

|  |                                  |                             |                     |  |
|--|----------------------------------|-----------------------------|---------------------|--|
|  <p>DISTRICT OF COLUMBIA<br/>DEPARTMENT OF CORRECTIONS</p> <p><b>POLICY AND<br/>PROCEDURE</b></p> | <b>EFFECTIVE DATE:</b>           | September 9, 2020           | <b>Page 1 of 10</b> |  |
|  | <b>SUPERSEDES:</b>               | NEW ISSUANCE                |                     |  |
|  | <b>OPI:</b>                      | PROGRAMS                    |                     |  |
|  | <b>REVIEW DATE:</b>              | September 9, 2021           |                     |  |
|  | <b>Approving Authority</b>       | Quincy L. Booth<br>Director |                     |  |
|  | <b>SUBJECT:</b>                  | BEHAVIORAL HEALTH SERVICES  |                     |  |
|  | <b>NUMBER:</b>                   | 4030.3                      |                     |  |
| <b>Attachments:</b>  | Attachments<br>Attachments A - E |                             |                     |  |

**APPROVED:**

*Signature on File*



*Quincy L. Booth, Director*

9/9/2020

*Date Signed*

|   |                                   |                        |                   |                     |
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1. **PURPOSE AND SCOPE.** The purpose of this policy is to identify, develop and provide an overview of the initiatives and programs provided by Behavioral Health Services (BHS), and guidelines for the logistical operations of programs provided by BHS. To establish procedures for the provision of programs and services in collaboration with the DC Department of Corrections' Office of Health Service Administrative (OHSA) and mental health providers to ensure a continuity of care beyond crisis management, providing long and short term therapeutic services that will address the complex behavioral health concerns of the incarcerated population in an attempt to manage and maintain their best level of functioning while incarcerated and begin and/or maintain treatment until they are (re)connected to a community provider. Additionally, BHS will provide psychoeducation, manage and maintain the residents best level of functioning while incarcerated within the Correctional Treatment Facility (CTF) and/or Central Detention Facility (CDF) and begin and/or maintain treatment until they are deemed no longer in need of services (or voluntarily discontinue services) and/or they are released from CTF/CDF.
2. **POLICY.** It is District of Columbia Department of Corrections' (DOC) policy to ensure that the residents in our care have the opportunity to work toward emotional and mental health stability, as the agency strives for rehabilitation, and promotes an emotionally healthy environment for the betterment of the residents and staff.
3. **APPLICABILITY.** This policy shall apply to all residents in DOC's custody and care.
4. **PROGRAM MISSION.**
  - a. **Mission:** The Mission of BHS is to provide holistic, humanistic and tailored behavioral health services to DOC residents, with the goals of successfully identifying and addressing the residents behavioral health concerns and assisting the residents with managing their symptoms, successfully reentering the community, and/or transitioning to their next placement.
  - b. **Behavioral Health Services:**

The scope of services provided by BHS includes (but not limited to):

    - 1) Provide individual therapy/counseling sessions using best practice evidence-based treatment modalities that are clinically appropriate to meet the needs of DOC residents being serviced by designated clinical staff,
    - 2) Provide group therapy/counseling sessions to include, didactic, psycho-educational sessions to DOC residents;

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- 3) Provide transition-planning assistance, in collaboration with DOC's Case Management staff and program and reentry staff, to DOC residents who may be:
  - a) Enrolled in group therapy/counseling sessions;
  - b) Receiving individual therapy/counseling sessions; or
  - c) Referred by DOC staff as a person in need of release planning assistance by BHS staff;
  - d) Provide clinical expertise and recommendations as members of the Transgender Housing Committee;
  - e) Provide clinical expertise and recommendations as members of the Restrictive Housing Committee;
  - f) Provide follow-up assessments for residents (non-crisis) referred by Case Management staff after conducting the Risk Referral questionnaire (Attachment B) (to be conducted once residents are housed on the Transition Center/Intake Unit);

## 5. NOTICE OF NON-DISCRIMINATION

- a. In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Code § 2-1401.01 et seq., (Act) the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an intra-family offense or place of residence or business. Sexual harassment is a form of sex discrimination that is also prohibited by the Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.

## 6. AUTHORITY

- a. Powers; Promulgation of Rules, DC Code § 24-211.02 (2020).
- b. D.C. Mun. Regs. Certification Standards for Substance Use Disorder Treatment and Recovery Providers, 22 DCMR §§ A6300- AA6349 (2015).

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- c. Confidentiality of Records, 42 U.S.C. § 290dd-2 (1999).
- d. Memorandum of Understanding between the Department of Corrections and Howard University School of Social Work concerning graduate level interns.
- e. Health Care Decisions, D.C. Code §§ 21-2201 – 21-2213 (2019).
- f. Mental Health Information, D. C. Code §§ 7-1201.1 - 7-1202.6 (2019).
- g. The Americans with Disabilities Act (ADA) of 1990, 42 U.S.C. §§ 12101 – 12103 (2019); Nondiscrimination on the Basis of Disability in State and Local Government Services 28 C.F.R. §§ 35.101 – 35.191 (2019).
- h. Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 C.F.R. §§ 164.500 - 164.534 (2020).
- i. Privacy Act of 1974 (Federal Privacy Act), 5 U.S.C. § 552a (2019).
- j. Prison Rape Elimination Act (PREA) of 2003, 42 U.S.C. §§ 15601 – 15609 (2019).

## 7. DIRECTIVES AFFECTED

a. **Directives Rescinded. None**

b. **Directives Referenced**

- 1) PP 1010.1 Organization of the Department of Corrections
- 2) PM 1300.1 Freedom of Information Act (FOIA)
- 3) PM 1300.3 Health Information Privacy
- 4) PS 2002.2 Retention and Disposal of Department Records
- 5) PP 3040.6 Personnel Security and Suitability Investigations
- 6) PP 3350.2 Elimination of Sexual Abuse, Sexual Assault and Sexual Misconduct
- 7) PP 4020.1 Inmate Orientation Program

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- 8) PP 5010.3      Contraband Control
- 9) PS 5031.1      CDF Emergency Plan
- 10) PM 6000.1      Medical Management

## 8. STANDARDS REFERENCED:

- a. American Correctional Association 4<sup>th</sup> Edition Standards for Adult Local Detention Facilities: 4-ALDF-2A-08, 4-ALDF-2A-14 and 4-ALDF-2A-15.
- b. National Commission on Correctional Health Care: 2018 Standards for Health Services in Jails, J-A-03, J-B-05

## 9. RESPONSIBILITIES

BHS Core Team consists of:

- a. **Chief of Treatment and Community Services** – BHS’s Chief of Treatment and Community Service will provide oversight over BHS to ensure the services provided align with the policy and procedures set forth by DOC, and are holistic and utilizes evidence-based models. The Chief of Treatment and Community Service will work with BHS’s Program Manager to develop theoretical models for therapy, conduct quality assurance and provide operational oversight over the core behavioral health services.
- b. **Clinical Psychologist** - The Clinical Psychologist is supervised by the Chief of Treatment and Community Services. The Clinical Psychologist will provide oversight and manage the mental health specialists and trauma specialist. The Clinical Psychologist is responsible for developing and expanding group therapy sessions and identifying ways in which the clinical team can increase the population in which they serve throughout the DOC. The Clinical Psychologist will hold biweekly or monthly team meetings and remain in regular communication with DOC operations management in order to ensure that barriers to providing services are addressed. The BHS Clinical Psychologist will ensure that data is maintained and reported to the necessary recipients (internal and external). The Clinical Psychologist shall conduct monthly chart/case note reviews and maintain one of the following licensures in the District of Columbia: Ph.D. or Psy.D. from an American Psychological Association accredited academic program in clinical or

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counseling psychology and an APA approved internship in clinical or counseling psychology.

- c. **Mental Health and Trauma Specialists** – BHS Mental Health Trauma Specialists will be supervised by the BHS Clinical Psychologist. These clinicians will provide clinical care within the individual and group settings. The Mental Health and Trauma Specialists will provide clinical expertise on various boards and within meetings throughout the DOC (further described within the Scope of Service). They will also assist with providing transitional planning assistance. The Mental Health and Trauma Specialists will provide weekly reports, weekly caseload updates, updated clinical notes per individual client session, and document and encounters with residents (non-caseload), as well. Staff will uphold the ethical standards of the DOC per policy; will follow their professional code of ethics, and the ethical standards of the DC Health Professional Licensing Administration (HPLA). They will maintain one of the following licensures: Licensed Independent Clinical Social Work (LICSW), Licensed Professional Counselor (LPC), Licensed Graduate Social Work (LGSW), or Licensed Graduate Professional Counselor (LGPC).

## 10. GENERAL PROCEDURES

- a. **Facility lockdown and/or shakedowns:** Unless otherwise specified by the Warden (or designee) to the Clinical Psychologist of the Behavioral Health Services, BHS on unit programming will continue as scheduled during facility wide lockdowns and shakedowns (including when only one unit is shutdown or on limited movement). This includes on housing unit group sessions as well as on housing unit individual sessions. Off housing sessions shall be determined by the Warden (or his designee).
- b. **Official Count Time:** Unless otherwise specified by the Warden to the BHS Clinical Psychologist, BHS individual sessions that take place on a housing unit shall continue through official count times. BHS group sessions that begin prior to an official count time but begin late because of operational logistics shall continue through count time until the full completion of the session.
- c. **Escort and Movement:** For BHS therapeutic groups that take place outside of housing units, escort and movement lists shall be created (checking for accurate housing locations and potential custody separations) and submitted to designated operations staff at least 24 hours in advance by BHS staff. An officer will escort group residents from the housing unit to the designated group location (15 minutes prior to the start time).

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- d. **Refusal of Services:** If an individual refuses to receive services from a BHS Mental Health and Trauma Specialist (specifically for individual and group sessions), unit officers shall have a Refusal of Services Form (Attachment F) completed and submitted to the requesting Mental Health Specialist.
- e. **Program Units:** If a BHS Mental Health and Trauma Specialist is assigned to a Program Unit, they are to be included in team meetings related to release/transition planning and behavior improvement meetings. If Clinical Psychologist, Case Management and/or operations staff deem a Program Unit participant to need mental or emotional support, but not in crisis (at risk of hurting themselves) or be in need of individual or group therapy then Mental Health and Trauma Specialist will assess the resident and provide emotional and/or behavioral health services. If the inmate is in crisis, an officer will escort the inmate to medical/urgent care for an evaluation.
- f. **Designated Confidential Space:** Identified and designated space and times allotted (as approved by the Warden or designee) for BHS team are recognized as confidential spaces. These closed-door sessions shall only include the Mental Health or Trauma Specialist and the resident receiving the services.
- g. **Referral for Services:** BHS shall receive referrals, or new clients by way of intake (via DOC's medical contractor, Clinical Psychologist, and/or Case Management referral), referrals from the Warden (or designee) for behavior management and/or ongoing therapeutic treatment or by the PREA Coordinator or designee. For all referrals made to BHS, the Clinical Psychologist will send a monthly list of participants receiving behavioral health service to the DOC's medical contractor.

All individuals referred for services shall first be brought to the attention of the BHS Clinical Psychologist and list of participants on caseload for both individual and group therapy will be sent to DOC's medical contractor. For individual therapy, an individual will have their medical record screened within the Electronic Medical Record (EMR) system (in conjunction with current presentation) and if deemed in need of further evaluation and/or crisis management by a BHS clinician, BHS will refer the resident to the DOC medical contractor, otherwise, the BHS Clinical Psychologist will assign the individual to a Mental Health or a Trauma Specialist.

Individuals who are candidates for group therapy with BHS shall have their medical records screened within the EMR system by BHS staff and if in need of further evaluation and/or crisis management will be referred to the DOC's medical contractor, otherwise, they will be provided group therapy

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services by a member(s) of the BHS team if deemed to be appropriate candidates.

The BHS Clinical Psychologist will assign cases based on the level of care, staff caseloads, prior staff clinical history with the referred individual and/or any clinical specialties.

When a person assigned to the individual caseload of a BHS Mental Health and Trauma Specialist is deemed in need of crisis care and placed into a Safe Cell, DOC's medical contractor will alert the BHS Clinical Psychologist. As deemed appropriate by the medical contractor's Director of Mental Health, may or may not on an individualized basis, collaborate with the BHS mental health specialist to continue clinical care coordination in the treatment plan while these high-risk inmates that are placed in a safe cell. This decision will be communicated within 12 hours electronically to the BHS Clinical Psychologist.

The BHS and DOC's medical contractor's mental health staff will communicate weekly to ensure a continuum of care is provided amongst the contracted clinical staff and the DOC clinical staff.

- h. **Records:** Behavioral Health Services Therapy Progress Notes (Attachment A) and encounter notes shall be completed for each individual therapeutic session and encounter conducted by a Mental Health Specialist. These notes shall be uploaded each week (by the Mental Health Specialist) and stored on the DOC HIPPA compliant shared drive, which the DOC contracted healthcare vendor's designated mental health staff have access to.
- 1) Individual client caseloads will be share electronically with DOC's medial contractor, mental health care management staff on a weekly basis.
  - 2) After receiving BHS caseloads (for assessment of appropriateness for their participation in individual therapeutic sessions) and assessing individuals for suitability for group sessions, DOC's medical contractor will make a notation in the respective persons EMR of their assignment to BHS.

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- 3) When external record requests for mental health records are received, the BHS Clinical Psychologist will disseminate Therapy Progress Notes per the Medical Management policy PP 6000.1 Medical Management (for those that have been recipients of treatment by the Behavioral Health Services).

11. **RECORDS, REPORTS, CHARTING AND DOCUMENTATION.** The BHS program shall adhere to DOC records, charting, and documentation as defined in PM, 6000.1 *Medical Management* and PS 2000.2 *Retention and Disposal of Department Records* which provides an organized system of program information, analysis, collection, storage, retrieval, reporting, review, retention and disposal. BHS maintains records on each program participant as required by DOC, which is bound by DOC policy on confidentiality, access, and maintenance of participant records. Program residents have access to their own case records and files consistent with applicable Federal and District of Columbia statutes as well as DOC policy that residents are provided as a part of orientation to the facility. The DOC Records Information and Privacy Officer is responsible for ensuring compliance with privacy requirements. The DOC Records Information and Privacy Officer will remove all outstanding charts from the facility no less than every 6-month during the calendar year and store in the appropriate area provided by the agency.

- a. **Data Retrieval and Analysis:** Individuals who receive therapeutic services via a group format from BHS shall receive a (voluntary) pre-and post-test. The information collected (in addition to information retrieved from JAACS and the EMR) will be shared with the Strategic Planning and Analysis Division on a regular basis to determine best practices, analyze outcomes, and when necessary, confidentiality produce reports for the DOC.

With the assistance of the Programs and Case Management Division's Program Analyst, BHS effectiveness will be measured according to the following:

- 1) Stages of change indicated in the pre and posttests;
  - 2) The rate at which maximum custody level residents receive disciplinary infractions versus those who participate in BHS therapeutic groups.
- b. **Confidential Information Sharing within the DOC:** Mental Health and Trauma Specialists are licensed clinicians (LICSW & LPC) who follow the Code of Ethics established through their licensing boards (see attached American Counseling Association and National Association of Social Workers Code of Ethics). The BHS staffs are mandated reporters. Given DOC policy and their clinical ethical standards, staff shall:

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- 1) Disclose confidential information when appropriate with valid consent from a client or a person legally authorized to consent on behalf of a client in compliance with the DOC's policies for medical record release;
- 2) Protect the confidentiality of all information obtained during professional service, except for compelling professional reasons in accordance with the clinician's code of ethics;
- 3) Disclose the least amount of confidential information necessary to achieve the desired purpose, only sharing information that is directly relevant for which the release is made.

12. **Quality Assurance.** In order to ensure the quality and level of services provided by the Mental Health and Trauma Specialists, the Clinical Psychologist shall regularly review the clinical case notes and observe group therapy sessions provided throughout the facility. When deemed necessary, the Clinical Psychologist shall conduct one-on-one supervision with the mental health and trauma specialist and review their case notes.

#### Attachments

Attachment A - Therapy Progress Note Form

Attachment B – Behavioral Referral Form

Attachment C – Behavioral Refusal Form

Attachment D - American Counseling Association Code of Ethics (for Licensed Professional Counselors)

Attachment E - National Association of Social Workers Code of Ethics (for Licensed Individual Clinical Social Workers)



DEPARTMENT OF CORRECTIONS  
 Programs and Case Management Division



**BEHAVIORAL HEALTH SERVICES - Therapy Progress Note**

**INMATE INFORMATION**

|              |  |                            |  |
|--------------|--|----------------------------|--|
| Inmate Name: |  | Facility:                  |  |
| DCDC#:       |  | Case Manager or Clinician: |  |

**SESSION INFORMATION**

|                  |   |  |                                     |                |
|------------------|---|--|-------------------------------------|----------------|
| Date of Session: |   | Length of Session:                     |                                     | Actual Minutes |
| Type of Session: | <input type="checkbox"/> Individual Therapy | <input type="checkbox"/> Group Therapy | <input type="checkbox"/> No Session |                |

Treatment Issue/Target Symptoms/Behaviors addressed during session:

**SYMPTOMS OBSERVED DURING SESSION**

|  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> aggression (physical) | <input type="checkbox"/> danger to self            | <input type="checkbox"/> hallucinations (visual)      | <input type="checkbox"/> sad/pained/worried expression      |
| <input type="checkbox"/> aggression (verbal)   | <input type="checkbox"/> decreased energy/fatigue  | <input type="checkbox"/> hopelessness/helplessness    | <input type="checkbox"/> self-deprecation                   |
| <input type="checkbox"/> agitation             | <input type="checkbox"/> delusions                 | <input type="checkbox"/> hypersomnia/insomnia         | <input type="checkbox"/> socially inappropriate (specify: ) |
| <input type="checkbox"/> anger                 | <input type="checkbox"/> depressed                 | <input type="checkbox"/> impulsivity                  | <input type="checkbox"/> social withdrawal                  |
| <input type="checkbox"/> anhedonia             | <input type="checkbox"/> distractibility           | <input type="checkbox"/> irritability                 | <input type="checkbox"/> suicidal ideation or plan          |
| <input type="checkbox"/> anxiety/fear          | <input type="checkbox"/> emotional lability        | <input type="checkbox"/> negative statements          | <input type="checkbox"/> thought disorder (specify: )       |
| <input type="checkbox"/> appetite disturbance  | <input type="checkbox"/> feelings of worthlessness | <input type="checkbox"/> noncompliance (medical care) | <input type="checkbox"/> other observed symptoms:           |
| <input type="checkbox"/> danger to others      | <input type="checkbox"/> hallucinations (auditory) | <input type="checkbox"/> restlessness                 |   |

**THERAPEUTIC TECHNIQUES PATIENT RESPONSE**

Cognitive Behavioral

Behavioral Modification

Insight-oriented

Supportive

Other: \_\_\_\_\_

**INTERVENTION STRATEGIES IMPLEMENTED AND SESSION FOCUS OR THEME**

**PATIENT RESPONSE**

Marked Improvement    Some Improvement    Maintenance of Functioning    Symptoms Worse

**Evidence of Patient Response**

**Future Treatment/Follow-up Issues**

Signature of Therapist



DEPARTMENT OF CORRECTIONS  
 Programs and Case Management Division  
**BEHAVIORAL HEALTH SERVICES - REFERRAL FORM**



**INMATE INFORMATION**

|              |  |                            |  |
|--------------|--|----------------------------|--|
| Inmate Name: |  | Date Seen:                 |  |
| DCDC#:       |  | Case Manager or Clinician: |  |

| SELECT | DESCRIPTION   |
|--------|---|
| Y   N  | Inability to cope with the environment  |
| Y   N  | Hopelessness/Helplessness: absence of strong positive reasons to live         |
| Y   N  | Recent losses including imminent losses: Death, employment, health, financial |
| Y   N  | Family members with severe mental illness                                     |
| Y   N  | History of past suicide attempt/gestures                                      |
| Y   N  | History of self-injurious behavior?   |

**RECOMMENDATIONS**

Why do you feel this inmate needs to be referred to DOC Mental Health Specialist or referred to Unity Mental Health?



DEPARTMENT OF CORRECTIONS  
 Programs and Case Management Division



**BEHAVIORAL HEALTH SERVICES - REFUSAL OF SERVICES FORM**

**INMATE INFORMATION**

|              |  |            |  |
|--------------|--|------------|--|
| Client Name: |  | Date:      |  |
| DCDC#:       |  | Unit/Cell: |  |

I am scheduled for an individual/group (circle one) session with (DOC Mental Health Specialist) \_\_\_\_\_ today but I am refusing to attend this session.

**Reason for refusal (optional):**

|                                 |  |                            |  |
|---------------------------------|--|----------------------------|--|
| Client name (printed):          |  | Client signature:          |  |
| Officer name (printed):         |  | Officer signature:         |  |
| Witness Officer name (printed): |  | Witness Officer signature: |  |

# 2014 ACA Code of Ethics

As approved by the ACA Governing Council



AMERICAN COUNSELING  
ASSOCIATION  
[counseling.org](http://counseling.org)

# Mission

The mission of the American Counseling Association is to enhance the quality of life in society by promoting the development of professional counselors, advancing the counseling profession, and using the profession and practice of counseling to promote respect for human dignity and diversity.

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# ACA Code of Ethics Preamble

The American Counseling Association (ACA) is an educational, scientific, and professional organization whose members work in a variety of settings and serve in multiple capacities. Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.

Professional values are an important way of living out an ethical commitment. The following are core professional values of the counseling profession:

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

These professional values provide a conceptual basis for the ethical principles enumerated below. These principles are the foundation for ethical behavior and decision making. The fundamental principles of professional ethical behavior are

- *autonomy*, or fostering the right to control the direction of one’s life;
- *nonmaleficence*, or avoiding actions that cause harm;
- *beneficence*, or working for the good of the individual and society by promoting mental health and well-being;
- *justice*, or treating individuals equitably and fostering fairness and equality;
- *fidelity*, or honoring commitments and keeping promises, including fulfilling one’s responsibilities of trust in professional relationships; and
- *veracity*, or dealing truthfully with individuals with whom counselors come into professional contact.

# ACA Code of Ethics Purpose

The *ACA Code of Ethics* serves six main purposes:

1. The *Code* sets forth the ethical obligations of ACA members and provides guidance intended to inform the ethical practice of professional counselors.
2. The *Code* identifies ethical considerations relevant to professional counselors and counselors-in-training.
3. The *Code* enables the association to clarify for current and prospective members, and for those served by members, the nature of the ethical responsibilities held in common by its members.
4. The *Code* serves as an ethical guide designed to assist members in constructing a course of action that best serves those utilizing counseling services and establishes expectations of conduct with a primary emphasis on the role of the professional counselor.
5. The *Code* helps to support the mission of ACA.
6. The standards contained in this *Code* serve as the basis for processing inquiries and ethics complaints concerning ACA members.

The *ACA Code of Ethics* contains nine main sections that address the following areas:

- Section A: The Counseling Relationship
- Section B: Confidentiality and Privacy
- Section C: Professional Responsibility
- Section D: Relationships With Other Professionals
- Section E: Evaluation, Assessment, and Interpretation
- Section F: Supervision, Training, and Teaching
- Section G: Research and Publication
- Section H: Distance Counseling, Technology, and Social Media
- Section I: Resolving Ethical Issues

Each section of the *ACA Code of Ethics* begins with an introduction. The introduction to each section describes the ethical behavior and responsibility to which counselors aspire. The introductions help set the tone for each particular section and provide a starting point that invites reflection on the ethical standards contained in each part of the *ACA Code of Ethics*. The standards outline professional responsibilities and provide direction for fulfilling those ethical responsibilities.

When counselors are faced with ethical dilemmas that are difficult to resolve, they are expected to engage in a carefully considered ethical decision-making process, consulting available resources as needed. Counselors acknowledge that resolving ethical issues is a process; ethical reasoning includes consideration of professional values, professional ethical principles, and ethical standards.

Counselors’ actions should be consistent with the spirit as well as the letter of these ethical standards. No specific ethical decision-making model is always most effective, so counselors are expected to use a credible model of decision making that can bear public scrutiny of its application. Through a chosen ethical decision-making process and evaluation of the context of the situation, counselors work collaboratively with clients to make decisions that promote clients’ growth and development. A breach of the standards and principles provided herein does not necessarily constitute legal liability or violation of the law; such action is established in legal and judicial proceedings.

The glossary at the end of the *Code* provides a concise description of some of the terms used in the *ACA Code of Ethics*.

# Section A

## The Counseling Relationship



### Introduction

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

### A.1. Client Welfare

#### A.1.a. Primary Responsibility

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

#### A.1.b. Records and Documentation

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

#### A.1.c. Counseling Plans

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

#### A.1.d. Support Network Involvement

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

### A.2. Informed Consent in the Counseling Relationship

#### A.2.a. Informed Consent

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

#### A.2.b. Types of Information Needed

Counselors explicitly explain to clients the nature of all services provided. They inform clients about issues such as, but not limited to, the following: the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services; the counselor's qualifications, credentials, relevant experience, and approach to counseling; continuation of services upon the incapacitation or death of the counselor; the role of technology; and other pertinent information. Counselors take steps to ensure that clients understand the implications of diagnosis and the intended use of tests and reports. Additionally, counselors inform clients about fees and billing arrangements, including procedures for nonpayment of fees. Clients have the right to confidentiality and to be provided with an explanation of its limits (including how supervisors and/or treatment or interdisciplinary team professionals are involved), to obtain clear information about their records, to participate in the ongoing counseling plans, and to refuse any services or modality changes and to be advised of the consequences of such refusal.

#### A.2.c. Developmental and Cultural Sensitivity

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

#### A.2.d. Inability to Give Consent

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

#### A.2.e. Mandated Clients

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

### A.3. Clients Served by Others

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

### A.4. Avoiding Harm and Imposing Values

#### A.4.a. Avoiding Harm

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

#### **A.4.b. Personal Values**

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

### **A.5. Prohibited Noncounseling Roles and Relationships**

#### **A.5.a. Sexual and/or Romantic Relationships Prohibited**

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

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

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

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

Sexual and/or romantic counselor-client interactions or relationships with former clients, their romantic partners, or their family members are prohibited for a period of 5 years following the last professional contact. This prohibition applies to both in-person and electronic interactions or relationships. Counselors, before engaging in sexual and/or romantic interactions or relationships with former clients, their romantic partners, or their family members, demonstrate forethought and document (in written form) whether the interaction or relationship can be viewed as exploitive in any way and/or whether there is still potential to harm the former client; in cases of potential exploitation and/or harm, the counselor avoids entering into such an interaction or relationship.

#### **A.5.d. Friends or Family Members**

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

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

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

### **A.6. Managing and Maintaining Boundaries and Professional Relationships**

#### **A.6.a. Previous Relationships**

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

#### **A.6.b. Extending Counseling Boundaries**

Counselors consider the risks and benefits of extending current counseling relationships beyond conventional parameters. Examples include attending a client's formal ceremony (e.g., a wedding/commitment ceremony or graduation), purchasing a service or product provided by a client (excepting unrestricted bartering), and visiting a client's ill family member in the hospital. In extending these boundaries, counselors take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no harm occurs.

#### **A.6.c. Documenting Boundary Extensions**

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

significantly involved with the client or former client, the counselor must show evidence of an attempt to remedy such harm.

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

When counselors change a role from the original or most recent contracted relationship, they obtain informed consent from the client and explain the client's right to refuse services related to the change. Examples of role changes include, but are not limited to

1. changing from individual to relationship or family counseling, or vice versa;
2. changing from an evaluative role to a therapeutic role, or vice versa; and
3. changing from a counselor to a mediator role, or vice versa.

Clients must be fully informed of any anticipated consequences (e.g., financial, legal, personal, therapeutic) of counselor role changes.

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

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

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

#### **A.7.a. Advocacy**

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

#### **A.7.b. Confidentiality and Advocacy**

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

## A.8. Multiple Clients

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

## A.9. Group Work

### A.9.a. Screening

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

### A.9.b. Protecting Clients

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

## A.10. Fees and Business Practices

### A.10.a. Self-Referral

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

### A.10.b. Unacceptable Business Practices

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

### A.10.c. Establishing Fees

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

### A.10.d. Nonpayment of Fees

If counselors intend to use collection agencies or take legal measures to col-

lect fees from clients who do not pay for services as agreed upon, they include such information in their informed consent documents and also inform clients in a timely fashion of intended actions and offer clients the opportunity to make payment.

### A.10.e. Bartering

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

### A.10.f. Receiving Gifts

Counselors understand the challenges of accepting gifts from clients and recognize that in some cultures, small gifts are a token of respect and gratitude. When determining whether to accept a gift from clients, counselors take into account the therapeutic relationship, the monetary value of the gift, the client's motivation for giving the gift, and the counselor's motivation for wanting to accept or decline the gift.

## A.11. Termination and Referral

### A.11.a. Competence Within Termination and Referral

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

### A.11.b. Values Within Termination and Referral

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

### A.11.c. Appropriate Termination

Counselors terminate a counseling relationship when it becomes reasonably apparent that the client no longer needs assistance, is not likely to benefit, or is

being harmed by continued counseling. Counselors may terminate counseling when in jeopardy of harm by the client or by another person with whom the client has a relationship, or when clients do not pay fees as agreed upon. Counselors provide pretermination counseling and recommend other service providers when necessary.

### A.11.d. Appropriate Transfer of Services

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

## A.12. Abandonment and Client Neglect

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

# Section B

## Confidentiality and Privacy



### Introduction

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

## B.1. Respecting Client Rights

### B.1.a. Multicultural/Diversity Considerations

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

### B.1.b. Respect for Privacy

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

### **B.1.c. Respect for Confidentiality**

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

### **B.1.d. Explanation of Limitations**

At initiation and throughout the counseling process, counselors inform clients of the limitations of confidentiality and seek to identify situations in which confidentiality must be breached.

## **B.2. Exceptions**

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

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

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

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

### **B.2.c. Contagious, Life-Threatening Diseases**

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

### **B.2.d. Court-Ordered Disclosure**

When ordered by a court to release confidential or privileged information

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

### **B.2.e. Minimal Disclosure**

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

## **B.3. Information Shared With Others**

### **B.3.a. Subordinates**

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

### **B.3.b. Interdisciplinary Teams**

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

### **B.3.c. Confidential Settings**

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

### **B.3.d. Third-Party Payers**

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

### **B.3.e. Transmitting Confidential Information**

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

### **B.3.f. Deceased Clients**

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

## **B.4. Groups and Families**

### **B.4.a. Group Work**

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

### **B.4.b. Couples and Family Counseling**

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

## **B.5. Clients Lacking Capacity to Give Informed Consent**

### **B.5.a. Responsibility to Clients**

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

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

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

### **B.5.c. Release of Confidential Information**

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

## **B.6. Records and Documentation**

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

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

### **B.6.b. Confidentiality of Records and Documentation**

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

### **B.6.c. Permission to Record**

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

### **B.6.d. Permission to Observe**

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

### **B.6.e. Client Access**

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

### **B.6.f. Assistance With Records**

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

### **B.6.g. Disclosure or Transfer**

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

### **B.6.h. Storage and Disposal After Termination**

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

### **B.6.i. Reasonable Precautions**

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

## **B.7. Case Consultation**

### **B.7.a. Respect for Privacy**

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

### **B.7.b. Disclosure of Confidential Information**

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

# Section C

## Professional Responsibility



### **Introduction**

Counselors aspire to open, honest, and accurate communication in dealing with the public and other professionals. Counselors facilitate access to counseling services, and they practice in a nondiscriminatory manner within the boundaries of professional and personal competence; they also have a responsibility to abide by the *ACA Code of Ethics*. Counselors actively participate in local, state, and national associations that foster the development and improvement of counseling. Counselors are expected to advocate to promote changes at the individual, group, institutional, and societal levels that improve the quality of life for individuals and groups and remove potential barriers to the provision or access of appropriate services being offered. Counselors have a responsibility to the public to engage in counseling practices that are based on rigorous re-

search methodologies. Counselors are encouraged to contribute to society by devoting a portion of their professional activity to services for which there is little or no financial return (*pro bono publico*). In addition, counselors engage in self-care activities to maintain and promote their own emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities.

## **C.1. Knowledge of and Compliance With Standards**

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

## **C.2. Professional Competence**

### **C.2.a. Boundaries of Competence**

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

### **C.2.b. New Specialty Areas of Practice**

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

### **C.2.c. Qualified for Employment**

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

### **C.2.d. Monitor Effectiveness**

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

### **C.2.e. Consultations on Ethical Obligations**

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

### **C.2.f. Continuing Education**

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

### **C.2.g. Impairment**

Counselors monitor themselves for signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when impaired. They seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until it is determined that they may safely resume their work. Counselors assist colleagues or supervisors in recognizing their own professional impairment and provide consultation and assistance when warranted with colleagues or supervisors showing signs of impairment and intervene as appropriate to prevent imminent harm to clients.

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

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

## **C.3. Advertising and Soliciting Clients**

### **C.3.a. Accurate Advertising**

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

### **C.3.b. Testimonials**

Counselors who use testimonials do not solicit them from current clients, former clients, or any other persons who

may be vulnerable to undue influence. Counselors discuss with clients the implications of and obtain permission for the use of any testimonial.

### **C.3.c. Statements by Others**

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

### **C.3.d. Recruiting Through Employment**

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

### **C.3.e. Products and Training Advertisements**

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

### **C.3.f. Promoting to Those Served**

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

## **C.4. Professional Qualifications**

### **C.4.a. Accurate Representation**

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

### **C.4.b. Credentials**

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

### **C.4.c. Educational Degrees**

Counselors clearly differentiate between earned and honorary degrees.

### **C.4.d. Implying Doctoral-Level Competence**

Counselors clearly state their highest earned degree in counseling or a closely related field. Counselors do not imply doctoral-level competence when possessing a master's degree in counseling or a related field by referring to them-

selves as "Dr." in a counseling context when their doctorate is not in counseling or a related field. Counselors do not use "ABD" (all but dissertation) or other such terms to imply competency.

### **C.4.e. Accreditation Status**

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

### **C.4.f. Professional Membership**

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

## **C.5. Nondiscrimination**

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

## **C.6. Public Responsibility**

### **C.6.a. Sexual Harassment**

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

### **C.6.b. Reports to Third Parties**

Counselors are accurate, honest, and objective in reporting their professional activities and judgments to appropriate third parties, including courts, health insurance companies, those who are the recipients of evaluation reports, and others.

### **C.6.c. Media Presentations**

When counselors provide advice or comment by means of public lectures, demonstrations, radio or television programs, recordings, technology-based applications, printed articles, mailed material, or other media, they take reasonable precautions to ensure that

1. the statements are based on appropriate professional counseling literature and practice,
2. the statements are otherwise consistent with the *ACA Code of Ethics*, and

- the recipients of the information are not encouraged to infer that a professional counseling relationship has been established.

#### **C.6.d. Exploitation of Others**

Counselors do not exploit others in their professional relationships.

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

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

### **C.7. Treatment Modalities**

#### **C.7.a. Scientific Basis for Treatment**

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

#### **C.7.b. Development and Innovation**

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

#### **C.7.c. Harmful Practices**

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

### **C.8. Responsibility to Other Professionals**

#### **C.8.a. Personal Public Statements**

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

## **Section D**

### **Relationships With Other Professionals**



#### **Introduction**

Professional counselors recognize that the quality of their interactions

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

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

#### **D.1.a. Different Approaches**

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

#### **D.1.b. Forming Relationships**

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

#### **D.1.c. Interdisciplinary Teamwork**

Counselors who are members of interdisciplinary teams delivering multifaceted services to clients remain focused on how to best serve clients. They participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the counseling profession and those of colleagues from other disciplines.

#### **D.1.d. Establishing Professional and Ethical Obligations**

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

#### **D.1.e. Confidentiality**

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

#### **D.1.f. Personnel Selection and Assignment**

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

#### **D.1.g. Employer Policies**

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

#### **D.1.h. Negative Conditions**

Counselors alert their employers of inappropriate policies and practices. They attempt to effect changes in such policies or procedures through constructive action within the organization. When such policies are potentially disruptive or damaging to clients or may limit the effectiveness of services provided and change cannot be affected, counselors take appropriate further action. Such action may include referral to appropriate certification, accreditation, or state licensure organizations, or voluntary termination of employment.

#### **D.1.i. Protection From Punitive Action**

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

### **D.2. Provision of Consultation Services**

#### **D.2.a. Consultant Competency**

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

#### **D.2.b. Informed Consent in Formal Consultation**

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

# Section E

## Evaluation, Assessment, and Interpretation



### Introduction

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

### E.1. General

#### E.1.a. Assessment

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

#### E.1.b. Client Welfare

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

### E.2. Competence to Use and Interpret Assessment Instruments

#### E.2.a. Limits of Competence

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

#### E.2.b. Appropriate Use

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

#### E.2.c. Decisions Based on Results

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

### E.3. Informed Consent in Assessment

#### E.3.a. Explanation to Clients

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

#### E.3.b. Recipients of Results

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

### E.4. Release of Data to Qualified Personnel

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

### E.5. Diagnosis of Mental Disorders

#### E.5.a. Proper Diagnosis

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

#### E.5.b. Cultural Sensitivity

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

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

Counselors recognize historical and social prejudices in the misdiagnosis and

pathologizing of certain individuals and groups and strive to become aware of and address such biases in themselves or others.

#### E.5.d. Refraining From Diagnosis

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

### E.6. Instrument Selection

#### E.6.a. Appropriateness of Instruments

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

#### E.6.b. Referral Information

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

### E.7. Conditions of Assessment Administration

#### E.7.a. Administration Conditions

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

#### E.7.b. Provision of Favorable Conditions

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

#### E.7.c. Technological Administration

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

#### **E.7.d. Unsupervised Assessments**

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

#### **E.8. Multicultural Issues/ Diversity in Assessment**

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

#### **E.9. Scoring and Interpretation of Assessments**

##### **E.9.a. Reporting**

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

##### **E.9.b. Instruments With Insufficient Empirical Data**

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

##### **E.9.c. Assessment Services**

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

#### **E.10. Assessment Security**

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

#### **E.11. Obsolete Assessment and Outdated Results**

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

#### **E.12. Assessment Construction**

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

#### **E.13. Forensic Evaluation: Evaluation for Legal Proceedings**

##### **E.13.a. Primary Obligations**

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

##### **E.13.b. Consent for Evaluation**

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

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

#### **E.13.c. Client Evaluation Prohibited**

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

#### **E.13.d. Avoid Potentially Harmful Relationships**

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

## Section F

### Supervision, Training, and Teaching



#### **Introduction**

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

#### **F.1. Counselor Supervision and Client Welfare**

##### **F.1.a. Client Welfare**

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

##### **F.1.b. Counselor Credentials**

Counseling supervisors work to ensure that supervisees communicate their

qualifications to render services to their clients.

### **F.1.c. Informed Consent and Client Rights**

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

## **F.2. Counselor Supervision Competence**

### **F.2.a. Supervisor Preparation**

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

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

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

### **F.2.c. Online Supervision**

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

## **F.3. Supervisory Relationship**

### **F.3.a. Extending Conventional Supervisory Relationships**

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

### **F.3.b. Sexual Relationships**

Sexual or romantic interactions or relationships with current supervisees are prohibited. This prohibition applies to

both in-person and electronic interactions or relationships.

### **F.3.c. Sexual Harassment**

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

### **F.3.d. Friends or Family Members**

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

## **F.4. Supervisor Responsibilities**

### **F.4.a. Informed Consent for Supervision**

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

### **F.4.b. Emergencies and Absences**

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

### **F.4.c. Standards for Supervisees**

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

### **F.4.d. Termination of the Supervisory Relationship**

Supervisors or supervisees have the right to terminate the supervisory relationship with adequate notice. Reasons for considering termination are discussed, and both parties work to resolve differences. When termination is warranted, supervisors make appropriate referrals to possible alternative supervisors.

## **F.5. Student and Supervisee Responsibilities**

### **F.5.a. Ethical Responsibilities**

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

### **F.5.b. Impairment**

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

### **F.5.c. Professional Disclosure**

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

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

### **F.6.a. Evaluation**

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

### **F.6.b. Gatekeeping and Remediation**

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

### **F.6.c. Counseling for Supervisees**

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

### **F.6.d. Endorsements**

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

## **F.7. Responsibilities of Counselor Educators**

### **F.7.a. Counselor Educators**

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

### **F.7.b. Counselor Educator Competence**

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

### **F.7.c. Infusing Multicultural Issues/Diversity**

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

### **F.7.d. Integration of Study and Practice**

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

### **F.7.e. Teaching Ethics**

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

### **F.7.f. Use of Case Examples**

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

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

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

### **F.7.h. Innovative Theories and Techniques**

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

### **F.7.i. Field Placements**

Counselor educators develop clear policies and provide direct assistance within their training programs regarding appropriate field placement and other clinical experiences. Counselor educators provide clearly stated roles and responsibilities for the student or supervisee, the site supervisor, and the program supervisor. They confirm that

site supervisors are qualified to provide supervision in the formats in which services are provided and inform site supervisors of their professional and ethical responsibilities in this role.

## **F.8. Student Welfare**

### **F.8.a. Program Information and Orientation**

Counselor educators recognize that program orientation is a developmental process that begins upon students' initial contact with the counselor education program and continues throughout the educational and clinical training of students. Counselor education faculty provide prospective and current students with information about the counselor education program's expectations, including

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

### **F.8.b. Student Career Advising**

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

### **F.8.c. Self-Growth Experiences**

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

### **F.8.d. Addressing Personal Concerns**

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

## F.9. Evaluation and Remediation

### F.9.a. Evaluation of Students

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

### F.9.b. Limitations

Counselor educators, through ongoing evaluation, are aware of and address the inability of some students to achieve counseling competencies. Counselor educators do the following:

1. assist students in securing remedial assistance when needed,
2. seek professional consultation and document their decision to dismiss or refer students for assistance, and
3. ensure that students have recourse in a timely manner to address decisions requiring them to seek assistance or to dismiss them and provide students with due process according to institutional policies and procedures.

### F.9.c. Counseling for Students

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

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

### F.10.a. Sexual or Romantic Relationships

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

### F.10.b. Sexual Harassment

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

### F.10.c. Relationships With Former Students

Counselor educators are aware of the power differential in the relationship between faculty and students. Faculty

members discuss with former students potential risks when they consider engaging in social, sexual, or other intimate relationships.

### F.10.d. Nonacademic Relationships

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

### F.10.e. Counseling Services

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

### F.10.f. Extending Educator–Student Boundaries

Counselor educators are aware of the power differential in the relationship between faculty and students. If they believe that a nonprofessional relationship with a student may be potentially beneficial to the student, they take precautions similar to those taken by counselors when working with clients. Examples of potentially beneficial interactions or relationships include, but are not limited to, attending a formal ceremony; conducting hospital visits; providing support during a stressful event; or maintaining mutual membership in a professional association, organization, or community. Counselor educators discuss with students the rationale for such interactions, the potential benefits and drawbacks, and the anticipated consequences for the student. Educators clarify the specific nature and limitations of the additional role(s) they will have with the student prior to engaging in a nonprofessional relationship. Nonprofessional relationships with students should be time limited and/or context specific and initiated with student consent.

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

### F.11.a. Faculty Diversity

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

### F.11.b. Student Diversity

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

### F.11.c. Multicultural/Diversity Competence

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

# Section G

## Research and Publication



### Introduction

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

## G.1. Research Responsibilities

### G.1.a. Conducting Research

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

### G.1.b. Confidentiality in Research

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

### G.1.c. Independent Researchers

When counselors conduct independent research and do not have access to an institutional review board, they are bound to the same ethical principles and

federal and state laws pertaining to the review of their plan, design, conduct, and reporting of research.

#### **G.1.d. Deviation From Standard Practice**

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

#### **G.1.e. Precautions to Avoid Injury**

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

#### **G.1.f. Principal Researcher Responsibility**

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

### **G.2. Rights of Research Participants**

#### **G.2.a. Informed Consent in Research**

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

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

#### **G.2.b. Student/Supervisee Participation**

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

#### **G.2.c. Client Participation**

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

#### **G.2.d. Confidentiality of Information**

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

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

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

#### **G.2.f. Commitments to Participants**

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

#### **G.2.g. Explanations After Data Collection**

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

#### **G.2.h. Informing Sponsors**

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

#### **G.2.i. Research Records Custodian**

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

### **G.3. Managing and Maintaining Boundaries**

#### **G.3.a. Extending Researcher-Participant Boundaries**

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

#### **G.3.b. Relationships With Research Participants**

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

#### **G.3.c. Sexual Harassment and Research Participants**

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

### **G.4. Reporting Results**

#### **G.4.a. Accurate Results**

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

#### **G.4.b. Obligation to Report Unfavorable Results**

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

#### **G.4.c. Reporting Errors**

If counselors discover significant errors in their published research, they take

reasonable steps to correct such errors in a correction erratum or through other appropriate publication means.

#### **G.4.d. Identity of Participants**

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

#### **G.4.e. Replication Studies**

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

### **G.5. Publications and Presentations**

#### **G.5.a. Use of Case Examples**

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

#### **G.5.b. Plagiarism**

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

#### **G.5.c. Acknowledging Previous Work**

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

#### **G.5.d. Contributors**

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

#### **G.5.e. Agreement of Contributors**

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

#### **G.5.f. Student Research**

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

#### **G.5.g. Duplicate Submissions**

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

#### **G.5.h. Professional Review**

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

additional concerns related to the use of distance counseling, technology, and social media and make every attempt to protect confidentiality and meet any legal and ethical requirements for the use of such resources.

### **H.1. Knowledge and Legal Considerations**

#### **H.1.a. Knowledge and Competency**

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

#### **H.1.b. Laws and Statutes**

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

### **H.2. Informed Consent and Security**

#### **H.2.a. Informed Consent and Disclosure**

Clients have the freedom to choose whether to use distance counseling, social media, and/or technology within the counseling process. In addition to the usual and customary protocol of informed consent between counselor and client for face-to-face counseling, the following issues, unique to the use of distance counseling, technology, and/or social media, are addressed in the informed consent process:

- distance counseling credentials, physical location of practice, and contact information;
- risks and benefits of engaging in the use of distance counseling, technology, and/or social media;
- possibility of technology failure and alternate methods of service delivery;
- anticipated response time;
- emergency procedures to follow when the counselor is not available;
- time zone differences;
- cultural and/or language differences that may affect delivery of services;

## **Section H**

### **Distance Counseling, Technology, and Social Media**



#### **Introduction**

Counselors understand that the profession of counseling may no longer be limited to in-person, face-to-face interactions. Counselors actively attempt to understand the evolving nature of the profession with regard to distance counseling, technology, and social media and how such resources may be used to better serve their clients. Counselors strive to become knowledgeable about these resources. Counselors understand the

- possible denial of insurance benefits; and
- social media policy.

### **H.2.b. Confidentiality Maintained by the Counselor**

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

### **H.2.c. Acknowledgment of Limitations**

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

### **H.2.d. Security**

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

## **H.3. Client Verification**

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

## **H.4. Distance Counseling Relationship**

### **H.4.a. Benefits and Limitations**

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

### **H.4.b. Professional Boundaries in Distance Counseling**

Counselors understand the necessity of maintaining a professional relationship with their clients. Counselors discuss

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

### **H.4.c. Technology-Assisted Services**

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

### **H.4.d. Effectiveness of Services**

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

### **H.4.e. Access**

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

### **H.4.f. Communication Differences in Electronic Media**

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

## **H.5. Records and Web Maintenance**

### **H.5.a. Records**

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

### **H.5.b. Client Rights**

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

### **H.5.c. Electronic Links**

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

### **H.5.d. Multicultural and Disability Considerations**

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

## **H.6. Social Media**

### **H.6.a. Virtual Professional Presence**

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

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

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

### **H.6.c. Client Virtual Presence**

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

### **H.6.d. Use of Public Social Media**

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

# **Section I**

## **Resolving Ethical Issues**



### **Introduction**

Professional counselors behave in an ethical and legal manner. They are aware that client welfare and trust in

the profession depend on a high level of professional conduct. They hold other counselors to the same standards and are willing to take appropriate action to ensure that standards are upheld. Counselors strive to resolve ethical dilemmas with direct and open communication among all parties involved and seek consultation with colleagues and supervisors when necessary. Counselors incorporate ethical practice into their daily professional work and engage in ongoing professional development regarding current topics in ethical and legal issues in counseling. Counselors become familiar with the ACA Policy and Procedures for Processing Complaints of Ethical Violations<sup>1</sup> and use it as a reference for assisting in the enforcement of the *ACA Code of Ethics*.

## I.1. Standards and the Law

### I.1.a. Knowledge

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

### I.1.b. Ethical Decision Making

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

### I.1.c. Conflicts Between Ethics and Laws

If ethical responsibilities conflict with the law, regulations, and/or other gov-

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

## I.2. Suspected Violations

### I.2.a. Informal Resolution

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

### I.2.b. Reporting Ethical Violations

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

### I.2.c. Consultation

When uncertain about whether a particular situation or course of action may be in violation of the *ACA Code of Ethics*, counselors consult with other counselors who are knowledgeable about ethics and the *ACA Code*

*of Ethics*, with colleagues, or with appropriate authorities, such as the ACA Ethics and Professional Standards Department.

### I.2.d. Organizational Conflicts

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

### I.2.e. Unwarranted Complaints

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

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

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

## I.3. Cooperation With Ethics Committees

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

<sup>1</sup>See the American Counseling Association web site at <http://www.counseling.org/knowledge-center/ethics>

# Glossary of Terms

- Abandonment** – the inappropriate ending or arbitrary termination of a counseling relationship that puts the client at risk.
- Advocacy** – promotion of the well-being of individuals, groups, and the counseling profession within systems and organizations. Advocacy seeks to remove barriers and obstacles that inhibit access, growth, and development.
- Assent** – to demonstrate agreement when a person is otherwise not capable or competent to give formal consent (e.g., informed consent) to a counseling service or plan.
- Assessment** – the process of collecting in-depth information about a person in order to develop a comprehensive plan that will guide the collaborative counseling and service provision process.
- Bartering** – accepting goods or services from clients in exchange for counseling services.
- Client** – an individual seeking or referred to the professional services of a counselor.
- Confidentiality** – the ethical duty of counselors to protect a client’s identity, identifying characteristics, and private communications.
- Consultation** – a professional relationship that may include, but is not limited to, seeking advice, information, and/or testimony.
- Counseling** – a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.
- Counselor Educator** – a professional counselor engaged primarily in developing, implementing, and supervising the educational preparation of professional counselors.
- Counselor Supervisor** – a professional counselor who engages in a formal relationship with a practicing counselor or counselor-in-training for the purpose of overseeing that individual’s counseling work or clinical skill development.
- Culture** – membership in a socially constructed way of living, which incorporates collective values, beliefs, norms, boundaries, and lifestyles that are cocreated with others who share similar worldviews comprising biological, psychosocial, historical, psychological, and other factors.
- Discrimination** – the prejudicial treatment of an individual or group based on their actual or perceived membership in a particular group, class, or category.
- Distance Counseling** – The provision of counseling services by means other than face-to-face meetings, usually with the aid of technology.
- Diversity** – the similarities and differences that occur within and across cultures, and the intersection of cultural and social identities.
- Documents** – any written, digital, audio, visual, or artistic recording of the work within the counseling relationship between counselor and client.
- Encryption** – process of encoding information in such a way that limits access to authorized users.
- Examinee** – a recipient of any professional counseling service that includes educational, psychological, and career appraisal, using qualitative or quantitative techniques.
- Exploitation** – actions and/or behaviors that take advantage of another for one’s own benefit or gain.
- Fee Splitting** – the payment or acceptance of fees for client referrals (e.g., percentage of fee paid for rent, referral fees).
- Forensic Evaluation** – the process of forming professional opinions for court or other legal proceedings, based on professional knowledge and expertise, and supported by appropriate data.
- Gatekeeping** – the initial and ongoing academic, skill, and dispositional assessment of students’ competency for professional practice, including remediation and termination as appropriate.
- Impairment** – a significantly diminished capacity to perform professional functions.
- Incapacitation** – an inability to perform professional functions.
- Informed Consent** – a process of information sharing associated with possible actions clients may choose to take, aimed at assisting clients in acquiring a full appreciation and understanding of the facts and implications of a given action or actions.
- Instrument** – a tool, developed using accepted research practices, that measures the presence and strength of a specified construct or constructs.
- Interdisciplinary Teams** – teams of professionals serving clients that may include individuals who may not share counselors’ responsibilities regarding confidentiality.
- Minors** – generally, persons under the age of 18 years, unless otherwise designated by statute or regulation. In some jurisdictions, minors may have the right to consent to counseling without consent of the parent or guardian.
- Multicultural/Diversity Competence** – counselors’ cultural and diversity awareness and knowledge about self and others, and how this awareness and knowledge are applied effectively in practice with clients and client groups.
- Multicultural/Diversity Counseling** – counseling that recognizes diversity and embraces approaches that support the worth, dignity, potential, and uniqueness of individuals within their historical, cultural, economic, political, and psychosocial contexts.
- Personal Virtual Relationship** – engaging in a relationship via technology and/or social media that blurs the professional boundary (e.g., friending on social networking sites); using personal accounts as the connection point for the virtual relationship.
- Privacy** – the right of an individual to keep oneself and one’s personal information free from unauthorized disclosure.
- Privilege** – a legal term denoting the protection of confidential information in a legal proceeding (e.g., subpoena, deposition, testimony).
- Pro bono publico** – contributing to society by devoting a portion of professional activities for little or no financial return (e.g., speaking to groups, sharing professional information, offering reduced fees).
- Professional Virtual Relationship** – using technology and/or social media in a professional manner and maintaining appropriate professional boundaries; using business accounts that cannot be linked back to personal accounts as the connection point for the virtual relationship (e.g., a business page versus a personal profile).
- Records** – all information or documents, in any medium, that the counselor keeps about the client, excluding personal and psychotherapy notes.
- Records of an Artistic Nature** – products created by the client as part of the counseling process.
- Records Custodian** – a professional colleague who agrees to serve as the caretaker of client records for another mental health professional.
- Self-Growth** – a process of self-examination and challenging of a counselor’s assumptions to enhance professional effectiveness.

**Serious and Foreseeable** – when a reasonable counselor can anticipate significant and harmful possible consequences.

**Sexual Harassment** – sexual solicitation, physical advances, or verbal/nonverbal conduct that is sexual in nature; occurs in connection with professional activities or roles; is unwelcome, offensive, or creates a hostile workplace or learning environment; and/or is sufficiently severe or intense to be perceived as harassment by a reasonable person.

**Social Justice** – the promotion of equity for all people and groups for the purpose of ending oppression and injustice affecting clients, students, counselors, families, communities, schools, workplaces, governments, and other social and institutional systems.

**Social Media** – technology-based forms of communication of ideas, beliefs, personal histories, etc. (e.g., social networking sites, blogs).

**Student** – an individual engaged in formal graduate-level counselor education.

**Supervisee** – a professional counselor or counselor-in-training whose counseling work or clinical skill development

is being overseen in a formal supervisory relationship by a qualified trained professional.

**Supervision** – a process in which one individual, usually a senior member of a given profession designated as the supervisor, engages in a collaborative relationship with another individual or group, usually a junior member(s) of a given profession designated as the supervisee(s) in order to (a) promote the growth and development of the supervisee(s), (b) protect the welfare of the clients seen by the supervisee(s), and (c) evaluate the performance of the supervisee(s).

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

**Teaching** – all activities engaged in as part of a formal educational program that is designed to lead to a graduate degree in counseling.

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

**Virtual Relationship** – a non-face-to-face relationship (e.g., through social media).

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## Ethics Related Resources From ACA!

- Free consultation on ethics for ACA Members
- Bestselling publications revised in accordance with the 2014 *Code of Ethics*, including *ACA Ethical Standards Casebook*, *Boundary Issues in Counseling*, *Ethics Desk Reference for Counselors*, and *The Counselor and the Law*
- Podcast and six-part webinar series on the 2014 *Code*
- The latest information on ethics at [counseling.org/ethics](http://counseling.org/ethics)



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# Code of Ethics of the National Association of Social Workers

## OVERVIEW

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

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

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

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

*Approved by the 1996 NASW Delegate Assembly and revised by the NASW Delegate Assembly in 2017.*

# Preamble

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

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

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

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

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

## **Purpose of the *NASW Code of Ethics***

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

The *NASW Code of Ethics* serves six purposes:

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

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

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. In situations when conflicting obligations arise, social workers may be faced with complex ethical dilemmas that have no simple answers. Social workers should take into consideration all the values, principles, and standards in this *Code* that are relevant to any situation in which ethical judgment is

warranted. Social workers' decisions and actions should be consistent with the spirit as well as the letter of this *Code*.

In addition to this *Code*, there are many other sources of information about ethical thinking that may be useful. Social workers should consider ethical theory and principles generally, social work theory and research, laws, regulations, agency policies, and other relevant codes of ethics, recognizing that among codes of ethics social workers should consider the *NASW Code of Ethics* as their primary source. Social workers also should be aware of the impact on ethical decision making of their clients' and their own personal values and cultural and religious beliefs and practices. They should be aware of any conflicts between personal and professional values and deal with them responsibly. For additional guidance social workers should consult the relevant literature on professional ethics and ethical decision making and seek appropriate consultation when faced with ethical dilemmas. This may involve consultation with an agency-based or social work organization's ethics committee, a regulatory body, knowledgeable colleagues, supervisors, or legal counsel. Instances may arise when social workers' ethical obligations conflict with agency policies or relevant laws or regulations. When such conflicts occur, social workers must make a responsible effort to resolve the conflict in a manner that is consistent with the values, principles, and standards expressed in this *Code*. If a reasonable resolution of the conflict does not appear possible, social workers should seek proper consultation before making a decision.

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

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

With growth in the use of communication technology in various aspects of social work practice, social workers need to be aware of the unique challenges that may arise in relation to the maintenance of confidentiality, informed consent, professional boundaries, professional competence, record keeping, and other ethical considerations. In general, all ethical standards in this *Code of Ethics* are applicable to interactions, relationships, or communications, whether they occur in person or with the use of technology. For the purposes of this *Code*, “technology-assisted social work services”

include any social work services that involve the use of computers, mobile or landline telephones, tablets, video technology, or other electronic or digital technologies; this includes the use of various electronic or digital platforms, such as the Internet, online social media, chat rooms, text messaging, e-mail, and emerging digital applications. Technology-assisted social work services encompass all aspects of social work practice, including psychotherapy; individual, family, or group counseling; community organization; administration; advocacy; mediation; education; supervision; research; evaluation; and other social work services. Social workers should keep apprised of emerging technological developments that may be used in social work practice and how various ethical standards apply to them.

# Ethical Principles

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

**Value:** *Service*

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

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

**Value:** *Social Justice*

**Ethical Principle:** *Social workers challenge social injustice.*

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

**Value:** *Dignity and Worth of the Person*

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

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

**Value:** *Importance of Human Relationships*

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

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

**Value:** *Integrity*

**Ethical Principle:** *Social workers behave in a trustworthy manner.*

Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them. Social

workers act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated.

**Value:** *Competence*

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

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

# Ethical Standards

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

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

## 1. Social Workers' Ethical Responsibilities to Clients

### 1.01 Commitment to Clients

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

### 1.02 Self-Determination

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

### 1.03 Informed Consent

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

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

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

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

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

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

(g) Social workers who use technology to provide social work services should assess the clients' suitability and capacity for electronic and remote services. Social workers should consider the clients' intellectual, emotional, and physical ability to use technology to receive services and the clients' ability to understand the potential benefits, risks, and limitations of such services. If clients do not wish to use services provided through technology, social workers should help them identify alternate methods of service.

(h) Social workers should obtain clients' informed consent before making audio or video recordings of clients or permitting observation of service provision by a third party.

(i) Social workers should obtain client consent before conducting an electronic search on the client. Exceptions may arise when the search is for purposes of protecting the client or other people from serious, foreseeable, and imminent harm, or for other compelling professional reasons.

### **1.04 Competence**

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

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

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

(d) Social workers who use technology in the provision of social work services should ensure that they have the necessary knowledge and skills to provide such services in a competent manner. This includes an understanding of the special communication challenges when using technology and the ability to implement strategies to address these challenges.

(e) Social workers who use technology in providing social work services should comply with the laws governing technology and social work practice in the jurisdiction in which

they are regulated and located and, as applicable, in the jurisdiction in which the client is located.

### **1.05 Cultural Awareness 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 ability.
- (d) Social workers who provide electronic social work services should be aware of cultural and socioeconomic differences among clients and how they may use electronic technology. Social workers should assess cultural, environmental, economic, mental or physical ability, linguistic, and other issues that may affect the delivery or use of these services.

### **1.06 Conflicts of Interest**

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

(e) Social workers should avoid communication with clients using technology (such as social networking sites, online chat, e-mail, text messages, telephone, and video) for personal or non-work-related purposes.

(f) Social workers should be aware that posting personal information on professional Web sites or other media might cause boundary confusion, inappropriate dual relationships, or harm to clients.

(g) Social workers should be aware that personal affiliations may increase the likelihood that clients may discover the social worker's presence on Web sites, social media, and other forms of technology. Social workers should be aware that involvement in electronic communication with groups based on race, ethnicity, language, sexual orientation, gender identity or expression, mental or physical ability, religion, immigration status, and other personal affiliations may affect their ability to work effectively with particular clients.

(h) Social workers should avoid accepting requests from or engaging in personal relationships with clients on social networking sites or other electronic media to prevent boundary confusion, inappropriate dual relationships, or harm to clients.

### **1.07 Privacy and Confidentiality**

(a) Social workers should respect clients' right to privacy. Social workers should not solicit private information from or about clients except for compelling professional reasons. Once private information is shared, standards of confidentiality apply.

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

(c) Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or others. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed.

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

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

(f) When social workers provide counseling services to families, couples, or groups, social workers should seek agreement among the parties involved concerning each individual's right to confidentiality and obligation to preserve the confidentiality of information shared by others. This agreement should include consideration of whether confidential information may be exchanged in person or electronically, among clients or

with others outside of formal counseling sessions. Social workers should inform participants in family, couples, or group counseling that social workers cannot guarantee that all participants will honor such agreements.

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

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

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

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

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

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

(m) Social workers should take reasonable steps to protect the confidentiality of electronic communications, including information provided to clients or third parties. Social workers should use applicable safeguards (such as encryption, firewalls, and passwords) when using electronic communications such as e-mail, online posts, online chat sessions, mobile communication, and text messages.

(n) Social workers should develop and disclose policies and procedures for notifying clients of any breach of confidential information in a timely manner.

(o) In the event of unauthorized access to client records or information, including any unauthorized access to the social worker's electronic communication or storage systems, social workers should inform clients of such disclosures, consistent with applicable laws and professional standards.

(p) Social workers should develop and inform clients about their policies, consistent with prevailing social work ethical standards, on the use of electronic technology, including Internet-based search engines, to gather information about clients.

(q) Social workers should avoid searching or gathering client information electronically unless there are compelling professional reasons, and when appropriate, with the client's informed consent.

- (r) Social workers should avoid posting any identifying or confidential information about clients on professional websites or other forms of social media.
- (s) Social workers should transfer or dispose of clients' records in a manner that protects clients' confidentiality and is consistent with applicable laws governing records and social work licensure.
- (t) Social workers should take reasonable precautions to protect client confidentiality in the event of the social worker's termination of practice, incapacitation, or death.
- (u) Social workers should not disclose identifying information when discussing clients for teaching or training purposes unless the client has consented to disclosure of confidential information.
- (v) Social workers should not disclose identifying information when discussing clients with consultants unless the client has consented to disclosure of confidential information or there is a compelling need for such disclosure.
- (w) Social workers should protect the confidentiality of deceased clients consistent with the preceding standards.

### **1.08 Access to Records**

- (a) Social workers should provide clients with reasonable access to records concerning the 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) Social workers should develop and inform clients about their policies, consistent with prevailing social work ethical standards, on the use of technology to provide clients with access to their records.
- (c) When providing clients with access to their records, social workers should take steps to protect the confidentiality of other individuals identified or discussed in such records.

### **1.09 Sexual Relationships**

- (a) Social workers should under no circumstances engage in sexual activities, inappropriate sexual communications through the use of technology or in person, or sexual contact with current clients, whether such contact is consensual or forced.
- (b) Social workers should not engage in sexual activities or sexual contact with clients' relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation or potential harm to the client. Sexual activity or sexual contact with clients' relatives or other individuals with whom clients maintain a personal relationship has the potential to be harmful to the client and may make it difficult for the social worker and client to maintain appropriate professional boundaries. Social workers--not their clients, their clients' relatives, or other individuals with whom the client maintains a personal relationship--assume the full burden for setting clear, appropriate, and culturally sensitive boundaries.

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

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

### **1.10 Physical Contact**

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

### **1.11 Sexual Harassment**

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

### **1.12 Derogatory Language**

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

### **1.13 Payment for Services**

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

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

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

### **1.14 Clients Who Lack Decision-Making Capacity**

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

### **1.15 Interruption of Services**

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

### **1.16 Referral for Services**

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

### **1.17 Termination of Services**

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

## **2. Social Workers' Ethical Responsibilities to Colleagues**

### **2.01 Respect**

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

## **2.02 Confidentiality**

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

## **2.03 Interdisciplinary Collaboration**

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

## **2.04 Disputes Involving Colleagues**

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

## **2.05 Consultation**

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

## **2.06 Sexual Relationships**

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

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

## **2.07 Sexual Harassment**

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

## **2.08 Impairment of Colleagues**

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

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

## **2.09 Incompetence of Colleagues**

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

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

## **2.10 Unethical Conduct of Colleagues**

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

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

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

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

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

### **3. Social Workers' Ethical Responsibilities in Practice Settings**

#### **3.01 Supervision and Consultation**

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

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

(c) Social workers should not engage in any dual or multiple relationships with supervisees in which there is a risk of exploitation of or potential harm to the supervisee, including dual relationships that may arise while using social networking sites or other electronic media.

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

#### **3.02 Education and Training**

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

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

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

(d) Social workers who function as educators or field instructors for students should not engage in any dual or multiple relationships with students in which there is a risk of exploitation or potential harm to the student, including dual relationships that may arise while using social networking sites or other electronic media. Social work educators and field instructors are responsible for setting clear, appropriate, and culturally sensitive boundaries.

#### **3.03 Performance Evaluation**

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

#### **3.04 Client Records**

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

### **3.05 Billing**

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

### **3.06 Client Transfer**

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

### **3.07 Administration**

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

### **3.08 Continuing Education and Staff Development**

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

### **3.09 Commitments to Employers**

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

### **3.10 Labor-Management Disputes**

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

## **4. Social Workers' Ethical Responsibilities as Professionals**

### **4.01 Competence**

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

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

#### **4.02 Discrimination**

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

#### **4.03 Private Conduct**

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

#### **4.04 Dishonesty, Fraud, and Deception**

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

#### **4.05 Impairment**

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

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

#### **4.06 Misrepresentation**

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

(b) Social workers who speak on behalf of professional social work organizations should accurately represent the official and authorized positions of 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' well-being, privacy, and dignity. Informed consent should include information about the nature, extent, and duration of

the participation requested and disclosure of the risks and benefits of participation in the research.

(f) When using electronic technology to facilitate evaluation or research, social workers should ensure that participants provide informed consent for the use of such technology. Social workers should assess whether participants are able to use the technology and, when appropriate, offer reasonable alternatives to participate in the evaluation or research.

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

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

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

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

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

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

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

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

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

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

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

## **6. Social Workers' Ethical Responsibilities to the Broader Society**

### **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 ability.