, although exceptions to this requirement may be granted by the Board if consistent with the public interest; and

(c) are legal inhabitants of the United States, and

(d) satisfy the requirements established in these rules.

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(a) A minimum of three thousand (3,000) hours of supervised clinical training/work experience in clinical social work under the direct supervision of a designated qualified clinical supervisor is required for all applicants. This experience shall meet the requirements set forth in these rules.

(i) All three thousand (3,000) hours of supervised clinical training/work experience required shall be completed after the award of the master's degree. Of the three thousand (3,000) hours required, at least one thousand two hundred (1,200) hours shall be

direct client contact hours. This paragraph shall not apply to persons holding a provisional license on January 1, 2011. These persons will be evaluated under the rules in effect at the time they were granted the provisional license.

(b) A minimum of one hundred (100) post master's hours of direct, verifiable, individual and/or triadic face-to-face clinical supervision with a designated qualified clinical supervisor is required. Group supervision is not acceptable towards completion of the face-to-face clinical supervision requirement.

Section 5. Professional Recommendation Requirement for Licensure. Applicants shall demonstrate their integrity, professionalism and character in clinical social work through three (3) professional recommendations which attest to applicants' abilities and professional performance.

Section 6. Examination Requirement for Licensure.

(a) Examinations shall be scheduled by the examination provider.

(b) Applicants are allowed three (3) attempts to pass the exam. The Board may allow an applicant to make one (1) more attempt to pass the examination upon approval of a remediation plan submitted by the applicant.

(c) The Board shall accept the passing score as established by the examination provider approved by the Board.

(d) The Board shall accept a passing score on the following examinations:

(i) The Association of Social Work Boards (ASWB) examination at the Advanced Generalist or Clinical Level.

(ii) Other examinations as may be approved by the Board.

Section 7. License by Reciprocity. An individual holding a license in good standing to engage in the practice of clinical social work under the laws of another state having licensure requirements substantially similar to those required by the Act and these rules may, upon approval of the board, be issued a license as a Clinical Social Worker in this state.

(a) Applicants may be issued a provisional license to practice under supervision while completing deficiencies identified and required by the Board provided they possess a graduate degree comparable to those required by the Act and these rules.

Section 8. Standards of Conduct.

(a) The terms "Licensed Clinical Social Worker" or "Clinical Social Worker" shall be used only after the applicant is granted licensure by the Board.

(b) The Licensed Clinical Social Worker shall adhere to the National Association of Social Workers "Code of Ethics" incorporated as Appendix B.

CHAPTER 8

LICENSED ADDICTIONS THERAPIST

Section 1. The Practice of a Licensed Addictions Therapist. The practice of a Licensed Addictions Therapist consists of providing services based on theory and methods of counseling, psychotherapy, and addictionology to persons who are experiencing cognitive, affective or behavioral psychosocial dysfunction as a direct or indirect result of addiction, chemical dependency, abuse of chemical substances or related disorders. The practice of addictions therapy includes, but is not limited to, performing mental health procedures, addiction prevention, crisis intervention, assessment, diagnosis, referral, direct treatment, and follow-up treatment which is rendered to individuals, families, groups, organizations, schools, and communities who are adversely affected by addictions or related disorders.

Section 2. General Requirements for Licensure. It is the sole responsibility of the applicant to ensure that the Board receives all documentation necessary to prove to the Board's satisfaction that the applicant meets all the requirements for licensure herein. The applicant shall provide satisfactory evidence to the Board that they:

(a) are of majority age; and

(b) have no felony convictions, and no misdemeanor convictions involving moral turpitude, although exceptions to this requirement may be granted by the Board if consistent with the public interest; and

(c) are legal inhabitants of the United States, and

(d) satisfy the requirements established in these rules.

Section 3. Education Requirement for Licensure.

(a) All educational requirements for licensure shall be met through the completion of a graduate degree program with a concentration in addictionology, chemical dependency, or substance abuse from an educational institution accredited by one of the regional or national institutional accrediting bodies recognized by the Council for Higher Education Accreditation (CHEA). Applicants with graduate degrees in other mental health disciplines from a regionally accredited college or university shall generally be accepted with the listed twenty one (21) semester hours of course work (either graduate or undergraduate) as follows:

(i) Course work shall be completed in each of the following four (4) subject areas for a minimum of eleven (11) combined semester hours:

(A) Counseling Theories- Three (3) semester credits. Theories and principles of counseling and psychotherapy.

(B) Counseling Skills- Three (3) semester credits. Methods and techniques of individual and group counseling.

(C) Practicum in Addictions/Chemical Dependency Counseling- Three (3) semester credits.

(D) Counseling Ethics- Three (3) semester credits.

(ii) Course work shall be completed in a combination of the following seven (7) subject areas for a minimum of ten (10) combined semester credits. This shall include education in Addictions Assessment.

(A) Alcoholism: To include biochemical, socio-cultural, and psychological factors.

(B) Drugs and Behavior: A survey of drugs with abuse potential other than alcohol that affect behavior including psychopharmacological information.

(C) Addictions/Chemical Dependency and Special Populations: (i.e., adolescents, women, ethnic groups, elderly, adult children of alcoholics, the impaired family, impaired professional, etc.).

(D) Addictions/Chemical Dependency Education & Prevention.

(E) Addictive Behaviors: Gambling, eating disorders, sexual addictions, cults, compulsive behaviors of non-ingestive nature, etc.

(F) Addictions/Chemical Dependency Assessment: Appraisal, assessment, testing, diagnosis/dual diagnosis. This category may also be satisfied by completing specialty training.

(G) Organization and Administration of Addictions/ Chemical Dependency Services: Treatment planning, client management, intervention, relapse prevention, chemical dependency agency management, etc.

(iii) Six (6) contact hours of specialty training shall be completed in communicable diseases. This category may be satisfied by completing college course work or workshops.

(iv) Three (3) semester credits is equivalent to four (4) quarter credits.

Section 4. Supervised Training/Work Experience Requirement for Licensure.

(a) A minimum of three thousand (3,000) hours of supervised clinical training/work experience in addictions therapy under the direct supervision of a designated qualified clinical supervisor is required for all applicants. This experience shall meet the requirements set forth in these rules.

(i) All three thousand (3,000) hours of supervised clinical training/work

experience required shall be completed after the award of the master's degree. Of the three thousand (3,000) hours required, at least one thousand two hundred (1,200) hours shall be direct client contact hours. This paragraph shall not apply to persons holding a provisional license on January 1, 2011. These persons will be evaluated under the rules in effect at the time they were granted the provisional license.

(b) A minimum of one hundred (100) post master's hours of direct, verifiable, individual and/or triadic face-to-face clinical supervision with a designated qualified clinical supervisor is required. Group supervision is not acceptable towards completion of the face-to-face clinical supervision requirement.

Section 5. Professional Recommendation Requirement for Licensure. Applicants shall demonstrate their integrity, professionalism and character in addictions therapy through three (3) professional recommendations which attest to applicants' abilities and professional performance.

Section 6. Examination Requirement for Licensure.

(a) Examinations shall be scheduled by the examination provider.

(b) Applicants are allowed three (3) attempts to pass the exam. The Board may allow an applicant to make one (1) more attempt to pass the examination upon approval of a remediation plan submitted by the applicant.

(c) The Board shall accept the passing score as established by the examination provider approved by the Board.

(d) The Board shall accept a passing score on the following examinations:

(i) The Association for Addictions Professionals (NAADAC), NCAC Master Addiction Counselor (MAC) exam.

(ii) National Board for Certified Counselors (NBCC) Master Addiction Counselor (MAC) exam.

(iii) Other examinations as may be approved by the Board.

Section 7. LAT as a Second License. Professionals who currently hold a license as an LPC, LMFT or LCSW in good standing in the State of Wyoming may obtain a license as an Addictions Therapist as follows:

(a) Education. The applicant shall satisfy the educational criteria in the following manner.

(i) Complete one hundred and fifty (150) contact hours of diverse addictions specific training within five (5) years of applying for the LAT, including Addictions Assessment, from four (4) of the six (6) following areas:

(A) Alcoholism: To include biochemical, socio-cultural, and

psychological factors.

(B) Drugs and Behavior: A survey of drugs with abuse potential other than alcohol that affect behavior including psychopharmacological information.

(C) Addictions/Chemical Dependency and Special Populations (i.e., adolescents, women, ethnic groups, elderly, adult children of alcoholics, the impaired family, impaired professional, etc.).

(D) Addictions/Chemical Dependency Education & Prevention.

(E) Addictive Behaviors: Gambling, eating disorders, sexual addictions, cults, compulsive behaviors of non-ingestive nature, etc.

(F) Organization and Administration of Addictions/ Chemical Dependency Services: Treatment planning, client management, intervention, relapse prevention, chemical dependency agency management, etc.

(ii) These contact hours may also be reported as continuing education for license renewal.

(iii) Instructors shall be experts in the discipline and of at least master's degree level in education.

(b) Practicum.

(i) The applicant shall satisfy the practicum criteria by completing a practicum, to include addictions specific clients, in a master's program, or by

(ii) Completing one hundred and fifty (150) face-to-face clinical contact hours with addictions specific clients within five (5) years of applying for licensure, which is supervised by an LAT. These hours shall be completed after the award of the initial license as an LPC, LCSW, or an LMFT, or by

(iii) Providing written proof, in a manner approved by the Board, of a minimum of five (5) years of full-time experience in the addictions field, gained within the ten (10) years immediately preceding the date of application, and after completion of the master's degree by which they received their LPC, LCSW, or LMFT.

(c) Examination. The examination requirements are the same as defined in Section 6.

Section 8. License by Reciprocity. An individual holding a license in good standing to engage in the practice of addictions therapy under the laws of another state having licensure requirements substantially similar to those required by the Act and these rules may, upon approval of the board, be issued a license as an Addictions Therapist in this state.

(a) Applicants may be issued a provisional license to practice under supervision while

completing deficiencies identified and required by the Board provided they possess a graduate degree comparable to those required by the Act and these rules.

Section 9. Standards of Conduct.

(a) The terms "Licensed Addictions Therapist" or "Addictions Therapist" shall be used only after the applicant is granted licensure by the Board.

(b) The Licensed Addictions Therapist shall adhere to the Association for Addictions Professionals (NAADAC) "Code of Ethics" incorporated as Appendix A.

CHAPTER 8

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(i) Complete one hundred and fifty (150) contact hours of diverse addictions specific training within five (5) years of applying for the LAT, including Addictions Assessment, from four (4) of the six (6) following areas:

(A) Alcoholism: To include biochemical, socio-cultural, and

psychological factors.

(B) Drugs and Behavior: A survey of drugs with abuse potential other than alcohol that affect behavior including psychopharmacological information.

(C) Addictions/Chemical Dependency and Special Populations (i.e., adolescents, women, ethnic groups, elderly, adult children of alcoholics, the impaired family, impaired professional, etc.).

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(F) Organization and Administration of Addictions/ Chemical Dependency Services: Treatment planning, client management, intervention, relapse prevention, chemical dependency agency management, etc.

(ii) These contact hours may also be reported as continuing education for license renewal.

(iii) Instructors shall be experts in the discipline and of at least master's degree level in education.

(b) Practicum.

(i) The applicant shall satisfy the practicum criteria by completing a practicum, to include addictions specific clients, in a master's program, or by

(ii) Completing one hundred and fifty (150) face-to-face clinical contact hours with addictions specific clients within five (5) years of applying for licensure, which is supervised by an LAT. These hours shall be completed after the award of the initial license as an LPC, LCSW, or an LMFT, or by

(iii) Providing written proof, in a manner approved by the Board, of a minimum of five (5) years of full-time experience in the addictions field, gained within the ten (10) years immediately preceding the date of application, and after completion of the master's degree by which they received their LPC, LCSW, or LMFT.

(c) Examination. The examination requirements are the same as defined in Section 6.

Section 8. License by Reciprocity. An individual holding a license in good standing to engage in the practice of addictions therapy under the laws of another state having licensure requirements substantially similar to those required by the Act and these rules may, upon approval of the board, be issued a license as an Addictions Therapist in this state.

(a) Applicants may be issued a provisional license to practice under supervision while

completing deficiencies identified and required by the Board provided they possess a graduate degree comparable to those required by the Act and these rules.

Section 9. Standards of Conduct.

(a) The terms "Licensed Addictions Therapist" or "Addictions Therapist" shall be used only after the applicant is granted licensure by the Board.

(b) The Licensed Addictions Therapist shall adhere to the Association for Addictions Professionals (NAADAC) "Code of Ethics" incorporated as Appendix A.

CHAPTER 7

PROVISIONAL LICENSE

Section 1. General Requirements. Provisional licensure is a means by which an individual may continue progress towards satisfactory completion of the education, experience, supervision and examination requirements established herein. A provisional license shall not be issued until the applicant has provided satisfactory evidence to the Board that they;

(a) are of majority age; and

(b) have no felony convictions, and no misdemeanor convictions involving moral turpitude, although exceptions to this requirement may be granted by the Board if consistent with the public interest; and

(c) are legal inhabitants of the United States, and

(d) satisfy the educational requirements for the requested discipline established in these rules.

(i) Applicants who do not satisfy the educational requirements may be granted a provisional license provided they are deficient no more than six (6) semester hours and have met the requirement for course work in professional orientation or ethics, and practicum and internship.

Section 2. Supervision. The provisional licensee and the designated qualified clinical supervisor shall, by signed agreement, mutually consent to comply with the clinical supervision requirements established in these rules. Any changes in the agreement shall be submitted in writing to the Board, within ten (10) days of the change, for approval. A revised disclosure statement shall accompany any change in supervision.

(a) Individual and/or triadic face-to-face supervision shall be obtained at a ratio of a minimum of one (1) hour for every thirty (30) hours of experience in such a manner that the hours are reasonably and uniformly distributed over not less than eighteen (18) months or more than thirty-six (36) months.

(b) Supervised clinical experience obtained in another jurisdiction may be acceptable if approved by the Board.

(c) Provisional licensees shall only provide services under the administrative supervision by their employer.

(d) Provisional licensees shall only provide services under the clinical supervision of their designated qualified clinical supervisor. Clinical practice shall not be permitted, until documentation of a designated qualified clinical supervisor has been provided to, and approved by, the Board and only under the ongoing direct clinical supervision of an approved designated qualified clinical supervisor. Supervised clinical training/work experience hours and individual face-to-face clinical supervision hours

completed in the absence of a Board approved supervision agreement shall not be accepted towards meeting the requirements for licensure.

(e) Provisional licensees shall be eligible for examination upon the issuance of the provisional license.

(f) Provisional licensees shall attempt the exam at least once during the term of the provisional license.

Section 3. Clinical Supervision.

(a) The designated qualified clinical supervisor shall allow the provisional licensee to perform independently only those functions for which the provisional licensee has training and experience.

(b) The designated qualified clinical supervisor shall keep records verifying the training and evaluation of the provisional licensee, including the precise nature and number of hours of experience. A Verification and Evaluation of Supervised Experience report shall be submitted to the Board with a final recommendation due upon completion of the supervision.

(c) The designated qualified clinical supervisor shall be identified on all reports and correspondence of a professional nature, excluding disciplinary correspondence with the Board.

(d) The designated qualified clinical supervisor assumes professional and ethical responsibility and may be sanctioned by the Board for all acts and omissions of the provisional licensee within the scope of the supervision.

Section 4. Standards of Conduct.

(a) The terms "Provisional Professional Counselor," "Provisional Clinical Social Worker," "Provisional Marriage and Family Therapist" or "Provisional Addictions Therapist" shall be used only after the applicant is granted a provisional license by the Board, and only in conjunction with activities and services that are part of the supervised clinical experience.

(b) In the required professional disclosure statement, the provisional licensee shall also provide to every client full disclosure of the supervised nature of their work, which shall include the name, address and telephone number of their designated qualified clinical supervisor.

(c) The supervisory relationship shall be indicated, and the designated qualified clinical supervisor's name, address and telephone number shall appear on all documents relating to advertisement by the provisional licensee.

(d) The provisional licensee shall adhere to the applicable code of ethics and standards of practice for their discipline.

Section 5. Extensions. Provisional licenses are not renewable; however, the license may be extended upon a showing of good cause as follows:

(a) One (1) extension for up to six (6) months may be granted to a provisional licensee in order to continue sitting for the required exam, provided they have completed the required hours of clinical experience and supervision.

(b) One (1) extension for up to three (3) years may be granted to a provisional licensee needing to complete the required hours of clinical experience and supervision, provided they have passed the required exam during the initial three (3) year period of the provisional license.

(c) Requests for extensions shall be in writing and include a detailed explanation justifying the extension.

Section 6. Progression Towards Licensure for Independent Clinical Practice. When a provisional licensee believes they have satisfactorily completed the education, experience, supervision and examination requirements established herein, they shall submit an application for an independent clinical practice license.

(a) The following documents must be received by the Board in order for the provisional licensee's record to be presented to the Application Review Committee for consideration:

(i) A complete official application form accompanied by the application fee.

(ii) Verification and Evaluation of Supervised Experience report forms.

(A) Report forms shall contain an original signature.

(B) Report forms shall be submitted directly to the office of the Board from the applicant's designated qualified clinical supervisor(s).

(C) Report forms must be submitted verifying clinical experience and individual face-to-face supervision from each Board approved designated clinical supervisor beginning from the date the provisional license was issued up to the date the provisional licensee applies for the independent clinical practice license.

(iii) An official report of having received a passing score on the required examination submitted directly to the office of the Board from the examination provider.

(b) The provisional licensee shall continue to receive administrative and clinical supervision until such time as the license for independent clinical practice is issued by the Board.

(c) The provisional licensee shall surrender the provisional license identification card and submit a revised disclosure statement prior to being presented with the independent clinical practice license wall certificate and pocket identification cards.

CHAPTER 7

PROVISIONAL LICENSE

Section 1. General Requirements. Provisional licensure is a means by which an individual may continue progress towards satisfactory completion of the education, experience, supervision and examination requirements established herein. A provisional license shall not be issued until the applicant has provided satisfactory evidence to the Board that they;

(a) are of majority age; and

(b) have no felony convictions, and no misdemeanor convictions involving moral turpitude, although exceptions to this requirement may be granted by the Board if consistent with the public interest; and

(c) are legal inhabitants of the United States, and

(d) satisfy the educational requirements for the requested discipline established in these rules.

(i) Applicants who do not satisfy the educational requirements may be granted a provisional license provided they are deficient no more than six (6) semester hours and have met the requirement for course work in professional orientation or ethics, and practicum and internship.

Section 2. Supervision. The provisional licensee and the designated qualified clinical supervisor shall, by signed agreement, mutually consent to comply with the clinical supervision requirements established in these rules. Any changes in the agreement shall be submitted in writing to the Board, within ten (10) days of the change, for approval. A revised disclosure statement shall accompany any change in supervision.

(a) Individual and/or triadic face-to-face supervision shall be obtained at a ratio of a minimum of one (1) hour for every thirty (30) hours of experience in such a manner that the hours are reasonably and uniformly distributed over not less than eighteen (18) months or more than thirty-six (36) months.

(b) Supervised clinical experience obtained in another jurisdiction may be acceptable if approved by the Board.

(c) Provisional licensees shall only provide services under the administrative supervision by their employer.

(d) Provisional licensees shall only provide services under the clinical supervision of their designated qualified clinical supervisor. Clinical practice shall not be permitted, until documentation of a designated qualified clinical supervisor has been provided to, and approved by, the Board and only under the ongoing direct clinical supervision of an approved designated qualified clinical supervisor. Supervised clinical training/work experience hours and individual face-to-face clinical supervision hours

completed in the absence of a Board approved supervision agreement shall not be accepted towards meeting the requirements for licensure.

(e) Provisional licensees shall be eligible for examination upon the issuance of the provisional license.

(f) Provisional licensees shall attempt the exam at least once during the term of the provisional license.

Section 3. Clinical Supervision.

(a) The designated qualified clinical supervisor shall allow the provisional licensee to perform independently only those functions for which the provisional licensee has training and experience.

(b) The designated qualified clinical supervisor shall keep records verifying the training and evaluation of the provisional licensee, including the precise nature and number of hours of experience. A Verification and Evaluation of Supervised Experience report shall be submitted to the Board with a final recommendation due upon completion of the supervision.

(c) The designated qualified clinical supervisor shall be identified on all reports and correspondence of a professional nature, excluding disciplinary correspondence with the Board.

(d) The designated qualified clinical supervisor assumes professional and ethical responsibility and may be sanctioned by the Board for all acts and omissions of the provisional licensee within the scope of the supervision.

Section 4. Standards of Conduct.

(a) The terms "Provisional Professional Counselor," "Provisional Clinical Social Worker," "Provisional Marriage and Family Therapist" or "Provisional Addictions Therapist" shall be used only after the applicant is granted a provisional license by the Board, and only in conjunction with activities and services that are part of the supervised clinical experience.

(b) In the required professional disclosure statement, the provisional licensee shall also provide to every client full disclosure of the supervised nature of their work, which shall include the name, address and telephone number of their designated qualified clinical supervisor.

(c) The supervisory relationship shall be indicated, and the designated qualified clinical supervisor's name, address and telephone number shall appear on all documents relating to advertisement by the provisional licensee.

(d) The provisional licensee shall adhere to the applicable code of ethics and standards of practice for their discipline.

Section 5. Extensions. Provisional licenses are not renewable; however, the license may be extended upon a showing of good cause as follows:

(a) One (1) extension for up to six (6) months may be granted to a provisional licensee in order to continue sitting for the required exam, provided they have completed the required hours of clinical experience and supervision.

(b) One (1) extension for up to three (3) years may be granted to a provisional licensee needing to complete the required hours of clinical experience and supervision, provided they have passed the required exam during the initial three (3) year period of the provisional license.

(c) Requests for extensions shall be in writing and include a detailed explanation justifying the extension.

Section 6. Progression Towards Licensure for Independent Clinical Practice. When a provisional licensee believes they have satisfactorily completed the education, experience, supervision and examination requirements established herein, they shall submit an application for an independent clinical practice license.

(a) The following documents must be received by the Board in order for the provisional licensee's record to be presented to the Application Review Committee for consideration:

(i) A complete official application form accompanied by the application fee.

(ii) Verification and Evaluation of Supervised Experience report forms.

(A) Report forms shall contain an original signature.

(B) Report forms shall be submitted directly to the office of the Board from the applicant's designated qualified clinical supervisor(s).

(C) Report forms must be submitted verifying clinical experience and individual face-to-face supervision from each Board approved designated clinical supervisor beginning from the date the provisional license was issued up to the date the provisional licensee applies for the independent clinical practice license.

(iii) An official report of having received a passing score on the required examination submitted directly to the office of the Board from the examination provider.

(b) The provisional licensee shall continue to receive administrative and clinical supervision until such time as the license for independent clinical practice is issued by the Board.

(c) The provisional licensee shall surrender the provisional license identification card and submit a revised disclosure statement prior to being presented with the independent clinical practice license wall certificate and pocket identification cards.

CHAPTER 6

CERTIFIED SOCIAL WORKER

Section 1. The Practice of a Certified Social Worker. The practice of a Certified Social Worker is the application of social work theory and methods to the assessment, diagnosis, treatment and prevention of psychosocial dysfunction, disability or impairment, including emotional and mental disorders, under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming.

Section 2. General Requirements for Certification. Applicants shall have six (6) months from the date of employment to become certified. This grace period applies only to individuals who have submitted an application to the Board. Providing the services regulated by this Act prior to submitting an application to the Board may result in the denial of the application. The Board may, for good cause shown, grant an extension of this grace period. It is the sole responsibility of the applicant to ensure that the Board receives all documentation necessary to prove to the Board's satisfaction that the applicant meets all the requirements for certification herein. The applicant shall provide satisfactory evidence to the Board that they:

(a) are of majority age; and

(b) have no felony convictions, and no misdemeanor convictions involving moral turpitude, although exceptions to this requirement may be granted by the Board if consistent with the public interest; and

(c) are legal inhabitants of the United States, and

(d) satisfy the requirements established in these rules.

Section 3. Education Requirement for Certification. All educational requirements for certification shall be met through the completion of a CSWE accredited baccalaureate degree program in social work.

Section 4. Supervision Requirement for Certification. Clinical practice shall not be permitted, until documentation of a designated qualified clinical supervisor has been provided to, and approved by, the Board and only under the clinical supervision of an approved designated qualified clinical supervisor.

(a) Certified Social Workers may only provide services under the administrative supervision by their employer.

(b) Individual and/or triadic face-to-face clinical supervision by a designated qualified clinical supervisor shall be provided monthly at a ratio of at least one (1) hour for every twenty (20) hours of direct clinical provision of services defined in this act. Group supervision is acceptable for additional hours of clinical supervision.

(c) In the event of a change of the designated qualified clinical supervisor, the Certified Social Worker shall notify the Board within ten (10) days in writing. The Certified Social Worker shall not provide services until documentation of a designated qualified clinical supervisor has been provided to, and approved by, the Board. A revised disclosure statement shall accompany any change in supervision.

Section 5. Designated Qualified Clinical Supervisor. The designated qualified clinical supervisor assumes professional and ethical responsibility and may be sanctioned by the Board for all acts and omissions of the Certified Social Worker within the scope of the supervision.

(a) The designated qualified clinical supervisor shall allow the Certified Social Worker to perform independently only those functions for which the Certified Social Worker has training and experience.

(b) The designated qualified clinical supervisor shall be identified on all reports and correspondence of a professional nature, excluding disciplinary correspondence with the Board.

Section 6. Professional Recommendation Requirement for Certification. Applicants shall demonstrate their integrity, professionalism and character in social work through three (3) professional recommendations which attest to the applicants' abilities and professional performance.

Section 7. Examination Requirement for Certification.

(a) Examinations shall be scheduled by the examination provider.

(b) Applicants are allowed three (3) attempts to pass the exam. The Board may allow an applicant to make one (1) more attempt to pass the examination upon approval of a remediation plan submitted by the applicant.

(c) The Board shall accept the passing score as established by the examination provider approved by the Board.

(d) The Board shall accept a passing score on the following examinations:

(i) The Association of Social Work Boards (ASWB) examination at the Bachelor's or Master's Level.

(ii) Other examinations as may be approved by the Board.

Section 8. Certification by Reciprocity. An individual holding a certification in good standing to engage in the practice of social work under the laws of another state having certification requirements substantially similar to those required by the Act and these rules may,

upon approval of the board, be issued a certification as an Social Worker in this state.

Section 9. Standards of Conduct.

(a) The terms "Certified Social Worker" or "Social Worker" shall be used only after the applicant is granted certification by the Board, and only in conjunction with activities and services that are part of the supervised employment.

(b) In the required professional disclosure statement, the Certified Social Worker shall also provide full disclosure to every client of the supervised nature of their work, which shall include the name, address and telephone number of their designated qualified clinical supervisor.

(c) The supervisory relationship shall be indicated, and the designated qualified clinical supervisor's name, address and telephone number shall appear on all documents relating to advertisement by the Certified Social Worker.

(d) The Certified Social Worker shall adhere to the National Association of Social Workers, "Code of Ethics" incorporated as Appendix B.

CHAPTER 6

CERTIFIED SOCIAL WORKER

Section 1. The Practice of a Certified Social Worker. The practice of a Certified Social Worker is the application of social work theory and methods to the assessment, diagnosis, treatment and prevention of psychosocial dysfunction, disability or impairment, including emotional and mental disorders, under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming.

Section 2. General Requirements for Certification. Applicants shall have six (6) months from the date of employment to become certified. This grace period applies only to individuals who have submitted an application to the Board. Providing the services regulated by this Act prior to submitting an application to the Board may result in the denial of the application. The Board may, for good cause shown, grant an extension of this grace period. It is the sole responsibility of the applicant to ensure that the Board receives all documentation necessary to prove to the Board's satisfaction that the applicant meets all the requirements for certification herein. The applicant shall provide satisfactory evidence to the Board that they:

(a) are of majority age; and

(b) have no felony convictions, and no misdemeanor convictions involving moral turpitude, although exceptions to this requirement may be granted by the Board if consistent with the public interest; and

(c) are legal inhabitants of the United States, and

(d) satisfy the requirements established in these rules.

Section 3. Education Requirement for Certification. All educational requirements for certification shall be met through the completion of a CSWE accredited baccalaureate degree program in social work.

Section 4. Supervision Requirement for Certification. Clinical practice shall not be permitted, until documentation of a designated qualified clinical supervisor has been provided to, and approved by, the Board and only under the clinical supervision of an approved designated qualified clinical supervisor.

(a) Certified Social Workers may only provide services under the administrative supervision by their employer.

(b) Individual and/or triadic face-to-face clinical supervision by a designated qualified clinical supervisor shall be provided monthly at a ratio of at least one (1) hour for every twenty (20) hours of direct clinical provision of services defined in this act. Group supervision is acceptable for additional hours of clinical supervision.

(c) In the event of a change of the designated qualified clinical supervisor, the Certified Social Worker shall notify the Board within ten (10) days in writing. The Certified Social Worker shall not provide services until documentation of a designated qualified clinical supervisor has been provided to, and approved by, the Board. A revised disclosure statement shall accompany any change in supervision.

Section 5. Designated Qualified Clinical Supervisor. The designated qualified clinical supervisor assumes professional and ethical responsibility and may be sanctioned by the Board for all acts and omissions of the Certified Social Worker within the scope of the supervision.

(a) The designated qualified clinical supervisor shall allow the Certified Social Worker to perform independently only those functions for which the Certified Social Worker has training and experience.

(b) The designated qualified clinical supervisor shall be identified on all reports and correspondence of a professional nature, excluding disciplinary correspondence with the Board.

Section 6. Professional Recommendation Requirement for Certification. Applicants shall demonstrate their integrity, professionalism and character in social work through three (3) professional recommendations which attest to the applicants' abilities and professional performance.

Section 7. Examination Requirement for Certification.

(a) Examinations shall be scheduled by the examination provider.

(b) Applicants are allowed three (3) attempts to pass the exam. The Board may allow an applicant to make one (1) more attempt to pass the examination upon approval of a remediation plan submitted by the applicant.

(c) The Board shall accept the passing score as established by the examination provider approved by the Board.

(d) The Board shall accept a passing score on the following examinations:

(i) The Association of Social Work Boards (ASWB) examination at the Bachelor's or Master's Level.

(ii) Other examinations as may be approved by the Board.

Section 8. Certification by Reciprocity. An individual holding a certification in good standing to engage in the practice of social work under the laws of another state having certification requirements substantially similar to those required by the Act and these rules may,

upon approval of the board, be issued a certification as an Social Worker in this state.

Section 9. Standards of Conduct.

(a) The terms "Certified Social Worker" or "Social Worker" shall be used only after the applicant is granted certification by the Board, and only in conjunction with activities and services that are part of the supervised employment.

(b) In the required professional disclosure statement, the Certified Social Worker shall also provide full disclosure to every client of the supervised nature of their work, which shall include the name, address and telephone number of their designated qualified clinical supervisor.

(c) The supervisory relationship shall be indicated, and the designated qualified clinical supervisor's name, address and telephone number shall appear on all documents relating to advertisement by the Certified Social Worker.

(d) The Certified Social Worker shall adhere to the National Association of Social Workers, "Code of Ethics" incorporated as Appendix B.

CHAPTER 5

CERTIFIED MENTAL HEALTH WORKER

Section 1. The Practice of a Certified Mental Health Worker. The practice of a Certified Mental Health Worker consists of performing mental health procedures (not including diagnosis) under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming.

Section 2. General Requirements for Certification. Certification as a Mental Health Worker shall not be issued by the Board after July 1, 1998. A Certified Mental Health Worker shall not be granted re-certification if the certification is allowed to lapse.

Section 3. Supervision Requirement for Certification. Clinical practice shall not be permitted, until documentation of a designated qualified clinical supervisor has been provided to, and approved by, the Board and only under the clinical supervision of an approved designated qualified clinical supervisor.

(a) Certified Mental Health Workers may only provide services under the administrative supervision by their employer.

(b) Individual and/or triadic face-to-face clinical supervision by a designated qualified clinical supervisor shall be provided monthly at a ratio of at least one (1) hour for every twenty (20) hours of direct clinical provision of services defined in this act. Group supervision is acceptable for additional hours of clinical supervision.

(c) In the event of a change of the designated qualified clinical supervisor, the Certified Mental Health Worker shall notify the Board within ten (10) days in writing. The Certified Mental Health Worker shall not provide services until documentation of a designated qualified clinical supervisor has been provided to, and approved by, the Board. A revised disclosure statement shall accompany any change in supervision.

Section 4. Designated Qualified Clinical Supervisor. The designated qualified clinical supervisor assumes professional and ethical responsibility and may be sanctioned by the Board for all acts and omissions of the Certified Mental Health Worker within the scope of the supervision.

(a) The designated qualified clinical supervisor shall allow the Certified Mental Health Worker to perform independently only those functions for which the Certified Mental Health Worker has training and experience.

(b) The designated qualified clinical supervisor shall be identified on all reports and correspondence of a professional nature, excluding disciplinary correspondence with the Board.

Section 5. Standards of Conduct.

(a) The term "Certified Mental Health Worker" shall be used only in conjunction with activities and services that are part of the supervised employment.

(b) In the required professional disclosure statement, the Certified Mental Health Worker shall also provide full disclosure to every client of the supervised nature of their work, which shall include the name, address and telephone number of their designated qualified clinical supervisor.

(c) The supervisory relationship shall be indicated, and the designated qualified clinical supervisor's name, address and telephone number shall appear on all documents relating to advertisement by the Certified Mental Health Worker.

(d) The Certified Mental Health Worker shall adhere to the American Counseling Association "Code of Ethics" incorporated as Appendix D.

CHAPTER 5

CERTIFIED MENTAL HEALTH WORKER

Section 1. The Practice of a Certified Mental Health Worker. The practice of a Certified Mental Health Worker consists of performing mental health procedures (not including diagnosis) under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming.

Section 2. General Requirements for Certification. Certification as a Mental Health Worker shall not be issued by the Board after July 1, 1998. A Certified Mental Health Worker shall not be granted re-certification if the certification is allowed to lapse.

Section 3. Supervision Requirement for Certification. Clinical practice shall not be permitted, until documentation of a designated qualified clinical supervisor has been provided to, and approved by, the Board and only under the clinical supervision of an approved designated qualified clinical supervisor.

(a) Certified Mental Health Workers may only provide services under the administrative supervision by their employer.

(b) Individual and/or triadic face-to-face clinical supervision by a designated qualified clinical supervisor shall be provided monthly at a ratio of at least one (1) hour for every twenty (20) hours of direct clinical provision of services defined in this act. Group supervision is acceptable for additional hours of clinical supervision.

(c) In the event of a change of the designated qualified clinical supervisor, the Certified Mental Health Worker shall notify the Board within ten (10) days in writing. The Certified Mental Health Worker shall not provide services until documentation of a designated qualified clinical supervisor has been provided to, and approved by, the Board. A revised disclosure statement shall accompany any change in supervision.

Section 4. Designated Qualified Clinical Supervisor. The designated qualified clinical supervisor assumes professional and ethical responsibility and may be sanctioned by the Board for all acts and omissions of the Certified Mental Health Worker within the scope of the supervision.

(a) The designated qualified clinical supervisor shall allow the Certified Mental Health Worker to perform independently only those functions for which the Certified Mental Health Worker has training and experience.

(b) The designated qualified clinical supervisor shall be identified on all reports and correspondence of a professional nature, excluding disciplinary correspondence with the Board.

Section 5. Standards of Conduct.

(a) The term "Certified Mental Health Worker" shall be used only in conjunction with activities and services that are part of the supervised employment.

(b) In the required professional disclosure statement, the Certified Mental Health Worker shall also provide full disclosure to every client of the supervised nature of their work, which shall include the name, address and telephone number of their designated qualified clinical supervisor.

(c) The supervisory relationship shall be indicated, and the designated qualified clinical supervisor's name, address and telephone number shall appear on all documents relating to advertisement by the Certified Mental Health Worker.

(d) The Certified Mental Health Worker shall adhere to the American Counseling Association "Code of Ethics" incorporated as Appendix D.

CHAPTER 4

CERTIFIED ADDICTIONS PRACTITIONER ASSISTANT

Section 1. The Practice of a Certified Addictions Practitioner Assistant. The practice of a Certified Additions Practitioner Assistant consists of assisting in the practice of addictions treatment, prevention, intervention, referral and follow-up under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming.

(a) Therapeutic interventions are limited to education and skill development activities.

(b) The practice of a CAPA does not include assigning diagnosis, making treatment recommendation, or acting as a primary treatment provider.

Section 2. General Requirements for Certification. Applicants shall have six (6) months from the date of employment to become certified. This grace period applies only to individuals who have submitted an application to the Board. Providing the services regulated by this Act prior to submitting an application to the Board may result in the denial of the application. The Board may, for good cause shown, grant an extension of this grace period. It is the sole responsibility of the applicant to ensure that the Board receives all documentation necessary to prove to the Board's satisfaction that the applicant meets all the requirements for certification herein. The applicant shall provide satisfactory evidence to the Board that they:

(a) are of majority age; and

(b) have no felony convictions, and no misdemeanor convictions involving moral turpitude, although exceptions to this requirement may be granted by the Board if consistent with the public interest; and

(c) are legal inhabitants of the United States, and

(d) satisfy the requirements established in these rules.

Section 3. Education Requirement for Certification. The educational requirement for certification as an addictions practitioner assistant may be met by;

(a) Holding a current National Certified Addictions Counselor Level I (NCAC I) certification in good standing from the Association for Addictions Professionals (NAADAC), or a current Alcohol and Other Drug Abuse Counselor (AODA) from the International Certification and Reciprocity Consortium (IC&RC), or

(b) Completion of an associate's degree program in addictionology, chemical dependency, substance abuse counseling, or an equivalently termed degree program, from an educational institution accredited by one of the regional or national institutional accrediting

bodies recognized by the Council for Higher Education Accreditation (CHEA) or

(c) Completion of two hundred seventy (270) hours of addictions specific course work and/or training as follows:

(i) A maximum of seventy (70) contact hours may be completed in general mental health discipline subjects and must including thirty (30) contact hours in counseling ethics.

(ii) A minimum of two hundred (200) contact hours shall be related specifically to addictions therapy. This shall include training/education in Addictions Assessment and six (6) contact hours of specialty training in communicable diseases. These categories may be satisfied by completing college course work or workshops.

(iii) Instructors shall be experts in the discipline and of at least master's degree level in education.

Section 4. Supervision Requirement for Certification. Clinical practice shall not be permitted, until documentation of a designated qualified clinical supervisor has been provided to, and approved by, the Board and only under the clinical supervision of an approved designated qualified clinical supervisor.

(a) Certified Addictions Practitioner Assistants may only provide services under the administrative supervision by their employer.

(b) Individual and/or triadic face-to-face clinical supervision by a designated qualified clinical supervisor shall be provided monthly at a ratio of at least one (1) hour for every twenty (20) hours of direct clinical provision of services defined in this act. Group supervision is acceptable for additional hours of clinical supervision.

(c) In the event of a change of the designated qualified clinical supervisor, the Certified Addictions Practitioner Assistant shall notify the Board within ten (10) days in writing. The Certified Addictions Practitioner Assistant shall not provide services until documentation of a designated qualified clinical supervisor has been provided to, and approved by, the Board. A revised disclosure statement shall accompany any change in supervision.

Section 5. Designated Qualified Clinical Supervisor. The designated qualified clinical supervisor assumes professional and ethical responsibility and may be sanctioned by the Board for all acts and omissions of the Certified Addictions Practitioner Assistant within the scope of the supervision.

(a) The designated qualified clinical supervisor shall allow the Certified Addictions Practitioner Assistant to perform independently only those functions for which the Certified Addictions Practitioner Assistant has training and experience.

(b) The designated qualified clinical supervisor shall be identified on all reports

and correspondence of a professional nature, excluding disciplinary correspondence with the Board.

Section 6. Professional Recommendation Requirement for Certification. Applicants shall demonstrate their integrity, professionalism and character in addictions therapy through three (3) professional recommendations which attest to the applicants' abilities and professional performance.

Section 7. Examination Requirement for Certification.

(a) Examinations shall be scheduled by the examination provider.

(b) Applicants are allowed three (3) attempts to pass the exam. The Board may allow an applicant to make one (1) more attempt to pass the examination upon approval of a remediation plan submitted by the applicant.

(c) The Board shall accept the passing score as established by the examination provider approved by the Board.

(d) The Board shall accept a passing score on the following examinations:

(i) The Association for Addictions Professionals (NAADAC), NCAC Level I exam.

(ii) Other examinations as may be approved by the Board.

Section 8. Certification by Reciprocity. An individual holding a certification in good standing to engage in the practice of addictions therapy under the laws of another state having certification requirements substantially similar to those required by the Act and these rules may, upon approval of the board, be issued a certification as an Addictions Practitioner Assistant in this state.

Section 9. Standards of Conduct.

(a) The term "Certified Addictions Practitioner Assistant" shall be used only after the applicant is granted certification by the Board, and only in conjunction with activities and services that are part of the supervised employment.

(b) In the required professional disclosure statement, the Certified Addictions Practitioner Assistant shall also provide full disclosure to every client of the supervised nature of their work, which shall include the name, address and telephone number of their designated qualified clinical supervisor.

(c) The supervisory relationship shall be indicated, and the designated qualified clinical supervisor's name, address and telephone number shall appear on all documents relating to advertisement by the Certified Addictions Practitioner Assistant.

(d) The Certified Addictions Practitioner Assistant shall adhere to the Association for Addictions Professionals (NAADAC) "Ethical Standards of Alcoholism and Drug Abuse Counselors, Specific Principles" incorporated as Appendix A.

CHAPTER 4

CERTIFIED ADDICTIONS PRACTITIONER ASSISTANT

Section 1. The Practice of a Certified Addictions Practitioner Assistant. The practice of a Certified Additions Practitioner Assistant consists of assisting in the practice of addictions treatment, prevention, intervention, referral and follow-up under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming.

(a) Therapeutic interventions are limited to education and skill development activities.

(b) The practice of a CAPA does not include assigning diagnosis, making treatment recommendation, or acting as a primary treatment provider.

Section 2. General Requirements for Certification. Applicants shall have six (6) months from the date of employment to become certified. This grace period applies only to individuals who have submitted an application to the Board. Providing the services regulated by this Act prior to submitting an application to the Board may result in the denial of the application. The Board may, for good cause shown, grant an extension of this grace period. It is the sole responsibility of the applicant to ensure that the Board receives all documentation necessary to prove to the Board's satisfaction that the applicant meets all the requirements for certification herein. The applicant shall provide satisfactory evidence to the Board that they:

(a) are of majority age; and

(b) have no felony convictions, and no misdemeanor convictions involving moral turpitude, although exceptions to this requirement may be granted by the Board if consistent with the public interest; and

(c) are legal inhabitants of the United States, and

(d) satisfy the requirements established in these rules.

Section 3. Education Requirement for Certification. The educational requirement for certification as an addictions practitioner assistant may be met by;

(a) Holding a current National Certified Addictions Counselor Level I (NCAC I) certification in good standing from the Association for Addictions Professionals (NAADAC), or a current Alcohol and Other Drug Abuse Counselor (AODA) from the International Certification and Reciprocity Consortium (IC&RC), or

(b) Completion of an associate's degree program in addictionology, chemical dependency, substance abuse counseling, or an equivalently termed degree program, from an educational institution accredited by one of the regional or national institutional accrediting

bodies recognized by the Council for Higher Education Accreditation (CHEA) or

(c) Completion of two hundred seventy (270) hours of addictions specific course work and/or training as follows:

(i) A maximum of seventy (70) contact hours may be completed in general mental health discipline subjects and must including thirty (30) contact hours in counseling ethics.

(ii) A minimum of two hundred (200) contact hours shall be related specifically to addictions therapy. This shall include training/education in Addictions Assessment and six (6) contact hours of specialty training in communicable diseases. These categories may be satisfied by completing college course work or workshops.

(iii) Instructors shall be experts in the discipline and of at least master's degree level in education.

Section 4. Supervision Requirement for Certification. Clinical practice shall not be permitted, until documentation of a designated qualified clinical supervisor has been provided to, and approved by, the Board and only under the clinical supervision of an approved designated qualified clinical supervisor.

(a) Certified Addictions Practitioner Assistants may only provide services under the administrative supervision by their employer.

(b) Individual and/or triadic face-to-face clinical supervision by a designated qualified clinical supervisor shall be provided monthly at a ratio of at least one (1) hour for every twenty (20) hours of direct clinical provision of services defined in this act. Group supervision is acceptable for additional hours of clinical supervision.

(c) In the event of a change of the designated qualified clinical supervisor, the Certified Addictions Practitioner Assistant shall notify the Board within ten (10) days in writing. The Certified Addictions Practitioner Assistant shall not provide services until documentation of a designated qualified clinical supervisor has been provided to, and approved by, the Board. A revised disclosure statement shall accompany any change in supervision.

Section 5. Designated Qualified Clinical Supervisor. The designated qualified clinical supervisor assumes professional and ethical responsibility and may be sanctioned by the Board for all acts and omissions of the Certified Addictions Practitioner Assistant within the scope of the supervision.

(a) The designated qualified clinical supervisor shall allow the Certified Addictions Practitioner Assistant to perform independently only those functions for which the Certified Addictions Practitioner Assistant has training and experience.

(b) The designated qualified clinical supervisor shall be identified on all reports

and correspondence of a professional nature, excluding disciplinary correspondence with the Board.

Section 6. Professional Recommendation Requirement for Certification. Applicants shall demonstrate their integrity, professionalism and character in addictions therapy through three (3) professional recommendations which attest to the applicants' abilities and professional performance.

Section 7. Examination Requirement for Certification.

(a) Examinations shall be scheduled by the examination provider.

(b) Applicants are allowed three (3) attempts to pass the exam. The Board may allow an applicant to make one (1) more attempt to pass the examination upon approval of a remediation plan submitted by the applicant.

(c) The Board shall accept the passing score as established by the examination provider approved by the Board.

(d) The Board shall accept a passing score on the following examinations:

(i) The Association for Addictions Professionals (NAADAC), NCAC Level I exam.

(ii) Other examinations as may be approved by the Board.

Section 8. Certification by Reciprocity. An individual holding a certification in good standing to engage in the practice of addictions therapy under the laws of another state having certification requirements substantially similar to those required by the Act and these rules may, upon approval of the board, be issued a certification as an Addictions Practitioner Assistant in this state.

Section 9. Standards of Conduct.

(a) The term "Certified Addictions Practitioner Assistant" shall be used only after the applicant is granted certification by the Board, and only in conjunction with activities and services that are part of the supervised employment.

(b) In the required professional disclosure statement, the Certified Addictions Practitioner Assistant shall also provide full disclosure to every client of the supervised nature of their work, which shall include the name, address and telephone number of their designated qualified clinical supervisor.

(c) The supervisory relationship shall be indicated, and the designated qualified clinical supervisor's name, address and telephone number shall appear on all documents relating to advertisement by the Certified Addictions Practitioner Assistant.

(d) The Certified Addictions Practitioner Assistant shall adhere to the Association for Addictions Professionals (NAADAC) "Ethical Standards of Alcoholism and Drug Abuse Counselors, Specific Principles" incorporated as Appendix A.

CHAPTER 3

CERTIFIED ADDICTIONS PRACTITIONER

Section 1. The Practice of a Certified Addictions Practitioner. The practice of a Certified Additions Practitioner consists of addictions treatment, prevention, intervention, diagnosis, referral, and follow-up under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming.

Section 2. General Requirements for Certification. Applicants shall have six (6) months from the date of employment to become certified. This grace period applies only to individuals who have submitted an application to the Board. Providing the services regulated by this Act prior to submitting an application to the Board may result in the denial of the application. The Board may, for good cause shown, grant an extension of this grace period. It is the sole responsibility of the applicant to ensure that the Board receives all documentation necessary to prove to the Board's satisfaction that the applicant meets all the requirements for certification herein. The applicant shall provide satisfactory evidence to the Board that they:

(a) are of majority age; and

(b) have no felony convictions, and no misdemeanor convictions involving moral turpitude, although exceptions to this requirement may be granted by the Board if consistent with the public interest; and

(c) are legal inhabitants of the United States, and

(d) satisfy the requirements established in these rules.

Section 3. Education Requirement for Certification. The educational requirement for certification as an addictions practitioner may be met by holding a current National Certified Addictions Counselor Level II (NCAC II) certification in good standing.

(a) Other applicants may meet the educational criteria by the completion of a baccalaureate degree program in a mental health discipline with concentration in addictionology, chemical dependency, or substance abuse from an educational institution accredited by one of the regional or national institutional accrediting bodies recognized by the Council for Higher Education Accreditation (CHEA), with the listed twenty-one (21) semester hours of course work (either graduate or undergraduate) completed in each of the core areas defined herein:

(i) Course work shall be completed in each of the following four (4) subject areas for a minimum of eleven (11) combined semester hours:

(A) Counseling Theories- Three (3) Semester Credits. Theories and principles of counseling and psychotherapy.

(B) Counseling Skills- Three (3) Semester Credits. Methods and

techniques of individual and group counseling.

(C) Practicum in Addictions/Chemical Dependency Counseling- Three (3) Semester Credits.

(D) Counseling Ethics- Two (2) Semester Credits.

(ii) Course work shall be completed in any combination of the following five (5) subject areas for a minimum of ten (10) combined semester hours. This shall include education in Addictions Assessment.

(A) Alcoholism: To include biochemical, socio-cultural, and psychological factors.

(B) Drugs and Behavior: A survey of drugs with abuse potential in addition to alcohol that affect behavior including psychopharmacological information.

(C) Addictions and Special Populations: (i.e., adolescents, women, ethnic groups, elderly, adult children of alcoholics, the impaired family, impaired professional, athletes, criminals, etc.).

(D) Addictive Behaviors: Gambling, eating disorders, sexual addictions, cults, compulsive behaviors of non-ingestive nature, etc.

(E) Addictions Assessment: Appraisal, assessment, testing, diagnosis/dual diagnosis. This category may also be satisfied by completing specialty training.

(iii) Six (6) contact hours of specialty training shall be completed in communicable diseases. This category may be satisfied by completing college course work or workshops.

(b) The official transcripts, course prefixes, and course descriptions clearly identify the course work as preparing persons to be addictions practitioners.

(c) Course work shall be completed in a baccalaureate program or subsequent college level course work.

(d) Instructors shall be experts in the discipline and of at least master's degree level in education.

Section 4. Supervision Requirement for Certification. Clinical practice shall not be permitted, until documentation of a designated qualified clinical supervisor has been provided to, and approved by, the Board and only under the clinical supervision of an approved designated qualified clinical supervisor.

(a) Certified Addictions Practitioners may only provide services under the administrative supervision by their employer.

(b) Individual and/or triadic face-to-face clinical supervision by a designated qualified clinical supervisor shall be provided monthly at a ratio of at least one (1) hour for every twenty (20) hours of direct clinical provision of services defined in this act. Group supervision is acceptable for additional hours of clinical supervision.

(c) In the event of a change of the designated qualified clinical supervisor, the Certified Addictions Practitioner shall notify the Board within ten (10) days in writing. The Certified Addictions Practitioner shall not provide services until documentation of a designated qualified clinical supervisor has been provided to, and approved by, the Board. A revised disclosure statement shall accompany any change in supervision.

Section 5. Designated Qualified Clinical Supervisor. The designated qualified clinical supervisor assumes professional and ethical responsibility and may be sanctioned by the Board for all acts and omissions of the Certified Addictions Practitioner within the scope of the supervision.

(a) The designated qualified clinical supervisor shall allow the Certified Addictions Practitioner to perform independently only those functions for which the Certified Addictions Practitioner has training and experience.

(b) The designated qualified clinical supervisor shall be identified on all reports and correspondence of a professional nature, excluding disciplinary correspondence with the Board.

Section 6. Professional Recommendation Requirement for Certification. Applicants shall demonstrate their integrity, professionalism and character in addictions therapy through three (3) professional recommendations which attest to the applicants' abilities and professional performance.

Section 7. Examination Requirement for Certification.

(a) Examinations shall be scheduled by the examination provider.

(b) Applicants are allowed three (3) attempts to pass the exam. The Board may allow an applicant to make one (1) more attempt to pass the examination upon approval of a remediation plan submitted by the applicant.

(c) The Board shall accept the passing score as established by the examination provider approved by the Board.

(d) The Board shall accept a passing score on the following examinations:

(i) The Association for Addictions Professionals (NAADAC), NCAC Level II exam.

(ii) International Certification and Reciprocity Consortium (IC&RC) Alcohol and Other Drug Abuse Counselor (AODA) exam.

(iii) Other examinations as may be approved by the Board.

Section 8. Certification by Reciprocity. An individual holding a certification in good standing to engage in the practice of addictions therapy under the laws of another state having certification requirements substantially similar to those required by the Act and these rules may, upon approval of the board, be issued a certification as an Addictions Practitioner in this state.

Section 9. Standards of Conduct.

(a) The term "Certified Addictions Practitioner" shall be used only after the applicant is granted certification by the Board, and only in conjunction with activities and services that are part of the supervised employment.

(b) In the required professional disclosure statement, the Certified Addictions Practitioner shall also provide full disclosure to every client of the supervised nature of their work, which shall include the name, address and telephone number of their designated qualified clinical supervisor.

(c) The supervisory relationship shall be indicated, and the designated qualified clinical supervisor's name, address and telephone number shall appear on all documents relating to advertisement by the Certified Addictions Practitioner.

(d) The Certified Addictions Practitioner shall adhere to the Association for Addictions Professionals (NAADAC) "Code of Ethics" incorporated as Appendix A.

CHAPTER 3

CERTIFIED ADDICTIONS PRACTITIONER

Section 1. The Practice of a Certified Addictions Practitioner. The practice of a Certified Additions Practitioner consists of addictions treatment, prevention, intervention, diagnosis, referral, and follow-up under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming.

Section 2. General Requirements for Certification. Applicants shall have six (6) months from the date of employment to become certified. This grace period applies only to individuals who have submitted an application to the Board. Providing the services regulated by this Act prior to submitting an application to the Board may result in the denial of the application. The Board may, for good cause shown, grant an extension of this grace period. It is the sole responsibility of the applicant to ensure that the Board receives all documentation necessary to prove to the Board's satisfaction that the applicant meets all the requirements for certification herein. The applicant shall provide satisfactory evidence to the Board that they:

(a) are of majority age; and

(b) have no felony convictions, and no misdemeanor convictions involving moral turpitude, although exceptions to this requirement may be granted by the Board if consistent with the public interest; and

(c) are legal inhabitants of the United States, and

(d) satisfy the requirements established in these rules.

Section 3. Education Requirement for Certification. The educational requirement for certification as an addictions practitioner may be met by holding a current National Certified Addictions Counselor Level II (NCAC II) certification in good standing.

(a) Other applicants may meet the educational criteria by the completion of a baccalaureate degree program in a mental health discipline with concentration in addictionology, chemical dependency, or substance abuse from an educational institution accredited by one of the regional or national institutional accrediting bodies recognized by the Council for Higher Education Accreditation (CHEA), with the listed twenty-one (21) semester hours of course work (either graduate or undergraduate) completed in each of the core areas defined herein:

(i) Course work shall be completed in each of the following four (4) subject areas for a minimum of eleven (11) combined semester hours:

(A) Counseling Theories- Three (3) Semester Credits. Theories and principles of counseling and psychotherapy.

(B) Counseling Skills- Three (3) Semester Credits. Methods and

techniques of individual and group counseling.

(C) Practicum in Addictions/Chemical Dependency Counseling- Three (3) Semester Credits.

(D) Counseling Ethics- Two (2) Semester Credits.

(ii) Course work shall be completed in any combination of the following five (5) subject areas for a minimum of ten (10) combined semester hours. This shall include education in Addictions Assessment.

(A) Alcoholism: To include biochemical, socio-cultural, and psychological factors.

(B) Drugs and Behavior: A survey of drugs with abuse potential in addition to alcohol that affect behavior including psychopharmacological information.

(C) Addictions and Special Populations: (i.e., adolescents, women, ethnic groups, elderly, adult children of alcoholics, the impaired family, impaired professional, athletes, criminals, etc.).

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CHAPTER 2

ORGANIZATION AND PROCEDURES OF THE BOARD

Section 1. Structure of the Board. The Board shall consist of six (6) persons, all of whom are residents of Wyoming for a minimum of one (1) year and who are appointed by the governor by and with the consent of the senate: one (1) licensed person from each of the four (4) disciplines plus two (2) persons from the public at large. Board members shall serve three (3) year terms. The state organization representing each discipline licensed by the Board is responsible for providing the Governor with a list of eligible recommended persons from which the Governor shall select. In cases where vacancies occur on the Board the discipline group affected by the vacancy shall provide a list of names of eligible candidates to the Governor within sixty (60) days. Public at large vacancies shall be filled at the pleasure of the Governor.

Section 2. Establishment of Licensure Standards. The state professional organizations representing each discipline may recommend to the Board the specific requirements, rules, and procedures appropriate for licensing and certifying persons in that field and suggest changes to the rules and regulations.

Section 3. Relationship of Board to the Professional Organizations Representing These Disciplines.

Schematic Structure

The Board shall encourage the formulation of a professional standards committee from each organization to advise the Board concerning licensing and certification standards and licensing and certification processes for that discipline, and serve as a resource to the Board.

Section 4. Officers. Officers of the Board shall be elected annually, by a majority vote of the Board, and be comprised of a chair, a vice chair and a secretary-treasurer.

Section 5. Meetings of the Board.

(a) The Board shall meet at least once each year at a date, place and time established by the Chair with special meetings held as requested by the Chair or by a majority of the members.

(b) Meeting dates and times shall be made known to Board members by the Secretary-Treasurer at least twenty (20) days prior to such meeting except for special meetings which may be held upon emergency notice to all Board members.

(c) Meetings shall be open to the public and held in accordance with the Wyoming Administrative Procedures Act. The Board has the right to call executive sessions pursuant to W.S. 16-4-405.

(d) The Chair may conduct meetings and Board business by telephone as a means of conserving funds and expediting appropriate business.

(e) A quorum shall consist of four (4) members, and a majority vote of those Board members present and voting is required to approve Board actions.

Section 6. Establishment of Committees. The Board may, by a majority vote of the membership, establish and empower committees to approve or preliminarily deny applications for license and certification, applications for renewal, supervision agreements, special request, and other issues that the Board deems proper to delegate. Committees may also be established and empowered to conduct complaint investigations, and make recommendations on complaints. These committees shall be comprised of current members of the Board and/or administrative staff.