University of North Georgia

Student Counseling
Policy and Procedures Manual
2012-2013

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Dahlonega Campus
Gainesville Campus
Oconee Campus

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Disclaimer

This document represents the current guidelines for clinical policies and procedures adhered to by the University of North Georgia (UNG) Counseling Centers. Although there will always be the need to make exceptions in deference to sound clinical judgment, the general expectation is that staff will seek consultation, most often through case review, before making decisions that deviate from these guidelines. Policies and Procedures are consistent for services at all UNG locations including e-learning.

Mission Statement

The Office of Student Counseling complements the academic experience of the student body by facilitating healthy personal, social, and intellectual development of our students. Life circumstances, trauma, skills deficits, and/or mental health problems may at times interfere with a student's ability to successfully achieve important academic and life goals. Counseling center staff help students to identify their problems, manage their emotions, learn new problem-solving skills, and successfully meet academic, social, and life challenges. Counseling staff provide exceptional direct services, training, and outreach programs, including:

- diagnostic evaluation, counseling and psychotherapy, group therapy, referral, and advocacy;
- developmental, preventative, and restorative counseling;
- experiential workshops on essential life skills (i.e., assertiveness, stress management, study skills, relationships, sleep hygiene, etc.); and
- consultation, education, and training services to campus leaders, campus groups, and the University community.

The staff of Student Counseling seeks to promote human welfare. Consistent with this principle, we believe that every person should be treated with dignity and respect. We value acceptance and appreciation for all differences among people including those of race, gender, sexual orientation, ethnicity, national origin, functional ability, socio-economic status, age, religious or spiritual identification, and other characteristics that comprise identity. We strive to provide

respectful treatment to students of any background. We believe that valuing cultural diversity facilitates human growth and development and enhances the quality of life on campus and in our community. Therefore, we are committed to enhancing the awareness and understanding of cultural diversity, incorporating this philosophy into our professional activities and clinical services.

Discrimination Policy

The staff of Student Counseling seeks to promote human welfare. Consistent with this principle, we believe that every person should be treated with dignity and respect. We value acceptance and appreciation for all differences among people including those of race, gender, sexual orientation, ethnicity, national origin, functional ability, socio-economic status, age, religious or spiritual identification, and other characteristics that comprise identity. We strive to provide respectful treatment to students of any background. We believe that valuing cultural diversity facilitates human growth and development and enhances the quality of life on campus and in our community. Therefore, we are committed to enhancing the awareness and understanding of cultural diversity, incorporating this philosophy into our professional activities and clinical services.

Organization, Administration, Size, and Staffing of the Counseling Centers

In order to provide adequate and ethical services to counseling center clients, UNG facilities strive to be in compliance with the International Association of Counseling Services (IACS), the Counseling Directors Association of the University System of Georgia (CDA), and Council for the Advancement of Standards in Higher Education (CAS) standards. Standards are outlined in the following sections and can be found in their entirety in the Appendix.

Physical Facilities

Counseling facilities should be centrally located on all campuses of the University. They should be separate from the administrative offices, campus police, and judicial units. They should be attractive to students and given a name that is easily recognized by students as providing the services of a "counseling center." This name should be easily seen on the outside of the center. There should be a reception area that provides a comfortable and private waiting area for clients. In addition, counseling centers should maintain or have ready access to group meeting space for group counseling sessions and staff meetings. An area suitable for testing, assessment, and treatment procedures should be available in the centers or in an area of ready access. Facilities should be soundproof in compliance with laws guarding confidentiality. Facilities should be ADA-compliant and accessible for individuals who are physically challenged.

Individual offices for professional staff should be designed to accommodate the functions provided by staff members. Well-insulated individual offices should be provided for counseling sessions. Individual offices should be appropriately equipped with a telephone, an inter-office communication system, files, bookcases, and furniture which create a relaxing environment for students. Each professional and support staff member should have access to his/her own up-to-date computer and printer.

The centers should maintain or have ready access to equipment that is capable of providing modern, technical approaches to record keeping, media presentations, research, and counseling/therapy/assessment. The counseling services should maintain or have ready access to a

professional library, and when possible, a student reading room or space supplied with psychological self-help and educational materials.

Staff Ratio and Workload

Due to their diverse responsibilities (case notes, counseling preparation, intake interviews, individual and group sessions, crisis intervention, administrative reports, supervision, preparing for lectures, seminars and/or discussions, committee assignments, other institutional responsibilities and professional development activities required to obtain and/or maintain licensure), direct service activities should not exceed 65% of the workload.

Direct service responsibilities include intake interviews, individual and group counseling sessions, crisis intervention and consultation to the academic community. For an individual working 40 hours a week, this means no more than 26 hours of direct client service per week should be provided. This workload may be less than 65% for any director who has strong administrative responsibilities and staff members given multiple responsibilities departmentally or institutionally. The workload should be arranged for center staff such that adequate time is provided for all aspects of professional counseling center responsibilities.

The ratio for professional and support staff should be established and reviewed frequently. To be in compliance with IACS and CDA standards, the minimum staff ratio for clinicians performing psychotherapeutic counseling or psychotherapeutic and career counseling should be one clinician to a maximum of 1500 students. A smaller ratio is desirable and expands the center's ability to provide comprehensive services.

It is expected that staff holding equivalent degrees with faculty should be accorded the same or equivalent rights, privileges, and remuneration as faculty and the opportunity for representation on institutional governing bodies.

Personnel of the center should be actively involved in making decisions regarding the on-going functioning of the center. To the greatest extent possible, the process by which these decisions are made should be collaborative.

Salaries and Hiring Practices

Salaries of all staff members and support staff should be commensurate to credentials, experience, responsibilities, and the quality of performance of their duties. Salaries, benefits, and career advancement should be commensurate with those of others in the institution with similar qualifications and responsibilities and with individuals in a similar position in other institutions of higher education in the region. The counseling center should demonstrate hiring practices which are consistent with the goals of equal opportunity/affirmative action.

Staffing Qualifications

The director should possess abilities and attributes that enable effective representation of mental health issues in the university environment. This includes the ability to hold the respect of the counseling center staff, student affairs/development staff, administration, faculty, and students. The director should also demonstrate involvement and commitment to educational and professional development both for her/himself and the staff.

The director should hold or be eligible for state licensure according to the Georgia licensure laws. Directors moving into the state should hold credentials required by their state of origin. Any director not licensed within Georgia should immediately pursue professional licensure according to state laws.

Requirements of Directors with Doctoral Degrees

The director should possess a doctoral degree in counseling psychology, clinical psychology, counseling or another psychotherapeutically oriented discipline from an accredited institution of higher education. The director should demonstrate that he/she has a minimum of 60 graduate credits (semester hours) in the behavioral or other social sciences with emphasis on whatever counseling areas characterize the nature of the center. The director should have completed an appropriate supervised APA internship with college students or gained equivalent experience that is consistent with state licensure laws.

The director should have a minimum of 3 years as a staff member or administrator in a clinical/counseling agency before assuming the position of director. It is also desirable that one of the years should be in an administrative, supervisory capacity. If these conditions have not been met, the search committee should be satisfied that the candidate offered the position has the necessary credentials and the demonstrated ability to fulfill the requirements of the position.

Requirements of Directors with Master's or Specialist Degrees

The director should have a master's degree or specialist's degree in a field deemed appropriate by the counseling center staff and other members of the hiring team. The director should have participated in a clinical field placement, practicum or internship within the master's degree that is consistent with state licensure laws. This should include case supervision of counseling by a qualified supervisor. If the director has been hired without the appropriate supervision for state licensure, it is recommended that the institution should provide the needed supervision or funding to obtain the supervision.

The director should have five years of experience as a staff member in a clinical/counseling setting, at least two of which should be in a clinical and/or administrative supervisory capacity. If these conditions have not been met, the search committee should be satisfied that the candidate offered the position has the necessary credentials and the demonstrated ability to fulfill the requirements of the position.

Responsibilities of the Director

The director is responsible for the overall administration and coordination of the resources and activities of the center as defined by administrative policies, procedures, and professional ethics. Depending on the organizational structure of the counseling center, typical director responsibilities will include overseeing all provision of services, including assessment, personal counseling and psychotherapy, psychoeducational workshops, career counseling, crisis intervention, outreach, consultation, preventive mental health activities, coordination, and recruitment and hiring of professional, non-professional, and support staff. This includes taking part in the direct delivery of counseling services to the university community.

The director is responsible for the training, development, supervision, and evaluation of all staff. She/he administers the procedures that monitor the quality of counseling/clinical services rendered by the center. The director is also in charge of preparing the following reports: the annual report, the budget, and reports representing the needs of the center.

The director takes an active part in university policy and institutional program development to ensure that the mental health needs of students are addressed. The director also oversees the development and dissemination of counseling center informational and marketing materials that are creative, professional, and attractive.

The director oversees the education of staff members regarding legal issues governing the delivery of counseling and other mental health services. The director represents the counseling center to the broader institutional community. He/she is thus in charge of the education of the broader institutional community in its response to mental health topics and related legal or ethical issues.

The workload of any counseling center director is unique and reflects responsibilities not incumbent on the professional staff. Consequently the director must be able to structure a workload which actually reflects the demands of the director's position.

Qualifications of Professional Staff Members

According to Georgia state licensure laws, any staff member working in the area of personal counseling should hold a professional license or be on record, once hired, as in the process of obtaining licensure. If they are in the process of obtaining licensure from Georgia, they should be under clinical supervision provided by a licensed professional and administrative direction. It is recommended that supervision should be provided by the institution or funded by the institution.

The minimum educational requirements for a professional staff member should be a master's degree in counseling psychology, clinical psychology, counseling, social work, or another related field that is appropriate for the job description. A terminal degree is desired, but not required. For individuals engaged in personal counseling, the master's degree and graduate training should be from disciplines consistent with state licensure requirements.

Professional staff members practicing personal counseling should have a supervised graduate level internship or practicum experience as part of the degree. They should have documentation of supervised experience at the graduate level or workplace experience in the counseling of college students.

In cases where staff members are responsible for the clinical supervision of colleagues or of graduate student trainees, they must meet the clinical requirements for supervisor status set by the state licensure laws.

Staff members should have attributes that enable them to facilitate effective interpersonal relationships and communicate with a wide range of students, faculty, staff, and administrators. This includes the ability to understand people in the context of a diverse social/cultural milieu.

Responsibilities of Professional Staff Members

The following responsibilities are handled by professional staff members according to policies of the counseling center, staff qualifications, and needs of the student body: assessment of student

mental health needs; individual, couples, and group psychotherapy; emergency and crisis intervention; and outreach that addresses the needs and challenges of the student body.

Administratively, they complete client notes and reports, update institutional information, create presentations and workshops for on-campus and off-campus engagements, engage in staff meetings and appropriate campus committees, and design activities that will facilitate student development. They develop strong networks with faculty, staff, and administration. They also participate in service and program evaluations.

According to IACS, on-going professional development activities are an essential aspect of an effective counseling program. It is imperative that professional staff members broaden their knowledge and skills in order to maintain licensure requirements and continually enhance their service provision to clients. They should participate in professional organizations, conferences, seminars, and workshops. Both release time and funding should be made available to support staff in these endeavors. Depending on the priorities of the counseling center, clinicians initiate and/or participate in professional presentation and research. When time allows, they may participate in community activities related to their profession.

Licensed professional staff members participate in training and supervision of new staff members without licensure when appropriate. They also promote the knowledge and understanding of other staff members with in-service training and education seminars. They serve as consultants to faculty, administrators, staff, and student groups when needed. According to the priorities of the counseling center and the institution, they perform other assigned functions that contribute positively to the service offerings of the center and the academic mission of the institution. At the same time, they do not provide training, education, or supervision if they do not have an adequate knowledge base, time to prepare, or qualifications.

Support Staff

Support staff are a direct, initial reflection of the counseling center to the university community. They should have the ability to communicate positively and clearly with students, faculty, staff, and administrators.

Support staff must be adequate to perform all relevant duties of the counseling center, such as receptionist and administrative support duties.

All support staff, including student workers, should be given thorough training in the following areas: the operation and function of the counseling center services and programs, policies and procedures; the limits of their responsibilities; issues regarding confidentiality; and other relevant counseling center ethical and legal issues. All support staff, including student workers, must sign a confidentiality agreement.

Internships

Campuses of the University of North Georgia may participate in internship programs with other academic programs or institutions. The Oconee campus maintains Memoranda of Agreement with the University of Georgia School of Social Work and UGA College of Public Health for internships in health promotion and behavior.

Interns are selected carefully and supervised closely by experienced, qualified personnel in a manner consistent with professional training standards and state statutes. Work assigned to interns is appropriate to their present level of training and competency to ensure high-quality service to students.

Training and supervision of others (practicum students, interns, etc.) will not supersede the primary service role of the agency.

Material describing graduate student internships, practicum student positions, and trainee positions should include the following information: amount and content of training, supervisor(s) and amount of supervision, number of hours per week in direct supervision, type of supervision (individual and group), qualifications of the supervisor, scope of service functions performed, and the criteria for selecting interns, practicum students, and trainees. (See section on Graduate and Undergraduate Internships for more information on internships.)

Research and Evaluation

The counseling center should conduct systematic and regular evaluations of the counseling services to determine whether the goals and needs of students are being met. There should also be systematic and regular evaluation of activities designed to enhance the development of the staff, including suggestions for on-going programs and efforts.

Methods of evaluation may vary, but they should include both quantitative measures and qualitative measures. Data collected should include confidential responses from populations served. Results of these regular evaluations should be used in revising and improving the program goals and implementation of the objectives.

Funding and Center Fees

A counseling center should provide evidence that it has developed an accurate and reasonably comprehensive system for qualitative and quantitative accounting of all professional services which are delivered. The counseling center should have funding sufficient to carry out its mission and to support the staff adequately. Such budgetary funding includes salaries commensurate with the salaries of others holding similar degrees, experience, and responsibilities nationally. The center should also have reasonable funds to purchase and maintain necessary office equipment, supplies and materials, and state-of-the-art technological equipment.

A counseling center should be able to sustain an adequate mailing budget and yearly printing costs, cover reasonable media expenditures, sustain institutional memberships in appropriate professional organizations, and order relevant subscriptions. It should have the funds to keep abreast of current library resources for both the professional library and self-help libraries for the students, and order occupational information, current assessment instruments, and student workbooks that are up-to-date.

According to IACS and CDA standards, funding should be able to cover attendance and other related expenses at professional association meetings, professional conferences, relevant workshops and seminars, and other professional development activities.

In addition to the institutional funding commitment through the general funds, other funding sources may include student fees or user fees when appropriate.

Counseling Services Overview

Counseling center staff help students to identify their problems, manage their emotions, learn new problem-solving skills, and successfully meet academic, social, and life challenges. Counseling staff provide exceptional direct services, training, and outreach programs, including:

- diagnostic evaluation, counseling and psychotherapy, group therapy, referral, and advocacy;
- developmental, preventative, and restorative counseling;
- experiential workshops on essential life skills (i.e., assertiveness, stress management, study skills, relationships, sleep hygiene, etc.); and
- consultation, education, and training services to campus leaders, campus groups, and the University community.

Counseling Services Not Provided

Clinicians will not provide the following services for individuals who have received counseling services:

- letters of recommendation for: employment; scholarships, grants, and other financial aid
- comprehensive psychological or educational testing and assessment
- assessment of clients or family members for legal purposes, such as court-mandated mental health assessments.

Eligibility for Services

An individual is eligible for services provided he or she has met at least one of the following criteria:

- has been admitted to the university and will be enrolled in courses the following semester
- has paid the campus health fee, where applicable, for the current semester
- is enrolled in at least one university course during the semester seeking services

- has been enrolled in at least one university course during the prior semester and is being transitioned to outside services
- is a non-student faculty or staff member seeking short-term consultation services depending on the resources of the campus. EAP referral is the expectation.

Non-students may receive couples, family, or dyad services with currently enrolled students (at the student's request and the discretion of the clinician). On occasion, during an emergency, the decision may need to be made to see a non-student for crisis intervention. If possible, prior consultation with the Director should be sought. The decision should be reviewed by the staff at the next available opportunity.

Minors

Our policy is that minors cannot be seen for treatment without the consent of their legal guardians and a signed release of information form. In emergency situations, it may be necessary to provide crisis intervention, but ongoing services cannot be offered before consent is obtained. Clinicians planning to refer minors for individual counseling should explain this policy to clients so that they can obtain consent from their legal guardians and provide such consent to the Student Counseling Office.

Consultation

In the event that an individual seeks information regarding another member of the campus community, counseling center staff will provide consultation. If the individual's concerns are personal in nature, the individual will be defined as a client and the clinician will ask the individual to complete an informed consent and create a chart for that person.

Mandated Counseling Assessment and Treatment

At times, counseling sessions may be mandated by an administrator of University of North Georgia to assist students in achieving greater success in the college environment. Clinicians will

provide non-punitive services in support of this goal. If students do not wish to avail themselves of on-campus services, they may utilize services of a licensed, off-campus mental health provider at their own expense. Additionally, the counseling center has the right to refer students to off-campus providers if deemed an inappropriate candidate for the services offered.

Mandated treatment based on harm to self or others as evidenced by a conduct-code violation will be guided by the UNG BIT Policy.

A signed release of information form will be required for the counseling center to release information to campus officials.

Substance Abuse Evaluation and Treatment

Substance abuse evaluations are often required by the judicial system for students with multiple alcohol or drug related infractions. At the Oconee campus, court-ordered assessments for students attending classes at that campus are generally two sessions in length and generate a written summary and recommendations for future treatment. Treatment may include on-campus substance abuse education (i.e., PRIME for Life) and Brief Alcohol Screening and Intervention for College Students (BASICS). Court-ordered evaluations for students attending other campuses will be referred to community agencies at the students' expense.

Session Limits

A flexible approach guides utilization needs at the UNG Counseling Centers. Rather than fixed session limits, many factors will be considered to determine which services can be provided to an individual student at a given time. For example, during summer semester when overall volume is low, a student may receive more intensive treatment or a transferring student or recent graduate may receive transitional services. Factors such as staff expertise, student's year in college, overall clinical volume, chronicity of student's psychiatric history, risk level etc. may all be considered during utilization review.

Making Appointments

Depending on the campus, appointments can be made in person or over the phone on the Dahlonega and Gainesville offices during regular office hours which can be found on the UNG website. When students are scheduling an appointment they will be asked if they feel their situation is an emergency or crisis. If so, they will be scheduled for a walk-in appointment as soon as possible with the first available clinician.

On the Oconee campus, appointments are made online through the counseling center scheduler on the UNG Oconee Campus web site. Students in crisis who are on campus are directed to the Administrative Services front office, where staff will contact a clinician.

Assignment or Reassignment of Clinician

The counseling center, in collaboration with the student, will assign the clinician in the center who best fits his or her needs depending on available resources and counseling load for each therapist. There are times when it is clinically indicated to transfer a client to another clinician (issues of competency, specialty or clinician's caseload is full etc.). Clinicians should case conference these clients prior to the transfer.

Clients who make the request to change clinicians should be encouraged to talk with the original clinician prior to meeting with a different clinician. Generally, a client's first request for a change will be granted, but this is ultimately a matter of the clinical judgment of the clinicians involved. If there have been multiple requests, underlying clinical issues will likely need to be addressed before the request is granted. Clinicians should case conference these clients prior to the transfer.

Off Campus Medication and Psychological Referrals

Medication Referrals

At times, students may benefit from psychotropic medication. To facilitate students getting appropriate medication, three options are available:

1. Refer students to a psychiatrist. See referral list for updated information on psychiatrists.
2. Students may choose to talk to their family physician and get a prescription from him/ her.
3. Students may be referred to a local mental-health facility for medication evaluation. They should be informed that they will need to go through that facility's intake procedures and will need to have a treating clinician for follow-up care.

Psychological referrals

Outside referrals will be made on an as-needed basis for students who have long-term or intensive mental health needs, or who need a higher level of care than the counseling center can ethically or competently provide. For example, students may be referred to local mental health facilities, substance abuse treatment facilities, eating disorder treatment facilities, and other specialized treatment as warranted.

Confidentiality and Informed Consent

Informed consent is the principal of making the client aware of the conditions and expectations of therapy. Each student seen by any UNG counseling center must read and sign the informed consent form prior to beginning therapy unless in an emergency situation and then it must be completed as soon as possible. Please see Appendix 1 for the informed consent and Appendix 2 for the release of information forms.

In accordance with law, what a client discusses with his or her clinician at the University of North Georgia Counseling Centers is kept confidential within the counseling center unless the client provides written permission to release information to other parties. There are exceptions, however, where information can be released without the client's consent or authorization. These include:

(1) If the client presents as a threat or danger to himself or herself, his or her clinician is permitted to release information necessary for the purpose of his or her protection (such as contacting family members or to seek hospitalization);

(2) Where an immediate threat of physical violence or harm against a readily identifiable victim is disclosed, the clinician is required to take action which may include notifying the potential victim(s), notifying the police, or seeking hospitalization;

(3) Where danger to self or others is identified, relevant information will be discussed with appropriate officials, which may include the Care/Behavioral Intervention Team including directors of Public Safety, Student Counseling, Housing, Student Health, and Dean of Students in order to recommend the best course of action;

(4) Where abuse or harmful neglect of children, the elderly, or disabled/incompetent individuals is known or reasonably suspected, the clinician must file a report with the appropriate state agency;

(5) In the event the client or a legal representative of the client files a lawsuit that opens the issue of his/her mental health or care, the client thereby effectively relinquishes his/her privilege of confidentiality and his/her mental health records may be released to the parties in the court proceeding;

(6) In court proceedings, a judge may require through a court order the submission of the clinician's testimony and client's records if he/she determines this is necessary to resolve the issues before the court;

(7) Information will be released to a third party with the client's written consent. The laws concerning confidentiality can be quite complex. While clinicians are willing to discuss these matters with clients, they are not attorneys. If clients have specific legal questions, they will be advised by the clinician to speak with an attorney.

These parameters are legal requirements for therapists practicing in the state of Georgia as determined by their respective licensing boards and codes of ethics.

Recording and Storage of Counseling Sessions

Before an audio/visual recording of therapy sessions is made, the clinician will obtain written permission from the client via a signed Authorization to Record Form.

Electronic Communication

Clients are informed via the informed consent form that e-mail and facsimile are not secure media and therefore, confidentiality of e-mail and facsimiles cannot be guaranteed. Department staff will secure confidential printed data and facsimiles immediately upon review. Since email is not a secure method of transmission, caution will be taken to keep messages short and to minimize clinical information. Response emails will contain a disclaimer that addresses confidentiality, availability of services outside business hours, and an emergency contact.

Clinicians at the University of North Georgia will not provide counseling services over email or text. Generally, email and texts are not monitored outside of regular business hours and students should not expect a reply during those times. Although email is not the preferred method of communication, students can communicate with us by email. However, email and texting are not confidential forms of communication and students assume all risk if they decide to communicate

with their clinicians or staff using these methods. Additionally, clinicians will not engage in social media relationships with students.

Emergency Situations

The primary principle employed in responding to a mental health emergency is to promote the well-being, safety, and security of the affected student and also that of others who may be affected by the student.

Responding to a Death on Campus

In the event that the Counseling Office is informed of the death of a student or University employee, the Director or her/his designee will collaborate with administration to coordinate the provision of services for the campus community. As soon as possible after notification of the death, the Director will call a staff meeting to inform clinicians of the event and determine the staff resources available to deal with subsequent events. Services provided may include the following:

1. contact affected offices and groups at the university to offer assistance and determine the need for service.
2. provide individual crisis counseling to students directly involved with the person or those who witnessed the death.
3. conduct group meetings/counseling to those close to the person, e.g. residence hall floor, student organization, academic class.
4. provide crisis counseling and referrals to parents/family of a deceased student when/if they arrive on campus.

Depending on the circumstances, some regular department activities may be suspended to accommodate the need for crisis counseling services.

Suicide: Behavioral Definitions of Terms

- Suicidal Ideation- Thoughts of suicide or suicidal attempt with or without plan or intent to act on them.
- Suicidal Intention- Communication of a plan to take action intended to result in one's death.
- Suicidal Threat- Any non-lethal action taken (gestures, written or verbal statements) that may convey the intent to kill oneself. This can include actions implying but not openly stating suicide.
- Suicide Attempt- Any action taken with the intent to kill oneself. It is important to note that this action may be non-lethal. However, as long as the individual believes it is lethal, the action will be considered to be a suicide attempt. Communication of ideation or intent need not be present to be interpreted as an attempt.

Suicide Lethality Assessment

Our current intake form solicits information about suicidality. When students have had prior suicidal ideation, intent, or attempt, clinicians will assess suicide risk during the intake and will routinely monitor risk of suicide. Clinicians will document assessment results in case notes and take appropriate clinical action.

If the client admits to any present or recent ideation, a more in-depth assessment must be conducted to determine suicidal lethality. If, following the lethality assessment, the clinician determines that a high degree of risk for self-harm exists and hospitalization is necessary, the clinician will follow the "Voluntary and Involuntary Hospitalization" policy located in the Hospitalization section of this manual. Clinicians will document treatment recommendations and any consultation efforts.

Other treatment options for suicidal clients, if imminent risk is not present, may include (1) verbal/written safety plan, (2) reinforcing social support/monitoring systems by involving friends or family members, and (3) monitoring the client more closely via follow-up visits.

Homicide Lethality Assessment

"Dangerousness" toward others is very difficult to predict accurately. If the clinician believes an individual poses an immediate danger to another or others, including the intention to spread a potentially deadly contagious disease such as HIV/AIDS or Hepatitis-C, and even in the event that a specific victim is not identified, the clinician will take one or more of the following actions:

- Contact campus police/security.
- Notify the director, associate director or his/her designee on campus and other relevant staff members for consideration of duty to warn or other actions, i.e., whether to contact identified or potential victims, whether to alert off-campus law enforcement, or whether to pursue hospitalization of the client.
- Inform the University BIT chair that a University student has been determined to be a high risk for violence against others.
- In the event the individual is sent for hospitalization, the clinician will communicate with off-campus evaluators and provide a written statement that specifically states why the client was sent for evaluation which will be included in the individual's chart.

Important Note: At no time should staff members put themselves at risk for harm. If a client is belligerent or combative, the clinician should not hesitate to call university policy/security.

Self-injury Behavioral Definitions of Terms

Self injury is defined as any action a person takes to *intentionally* harm herself or himself, which may include: medication in excess of the recommended dosage, cuts with a knife or razor, unprotected sex, burning oneself, self-induced vomiting, ingesting toxic substances, etc.

Self-Injury Assessment

The clinician will suggest medical treatment to any client who reports untreated injuries. Clinicians will assess clients for risk of self-injury, will monitor the client's condition and, in the event the client's self-injury reaches a level of imminent risk for death, will refer to the suicide policy. In the event that self-injury becomes disruptive to the University community, the clinician will notify the BIT.

Hospitalization Procedures

The University policy and state law allow the breaking of confidentiality when a danger to self or others is considered to exist. Parents and/or other persons designated as contacts in case of emergency on the University intake form are not informed as a standard procedure unless the clinician determines that notification is necessary to ensure the safety of the student.

Voluntary Hospitalization. If a client agrees to be hospitalized, the clinician:

- Contacts the nearest or desired hospital or other facility providing psychiatric assessment services and informs intake staff that the UNG campus is referring a student for evaluation.
- Consults with the Director, Associate/Assistant Director or the Director's designate prior to referring students to an off-campus facility, if the clinician is operating under the license of another clinician.
- Gives the student the option of transport by campus police or ambulance [see BIT findings].
- Communicates with off-campus evaluators and provides a written statement that specifically states why the client is being sent for evaluation. This statement will be included in the individual's chart.
- Informs the Director of the Counseling Center, if he/she has not yet been informed.
- Expects that campus police will inform the Vice President for Student Affairs that a University student has been referred for voluntary assessment.
- Informs the client, in the presence of campus police, that he or she may be handcuffed for security purposes.

Involuntary hospitalization**.** If a client does not agree to be hospitalized, the clinician:

- Determines if it is appropriate to complete a 1013 form to involuntarily hospitalize a client. (See Appendix 6 for 1013 form.)
- Contacts campus police to ensure safety and transport client.
- Consults with the Director, Associate/Assistant Director or the Director's designate prior to referring students to an off-campus facility, if the clinician is operating under the license of another clinician.
- Contacts the nearest or desired hospital or other facility providing psychiatric assessment services and inform intake staff that the UNG campus is referring a student for evaluation.
- Communicates with off-campus evaluators and provides a written statement that specifically states why the client is being sent for evaluation. This statement will be included in the individual's chart.
- Informs the Director of the Counseling Center, if he/she has not yet been informed.
- Expects that campus police will inform the Vice President for Student Affairs that a University student has been referred for involuntary assessment.
- Informs the client, in the presence of campus security or police, that he or she may be handcuffed for security purposes.

Important Note: At no time should staff members put themselves at risk for harm. If a client is belligerent or combative, the clinician should not hesitate to call university policy/security.

Rape & Sexual Assault

If an individual discloses to the Counseling Center staff a rape or sexual assault, his or her safety and dignity should be held as the primary concerns. The individual who has been raped or assaulted has all the power to choose whether to report or not with these exceptions: he or she is mentally or physically incapacitated, a minor, elderly (age 65 or older), or has Alzheimer's disease (pursuant to GA Code 30-5-3).

Title IX Policy

The clinician will inform the client that he/she has the option of informing the Title IX Coordinator for the University and will provide a copy of Title IX rights and rape response contact information. Clinicians will also provide victims of sexual assault (on or off campus) with contact information for the Title IX coordinator on the appropriate campus.

Records and Documentation

Initial Intake

All initial intake forms should be completed by a student at the time of his or her initial appointment as these forms will not be reviewed until that time. These forms include informed consent and an intake form that includes demographic information, presenting problem, and risk information. If a student has not been seen by a clinician within the past year, he or she will be required to complete another informed consent and intake form.

Progress Notes

Progress notes that provide a record of events, a legal record of treatment, opportunity to review treatment effectiveness, and communication between professionals are kept on therapy clients seen at UNG counseling centers. They are confidential within the office, and are part of the client's confidential record of treatment. Each progress note includes a description of current problem, treatment proposed, topics discussed, follow-up appointments, recommendations, and goals for next time. Every effort should be made to complete progress notes within one business week to ensure continuity of care.

Termination

Clinicians will review their caseload at the end of each academic year and will close the file of any client if it is reasonably clear that the client no longer needs and/or is no longer interested in receiving services, is not likely to benefit, or is being harmed by continued service. Clinicians may terminate therapy when threatened or otherwise endangered by the client or another person with whom the client has a relationship. The client's treatment will be considered terminated and the file placed in the inactive files. Clinicians will write a termination summary designed to close the file and allow for a smooth continuation of services if the student decides to return to counseling. Termination notes will include a summary of treatment provided, progress achieved, any remaining problems, prognosis, reasons for termination, and any clinical recommendations.

Storage and Security of Electronic Information

Computerized Client Data and Case Records are accessible only to counseling center staff. Computerized client information and case records are secured by password protection to prevent unauthorized access. Computerized client records require two passwords for each staff member; these passwords are different for each staff member. Counseling center staff receive instruction on electronic security management and the Titanium Schedule computerized documentation system. Computerized client records are stored on a secure internal network server that is fully backed up on a daily basis. Information Technology employees are trained regarding confidentiality issues. Counseling center staff will lock computer work stations upon leaving their desks as well as when non-center individuals are present. Information Technology staff are responsible for maintaining campus-wide, system-distributed virus protection and firewall protection.

When a Counseling Center staff member is no longer employed by the college, the staff member's user access is denied permanently to both the college's server and the Titanium computerized documentation system.

Computerized records are archived according to state regulations.

Practice Guidelines

Evaluation and Quality Assessment

Annual employee evaluations are given as per the University of North Georgia policies and procedures. Case evaluations will be conducted regularly by means of peer consultation.

Students will be asked to evaluate counseling center services by completing the online evaluation form at the end of the semester in which they receive services.

Ethics

Professional ethical practice forms the cornerstone of counseling services. All counseling center staff should be thoroughly trained regarding relevant federal, state, and local statutes which govern the delivery of counseling and psychological services. Professional staff should adhere to the current professional code of ethics for the discipline in which they were trained and educated. The UNG counseling center clinicians adhere to the ethical codes for their particular profession. (Please see Appendix 3-5 for specific ethical codes.) It is the responsibility of each staff member at the UNG counseling centers to be familiar with and follow the ethical guidelines of his or her profession and licensing body. Each center's operating procedures should be congruent with these standards and in no way abridge or contravene an individual staff member's ethical obligations and privileges. Counseling center staff should not pay fees to others for recommending or referring clients to the center. Also, staff should not accept fees for recommending clients to a school or agency. All staff engaged in research should abide by ethical standards. In addition, professional ethics should be abided by in the preparation, use, and distribution of all tests administered by the agency.

Graduate and Undergraduate Internships

Campuses of the University of North Georgia may participate in clinical internship programs with other academic programs or institutions. Wellness internships may also be established with other institutions and agencies in health promotion and behavior.

Practicum/Internship Programs

At the discretion of the Director, the counseling center may host practicum/intern students in psychology, counseling, social work, and other related graduate programs.

Internship/Practicum Goals and Philosophy

- Increase the intern's knowledge base in counseling.
- Enhance the intern's ability to conceptualize from varying perspectives.
- Provide training which is oriented towards the growth of clients.
- Provide training, which leads to effective and ethically sound interventions.
- Enhance the intern's appreciation and understanding of human diversity and culturally relevant interventions.
- Enhance the intern's commitment to life-long process of personal and professional development.

In addition to meeting the above goals and those of the intern's academic program, additional individual goals are negotiated with the Director or Associate/Assistant Director.

Intern's Role in Organization

Interns are considered professional colleagues and, as such, they may participate in clinical and administrative responsibilities of the counseling center depending upon their individual fields of study. Psychology, counseling, and clinical social work interns are expected to attend case conference meetings regularly and share their views regarding operations such as services, programs, policies, procedures, and future goals.

Intern Selection Process

Group interviews will be conducted of potential interns according to the following guidelines:

- These interviews are conducted in person. All staff are asked to participate in these interviews.
- All senior staff are involved in making the decision regarding which applicants will receive offers and in what order.

Supervision of Interns

Student counseling endorses and supports a broad range of therapeutic methods within a framework, which maintains that the therapist-client relationship is central to effective intervention. Similarly, the supervisor-supervisee relationship is seen as central to effective supervision. If the trainee and the supervisor are to grow professionally and personally, this relationship must be one of mutual trust, respect, and commitment to sustaining the relationship.

Supervisor's responsibilities may include the following:

1. Assisting the supervisee in her or his professional development;
2. Representing the counseling center to the supervisee in the communication and clarification of policies, procedures, and norms;
3. Monitoring the quality of services provided by the supervisee and working with the supervisee to improve that quality;
4. Consulting with the supervisee's faculty and other counseling center staff to coordinate the supervisee's training;
5. Audio/videotaping supervision meetings (and reviewing these tapes with other staff) to enhance supervision skills and ensure quality of supervision;
6. Discussing ethical questions and concerns as they arise;
7. Providing (as well as being open to) ongoing, objective, and constructive feedback;
8. Overseeing all documentation made by interns and cosign all notes within one week of service.

Clinical supervisees are expected to:

1. Where appropriate, provide supervisors with taped examples of their work with clients or other forms of documentation.
2. Discuss major clinical decisions (e.g., termination, atypical interventions, communication with third parties) prior to implementing them.
3. Keep their supervisors informed regarding their training needs and professional activities within the counseling center.
4. Discuss ethical questions and concerns as they arise.

Individual Supervision of Interns

Interns receive one hour of individual supervision each week. Assignment of supervisors is based on the intern's preference, goals, and the compatibility of orientations and styles between intern and supervisor, when possible. Supervisory assignments typically change each semester to maximize contact with a variety of role models.

Orientation of Interns

The orientation process will introduce interns to the organization of the University, the characteristics of UNG's student population, the policies and procedures of the counseling center, the resources of the University and the community, and theoretical approaches of potential supervisors. Visits to relevant campus agencies are included to increase intern's familiarity with their new environment. Informal events are also scheduled which assist interns in becoming acquainted with each other and with members of the counseling center staff. Following this initial orientation, the orientation process is customized to each intern's learning needs and level` of prior experience.

Intern Professional Development

Time is available for professional reading; attendance at outside workshops; participation in professional organizations, conferences and conventions; and contact with professionals in other agencies and in the community as available.

Intern Evaluation Process

Communication Between Counseling Center and Intern's Academic Program.

1. Although primary communication regarding intern progress will be between the individual supervisor and intern, the Counseling Center Director or Associate/Assistant Director will be informed of training progress on an ongoing basis and other members of the staff may communicate about various aspects of student progress (e.g., group co-facilitation, conducting initial consultation, completion of paperwork, interactions with staff, etc.).
2. Members of the Counseling Center staff, particularly the individual supervisor and Director or Associate/Assistant Director, reserve the right to communicate with the trainee's academic program (i.e., trainee's practicum/internship instructor and graduate program advisor) at any time during the course of training regarding student progress.

Trainees should be assured that the primary reason for communicating about student progress, besides the welfare of clients, is our concern for the growth and professional development of the trainee. Significant concerns about unsatisfactory performance or trainee impairment will be addressed directly with the trainee and she/he will have opportunity to respond as covered below (Procedures for Responding to Inadequate Performance by a Trainee).

Procedures for Responding to Inadequate Performance by a Trainee

1. Definitions

Inadequate performance is defined as interference in professional functioning as a result of one or more of the following:

- An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior
- An inability to acquire professional skills in order to reach an acceptable level of competency; and/or
- An inability to manage personal stress, one's own emotions, or emotional reactions.

Performance problems that develop as a result of an intern's behaviors, attitudes, and characteristics may include but are not limited to the following:

1. The trainee repeatedly and chronically does not acknowledge, understand, or address the issue of concern when it is identified.
2. The performance issue is not merely a reflection of a skill deficit that can be rectified by academic or didactic training.
3. The quality of services delivered by the trainee is significantly compromised.
4. A disproportionate amount of attention by training personnel is required.
5. The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.
6. The trainee is unable/unwilling to fulfill training program responsibilities.
7. Training staff members and peers identify the trainee as having repeated difficulties relating to others professionally.

If it is determined that the trainee's performance is inadequate, the trainee's academic program (i.e., trainee's practicum/internship instructor and graduate program advisor) will be notified and informed of the inadequate performance. The counseling and/or clinical supervisor will seek input from the academic program as to how to best address such difficulties.

2. Assessment

Should a trainee's performance create the possibility of potential or significant harm to a client or potential client, the training director will take immediate action, including possible suspension or termination. In less egregious cases of inadequate performance, one or more of the following steps should precede a determination that a trainee's performance is inadequate:

1. Consistent feedback from the clinical supervisor to the trainee.
2. Consistent feedback from the clinical supervisor and other senior staff to the Counseling Center Director.
3. Discussion and feedback during the evaluation process (involving the trainee, trainee's supervisor, and Director if indicated).

The Director will come to one of three decisions: (a) trainee performance is acceptable; (b) trainee performance indicates one or more problem areas (typical for level of experience), and recommendations for supervision and training can be made; or (c) trainee performance is inadequate, and the focus of the review will move to remediation or termination.

3. Remediation

Several possible and perhaps concurrent courses of action to remediate identified inadequate performance include but are not limited to:

1. Increased clinical supervision, either with the same or other supervisors.
2. Change in the format, emphasis, and/or focus of clinical supervision.
3. Reduction of the intern's clinical workload and/or the requirement of specific academic course work, and/or recommendation, when appropriate, of a leave of absence.
4. When a combination of the above interventions does not rectify the inadequate performance, or when the trainee seems unable or unwilling to alter his/her behavior, the training program may need to take formal action, such as communicating to the trainee and academic program that the trainee has not successfully completed the practicum and terminate the trainee from the practicum.

Internship Program Evaluation Process

The training staff depends on interns to provide informative feedback about their training experiences and to help the staff conduct this on-going evaluation. Interns meet regularly as a group with the Director to discuss their training experience as it evolves. The Director responds to issues, coordinates resources to meet intern needs, and works with interns and staff to resolve any difficulties that arise. Interns are also strongly encouraged to discuss their training experience regularly with their internship supervisor. It is the responsibility of the internship supervisor to assist the intern in reflecting on her or his training experience and ensuring that her or his training needs are met.

Interns are also asked to provide formal feedback to internship supervisors each semester during the training year. Interns may also complete self-evaluations at the beginning and end of each semester; this information is processed with the supervisor. Interns will complete a general evaluation of the internship program to be blindly reviewed by the supervisor and Counseling Director each semester.

APPENDIX ITEMS

APPENDIX 1
INFORMED CONSENT/CONFIDENTIALITY AGREEMENT

Welcome to the Counseling Center. This document contains important information about your rights and responsibilities, and the center's services and policies. Please read it carefully and discuss any concerns you have with your clinician. When you initial each section and sign the final document, it will represent an agreement between you and the University Counseling Center.

COUNSELING: The Counseling Center provides counseling and psychotherapy for individual, couples and small groups by licensed professional clinicians, clinical social workers, and psychologists. Counseling is a confidential process designed to help you address your concerns, come to a greater understanding of yourself, and learn effective personal and interpersonal coping strategies. Counseling has been shown to have benefits for people who choose to participate. However, because counseling often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings. We encourage you to address any concerns you have with your clinician.

In accordance with law, what a client discusses with his or her clinician at the University of North Georgia Counseling Centers is kept confidential within the counseling center unless the client provides written permission to release information to other parties. There are exceptions, however, where information can be released without the client's consent or authorization.
These include:

(1) If the client presents as a threat or danger to himself or herself, his or her clinician is permitted to release information necessary for the purpose of his or her protection (such as contacting family members or to seek hospitalization);

(2) Where an immediate threat of physical violence or harm against a readily identifiable victim is disclosed, the clinician is required to take action which may include notifying the potential victim(s), notifying the police, or seeking hospitalization;

(3) Where danger to self or others is identified, relevant information will be discussed with appropriate officials, which may include the Care/Behavioral Intervention Team including directors of Public Safety, Student Counseling, Housing, Student Health, and Dean of Students in order to recommend the best course of action;

(4) Where abuse or harmful neglect of children, the elderly, or disabled/incompetent individuals is known or reasonably suspected, the clinician must file a report with the appropriate state agency;

(5) In the event the client or a legal representative of the client files a lawsuit that opens the issue of his/her mental health or care, the client thereby effectively relinquishes his/her privilege of confidentiality and his/her mental health records may be released to the involved parties;

(6) In court proceedings, a judge may require through a court order the submission of the clinician's testimony and client's records if he/she determines this is necessary to resolve the issues before the court;

(7) Information will be released to a third party with the client's written consent. The laws concerning confidentiality can be quite complex. While clinicians are willing to discuss these matters with clients, they are not attorneys. If clients have specific legal questions, they will be advised by the clinician to speak with an attorney.

These parameters are legal requirements for therapists practicing in the state of Georgia as determined by their respective licensing boards and codes of ethics.

We are not forensic psychologists and, thus, are not trained in court and legal proceedings. Should you ever need a court-related psychological assessment or other court-mandated/specialized counseling, your clinician will assist you with a referral to a specialist.

In order to avoid dual role issues, we cannot be both your clinician and your court advocate. Also, we cannot engage in social networking relationships or provide reference letters.

If you come to the Center for couple's counseling a file is kept for each individual. You need to be aware that information about you shared in couples counseling will be present in your partner's file. Thus, if your partner and you should go to court for divorce, custody, or other reasons, your partner can sign a release of information for his/her file and obtain some information about you. We cannot be court advocates for either of you.

You should also be aware that some professional-application processes require the disclosure of mental health diagnoses and treatment records. These might include the FBI, Peace Corps, bar exam, military, federal government, or medical boards. Your clinician will generally not disclose any information without your written permission.

All of your information is stored in a computer database. This computer database contains the information you provided and information about any interactions with your clinician (e.g., visits, phone calls, etc.). This database is accessible only on our Center server. The server and the database are protected by two different passwords and accessible only to Center employees and to authorized IT employees who sign confidentiality agreements. Additions to and modifications of the databases are limited to the individuals who are working with you. By law, records may be destroyed seven years after your last visit.

STAFF CONSULTATION. In order to provide you with the best care, clinicians may occasionally find it helpful to consult other professionals, including another member of our staff or an outside professional, about your counseling. When consultation outside the Counseling Center is sought, clinicians do not reveal your name or specific identifying information about you.

ELIGIBILITY to RECEIVE SERVICES. As a University of North Georgia student 18 years of age or older, you are eligible for on-campus counseling services. Students 17 and younger will be seen with the consent of a parent or guardian. You may be referred off campus for counseling at your own expense if it is determined your presenting concern would be better addressed by other services or are outside our scope of service. Faculty and staff are eligible for short-term consultation depending upon the resources of the campus. Former and future students may receive services at the discretion of the director or associate director.

KEEPING APPOINTMENTS. If you need to cancel or reschedule an appointment due to unforeseen circumstances, please contact us no later than 24 hours in advance. When an emergency prevents you from keeping your appointment, please inform us about your situation as soon as possible.

Sessions are generally 50 minutes long. If you arrive late for your appointment, sessions will still end on time. If you arrive more than 15 minutes late, your appointment may be rescheduled.

CONTACTING CLINICIANS. If you leave a phone message for a clinician, we will return your call during normal business hours. If you cannot wait for staff to return your call or need to speak to someone outside of business hours, please contact the Georgia Crisis and Access line at 1.800.715.4225. If you feel you may be a danger to yourself or others, call 911.

Email, texting, social networking, chat, and other means of electronic communication are not confidential. Clinicians at the University of North Georgia will not provide counseling services electronically and students assume all risks if they communicate using these methods. Generally, email and texts are not monitored outside of regular business hours and students should not expect a reply during those times.

RESEARCH AND EVALUATION. We periodically evaluate our services in order to improve our services to you. The evaluations you complete are anonymous and confidential. For Center purposes, overall averages are used. Your clinician will receive the evaluation information from his/her clients, but your name will not be provided to the clinician.

Information for an annual report of services is routinely compiled and reported as group averages with no individually identifying information. This is used for program planning and service evaluation as well as to participate in national research.

As of January 2013, the University of North Georgia will consist of four campuses. By signing this form, you are agreeing to allow access to your mental health records by clinicians on any UNG campus.

We hope your experience at the Center is a positive one. If at any time you have any questions or concerns about your experience, please feel free to contact Dr. Simon Cordery, Director, University of North Georgia Counseling.

APPENDIX 2

University of North Georgia Counseling Center
Consent For Release Of Client Information

I, _____, authorize the University of

North Georgia Counseling Center, (therapist name): _____

□ **University of North Georgia, Dahlonega Campus**
82 College Circle, Stewart 246, Dahlonega, GA 30597, FAX 706.867.4524, PH 706.864.1819
□ **University of North Georgia, Gainesville Campus**
P.O. 1358, Gainesville, GA 30503, FAX 678.717.3621, PH 678.717.3660
□ **University of North Georgia, Oconee Campus**
P.O. 1748, Watkinsville GA 30677, FAX **(TBA),** PH 706.310.6243 or 706.310.6311

to release to/obtain from:

□ _____
Name/Agency

_____ _____ _____
Address City, State Zip Code

_____ _____ _____
FAX number Phone number Email address (if preferred)

Information to be released (check all that apply):

_ Visit verification _Psychotherapy/treatment summary _ Recommendations

_Other information/instructions (specify): _____

_____

Further, this consent statement may be revoked by written request at any time except to the extent that actions have already been taken consistent with this consent statement. Unless otherwise revoked this authorization will expire 12 months from the date of this request or on the following date: _____

Finally, I acknowledge that a reproduction of this consent statement may be accepted with the same authority as the original. This information has been disclosed from confidential records. State law prohibits any further disclosure of this information without the specific, written consent of the person to whom it pertains, or as otherwise permitted by law.

Name _____ Student I.D. _____
(Please print)

Signature_____ Date_____

Address_____

Witness signature _____ Date _____

APPENDIX 3

Ethical Principles of Psychologists and Code Of Conduct 2002

History and Effective Date Footnote

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INTRODUCTION AND APPLICABILITY

The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, five General Principles (A – E), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by an Ethical Standard does not mean that it is necessarily either ethical or unethical.

This Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; public service; policy development; social intervention; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration. This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, internet, and other electronic transmissions. These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code.

Membership in the APA commits members and student affiliates to comply with the standards of the APA Ethics Code and to the rules and procedures used to enforce them. Lack of awareness or misunderstanding of an Ethical Standard is not itself a defense to a charge of unethical conduct. The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the standards of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the standards of the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure. When the sanction to be imposed by APA is less than expulsion, the 2001 Rules and Procedures do not guarantee an opportunity for an in-person hearing, but generally provide that complaints will be resolved only on the basis of a submitted record. The Ethics Code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. The Ethics Code is not intended to be a basis of civil liability. Whether a psychologist has violated the Ethics Code standards does not by itself determine whether the psychologist is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.

The modifiers used in some of the standards of this Ethics Code (e.g., *reasonably, appropriate, potentially*) are included in the standards when they would (1) allow professional judgment on the part of psychologists, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated. As used in this Ethics Code, the term *reasonable* means the prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time. In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations. In applying the Ethics Code to their professional work, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations and the dictates of their own conscience, as well as consult with others within the field. If this Ethics Code establishes a higher standard of conduct than is

required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority in keeping with basic principles of human rights.

PREAMBLE

Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of principles and standards upon which psychologists build their professional and scientific work. This Ethics Code is intended to provide specific standards to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline. The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with

GENERAL PRINCIPLES

This section consists of General Principles. General Principles, as opposed to Ethical Standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose.

Principle A: Beneficence and Nonmaleficence

Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

Principle B: Fidelity and Responsibility

Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

Principle C: Integrity

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits

and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

Principle D: Justice
Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices.

Principle E: Respect for People's Rights and Dignity
Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

ETHICAL STANDARDS

1. Resolving Ethical Issues

1.01 Misuse of Psychologists' Work
If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority
If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority.

1.03 Conflicts Between Ethics and Organizational Demands
If the demands of an organization with which psychologists are affiliated or for whom they are working conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code.

1.04 Informal Resolution of Ethical Violations
When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also Standards 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 1.03, Conflicts Between Ethics and Organizational Demands.)

1.05 Reporting Ethical Violations
If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when

an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question. (See also Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

1.06 Cooperating With Ethics Committees
Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.

1.07 Improper Complaints
Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

1.08 Unfair Discrimination Against Complainants and Respondents
Psychologists do not deny persons employment, advancement, admissions 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.

2. Competence

2.01 Boundaries of Competence

(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists
have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.

(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

(f) When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles.

2.02 Providing Services in Emergencies

In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

2.03 Maintaining Competence
Psychologists undertake ongoing efforts to develop and maintain their competence.

2.04 Bases for Scientific and Professional Judgments
Psychologists' work is based upon established scientific and professional knowledge of the discipline. (See also Standards 2.01e, Boundaries of Competence, and 10.01b, Informed Consent to Therapy.)

2.05 Delegation of Work to Others
Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Emergencies; 3.05, Multiple Relationships; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.02, Use of Assessments; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)

2.06 Personal Problems and Conflicts

(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard 10.10, Terminating Therapy.)

3. Human Relations

3.01 Unfair Discrimination
In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

3.02 Sexual Harassment
Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in APA Ethics Code 2002 Page 6
the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

3.03 Other Harassment
Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

3.04 Avoiding Harm
Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

3.05 Multiple Relationships

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person. A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists. Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

3.06 Conflict of Interest
Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

3.07 Third-Party Requests for Services
When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g., therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards 3.05, Multiple Relationships, and 4.02, Discussing the Limits of Confidentiality.)

3.08 Exploitative Relationships
Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter With Clients/Patients; 7.07, Sexual Relationships With Students and Supervisees; 10.05, Sexual Intimacies With Current Therapy Clients/Patients; 10.06, Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients; 10.07, Therapy With Former Sexual Partners; and 10.08, Sexual Intimacies With Former Therapy Clients/Patients.)

3.09 Cooperation With Other Professionals

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (See also Standard 4.05, Disclosures.)

3.10 Informed Consent

(a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.

(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 8.02,Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

3.11 Psychological Services Delivered To or Through Organizations

(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about

(1) the nature and objectives of the services,
(2) the intended recipients,
(3) which of the individuals are clients,
(4) the relationship the psychologist will have with each person and the organization,
(5) the probable uses of services provided and information obtained,
(6) who will have access to the information, and
(7) limits of confidentiality.

As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

3.12 Interruption of Psychological Services

Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation, or retirement or by the client's/patient's relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)

4. Privacy And Confidentiality

4.01 Maintaining Confidentiality

Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of

confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship. (See also Standard 2.05, Delegation of Work to Others.)

4.02 Discussing the Limits of Confidentiality

(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship

(1) the relevant limits of confidentiality and

(2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

4.03 Recording

Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)

4.04 Minimizing Intrusions on Privacy

(a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

4.05 Disclosures

(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to

(1) provide needed professional services;

(2) obtain appropriate professional consultations;

(3) protect the client/patient, psychologist, or others from harm; or

(4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04e, Fees and Financial Arrangements.)

4.06 Consultations

When consulting with colleagues,

(1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and

(2) they disclose information only to the extent necessary to achieve the purposes of the consultation.(See also Standard 4.01, Maintaining Confidentiality.)

4.07 Use of Confidential Information for Didactic or Other Purposes

Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless

(1) they take reasonable steps to disguise the person or organization,
(2) the person or organization has consented in writing, or
(3) there is legal authorization for doing so.

5. Advertising and Other Public Statements

5.01 Avoidance of False or Deceptive Statements

(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.

(b) Psychologists do not make false, deceptive, or fraudulent statements concerning

(1) their training, experience, or competence;
(2) their academic degrees;
(3) their credentials;
(4) their institutional or association affiliations;
(5) their services;
(6) the scientific or clinical basis for, or results or degree of success of, their services;
(7) their fees; or
(8) their publications or research findings.

(c) Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

5.02 Statements by Others

(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (See also Standard 1.01, Misuse of Psychologists' Work.)

(c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs

To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

5.04 Media Presentations

When psychologists provide public advice or comment via print, internet, or other electronic transmission, they take precautions to ensure that statements

(1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice;
(2) are otherwise consistent with this Ethics Code; and

(3) do not indicate that a professional relationship has been established with the recipient. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

5.05 Testimonials
Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

5.06 In-Person Solicitation
Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude

(1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or

(2) providing disaster or community outreach services.

6. Record Keeping and Fees

6.01 Documentation of Professional and Scientific Work and Maintenance of Records
Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to

(1) facilitate provision of services later by them or by other professionals,
(2) allow for replication of research design and analyses,
(3) meet institutional requirements,
(4) ensure accuracy of billing and payments, and
(5) ensure compliance with law. (See also Standard 4.01, Maintaining Confidentiality.)

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work
(a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standards 4.01, Maintaining Confidentiality, and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.) (b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers. (c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

6.03 Withholding Records for Nonpayment
Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

6.04 Fees and Financial Arrangements

(a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.

(b) Psychologists' fee practices are consistent with law.

(c) Psychologists do not misrepresent their fees.

(d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Therapy, and 10.10, Terminating Therapy.)

(e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

6.05 Barter With Clients/Patients

Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists may barter only if

(1) it is not clinically contraindicated, and

(2) the resulting arrangement is not exploitative. (See also Standards 3.05, Multiple Relationships, and 6.04, Fees and Financial Arrangements.)

6.06 Accuracy in Reports to Payors and Funding Sources

In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality; 4.04, Minimizing Intrusions on Privacy; and 4.05, Disclosures.)

6.07 Referrals and Fees

When psychologists pay, receive payment from, or divide fees with another professional, other than in an employer employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Cooperation With Other Professionals.)

7. Education and Training

7.01 Design of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.)

7.02 Descriptions of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

7.03 Accuracy in Teaching

(a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Statements.)

(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Competence.)

7.04 Student Disclosure of Personal Information
Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if

(1) the program or training facility has clearly identified this requirement in its admissions and program materials or

(2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.05 Mandatory Individual or Group Therapy

(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)

(b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)

7.06 Assessing Student and Supervisee Performance

(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 Sexual Relationships With Students and Supervisees
Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)

8. Research and Publication

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

8.02 Informed Consent to Research
(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about

(1) the purpose of the research, expected duration, and procedures;

(2) their right to decline to participate and to withdraw from the research once participation has begun;

(3) the foreseeable consequences of declining or withdrawing;

(4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects;

(5) any prospective research benefits;

(6) limits of confidentiality;

(7) incentives for participation; and

(8) whom to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers. (See also

Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)

(b) Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research

(1) the experimental nature of the treatment;

(2) the services that will or will not be available to the control group(s) if appropriate;

(3) the means by which assignment to treatment and control groups will be made;

(4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and

(5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (See also Standard 8.02a, Informed Consent to Research.)

8.03 Informed Consent for Recording Voices and Images in Research

Psychologists obtain informed consent from research participants prior to recording their voices or images for data collection unless

(1) the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, or

(2) the research design includes deception, and consent for the use of the recording is obtained during debriefing. (See also Standard 8.07, Deception in Research.)

8.04 Client/Patient, Student, and Subordinate Research Participants

(a) When psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation. (b) When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.05 Dispensing With Informed Consent for Research

Psychologists may dispense with informed consent only

(1) where research would not reasonably be assumed to create distress or harm and involves

(a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings;

(b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or

(c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected or

(2) where otherwise permitted by law or federal or institutional regulations.

8.06 Offering Inducements for Research Participation

(a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.
(b) When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter With Clients/Patients.)

8.07 Deception in Research

(a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective non-deceptive alternative procedures are not feasible.

(b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.

(c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)

8.08 Debriefing

(a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.

(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

(c) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

8.09 Humane Care and Use of Animals in Research

(a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.

(b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.

(c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others.)

(d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.

(e) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.

(f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.

(g) When it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.10 Reporting Research Results

(a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)

(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

8.11 Plagiarism
Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.

8.12 Publication Credit

(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)

(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications
are acknowledged appropriately, such as in footnotes or in an introductory statement.

(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

8.13 Duplicate Publication of Data
Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.
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8.14 Sharing Research Data for Verification

(a) After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.

(b) Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior

8.15 Reviewers
Psychologists who review material submitted for presentation, publication, grant, or research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

9. Assessment

9.01 Bases for Assessments

(a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

(b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)

(c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

9.02 Use of Assessments

(a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

(c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

9.03 Informed Consent in Assessments

(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when

(1) testing is mandated by law or governmental regulations;

(2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or

(3) one purpose of the testing is to evaluate

decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

(b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

(c) Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.06, Interpreting Assessment Results; and 9.07, Assessment by Unqualified Persons.)

9.04 Release of Test Data

(a) The term *test data* refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists' notes and recordings concerning client/patient statements and behavior during an examination. Those portions of test materials that include client/patient responses are included in the definition of *test data*. Pursuant to a client/patient release, psychologists provide test data to the client/patient or other persons identified in the release. Psychologists may refrain from releasing test data

to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law. (See also Standard 9.11, Maintaining Test Security.)

(b) In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

9.05 Test Construction
Psychologists who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

9.06 Interpreting Assessment Results
When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (See also Standards 2.01b and c, Boundaries of Competence, and 3.01, Unfair Discrimination.)

9.07 Assessment by Unqualified Persons
Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others.)

9.08 Obsolete Tests and Outdated Test Results

(a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

(b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

9.09 Test Scoring and Interpretation Services

(a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01b and c, Boundaries of Competence.)

(c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

9.10 Explaining Assessment Results
Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, preemployment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

9.11. Maintaining Test Security

The term *test materials* refers to manuals, instruments, protocols, and test questions or stimuli and does not include *test data* as defined in Standard 9.04, Release of Test Data. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code.

10. Therapy

10.01 Informed Consent to Therapy

(a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.04, Fees and Financial Arrangements.)

(b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01e, Boundaries of Competence, and 3.10, Informed Consent.)

(c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

10.02 Therapy Involving Couples or Families

(a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)

10.03 Group Therapy
When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

10.04 Providing Therapy to Those Served by Others
In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

10.05 Sexual Intimacies With Current Therapy Clients/Patients
Psychologists do not engage in sexual intimacies with current therapy clients/patients.

0.06 Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients
Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

10.07 Therapy With Former Sexual Partners
Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies With Former Therapy Clients/Patients

(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including

(1) the amount of time that has passed since therapy terminated;
(2) the nature, duration, and intensity of the therapy;
(3) the circumstances of termination;
(4) the client's/patient's personal history;
(5) the client's/patient's current mental status;
(6) the likelihood of adverse impact on the client/patient; and
(7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a posttermination sexual or romantic relationship with the client/patient. (See also Standard 3.05, Multiple Relationships.)

10.09 Interruption of Therapy
When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (See also Standard 3.12, Interruption of Psychological Services.)

10.10 Terminating Therapy

(a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.

History and Effective Date Footnote
This version of the APA Ethics Code was adopted by the American Psychological Association's Council of Representatives during its meeting, August 21, 2002, and is effective beginning June 1, 2003. Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office of Ethics, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242. The Ethics Code and information regarding the Code can be found on the APA web site, http://www.apa.org/ethics. The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints regarding conduct occurring prior to the effective date will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred. The APA has previously published its Ethics Code as follows:

American Psychological Association. (1953). Ethical standards of psychologists. Washington, DC: Author.

American Psychological Association. (1959). Ethical standards of psychologists. American Psychologist, 14, 279-282.

American Psychological Association. (1963). Ethical standards of psychologists. American Psychologist, 18, 56-60.

American Psychological Association. (1968). Ethical standards of psychologists. American Psychologist, 23, 357-361.

American Psychological Association. (1977, March). Ethical standards of psychologists. APA Monitor, 22-23.

American Psychological Association. (1979). Ethical standards of psychologists. Washington, DC: Author.

American Psychological Association. (1981). Ethical principles of psychologists. American Psychologist, 36, 633-638.

American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989).

American Psychologist, 45, 390-395.

American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. American Psychologist, 47, 1597-1611.

Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department,
750 First Street, NE, Washington, DC 20002-4242, or phone (202) 336-5510.

Ethics Code 2002.doc 10/8/02

APPENDIX 4

CODE OF ETHICS

PREAMBLE

The National Board for Certified Clinicians (NBCC) is a professional certification board which certifies clinicians as having met standards for the general and specialty practice of professional counseling established by the Board. The clinicians certified by NBCC may identify with different professional associations and are often licensed by jurisdictions which promulgate codes of ethics. The NBCC *Code of Ethics* provides a minimal ethical standard for the professional behavior of all NBCC certificants. This *Code* provides an expectation of and assurance for the ethical practice for all who use the professional services of an NBCC certificant. In addition, it serves the purpose of having an enforceable standard for all NBCC certificants and assures those served of some resource in case of a perceived ethical violation. This *Code* is applicable to National Certified Clinicians and those who are seeking certification from NBCC. The NBCC *Ethical Code* applies to all those certified by NBCC regardless of any other professional affiliation. Persons who receive professional services from certified clinicians may elect to use other ethical codes which apply to their clinician. Although NBCC cooperates with professional associations and credentialing organizations, it can bring actions to discipline or sanction NBCC certificants only if the provisions of the NBCC *Code* are found to have been violated.

The National Board for Certified Clinicians, Inc. (NBCC) promotes counseling through certification. In pursuit of this mission, the NBCC:

- Promotes quality assurance in counseling practice
- Promotes the value of counseling
- Promotes public awareness of quality counseling practice
- Promotes professionalism in counseling
- Promotes leadership in credentialing

SECTION A: GENERAL

1. Certified clinicians engage in continuous efforts to improve professional practices, services, and research. Certified clinicians are guided in their work by evidence of the best professional practices.

2. Certified clinicians have a responsibility to the clients they serve and to the institutions within which the services are performed. Certified clinicians also strive to assist the respective agency, organization, or institution in providing competent and ethical professional services. The acceptance of employment in an institution implies that the certified clinician is in agreement with the general policies and principles of the institution. Therefore, the professional activities of the certified clinician are in accord with the objectives of the institution. If the certified clinician and the employer do not agree and cannot reach agreement on policies that are consistent with appropriate clinician ethical practice that is conducive to client growth and development, the employment should be terminated. If the situation warrants further action, the certified clinician should work through professional organizations to have the unethical practice changed.

3. Ethical behavior among professional associates (i.e., both certified and non-certified clinicians) must be expected at all times. When a certified clinician has doubts as to the ethical behavior of professional colleagues, the certified clinician must take action to attempt to rectify this condition. Such action uses the respective institution's channels first and then uses procedures established by the NBCC or the perceived violator's profession.

4. Certified clinicians must refuse remuneration for consultation or counseling with persons who are entitled to these services through the certified clinician's employing institution or agency. Certified clinicians must not divert to their private practices, without the mutual consent of the institution and the client, legitimate clients in their primary agencies or the institutions with which they are affiliated.

5. In establishing fees for professional counseling services, certified clinicians must consider the financial status of clients. In the event that the established fee status is inappropriate for a client, assistance must be provided in finding comparable services at acceptable cost.

6. Certified clinicians offer only professional services for which they are trained or have supervised experience. No diagnosis, assessment, or treatment should be performed without prior training or supervision. Certified clinicians are responsible for correcting any misrepresentations of their qualifications by others.

7. Certified clinicians recognize their limitations and provide services or use techniques for which they are qualified by training and/or supervision. Certified clinicians recognize the need for and seek continuing education to assure competent services.

8. Certified clinicians are aware of the intimacy in the counseling relationship and maintain respect for the client. Clinicians must not engage in activities that seek to meet their personal or professional needs at the expense of the client.

9. Certified clinicians must insure that they do not engage in personal, social, organizational, financial, or political activities which might lead to a misuse of their influence.

10. Sexual intimacy with clients is unethical. Certified clinicians will not be sexually, physically, or romantically intimate with clients, and they will not engage in sexual, physical, or romantic intimacy with clients within a minimum of two years after terminating the counseling relationship.

11. Certified clinicians do not condone or engage in sexual harassment, which is defined as unwelcome comments, gestures, or physical contact of a sexual nature.

12. Through an awareness of the impact of stereotyping and unwarranted discrimination (e.g., biases based on age, disability, ethnicity, gender, race, religion, or sexual orientation), certified clinicians guard the individual rights and personal dignity of the client in the counseling relationship.

13. Certified clinicians are accountable at all times for their behavior. They must be aware that all actions and behaviors of the clinician reflect on professional integrity and, when inappropriate, can damage the public trust in the counseling profession. To protect public confidence in the counseling profession, certified clinicians avoid behavior that is clearly in violation of accepted moral and legal standards.

14. Products or services provided by certified clinicians by means of classroom instruction, public lectures, demonstrations, written articles, radio or television programs or other types of media must meet the criteria cited in this code.

15. Certified clinicians have an obligation to withdraw from the practice of counseling if they violate the *Code of Ethics*, or if the mental or physical condition of the certified clinician renders it unlikely that a professional relationship will be maintained.

16. Certified clinicians must comply with all NBCC policies, procedures and agreements, including all information disclosure requirements.

SECTION B: COUNSELING RELATIONSHIP

1. The primary obligation of certified clinicians is to respect the integrity and promote the welfare of clients, whether they are assisted individually, in family units, or in group counseling. In a group setting, the certified clinician is also responsible for taking reasonable precautions to protect individuals from physical and/or psychological trauma resulting from interaction within the group.

2. Certified clinicians know and take into account the traditions and practices of other professional disciplines with whom they work and cooperate fully with such. If a person is receiving similar services from another professional, certified clinicians do not offer their own services directly to such a person. If a certified clinician is contacted by a person who is already receiving similar services from another professional, the certified clinician carefully considers that professional relationship as well as the client's welfare and proceeds with caution and sensitivity to the therapeutic issues. When certified clinicians learn that their clients are in a professional relationship with another clinician or mental health professional, they request release from the clients to inform the other clinician or mental health professional of their relationship with the client and strive to establish positive and collaborative professional relationships that are in the best interest of the client. Certified clinicians discuss these issues with clients and the clinician or professional so as to minimize the risk of confusion and conflict and encourage clients to inform other professionals of the new professional relationship.

3. Certified clinicians may choose to consult with any other professionally competent person about a client and must notify clients of this right. Certified clinicians avoid placing a consultant in a conflict-of-interest situation that would preclude the consultant serving as a proper party to the efforts of the certified clinician to help the client.

4. When a client's condition indicates that there is a clear and imminent danger to the client or others, the certified clinician must take reasonable action to inform potential victims and/or inform responsible authorities. Consultation with other professionals must be used when possible. The assumption of responsibility for the client's behavior must be taken only after careful deliberation, and the client must be involved in the resumption of responsibility as quickly as possible.

5. Records of the counseling relationship, including interview notes, test data, correspondence, audio or visual tape recordings, electronic data storage, and other documents are to be considered professional information for use in counseling. Records should contain accurate factual data. The physical records are property of the certified clinicians or their employers. The information contained in the records belongs to the client and therefore may not be released to others without the consent of the client or when the clinician has exhausted challenges to a court order. The certified clinicians are responsible to insure that their employees handle confidential information appropriately. Confidentiality must be maintained during the storage and disposition of records. Records should be maintained for a period of at least five (5) years after the last clinician/client contact, including cases in which the client is deceased. All records must be released to the client upon request.

6. Certified clinicians must ensure that data maintained in electronic storage are secure. By using the best computer security methods available, the data must be limited to information that is appropriate and necessary for the services being provided and accessible only to appropriate staff members involved in the provision of services. Certified clinicians must also ensure that the electronically stored data are destroyed when the information is no longer of value in providing services or required as part of clients' records.

7. Any data derived from a client relationship and used in training or research shall be so disguised that the informed client's identity is fully protected. Any data which cannot be so disguised may be used only as expressly authorized by the client's informed and uncoerced consent.

8. When counseling is initiated, and throughout the counseling process as necessary, clinicians inform clients of the purposes, goals, techniques, procedures, limitations, potential risks and benefits of services to be performed, and clearly indicate limitations that may affect the relationship as well as any other pertinent information. Clinicians take reasonable steps to ensure that clients understand the implications of any diagnosis, the intended use of tests and reports, methods of treatment and safety precautions that must be taken in their use, fees, and billing arrangements. 9. Certified clinicians who have an administrative, supervisory and/or evaluative relationship with individuals seeking counseling services must not serve as the clinician and should refer the individuals to other professionals. Exceptions are made only in instances where an individual's situation warrants counseling intervention and another alternative is unavailable. Dual relationships that might impair the certified clinician's objectivity and professional judgment must be avoided and/or the counseling relationship terminated through referral to a competent professional. 10. When certified clinicians determine an inability to be of professional assistance to a potential or existing client, they must, respectively, not initiate the counseling relationship or immediately terminate the relationship. In either event, the certified clinician must suggest appropriate alternatives. Certified clinicians must be knowledgeable about referral resources so that a satisfactory referral can be initiated. In the event that the client declines a suggested referral, the certified clinician is not obligated to continue the relationship.

11. When certified clinicians are engaged in intensive, short-term counseling, they must ensure that professional assistance is available at normal costs to clients during and following the short-term counseling.
12. Clinicians using electronic means in which clinician and client are not in immediate proximity must present clients with local sources of care before establishing a continued short or long-term relationship. Clinicians who communicate with clients via Internet are governed by NBCC standards for Web Counseling.

13. Clinicians must document permission to practice counseling by electronic means in all governmental jurisdictions where such counseling takes place.

14. When electronic data and systems are used as a component of counseling services, certified clinicians must ensure that the computer application, and any information it contains, is appropriate for the respective needs of clients and is non-discriminatory. Certified clinicians must ensure that they themselves have acquired a facilitation level of knowledge with any system they use including hands-on application, and understanding of the uses of all aspects of the computer-based system. In selecting and/or maintaining computer-based systems that contain career information, clinicians must ensure that the system provides current, accurate, and locally relevant information. Certified clinicians must also ensure that clients are intellectually, emotionally, and physically compatible with computer applications and understand their purpose and operation. Client use of a computer application must be evaluated to correct possible problems and assess subsequent needs.

15. Certified clinicians who develop self-help/stand-alone computer software for use by the general public, must first ensure that it is designed to function in a stand-alone manner that is appropriate and safe for all clients for which it is intended. A manual is required. The manual must provide the user with intended outcomes, suggestions for using the software, descriptions of inappropriately used applications, and descriptions of when and how other forms of counseling services might be beneficial. Finally, the manual must include the qualifications of the developer, the development process, validation date, and operating procedures.

16. The counseling relationship and information resulting from it remains confidential, consistent with the legal and ethical obligations of certified clinicians. In group counseling, clinicians clearly define confidentiality and the parameters for the specific group being entered, explain the importance of confidentiality, and discuss the difficulties related to confidentiality involved in group work. The fact that confidentiality cannot be guaranteed is clearly communicated to group members. However, clinicians should give assurance about their professional responsibility to keep all group communications confidential.

17. Certified clinicians must screen prospective group counseling participants to ensure compatibility with group objectives. This is especially important when the emphasis is on self-understanding and growth through self-disclosure. Certified clinicians must maintain an awareness of the welfare of each participant throughout the group process.

SECTION C: CLINICIAN SUPERVISION

NCCs who offer and/or provide supervision must:
a. Ensure that they have the proper training and supervised experience through contemporary continuing education and/or graduate training.
b. Ensure that supervisees are informed of the supervisor's credentials and professional status as well as all conditions of supervision as defined/outlined by the supervisor's practice, agency, group, or organization.
c. Ensure that supervisees are aware of the current ethical standards related to their professional practice.
d. Ensure that supervisees are informed about the process of supervision, including supervision goals, paradigms of supervision and the supervisor's preferred research based supervision paradigm(s).
e. Provide supervisees with agreed upon scheduled feedback as part of an established evaluation plan (e.g., one (1) hour per week).
f. Ensure that supervisees inform their clients of their professional status (i.e., trainee, intern, licensed, non-licensed, etc).
g. Establish procedures with their supervisees for handling crisis situations.
h. Render timely assistance to supervisees who are or may be unable to provide competent counseling services to clients and
i. Intervene in any situation where the supervisee is impaired and the client is at risk.
In addition, because supervision may result in a dual relationship between the supervisor and the supervisee, the supervisor is responsible for ensuring that any dual relationship is properly managed.

SECTION D: MEASUREMENT AND EVALUATION

1. Because many types of assessment techniques exist, certified clinicians must recognize the limits of their competence and perform only those assessment functions for which they have received appropriate training or supervision.
2. Certified clinicians who utilize assessment instruments to assist them with diagnoses must have appropriate training and skills in educational and psychological measurement, validation criteria, test research, and guidelines for test development and use.
3. Certified clinicians must provide instrument specific orientation or information to an examinee prior to and following the administration of assessment instruments or techniques so that the results may be placed in proper perspective with other relevant factors. The purpose of testing and the explicit use of the results must be made known to an examinee prior to testing.
4. In selecting assessment instruments or techniques for use in a given situation or with a particular client, certified clinicians must carefully evaluate the specific theoretical bases and characteristics, validity, reliability and appropriateness of the instrument.

5. When making statements to the public about assessment instruments or techniques, certified clinicians must provide accurate information and avoid false claims or misconceptions concerning the meaning of the instrument's reliability and validity terms.
6 Clinicians must follow all directions and researched procedures for selection, administration and interpretation of all evaluation instruments and use them only within proper contexts.
7. Certified clinicians must be cautious when interpreting the results of instruments that possess insufficient technical data, and must explicitly state to examinees the specific limitations and purposes for the use of such instruments. 8. Certified clinicians must proceed with caution when attempting to evaluate and interpret performances of any person who cannot be appropriately compared to the norms for the instrument.
9. Because prior coaching or dissemination of test materials can invalidate test results, certified clinicians are professionally obligated to maintain test security.
10. Certified clinicians must consider psychometric limitations when selecting and using an instrument, and must be cognizant of the limitations when interpreting the results. When tests are used to classify clients, certified clinicians must ensure that periodic review and/or retesting are made to prevent client stereotyping.
11. An examinee's welfare, explicit prior understanding, and consent are the factors used when determining who receives the test results. Certified clinicians must see that appropriate interpretation accompanies any release of individual or group test data (e.g., limitations of instrument and norms).
12. Certified clinicians must ensure that computer-generated test administration and scoring programs function properly thereby providing clients with accurate test results.
13. Certified clinicians who develop computer-based test interpretations to support the assessment process must ensure that the validity of the interpretations is established prior to the commercial distribution of the computer application.
14. Certified clinicians recognize that test results may become obsolete, and avoid the misuse of obsolete data.
15. Certified clinicians must not appropriate, reproduce, or modify published tests or parts thereof without acknowledgment and permission from the publisher, except as permitted by the fair educational use provisions of the U.S. copyright law.

SECTION E: RESEARCH AND PUBLICATION

1. Certified clinicians will adhere to applicable legal and professional guidelines on research with human subjects.
2. In planning research activities involving human subjects, certified clinicians must be aware of and responsive to all pertinent ethical principles and ensure that the research problem, design, and execution are in full compliance with any pertinent institutional or governmental regulations.
3. The ultimate responsibility for ethical research lies with the principal researcher, although others involved in the research activities are ethically obligated and responsible for their own actions.
4. Certified clinicians who conduct research with human subjects are responsible for the welfare of the subjects throughout the experiment and must take all reasonable precautions to avoid causing injurious psychological, physical, or social effects on their subjects.
5. Certified clinicians who conduct research must abide by the basic elements of informed consent:
a. fair explanation of the procedures to be followed, including an identification of those which are experimental.
b. description of the attendant discomforts and risks.
c. description of the benefits to be expected.
d. disclosure of appropriate alternative procedures that would be advantageous for subjects with an offer to answer any inquiries concerning the procedures.
e. an instruction that subjects are free to withdraw their consent and to discontinue participation in the project or activity at any time.

6. When reporting research results, explicit mention must be made of all the variables and conditions known to the investigator that may have affected the outcome of the study or the interpretation of the data.
7. Certified clinicians who conduct and report research investigations must do so in a manner that minimizes the possibility that the results will be misleading.
8. Certified clinicians are obligated to make available sufficient original research data to qualified others who may wish to replicate the study.
9. Certified clinicians who supply data, aid in the research of another person, report research results, or make original data available, must take due care to disguise the identity of respective subjects in the absence of specific authorization from the subjects to do otherwise.
10. When conducting and reporting research, certified clinicians must be familiar with and give recognition to previous work on the topic, must observe all copyright laws, and must follow the principles of giving full credit to those to whom credit is due.
11. Certified clinicians must give due credit through joint authorship, acknowledgment, footnote statements, or other appropriate means to those who have contributed to the research and/or publication, in accordance with such contributions.
12. Certified clinicians should communicate to other clinicians the results of any research judged to be of professional value. Results that reflect unfavorably on institutions, programs, services, or vested interests must not be withheld.
13. Certified clinicians who agree to cooperate with another individual in research and/or publication incur an obligation to cooperate as promised in terms of punctuality of performance and with full regard to the completeness and accuracy of the information required.
14. Certified clinicians must not submit the same manuscript, or one essentially similar in content, for simultaneous publication consideration by two or more journals. In addition, manuscripts that have been published in whole or substantial part should not be submitted for additional publication without acknowledgment and permission from any previous publisher.

SECTION F: CONSULTING

Consultation refers to a voluntary relationship between a professional helper and a help-needing individual, group, or social unit in which the consultant is providing help to the client(s) in defining and solving a work-related problem or potential work-related problem with a client or client system.
1. Certified clinicians, acting as consultants, must have a high degree of self awareness of their own values, knowledge, skills, limitations, and needs in entering a helping relationship that involves human and/or organizational change. The focus of the consulting relationship must be on the issues to be resolved and not on the person(s) presenting the problem.
2. In the consulting relationship, the certified clinician and client must understand and agree upon the problem definition, subsequent goals, and predicted consequences of interventions selected.
3. Certified clinicians acting as consultants must be reasonably certain that they, or the organization represented, have the necessary competencies and resources for giving the kind of help that is needed or that may develop later, and that appropriate referral resources are available.
4. Certified clinicians in a consulting relationship must encourage and cultivate client adaptability and growth toward self-direction. Certified clinicians must maintain this role consistently and not become a decision maker for clients or create a future dependency on the consultant.

SECTION G: PRIVATE PRACTICE

1. In advertising services as a private practitioner, certified clinicians must advertise in a manner that accurately informs the public of the professional services, expertise, and techniques of counseling available.
2. Certified clinicians who assume an executive leadership role in a private practice organization do not permit their names to be used in professional notices during periods of time when they are not actively engaged in the private practice of counseling unless their executive roles are clearly stated.
3. Certified clinicians must make available their highest degree (described by discipline), type and level of certification and/or license, address, telephone number, office hours, type and/or description of services, and other relevant information. Listed information must not contain false, inaccurate, misleading, partial, out-of-context, or otherwise deceptive material or statements.
4. Certified clinicians who are involved in a partnership/corporation with other certified clinicians and/or other professionals, must clearly specify all relevant specialties of each member of the partnership or corporation.

APPENDIX: CERTIFICATION EXAMINATION

Applicants for the NBCC Certification Examinations must have fulfilled all current eligibility requirements, and are responsible for the accuracy and validity of all information and/or materials provided by themselves or by others for fulfillment of eligibility criteria.

ACKNOWLEDGMENT

Reference documents, statements, and sources for development of the NBCC *Code of Ethics* were as follows: The Ethical Standards of the American Counseling Association, Responsible Uses for Standardized Testing (AAC), codes of ethics of the American Psychological Association and the National Career Development Association, Handbook of Standards for Computer-Based Career Information Systems (ACSCI) and Guidelines for the Use of Computer Based Information and Guidance Systems (ACSCI). Approved by the NBCC Board of Directors: July 1, 1982. Amended: February 21, 1987; January 6, 1989; October 31, 1997; June 21, 2002; February 4, 2005; and, October 8, 2005.

APPENDIX 5
Code of Ethics
of the National Association of Social Workers

Approved by the 1996 NASW Delegate Assembly and revised by the 2008 NASW Delegate Assembly

The 2008 NASW Delegate Assembly approved the following revisions to the NASW Code of Ethics:

1.05 Cultural Competence and Social Diversity

(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.

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.

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.

6.04 Social and Political Action

(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.

Preamble

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

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

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

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

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

Purpose of the NASW Code of Ethics

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

The *NASW Code of Ethics* serves six purposes:

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

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

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

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

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

responsibly. For additional guidance social workers should consult the relevant literature on professional ethics and ethical decision making and seek appropriate consultation when faced with ethical dilemmas. This may involve consultation with an agencybased or social work organization's ethics committee, a regulatory body, knowledgeable colleagues, supervisors, or legal counsel.

Instances may arise when social workers' ethical obligations conflict with agency policies or relevant laws or regulations. When such conflicts occur, social workers must make a responsible effort to resolve the conflict in a manner that is consistent with the values, principles, and standards expressed in this Code. If a reasonable resolution of the conflict does not appear possible, social workers should seek proper consultation before making a decision.

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

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

and to act ethically. Principles and standards must be applied by individuals of good character who discern moral questions and, in good faith, seek to make reliable ethical judgments.

Ethical Principles

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

Value: *Service*

Ethical Principle: *Social workers' primary goal is to help people in need and to address social problems.*
Social workers elevate service to others above selfinterest. Social workers draw on their knowledge, values, and skills to help people in need and to address social problems. Social workers are encouraged to volunteer some portion of their professional skills with no expectation of significant financial return (pro bono service).

Value: *Social Justice*

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

Value: *Dignity and Worth of the Person*

Ethical Principle: *Social workers respect the inherent dignity and worth of the person.*
Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients' socially responsible selfdetermination. Social workers seek to enhance clients' capacity and opportunity to change and to address their own needs. Social workers are cognizant of their dual responsibility to clients and to the broader society. They seek to resolve conflicts between clients' interests and the broader society's interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession.

Value: *Importance of Human Relationships*

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

Value: *Integrity*

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

Value: *Competence*

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

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

Ethical Standards

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

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

1. SOCIAL WORKERS' ETHICAL RESPONSIBILITIES TO CLIENTS

1.01 Commitment to Clients

Social workers' primary responsibility is to promote the wellbeing 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 selfdetermination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients'

right to selfdetermination 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 workerclient 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 thirdparty 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 DecisionMaking 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 feeforservice 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 wellbeing 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 wellbeing 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 wellbeing.

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 LaborManagement 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 labormanagement 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.

FORM NUMBER 1013

EMERGENCY ADMISSION – Emergency Admission
Certificate And Report of Peace Officer

SECTION: Initial Civil Commitment

* *

Usage: By a physician or licensed psychologist to initiate an involuntary admission for mental illness.

Time Limit: Forty-eight (48) hours from the time of admission to the facility.

Applicable GA Code Section: 37-3-41 and 37-3-42

Final Distribution: Original – To Hospital, Copy filed in clinical chart

Comments:

1) A 1013 must be completed by any physician or licensed applied psychologist who has examined the consumer within the last forty-eight (48) hours. It is valid for seven (7) calendar days from the date signed, to authorize a peace officer to transport the person to the hospital for evaluation. Once the consumer is admitted, CSP may legally hospitalize him/her for forty-eight (48) hours, including weekends and holidays.

2) A Form 2013 must be used for Alcohol and Drug consumers.

3) Within forty-eight (48) hours of admission, consumer must either:

a) be discharged (Form 1019),
b) be approved for voluntary status (Form 1012)
c) be continued on involuntary status (Form 1014 or 2014), or
d) transfer to another facility (Form 1007).

Form 1013
Instructions

1013 completed by outside physician or psychologist:

1. If a consumer is presented for evaluation with a DHR Form 1013 which has been completed by a physician or psychologist outside of CSP, the admitting physician will decide whether to admit the consumer.

2. Admissions staff will attempt to have the peace officer complete the Report of Peace Officer before he/she leaves CSP.

3. Admissions staff gives a copy to the consumer and parent or guardian (if any) and places a copy in the consumer record. On the original, sign and indicate the date that each copy or original is sent. Unit staff sends other copies as appropriate and returns the original to the consumer record.)

1013 completed by physician or psychologist at CSP:

1. Physician or licensed psychologist completes entire form.

2. Fill in the name of the consumer and the date and time of the examination.

3. The physician or licensed psychologist must indicate whether choice "a" or "b" is appropriate by circling the correct choice.

4. The physician or licensed psychologist fills in the observations that indicate the consumer appears to be mentally ill.

5. Fill in the date and time that the physician or licensed psychologist actually signs the 1013.

6. Signature of the physician or licensed psychologist.

7. Print the name of the physician or licensed psychologist and his/her office telephone number.

8. Admissions staff gives a copy to the consumer and parent or guardian (if any) and places a copy in the consumer record. On the original, sign and indicate the date that each copy or original is sent

9. Form 1015 is completed at this time along with the 1013.

NOTE: The Report of the Peace Officer appears on the back of Form 1013, and is never filled out by CSP employees. DHR Form 1013 is still acceptable.

GEORGIA DEPARTMENT OF HUMAN RESOURCES EMERGENCY ADMISSION CERTIFICATE AND REPORT OF PEACE OFFICER	PATIENT IDENTIFICATION

BY AUTHORITY OF SECTIONS 37-3-41 AND 37-3-42, OFFICIAL CODE OF GEORGIA ANNOTATED.

STATE OF GEORGIA, COUNTY OF _____, GEORGIA.

To Emergency Receiving Facility known as _____ and to the Peace Officer:

This is to certify that I have personally examined _____
_____20___ at _____m, which has within the preceding 48 hours of the signing of this certificate.

In my opinion this person appears to be a mentally ill person requiring involuntary treatment in that he/she appears to be mentally ill AND:

(a) presents a substantial risk of imminent harm to self or others as manifested by recent overt acts or recent expressed threats of violence which present a probability of physical injury to self or to other persons, or

(b) appears to be so unable to care for his/her own physical health and safety as to create an imminently life-endangering crisis.

At the time of my evaluation, the conditions checked below were present:

☐ This individual appears to be mentally ill. My opinion is based on the following observations:_____
_____

☐ Has committed recent overt acts of violence to others. For example:_____
_____

☐ Has expressed recent threats of violence towards others. For example:_____
_____

☐ Has committed recent acts of violence to self. For example:_____
_____

☐ Has expressed recent threats of violence towards self. For example:_____
_____

☐ Presents an imminently life-endangering crisis to self because he/she is so unable to care for his/her own Health and safety. For example:_____
_____

Upon receipt of this certificate, the Peace Officer shall make diligent efforts to take the above-named person into custody as soon as possible, but within 72 hours after receiving this certificate. Thereafter, the Peace Officer shall transport the above-named person to the nearest available receiving facility serving the county where such person is found. This certificate expires 7 days after it is executed. This certificate and the Report of Peace Officer are to be delivered by the Peace Officer to the emergency receiving facility and are to be made a part of the above-named person's clinical record.

_____ 20___ Time _____m

_____
Signature of Licensed Physician, Licensed Psychologist,
Licensed Clinical Social Worker

_____
Printed Name of Licensed Physician, Licensed Psychologist,
or Licensed Clinical Social Worker

Form 1013 (6/92) by authority of O.C.G.A. 37-3-41 & 37-3-42

REPORT OF PEACE OFFICER

STATE OF GEORGIA, WARE COUNTY _____, 20____

To the Emergency Receiving Facility known as Georgia Mental Health Institute:

In accordance with Sections 37-3-41 and 37-3-42 of the Official Code of Georgia Annotated, requiring a written report detailing the circumstances under which _____ was taken into custody, I report herewith as follows:

Time and date taken into custody:_____

Behavior observed at the time:_____

_____

Name and address of family or others who were present when consumer was taken into custody:

Name:_____Relationship:_____

Address:_____

Name:_____Relationship:_____

Address:_____

Comments or instructions of family or others having personal knowledge of this consumer:

_____

Physical restraints, if any:_____

Personal knowledge of Peace Officer, if any, relating to this consumer:

_____

Other information:_____

Time and date delivered to Emergency Receiving Facility:

_____ _____ _____20____

(Peace Officer) (Time) (Date)

	Date of Mailing or Notice	Staff Member
Original: Clinical Records Dept.	_____	_____
Cc: Consumer	_____	_____
Consumer Record	_____	_____
First Representative	_____	_____
Second Representative	_____	_____
Guardian Ad Litem (if any)	_____	_____

Form 1013 (6/92) by authority of O.C.G.A. 37-3-41 & 37-3-42