

# **ABAMHC ETHICAL STANDARDS AND CODE OF CONDUCT**

## **INTRODUCTION AND APPLICABILITY**

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

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

Certification as a Counsellor or a degree in Mental Health Counselling commits professionals and student affiliates to comply with the standards of the Ethics Code and adhere to the rules and procedures used to enforce them. Lack of awareness or misunderstanding of an Ethical Standard is not itself a defense to a charge of unethical conduct.

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Bylaws of the Association which may impose sanctions on its members for violations of the standards of the Ethics Code, including termination of certification or membership, and may notify other bodies and individuals of its actions. In the future, the Ministry of Health, Wellness, and the Environment may take action against a member after his or her expulsion or suspension from the Association or any affiliated professional body.

The Ethics Code is intended to provide guidance for Counsellors and standards of professional conduct. The Ethics Code standard does not by itself determine whether the Counsellor is legally

liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.

The modifiers used in some of the standards of this Ethics Code (e.g., reasonably, appropriate, potentially) are included in the standards when they would (1) allow professional judgment on the part of Counsellors, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by Counsellors, or (4) guard against a set of rigid rules that might be quickly outdated. As used in this Ethics Code, the term reasonable means the prevailing professional judgment of Counsellors engaged in similar activities in similar circumstances, given the knowledge the Counsellor had or should have had at the time.

In the process of making decisions regarding their professional behaviour, Counsellors must consider this Ethics Code in addition to applicable laws of Antigua and Barbuda. In applying the Ethics Code to their professional work, Counsellors may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations and the dictates of their own conscience, as well as consult with others within the field.

### **CORE VALUES**

**Professionalism-** practice of counselling in a manner that upholds the standards of the counselling profession. Includes providing service within a Counsellor's scope of competency so as to cause no harm to clients and develop a mutually respectful counsellor-client relationship to encourage client success in therapy. Also includes taking responsibility for Counsellors continued growth as professionals and engaging in professional development opportunities to expand knowledge and professional capacity.

**Transparency-** Counsellors are open about their methods of work, beliefs, values, and personal experiences that may inform their therapy. May also include Counsellors willingness to share and disclose their personal experiences with clients to build trust, foster empathy, and strengthen the therapeutic alliance between Counsellor and client.

**Integrity-** Commitment to being moral in dealings with others, including personal straightforwardness, honesty, and coherence. It is the quality of being honest and having strong moral principles.

**Inclusivity-** Non-discriminatory practice aims to counteract the negative effects of discrimination on clients and to combat discrimination in all its forms. Involves refraining from any action that could be seen as discriminatory or potentially insulting to any individual or group. Promotes inclusion of a person's protected categories including, but not limited to, age, race, ethnicity, ability, gender, sexual orientation, religion, and socioeconomic status.

**Cultural Relevance-** Emphasizes the Counsellor's knowledge and understanding of a client's culture, belief system, background, and worldview. Counsellors incorporate cultural relevance and cultural sensitivity into the therapeutic relationship to accommodate and respect differences

of opinions, values, and attitudes of various cultures. The Counsellor's own cultural values or bias does not take precedence over that of the client.

**Accountability-** Involves Counsellors being responsible for their actions and contributions to the therapeutic relationship, especially in terms of objectives, treatment plans, and results. It also involves describing goals, and what is being done to meet them. It entails collecting information and data that support any accomplishments that may be claimed or credited. Accountability expects that therapeutic interventions have purpose, positive effect, and measurable outcomes.

**Collaboration-** maintaining good collaboration between Counselor and client. Involves ensuring that clients are equal participants in their therapy, that they understand their treatment plan, and that the Counsellor-client relationship is open and respectful. Collaboration also includes collaborating effectively with fellow colleagues and organizations with whom a professional, or working, relationship is established.

**Confidentiality-** Understanding the importance of privacy and safety as the basis of effective therapy. Client information is not shared unless verbal or written consent is obtained from the client. Counsellors review confidentiality, and any limitations to confidentiality, with their clients prior to starting therapy.

## **GENERAL PRINCIPLES**

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

### **Principle A: Beneficence and Nonmaleficence**

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

### **Principle B: Fidelity and Responsibility**

Counsellors establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Counsellors uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behaviour, and seek to manage conflicts of interest that could lead to exploitation or harm. Counsellors consult with, refer to, or

cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Counsellors strive to contribute a portion of their professional time for little or no compensation or personal advantage.

#### Principle C: Integrity

Counsellors seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities Counsellors do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Counsellors strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, Counsellors have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

#### Principle D: Justice

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

#### Principle E: Respect for People's Rights and Dignity

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

## **ETHICAL STANDARDS**

### **1. Resolving Ethical Issues**

#### 1.01 Misuse of Counsellors' Work

If Counsellors learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

#### 1.02a Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If Counsellors' ethical responsibilities conflict with law, regulations, and other governing legal authority. Counsellors make known their commitment to the Ethics Code and take steps to resolve the conflict. If the conflict is unresolvable via such means, Counsellors may adhere to the requirements of the law, regulations, or other governing legal authority.

#### 1.02b Conflicts Between Counselors' Ethics Code and Other Ethics Codes of Other Professional Bodies

If Counsellors' ethical code conflicts with other professional bodies with whom they work, conduct research, teach or liaise, Counsellors make known their commitment to the Ethics Code and take steps to resolve the conflict through appropriate consultation with other colleagues and with the Association's Executive Board.

#### 1.03 Conflicts Between Ethics and Organizational Demands

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

#### 1.04 Informal Resolution of Ethical Violations

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

#### 1.05 Reporting Ethical Violations

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, Counsellors take further action appropriate to the situation. Such action might include referral to committees on professional ethics or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when Counsellors have been retained to review the work of another Counsellor whose professional conduct is in question. (See also Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

#### 1.06 Cooperating with Ethics Committees

Counsellors cooperate in ethics investigations, proceedings, and resulting requirements of the applicable laws of Antigua & Barbuda, the Association's Executive Board, or any affiliated counselling association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.

#### 1.07 Improper Complaints

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

### 1.08 Unfair Discrimination Against Complainants and Respondents

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

## **2. Competence**

### 2.01 Boundaries of Competence

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

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

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

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

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

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

### 2.02 Providing Services in Emergencies

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

### 2.03 Maintaining Competence

Counsellors undertake ongoing efforts to develop and maintain their competence.

#### 2.04 Bases for Scientific and Professional Judgments

Counsellors' work is based upon established scientific and professional knowledge of the discipline. (See also Standards 2.01e, Boundaries of Competence, and 10.01b, Informed Consent to Therapy.)

#### 2.05 Delegation of Work to Others

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

#### 2.06 Personal Problems and Conflicts

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

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

### **3. Human Relations**

#### 3.01 Unfair Discrimination

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

#### 3.02 Sexual Harassment

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

#### 3.03 Other Harassment

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

#### 3.04 Avoiding Harm

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

#### 3.05 Multiple Relationships

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

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

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

#### 3.06 Conflict of Interest

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

#### 3.07 Third-Party Requests for Services

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

### 3.08 Exploitative Relationships

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

### 3.09 Cooperation with Other Professionals

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

### 3.10 Informed Consent

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

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

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

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

### 3.11 Counselling Services Delivered to or Through Organizations

(a) Counsellors delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the Counsellor will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

(b) If Counsellors will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they inform those individuals or groups at the outset of the service.

### 3.12 Interruption of Counselling Services

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

## 4. Privacy And Confidentiality

### 4.01 Maintaining Confidentiality

Counsellors have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship. (See also Standard 2.05, Delegation of Work to Others.)

### 4.02 Discussing the Limits of Confidentiality

(a) Counsellors discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their counselling activities. (See also Standard 3.10, Informed Consent.)

(b) Counsellors are ethically obligated to take some action and may have to break confidentiality when there is any suspicion of child abuse and this action must be in the best interest of the child. Counsellors must also adhere to the dictates of law where the reporting of child abuse is concerned (See also 1.02a, Conflicts with Ethics Code and Law).

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

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

### 4.03 Recording

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

### 4.04 Minimizing Intrusions on Privacy

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

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

#### 4.05 Disclosures

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

(b) Counsellors disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, Counsellor, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04e, Fees and Financial Arrangements.)

#### 4.06 Consultations

When consulting with colleagues, (1) Counsellors do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)

#### 4.07 Use of Confidential Information for Didactic or Other Purposes

Counsellors do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

### **5. Advertising and Other Public Statements**

#### 5.01 Avoidance of False or Deceptive Statements

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

(b) Counsellors do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings. (c) Counsellors claim degrees as credentials for their health services only if those

degrees (1) were earned from an accredited educational institution or (2) were the basis for counsellor certification and/or licensure in the jurisdiction in which they practice.

#### 5.02 Statements by Others

(a) Counsellors who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements. (b) Counsellors do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (See also Standard 1.01, Misuse of Counsellors' Work.) (c) A paid advertisement relating to Counsellors' activities must be identified or clearly recognizable as such.

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

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

#### 5.04 Media Presentations

When Counsellors provide public advice or comment via print, internet, or other electronic transmission, they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate counselling literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional relationship has been established with the recipient. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

#### 5.05 Testimonials

Counsellors do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, a Counsellor may solicit testimonials from past clients/patients whose therapy was terminated at least two years prior to solicitation.

#### 5.06 In-Person Solicitation

Counsellors do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster or community outreach services.

### **6. Record Keeping and Fees**

6.01 Documentation of Professional and Scientific Work and Maintenance of Records Counsellors create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of

research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (See also Standard 4.01, Maintaining Confidentiality.)

#### 6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work

(a) Counsellors maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standards 4.01, Maintaining Confidentiality, and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)

(b) If confidential information concerning recipients of counselling services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, Counsellors use coding or other techniques to avoid the inclusion of personal identifiers.

(c) Counsellors make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of Counsellors' withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

#### 6.03 Withholding Records for Nonpayment

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

#### 6.04 Fees and Financial Arrangements

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

(b) Counsellors do not misrepresent their fees.

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

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

#### 6.05 Barter with Clients/Patients

(a) Barter is the acceptance of goods, services, or other non-monetary remuneration from clients/patients in return for counselling services. Counsellors may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative. (See also Standards 3.05, Multiple Relationships, and 6.04, Fees and Financial Arrangements.)

(b) Pro bono counselling services may be acceptable in lieu of barter services from a potential or current client/patient. Cultural norms surrounding bartering should be considered by the

Counsellor and the bartered item(s) or goods must be equal to or less than the value of the Counsellor's standard fee.

#### 6.06 Accuracy in Reports to Payors and Funding Sources

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

#### 6.07 Referrals and Fees

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

### **7. Education and Training**

#### 7.01 Design of Education and Training Programs

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

#### 7.02 Descriptions of Education and Training Programs

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

#### 7.03 Accuracy in Teaching

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

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

#### 7.04 Student Disclosure of Personal Information

Counsellors do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

#### 7.05 Mandatory Individual or Group Therapy

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

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

#### 7.06 Assessing Student and Supervisee Performance

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

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

#### 7.07 Sexual Relationships with Students and Supervisees

Counsellors do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom Counsellors have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)

### **8. Research and Publication**

#### 8.01 Institutional Approval

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

#### 8.02 Informed Consent to Research

(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, Counsellors inform participants about (1) the purpose of the research, expected duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. They provide opportunities for the prospective

participants to ask questions and receive answers. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing with Informed Consent for Research; and 8.07, Deception in Research.)

(b) Counsellors conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (See also Standard 8.02a, Informed Consent to Research.)

#### 8.03 Informed Consent for Recording Voices and Images in Research

Counsellors obtain informed consent from research participants prior to recording their voices or images for data collection unless (1) the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, or (2) the research design includes deception, and consent for the use of the recording is obtained during debriefing. (See also Standard 8.07, Deception in Research.)

#### 8.04 Client/Patient, Student, and Subordinate Research Participants

(a) When Counsellors conduct research with clients/patients, students, or subordinates as participants, Counsellors take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

(b) When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

#### 8.05 Dispensing with Informed Consent for Research

Counsellors may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.

#### 8.06 Offering Inducements for Research Participation

(a) Counsellors make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.

(b) When offering professional services as an inducement for research participation, Counsellors clarify the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter with Clients/Patients.)

#### 8.07 Deception in Research

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

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

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

#### 8.08 Debriefing

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

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

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

#### 8.09 Humane Care and Use of Animals in Research

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

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

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

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

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

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

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

#### 8.10 Reporting Research Results

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

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

#### 8.11 Plagiarism

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

#### 8.12 Publication Credit

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

(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, do