

State of Arkansas
Board of Examiners of Alcoholism and Drug Abuse Counselors

RULE 1 - CODE OF ETHICS

SECTION A: THE COUNSELING RELATIONSHIP

A.1 Client Welfare

a. *Primary Responsibility.*

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

b. *Positive Growth and Development.*

Counselors encourage client growth and development in ways that foster the client's interest and welfare; counselors avoid fostering dependent counseling relationships.

c. *Treatment Plans*

Counselors and their clients work jointly in devising integrated, individual treatment plans that offer reasonable promise of success and are consistent with abilities and circumstances of clients. Counselors and clients regularly review treatment plans to ensure their continued viability and effectiveness, respecting client's freedom of choice. (See A.3.b.)

d. *Family Involvement.*

Counselors recognize that families are usually important in the client's lives and strive to enlist family understanding and involvement as a positive resource, when appropriate.

A.2. Respecting Diversity

a. *Nondiscrimination*

Counselors do not condone or engage in discrimination based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status. (See C.5.a., C.5.b., and D.1.i)

b. *Respecting Differences.*

Counselors will actively attempt to understand the diverse cultural backgrounds of the clients with whom they work. This includes, but is not limited to, learning how the counselor's own cultural/ethnic/racial identity impacts his/her values and beliefs about the counseling process. (See E.8. and F.2.i.)

A.3. Client Rights

a. *Disclosure to Clients.*

When counseling is initiated, and throughout the counseling process as necessary, counselors inform clients of the purposes, goals, techniques, procedures, limitations, potential risks and benefits of service to be performed, and other pertinent information. Counselors take steps to ensure that clients understand the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements. Clients have the right to expect confidentiality and to be provided with an explanation of its limitations, including supervision and/or treatment team professionals; to obtain clear information about their case records; to participate in the ongoing treatment plans; and to refuse any recommended services and be advised of the consequences of such refusal. (See E.5.a. and G.2.)

b. *Freedom of Choice.*

Counselors offer clients the freedom to choose whether to enter into a counseling relationship and to determine which profession(s) will provide counseling. Restrictions that limit choices of clients are fully explained.

c. *Inability to Give Consent*

When counseling minors or persons unable to give voluntary informed consent, counselors act in these client's best interest. (See B.3.)

A.4. Clients Served by Others

If a client is receiving services from another mental health professional, counselors, and with client consent, inform the professional persons already involved and develop clear agreements to avoid confusion and conflict for the client. (See C.6.c)

A.5. Personal Needs and Values

a. *Personal Needs.*

In the counseling relationship, counselors are aware of the intimacy and responsibilities inherent in the counseling relationship, maintain respect for clients, and avoid actions that seek to meet their personal needs at the expense of clients.

b. *Personal Values.*

Counselors are aware of their own values, attitudes, beliefs, and behaviors and how these apply in a diverse society, and avoid imposing their values on clients. (See C.5.a.)

A.6. Dual Relationships

a. *Avoid When Possible.*

Counselors are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of clients. Counselors make every effort to avoid dual relationships with clients that could impair professional judgement or increase the risk of harm to clients. (Examples of such relationships include, but are not limited to, familial, social, financial, business, or close personal relationships with clients.) When a dual relationship cannot be avoided, counselors take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgement is not impaired and no exploitation occurs. (See F.1.b)

c. *Superior/Subordinate Relationships.*

Counselors do not accept as clients superiors or subordinates with whom they have administrative, supervisory or evaluative relationships.

A.7. Sexual Intimacies With Clients

a. *Current Clients.*

Counselors do not have any type of sexual intimacies with clients and do not counsel persons with whom they have had a sexual relationship.

b. *Former Clients.*

Counselors do not engage in sexual intimacies with former clients.

A.8. Multiple Clients

When counselors agree to provide counseling services to two or more persons who have a relationship (such as husband and wife, or parents and children), counselors clarify at the outset which person or persons are clients and the nature of the relationships they will have with each person. If it becomes apparent that counselors may be called

upon to perform potentially conflicting roles, they clarify, adjust, or withdraw from the roles appropriately. (See B.2 and B.4.d)

A.9. Group Work

a. Screening

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

b. Protecting Clients.

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

A.10. Fees and Bartering (See D.3.a. and D.3.b.)

a. Advanced Understanding

Counselors clearly explained to clients, prior to entering the counseling relationship, all financial arrangements related to professional services including the use of collection agencies or legal measures for nonpayment. (A.11.c.)

b. Establishing Fees.

In establishing fees for professional counseling services, consider for professional counseling services, counselors consider the financial status of clients and locality. In the event that the established fee structure is inappropriate for a client, assistance is provided in attempting to find comparable services of acceptable cost. (See A.10.d.,D.3.a., and D.3.b.)

c. Bartering Discouraged.

Counselors ordinarily refrain from accepting goods or services from clients in return for counseling services because such arrangements create inherent potential for conflicts, exploitation, and distortion of the professional relationship. Counselors may participate in bartering only if the relationship is not exploitive, if the client requests it, if a clear written contract is established, and if such arrangements are an accepted practice among professionals in the community. (See A.6.a.)

d. Pro Bono Service

Counselors contribute to society by devoting a portion of their professional activity to services for which there is little or no financial return (pro bono).

A.11. Termination and Referral.

a. Abandonment Prohibited.

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

b. Inability to Assist Clients.

If counselors determine an inability to be of professional assistance to clients, they avoid entering or immediately terminate a counseling relationship. Counselors are knowledgeable about referral resources and suggest appropriate alternatives. If clients decline the suggested referral, counselors should discontinue the relationship.

c. Appropriate Termination.

Counselors should terminate a counseling relationship, securing client agreement when possible, when it is reasonably clear that the client is no longer benefiting, when services are no longer required, when counseling no

longer serves the client's needs or interests, when clients do not pay fees charged, or when agency or institution limits do not allow provision of further counseling services. (See A.10.b, C.2.g.)

A.12. Computer Technology

a. Use of Computers.

When computer applications are used in counseling services, counselors ensure that: (1) the client is intellectually, emotionally, and physically capable of using the computer application; (2) the computer application is appropriate for the needs of the client; (3) the client understands the purpose and operation of the computer applications; and (4) a follow-up of client use of a computer application is provided to correct possible misconceptions, discover inappropriate use, and assess subsequent needs.

b. Explanation of Limitations.

Counselors ensure that clients are provided information as a part of the counseling relationship that adequately explains the limitations of computer technology.

c. Access to Computer Applications.

Counselors provide for equal access to computer applications in counseling services. (See A.2.a)

SECTION B: CONFIDENTIALITY

B.1. Right to Privacy

a. Respect for Privacy.

Counselors respect their clients' right to privacy and avoid illegal and unwarranted disclosures of confidential information. (See A.3.a. and B.6.a.) Counselors will abide by the Federal Mandate 42 CFR Part 2.

b. Client Waiver.

The right to privacy may be waived by the client and their legally recognized representative.

c. Exceptions.

The general requirement that counselors keep information confidential does not apply when disclosure is required to prevent clear and imminent danger to the client or others or when legal requirements demand that confidential information be revealed. Counselors consult with other professionals when in doubt as to the validity of an exception.

d. Contagious, Fatal Diseases.

A counselor who receives information confirming that a client has a disease commonly known to be both communicable and fatal is justified in disclosing information to an identifiable third party, who by his or her relationship with the client is at high risk of contracting the disease. Prior to making a disclosure the counselor should ascertain that the client has not already informed the third party about his or her disease and that the client is not intending to inform the third party in the immediate future. (See B.1.c. and B.1.f.)

e. Court Ordered Disclosure.

When court ordered to release confidential information without a client's permission, counselors request to the court that disclosure not be required due to potential harm to the client or counseling relationship. (See B.1.c.)

f. Minimal Disclosure.

When circumstances require the disclosure of confidential information, only essential information is revealed. To the extent possible, clients are informed before confidential information is disclosed.

g. *Explanation of Limitations.*

When counseling is initiated and throughout the counseling process as necessary, counselors inform clients of the limitations of confidentiality and identify foreseeable situations in which confidentiality be breached. (See G.2.a.)

h. *Subordinates.*

Counselors make every effort to ensure the privacy and confidentiality of clients are maintained by subordinates including employees, supervisees, clerical assistants, and volunteers. (See B.1.a.)

i. *Treatment Teams.*

If client treatment will involve a continued review by a treatment team, the client will be informed of the teams and of the team's existence and composition.

B.2. Groups and Families

a. *Group Work.*

In group work, counselors clearly define confidentiality and the parameters for the specific group being entered, explain its importance, and discuss the difficulties related to confidentiality involved in group work. The fact that confidentiality cannot be guaranteed is clearly communicated to group members.

b. *Family Counseling.*

In family counseling, information about one family member cannot be disclosed to another family member without permission. Counselors protect the privacy rights of each family member. (See A.8., B.3., and B.4.d.)

B.3 Minor or Incompetent Clients

When counseling clients who are minors or individuals who are unable to give voluntary, informed consent, parents or guardians may be included in the counseling process as appropriate. Counselors act in the best interests of clients and take measures to safeguard confidentiality. (See A.3.c.)

B.4. Records

a. *Requirement of Records.*

Counselors maintain records necessary for rendering professional services to their clients and as required by laws, regulations, or agency or institutional procedures.

b. *Confidentiality of Records.*

Counselors are responsible for securing the safety and confidentiality of any counseling records they create, maintain, transfer, or destroy whether the records are written, taped, computerized, or stored in any other medium. (See B.1.a.)

c. *Permission to Record or Observe.*

Counselors obtain permission from clients prior to electronically recording or observing sessions. (See A.3.a.)

d. *Client Access.*

Counselors recognize that counseling records are kept for the benefit of clients, and therefore provide access to records and copies of records when requested by competent clients, unless the records contain information that may be misleading and detrimental to the client. In situations involving multiple clients, access to records is limited to those parts of records that do not include confidential information related to another client. (See A.8., B.1.a., B.2.b.)

e. *Disclosure or Transfer.*

Counselors obtain written permission from clients to disclose or transfer records to legitimate third parties unless exceptions to confidentiality exist as listed in Section B.1.. Steps are taken to ensure that receivers of counseling records are sensitive to their confidential nature.

B.5. Research and Training.

a. *Data Disguise Required.*

Use of data derived from counseling relationships for purposes of training, research, or publication is confined to content that is disguised to ensure the anonymity of the individuals involved. (See B.1.g. and G.3.d.)

b. *Agreement for Identification.*

Identification of a client in a presentation or publication is permissible only when the client has reviewed the material and has agreed to its presentation or publication. (See G.3.d.)

B.6. Consultation

a. *Respect for Privacy.*

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

b. *Cooperating Agencies.*

Before sharing information, counselors make efforts to ensure that there are defined policies in other agencies serving the counselor's clients that effectively protect the confidentiality of information.

SECTION C: PROFESSIONAL RESPONSIBILITY

C.1. Standards Knowledge

Counselors have a responsibility to read, understand, and follow the Code of Ethics and the Standards of Practice.

C.2. Professional Competence

a. *Boundaries of Competence.*

Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors will demonstrate a commitment to gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population.

b. *New Specialty Areas of Practice.*

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

c. *Qualified for Employment.*

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

d. *Monitor Effectiveness.*

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

e. *Ethical Issues Consultation.*

Counselors take reasonable steps to consult with other counselors or related professionals when they have questions regarding their ethical obligations or professional practice.
(See H.1)

f. *Continuing Education.*

Counselors recognize the need for continuing education to maintain a reasonable level of awareness of current scientific and professional information in their fields of activity. They take steps to maintain competence in the skills they use, are open to new procedures, and keep current with the diverse and/or special populations with whom they work.

g. *Impairment.*

Counselors refrain from offering or accepting professional services when their physical, mental or emotional problems are likely to harm a client or others. They are alert to the signs of impairment, seek assistance for problems, and, if necessary, limit, suspend, or terminate their professional responsibilities. (See A.11.c.)

C.3. Advertising and Soliciting Clients

a. *Accurate Advertising.*

There are no restrictions on advertising by counselors, except those that can be specifically justified to protect the public from deceptive practices. Counselors advertise or represent their services to the public by identifying their credentials in an accurate manner that is not false, misleading, deceptive, or fraudulent. Counselors may only advertise the highest degree earned which is in counseling or a closely related field from a college or university that was accredited when the degree was awarded by one of the regional accrediting bodies recognized by the Council on Postsecondary Accreditation.

b. *Testimonials.*

Counselors who use testimonials do not solicit them from clients or other persons who, because of their particular circumstances, may be vulnerable to undue influence.

c. *Statements by Others.*

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

d. *Recruiting Through Employment.*

Counselors do not use their places of employment or institution affiliates to recruit or gain clients, supervisees, or consultees for their private practices. (See C.5.c.)

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.

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. Counselors may adopt textbooks they have authored for instructional purposes.

g. *Professional Association Involvement.*

Counselors actively participate in local, state, and national associations that foster the development and improvement of counseling.

C.4. Credentials

a. *Credentials Claimed.*

Counselors claim or imply only professional credentials possessed and are responsible for correcting any known misrepresentations of their credentials by others.

b. *Credential Guidelines.*

Counselors follow guidelines for use of credentials that have been established by the entities that issue the credentials.

c. *Misrepresentation of Credentials.*

Counselors do not attribute more to their credentials than the credentials represent and do not imply that other counselors are not qualified because they do not possess certain credentials.

e. *Doctoral Degrees From Other Fields.*

Counselors who hold a master's degree in counseling or a closely related mental health field but hold a doctoral degree from other than counseling or a closely related field do not use the title, "Dr.," in their practices and do not announce to the public in relation to their practice or status as a counselor that they hold a doctorate.

C.5. Public Responsibility

a. *Nondiscrimination.*

Counselors do not discriminate against clients, students, or supervisees in a manner that has a negative impact based on their age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, or socioeconomic status, or for any other reason. (See A.2.a.)

b. *Sexual Harassment.*

Counselors do not engage in sexual harassment. Sexual harassment is defined as sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with professional activities or roles, and that either (1) is unwelcome, is offensive, or creates a hostile workplace environment, and counselors know or are told this; or (2) is sufficiently severe or intense to be perceived as harassment to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or multiple persistent or pervasive acts.

c. *Reports to Third Parties.*

Counselors are accurate, honest, and unbiased in reporting their professional activities and judgements to appropriate third parties including courts, health insurance companies, those who are the recipients of evaluation reports, and others. (See B.1.g)

d. *Media Presentations.*

When counselors provide advice or comment by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, 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 Code of Ethics and Standards of Practice; and (3) the recipients of the information are not encouraged to infer that a professional counseling relationship has been established. (See C.6.b)

e. *Unjustified Gains.*

Counselors do not use their professional positions to seek or receive unjustified personal gains, sexual favors, unfair advantage, or unearned goods or services. (See C.3.d.)

C.6. Responsibility to Other Professionals

a. *Different Approaches.*

Counselors are respectful of approaches to professional counseling that differ from their own. Counselors know and take into account the traditions and practices of other professional groups with which they work.

b. *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. (See C.5.d.)

c. *Clients Served by Others.*

When counselors learn that their clients are in a professional relationship with another mental health professional, they request a release from the clients to inform the other professionals and strive to establish positive and collaborative professional relationships. (See A.4.)

SECTION D: RELATIONSHIPS WITH OTHER PROFESSIONALS

D.1. Relationships with Employers and Employees

a. *Role Definition.*

Counselors define and describe for their employers and employees the parameters and levels of their professional roles.

b. *Agreements.*

Counselors establish working agreements with supervisors, colleagues, and subordinates regarding counseling or clinical relationships, confidentiality, adherence to professional standards, distinction between public and private material, maintenance and dissemination of recorded information, workload and accountability. Working agreements in each instance are specified and made known to those concerned.

c. *Negative Conditions.*

Counselors alert their employers to conditions that may be potentially disruptive or damaging to the counselor's professional responsibilities or that may limit their effectiveness.

d. *Evaluation.*

Counselors submit regularly to professional review and evaluation by their supervisor or the appropriate representative of the employer.

e. *In-Service.*

Counselors are responsible for in-service development of self and staff.

f. *Goals.*

Counselors inform their staff of goals and programs.

g. *Practices.*

Counselors provide personnel and agency practices that respect and enhance rights and welfare of each employee and recipient of agency services. Counselors strive to maintain the highest levels of professional services.

h. *Personnel Selection and Assignment.*

Counselors select competent staff and assign responsibilities compatible with their skills and experiences.

i. *Discrimination.*

Counselors, as either employers or employees, do not engage in or condone practices that are inhumane, illegal, or unjustifiable (such as considerations based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, or socioeconomic status) in hiring, promotion, or training. (See A.2.a. and C.5.a.)

j. *Professional Conduct.*

Counselors have a responsibility both to clients and the agency or institution within which services are performed to maintain high standards of professional conduct.

k. *Exploitive Relationships.*

Counselors do not engage in exploitive relationships with individuals over whom they have supervisory, evaluative, or instructional control or authority.

l. *Employer Policies.*

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

D.2. Consultation (See B.6.)

a. *Consultation as an Option.*

Counselors may choose to consult with any other professionally competent person about their clients. In choosing consultants, counselors avoid placing the consultant in a conflict of interest situation that would preclude the consultant being a proper party to the counselor's efforts to help the client. Should counselors be engaged in a work setting that compromises this consultation standard, they should consult with other professionals whenever possible to consider justifiable alternatives.

b. *Consultant Competency.*

Counselors are reasonably certain that they have or the organization represented has the necessary competencies and resources for giving the kind of consulting services needed and that appropriate referral resources are available.

c. *Understanding with Clients.*

When providing consultation, counselors attempt to develop with their clients a clear understanding of problem definition, goals for change, and predicted consequences of interventions selected.

d. *Consultant Goals.*

The consulting relationship is one in which client adaptability and growth toward self-direction are consistently encouraged and cultivated. (See A.1.b.)

D.3. Fees for Referral

a. *Accepting Fees from Agency Clients.*

Counselors refuse a private fee or other remuneration for rendering services to persons who are entitled to such services through the counselor's employing agency or institution. The policies of a particular agency may make explicit provisions for agency clients to receive counseling services from members of its staff in private practice. In such instances, the clients must be informed of other options open to them should they seek private counseling services. (See A.10.a., A.11.b., and C.3.d.)

b. *Referral Fees.*

Counselors do not accept a referral fee from other professionals, agencies or institutions.

D.4. Subcontractor Arrangements

When counselors work as subcontractors for counseling services for a third party, they have a duty to inform clients of the limitations of confidentiality that the organization may place on counselors providing counseling services to clients. The limits of such confidentiality ordinarily are discussed as part of the intake session. (See B.1.e., and B.1.f.)

SECTION E: EVALUATION, ASSESSMENT, AND INTERPRETATION

E.1. General

a. *Appraisal Techniques.*

The primary purpose of educational and psychological assessment is to provide measures that are objective and interpretable in either comparative or absolute terms. Counselors recognize the need to interpret the statements in this section as applying to the whole range of appraisal techniques including test and nontest data.

b. *Client Welfare.*

Counselors promote the welfare and best interests of the client in the development, publication, and utilization of educational and psychological assessment techniques. They do not misuse assessment results and interpretations and take reasonable steps to prevent others from misusing the information these techniques provided. They respect the client's right to know the results, the interpretations made, and the basis for their conclusions and recommendations.

E.2. Competence to Use and Interpret Tests

a. *Limits of Competence.*

Counselors recognize the limits of their competence and perform only those testing and assessment services for which they have been trained. They are familiar with reliability, validity, related standardization, error of measurement, and proper application of any technique utilized. Counselors using computer based test interpretations are trained in the construct being measured and the specific instrument being used prior to using this type of computer application. Counselors take reasonable measures to ensure the proper use of psychological assessment techniques by persons under their supervision.

b. *Appropriate Use.*

Counselors are responsible for the appropriate application, scoring, interpretation, and use of assessment instruments whether they score and interpret such tests themselves or use computerized or other services.

c. *Decisions Based on Results.*

Counselors responsible for decisions involving individuals or policies that are based on assessment results have a thorough understanding of educational and psychological measurement including validation criteria, test research, and guidelines for test development and use.

d. *Accurate Information.*

Counselors provide accurate information and avoid false claims or misconceptions when making statements about assessment instruments or techniques. Special efforts are made to avoid unwarranted connotations of such terms as IQ and grade equivalent scores. (See C.5.c.)

E.3. Informed Consent

a. *Explanation to Clients.*

Prior to assessment, counselors explain the nature and purposes of assessment and the specific use of results in language the client (or other legally authorized person on behalf of the client) can understand unless an explicit exception to this right has been agreed upon in advance. Regardless of whether scoring and interpretation are completed by counselors, by assistants, or by computer or other outside services, counselors take reasonable steps to ensure that appropriate explanations are given to the client.

b. *Recipients of Results.*

The examinee's welfare, explicit understanding, and prior agreement determine the recipients of test results. Counselors include accurate and appropriate interpretations with any release of individual or group test results. (See B.1.a. and C.5.c.)

E.4. Release of Information to Competent Professionals

a. *Misuse of Results.*

Counselors do not misuse assessment results, including test results, and interpretations and take reasonable steps to prevent the misuse of such by others. (See C.5.c)

b. *Release of Raw Data.*

Counselors ordinarily release data (e.g. protocols, counseling or interview notes, or questionnaires) in which the client is identified only with consent of the client or the client's legal representative. Such data are usually released only to persons recognized by counselors as competent to interpret the data. (See B.1.a.)

E.5. Proper Diagnosis of Mental Disorders

a. *Proper Diagnosis*

Counselors take special care to provide proper diagnosis of mental disorders. Assessment techniques (including personal interview) used to determine client care (e.g. locus of treatment, type of treatment, or recommended follow-up) are carefully selected and appropriately used. (See A.3.a. and C.5.c.)

b. *Cultural Sensitivity.*

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

E.6. Test Selection

a. *Appropriateness of Instruments.*

Counselors carefully consider the validity, reliability, psychometric limitations, and appropriateness of instruments when selecting tests for use in a given situation or with a particular client.

b. *Culturally Diverse Populations.*

Counselors are cautious when selecting tests for culturally diverse populations to avoid inappropriateness of testing that may be outside of socialized behavioral or cognitive patterns.

E.7. Conditions of Test Administration

a. *Administration Conditions.*

Counselors administer tests under the same conditions that were established in their standardization. When tests are not administered under standard conditions or when unusual behavior or irregularities occur during the testing session, those conditions are noted in interpretation, and the results may be designated as invalid or of questionable validity.

b. *Computer Administration.*

Counselors are responsible for ensuring that administration programs function properly to provide clients with accurate results when a computer or other electronic methods are use for test administration. (See A.12.b.)

c. *Unsupervised Test-Taking.*

Counselors do not permit unsupervised or inadequately supervised use of tests or assessments unless the test or assessments are designed, intended, and validated for self-administration and/or scoring.

d. *Disclosure of Favorable Conditions.*

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

E.8. Diversity in Testing

Counselors are cautious in using assessment techniques, making evaluations, and interpreting the performance of populations not represented in the norm group on which an instrument was standardized. They recognize the effects of age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, and socioeconomic status on test administration and interpretation and place test results in proper perspective with other relevant factors. (See A.2.a.)

E.9. Test Scoring and Interpretation

a. *Reporting Reservations.*

In reporting assessment results, counselors indicate any reservations that exist regarding validity or reliability because of the circumstances of the assessment or the inappropriateness of the norms for the person tested.

b. *Research Instruments.*

Counselors use caution when interpreting the results of research instruments possessing insufficient technical data to support respondent results. The specific purposes for the use of such instruments are stated explicitly to the examinee.

c. *Testing Services.*

Counselors who provide test scoring and test interpretation services to support the assessment process confirm the validity of such interpretations. They accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use. The public offering of an automated test interpretation service is considered a professional-to-professional consultation. The formal responsibility of the consultant is to the consultee, but the ultimate and overriding responsibility is to the client.

E.10. Test Security

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

E.11. Obsolete Tests and Outdated Test Results

Counselors do not use data or test results that are obsolete or outdated for the current purpose. Counselors make every effort to prevent the misuse of obsolete measures and test data by others.

E.12. Test Construction

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

SECTION F: TEACHING, TRAINING, AND SUPERVISION

F.1. Counselor Educators and Trainers

a. Educator as Teachers and Practitioners.

Counselors 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. Counselors conduct counselor education and training programs in an ethical manner and serve as role models for professional behavior. Counselor educators should make an effort to infuse material related to human diversity into all courses and/or workshops that are designed to promote the development of professional counselors.

b. Relationship Boundaries with Students and Supervisees.

Counselors clearly define and maintain ethical, professional, and social relationship boundaries with their students and supervisees. They are aware of the differential in power that exists and the student's or supervisee's possible incomprehension of that power differential. Counselors explain to students and supervisees the potential for the relationship to become exploitive.

c. Sexual Relationships.

Counselors do not engage in sexual relationships with students or supervisees and do not subject them to sexual harassment. (See A.6. and C.5.b.)

d. Contributions to Research.

Counselors give credit to students or supervisees for their contributions to research and scholarly projects. Credit is given through co-authorship, acknowledgement, footnote statement, or other appropriate means in accordance with such contributions. (See G.4.b. and G.4.c.)

e. Close Relatives.

Counselors do not accept close relatives as students or supervisees.

f. Supervision Preparation.

Counselors who offer clinical supervision services are adequately prepared in supervision methods and techniques. Counselors who are doctoral students serving as practicum or internship supervisors to master's level students are adequately prepared and supervised by the training program.

g. Responsibility for Services to Clients.

Counselors who supervise the counseling services of others take reasonable measures to ensure that counseling services provided to clients are professional.

h. Endorsement.

Counselors do not endorse students or supervisees for certification, licensure, employment, or completion of an academic or training program if they believe students or supervisees are not qualified for the endorsement. Counselors take reasonable steps to assist students or supervisees who are not qualified for endorsement to become qualified.

F.2. Counselor Education and Training Programs

a. Orientation.

Prior to admission, Counselors orient prospective students to the counselor education or training program's expectations including but not limited to the following: (1) the type and level of skill acquisition required for successful completion of the training, (2) subject matter to be covered, (3) basis for evaluation, (4) training components that encourage self-growth or self-disclosure as part of the training process, (5) the type of supervision

setting and requirements of the sites for required clinical field experiences, (6) student and supervisee evaluation and dismissal policies and procedures, and (7) up-to-date employment prospects for graduates.

b. *Integration of Study and Practice.*

Counselors established counselor education and training programs that integrate academic study and supervised practice.

c. *Evaluation.*

Counselors clearly state to students and supervisees, in advance of training, the levels of competency expected, appraisal methods and timing of evaluations for both didactic and experiential components. Counselors provide students and supervisees with periodic performance appraisal and evaluation feedback throughout the training program.

d. *Teaching Ethics.*

Counselors make students and supervisees aware of the ethical responsibilities and standards of the profession and the student's and supervisee's ethical responsibilities to the profession. (See C.1. and F.3.e.)

e. *Peer Relationships.*

When students or supervisees are assigned to lead counseling groups or provide clinical supervision for their peers, counselors take steps to ensure that students and supervisees placed in these roles do not have personal or adverse relationships with peers and that they understand they have the same ethical obligations as counselor educators, trainers, and supervisors. Counselors make every effort to ensure that the rights of peers are not compromised when students or supervisees are assigned to lead counseling groups or provide clinical supervision.

f. *Varied Theoretical Positions.*

Counselors present varied theoretical positions so that students and supervisees may make comparisons and have opportunities to develop their own positions. Counselors provide information concerning the scientific basis of professional practice. (See C.6.a.)

g. *Field Placements.*

Counselors develop clear policies within their training program regarding field placement and other clinical experiences. Counselors provide clearly state roles and responsibilities for the student or supervisee, the site supervisor, and the program supervisor. They confirm that site supervisors are qualified to provide supervision and are informed of their professional and ethical responsibilities in this role.

h. *Dual Relationships as Supervisors.*

Counselors avoid dual relationships, such as performing the role of site supervisor and training program supervisor in the student's or supervisee's training program. Counselors do not accept any form of professional services, fees, commissions, reimbursement, or remuneration from a site for student or supervisee placement.

i. *Diversity in Programs.* Counselors are responsive to their institution's and program's recruitment and retention needs for training program administrators, faculty, and students with diverse backgrounds and special needs. (See A.2.a.)

F.3. Students and Supervisees

a. *Limitations.*

Counselors, through ongoing evaluation and appraisal, are aware of the academic and personal limitations of students and supervisees that might impede performance. Counselors assist students and supervisees in securing remedial assistance when needed and dismiss from the training program supervisees who are unable to provide competent service due to academic or personal limitations. Counselors seek professional consultation and document

their decision to dismiss or refer students or supervisees for assistance. Counselors assure that students and supervisees have recourse to address decisions made, to require them to seek assistance, or to dismiss them.

b. *Self-Growth Experiences.*

Counselors use professional judgement when designing training experiences conducted by the counselors themselves that require student and supervisee self-growth or self-disclosure. Safeguards are provided so that students and supervisees are aware of the ramifications their self-disclosure may have on counselors whose primary role as teacher, trainer, or supervisor requires on ethical obligations to the profession. Evaluative components of experiential training experiences explicitly delineate predetermined academic standards that are separate and not dependent on the student's level of self-disclosure. (See A.6.)

c. *Counseling for Students and Supervisees.*

If students or supervisees request counseling, supervisors or counselor educator provide them with acceptable referrals. Supervisors or counselor educators do not serve as counselor to students or supervisees over whom they hold administrative, teaching, or evaluative roles unless this is a brief role associated with a training experience. (See A.6.b.)

d. *Clients of Students and Supervisees.*

Counselors make every effort to ensure that the clients at field placements are aware of the services rendered and the qualifications of the students and supervisees rendering those services. Clients receive professional disclosure information and are informed of the limits of confidentiality. Client permission is obtained in order for the students and supervisees to use any information concerning the counseling relationship in the training process. (See B.1.e.)

e. *Standards for Students and Supervisees.*

Students and supervisees preparing to become counselors adhere to the Code of Ethics and the Standards of Practice. Students and supervisees have the same obligations to clients as those required of counselors. (See H.1.)

F.4. Qualification for Direct Clinical Supervision

a. *Who Can Provide Direct Clinical Supervision?*

Counselors who provide direct clinical supervision for persons credentialed by the SBEADAC must be a LADAC and/or licensed master level clinician with three years experience in the treatment field of substance related disorders.

b. *Clinical Supervision defined.*

Clinical Supervision is defined as any person responsible for planning, directing, monitoring and evaluating the work of counselors credentialed as a Licensed Associate Alcoholism and Drug Abuse Counselor or Certified Alcoholism and Drug Abuse Technician by the SBEADAC.

c. *Minimum Requirements.*

Any person providing direct supervision must complete a minimum of twenty-four hours training in the performance domains for clinical supervision to include:

- Assessment and Evaluation
- Counselor Development
- Professional Responsibility
- Management and Administration

d. *Additional Requirements.*

Six hours training specific to clinical supervision within the four domains and six hours “Ethics” training is required every two years, upon completion of the twenty-four hour requirement.

SECTION G: RESEARCH AND PUBLICATION

G.1. Research Responsibilities

a. *Use of Human Subjects.*

Counselors plan, design, conduct, and report research in a manner consistent with pertinent ethical principles, federal and state laws, host institutional regulations, and scientific standards governing research with human subjects. Counselors design and conduct research that reflects cultural sensitivity appropriateness.

b. *Deviation from Standard Practices.*

Counselors seek consultation and observe stringent safeguards to protect the rights of research participants when a research problem suggest a deviation from standard acceptable practices. (See B.6.)

c. *Precautions to avoid Injury.*

Counselors who conduct research with human subjects are responsible for the subject’s welfare throughout the experiment and take reasonable precautions to avoid causing injurious psychological, physical, or social effects to their subjects.

d. *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 full responsibility for their own actions.

e. *Minimal Interference.*

Counselors take reasonable precautions to avoid causing disruptions in subject’s lives due to participation in research.

f. *Diversity.*

Counselors are sensitive to diversity and research issues with special populations. They seek consultation when appropriate. (See A.2.a. and B.6.)

G.2. Informed Consent

a. *Topics Disclosed.*

In obtaining informed consent for research, counselors use language that is understandable to research participants and that (1) accurately explains the purpose and procedures to be followed; (2) identifies any procedures that are experimental or relatively untried; (3) describes the attendant discomforts and risks; (4) describes the benefits or changes in individuals and organizations that might be reasonably expected; (5) discloses appropriate alternative procedures that would be advantageous for subjects; (6) offers to answer any inquiries concerning the procedures; (7) describes any limitations on confidentiality; and (8) instructs that subjects are free to withdraw their consent and to discontinue participation in the project at any time. (See B.1.f.)

b. *Deception.*

Counselors do not conduct research involving deception.

c. *Voluntary Participation.*

Participation in research is typically voluntary and without penalty for refusal to participate. Involuntary participation is appropriate only when it can be demonstrated that participation will have no harmful effects on subjects and is essential to the investigation.

d. *Confidentiality of Information.*

Information obtained about research participants during the course of an investigation is confidential. When the possibility exists that others may obtain access to such information, ethical research practice requires that the possibility, together with the plans for protecting confidentiality, be explained to participants as a part of the procedure for obtaining informed consent. (See B.1.e.)

e. *Persons Incapable of Giving Informed Consent.*

When a person is incapable of giving informed consent, counselors provide an appropriate explanation, obtain agreement for participation and obtain appropriate consent from a legally authorized person.

f. *Commitments to Participants.*

Counselors take reasonable measures to honor all commitments to participants.

g. *Explanations After Data Collection.*

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

h. *Agreements to Cooperate.*

Counselors who agree to cooperate with another individual in research or publication incur an obligation to cooperate as promised in terms of punctuality of performance and with regard to the completeness and accuracy of the information required.

i. *Informed Consent for Sponsors.*

In the pursuit of research, counselors give sponsors, institutions, and publication channels the same respect and opportunity for giving informed consent that they accord to individual research participants. Counselors are aware of their obligation to future research workers and ensure that host institutions are given feedback information and proper acknowledgement.

G.3. Reporting Results

a. *Information Affecting Outcome.*

When reporting research results, counselors explicitly mention all variables and conditions known to the investigator that may have affected the outcome of a study or the interpretation of data.

b. *Accurate Results.*

Counselors plan, conduct and report research accurately and in a manner that minimizes the possibility that results will be misleading. They provide thorough discussions of the limitations of their data and alternative hypotheses. Counselors do not engage in fraudulent research, distort data, misrepresent data, or deliberately bias their results.

c. *Obligations to Report Unfavorable Results.*

Counselors communicate to other counselors the results of any research judged to be of professional value. Results that reflect unfavorably on institutions, programs, services, prevailing opinions, or vested interests are not withheld.

d. *Identity of Subjects.*

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 subjects in the absence of specific authorization from the subjects to do otherwise. (See B.1.g. and B.5.a.)

e. *Replication Studies.*

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

G.4. Publication

a. *Recognition of Others.*

When conducting and reporting research, counselors are familiar with and give recognition to previous work on the topic, observe copyright laws, and give full credit to those to whom credit is due. (See F.1.d. and G.4.c.)

b. *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.

c. *Student Research.*

For an article that is substantially based on a student's dissertation or thesis, the student is listed as the principal author. (See F.1.d. and G.4.a.)

d. *Duplicate Submission.*

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

e. *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.

SECTION H: RESOLVING ETHICAL ISSUES

H.1. Knowledge of Standards

Counselors are familiar with the Code of Ethics and the Standards of Practice and other applicable ethics codes from other professional organizations of which they are member or from certification and licensure bodies. Lack of knowledge or misunderstanding of an ethical responsibility is not a defense against a charge of unethical conduct. (See F.3.e)

H.2. Suspected Violations

a. *Ethical Behavior Expected.*

Counselors expect professional associates to adhere to the Code of Ethics. When counselors possess reasonable cause that raises doubts as to whether a counselor is acting in an ethical manner, they take appropriate action. (See H.2.d. and H.2.e.)

b. *Consultation.*

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

c. *Organization Conflicts.*

If the demands of an organization with which counselors are affiliated pose a conflict with the Code of Ethics, counselors specify the nature of such conflicts and express to their supervisors or other responsible officials their commitment to the Code of Ethics. When possible, counselors work to change within the organization to allow full adherence to the Code of Ethics.

d. *Informal Resolution.*

When counselors have reasonable cause to believe that another counselor is violating an ethical standard, they attempt to first resolve the issue informally with the other counselor if feasible providing that such action does not violate confidentiality rights that may be involved.

e. *Reporting Suspected Violations.*

When an informal resolution is not appropriate or feasible, counselors, upon reasonable cause, take action, such as reporting the suspected violation to state or national ethics committees, unless this action conflicts with confidentiality rights that cannot be resolved.

f. *Unwarranted Complaints.*

Counselors do not initiate, participate in, or encourage the filing of ethics complaints that are unwarranted or intend to harm a counselor rather than to protect the public.

H.3. Cooperation with Ethics Committees

Counselors assist in the process of enforcing the Code of Ethics. Counselors cooperate with investigations, proceedings, and requirements of the Licensure Board Ethics Committee or ethics committees of other duly constituted associations or boards having jurisdiction over those charged with a violation. Counselors are familiar with the Licensure Board policies and procedures and use it as a reference in assisting the enforcement of the Code of Ethics.

H.4. Ethical Violations

a. *Self Report*

As a condition of adherence to the process of enforcing the Code of Ethics any counselor charged with a violation by a board of professional associates shall report such actions to the Licensure Board Ethics Committee within thirty (30) days of said charges. (See H.3.)

b. *Discovery of Charges and/or Sanctions*

The Licensure Board may initiate a request for status of any ethical charge discovered brought against a person who is credentialed by the SBEADAC and monitor the findings for disposition (See H.1. and F.3.e.)

STANDARDS OF PRACTICE

All members of the Licensure Board are required to adhere to the Standards of Practice and the Code of Ethics. The Standards of Practice represent minimal behavioral statements of the Code of Ethics. Members should refer to the applicable section of the Code of Ethics for further interpretation and amplification of the applicable Standard of Practice.

SECTION A: THE COUNSELING RELATIONSHIP

Standard of Practice One (SP-1): Nondiscrimination

Counselors respect diversity and must not discriminate against clients because of age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status. (See A.2.a)

Standard of Practice Two (SP-2): Disclosure to Clients

Counselors must adequately inform clients, preferably in writing, regarding the counseling process and counseling relationship at or before the time it begins and throughout the relationship. (See A.3.a.)

Standard of Practice Three (SP-3): Dual Relationships

Counselors must make every effort to avoid dual relationships with clients that could impair their judgement or increase the risk of harm to clients. When a dual relationship cannot be avoided, counselors must take appropriate steps to ensure that judgement is not impaired and that no exploitation occurs. (See A.6.a. and A.6.b.)

Standard of Practice Four (SP-4): Sexual Intimacies with Clients

Counselors must not engage in any type of sexual intimacies with current clients and must not engage in sexual intimacies with former clients within a minimum of two years after terminating the counseling relationship. Counselors who engage in such a relationship have the responsibility to thoroughly examine and document that such relations did not have an exploitative nature.

Standard of Practice Five (SP-5): Protecting Clients During Group Work

Counselors must take steps to protect clients from physical or psychological trauma resulting from interactions during group work. (See A.9.b.)

Standard of Practice Six (SP-6): Advance Understanding of Fees

Counselors must explain to clients, prior to their entering the counseling relationship, financial arrangements related to professional services. (See A.10.a-d. and A.11.c)

Standard of Practice Seven (SP-7): Termination

Counselors must assist in making appropriate arrangements for the continuation of treatment of clients, when necessary, following termination of counseling relationships. (See A.11.a.)

Standard of Practice Eight (SP-8): Inability to Assist Clients

Counselors must avoid entering or immediately terminate a counseling relationship if it is determined that they are unable to be of professional assistance to a client. The counselor may assist in making an appropriate referral for the client. (See A.11.b.)

SECTION B: CONFIDENTIALITY

Standard of Practice Nine (SP-9): Confidentiality Requirement

Counselors must keep information related to counseling services confidential unless disclosure is in the best interest of clients, is required for the welfare of others, or is required by law. When disclosure is required, only information that is essential is revealed and the client is informed of such disclosure. (See B.1.a-f. and CFR-42 part 2)

Standard of Practice Ten (SP-10): Confidentiality Requirements for Subordinates

Counselors must take measures to ensure that privacy and confidentiality of clients are maintained by subordinates. (See B.1.h.)

Standard of Practice Eleven (SP-11): Confidentiality in Group Work

Counselors must clearly communicate to group members that confidentiality cannot be guaranteed in group work. (See B.2.a.)

Standard of Practice Twelve (SP-12): Confidentiality in Family Counseling

Counselors must not disclose information about one family member in counseling to another family member without prior consent. (See B.2.b.)

Standard of Practice Thirteen (SP-13): Confidentiality of Records

Counselors must maintain appropriate confidentiality in creating, storing, accessing, transferring, and disposing of counseling records. (See B.4.b)

Standard of Practice Fourteen (SP-14): Permission to Record or Observe

Counselors must obtain prior consent from clients in order to electronically record or observe sessions. (See B.4.c.)

Standard of Practice Fifteen (SP-15): Disclosure or Transfer of Records

Counselors must obtain client consent to disclose or transfer records to third parties unless exceptions listed in SP-9 exist. (See B.4.e.)

Standard of Practice Sixteen (SP-16): Data Disguise Required

Counselors must disguise the identity of the client when using data for training, research, or publication. (See B.5.a)

SECTION C: PROFESSIONAL RESPONSIBILITY**Standard of Practice Seventeen (SP-17): Boundaries of Competence**

Counselors must practice only within the boundaries of their competence. (See C.2.a.)

Standard of Practice Eighteen (SP 18): Continuing Education

Counselors must engage in continuing education to maintain their professional competence (See C.2.f.)

Standard of Practice Nineteen (SP-19): Impairment of Professionals

Counselors must refrain from offering professional services when their personal problems or conflicts may cause harm to a client or others. (See C.2.g.)

Standard of Practice Twenty (SP-20): Accurate Advertising

Counselors must accurately represent their credentials and services when advertising. (See C.3.a.)

Standard of Practice Twenty-One (SP-21): Recruiting Through Employment

Counselors must not use their place of employment or institutional affiliation to recruit clients for their private practices. (See C.3.d.)

Standard of Practice Twenty-Two (SP-22): Credentials Claimed

Counselors must claim or imply only professional credentials possessed and must correct any known misrepresentations of their credentials by others. (See C.4.a)

Standard of Practice Twenty-Three (SP-23): Sexual Harassment

Counselors must not engage in sexual harassment. (See C.5.b.)

Standard of Practice Twenty-Four (SP-24): Unjustified Gains

Counselors must not use their professional positions to seek or receive unjustified personal gains, sexual favors, unfair advantage, or unearned goods or services. (See C.5.e.)

Standard of Practice Twenty-Five (SP-25): Clients Served by Others

With the consent of the client, counselors must inform other mental health professionals serving the same client that a counseling relationship between the counselor and client exists. (See C.6.c.)

Standard of Practice Twenty-Six (SP-26): Negative Employment Conditions

Counselors must alert their employers to institutional policy or conditions that may be potentially disruptive or damaging to the counselor's professional responsibilities or that may limit their effectiveness or deny client's rights. (See D.1.c.)

Standard of Practice Twenty-Seven (SP-27): Personnel Selection and Assignment

Counselors must select competent staff and must assign responsibilities compatible with staff skills and experiences. (See D.1.h.)

Standard of Practice Twenty-Eight (SP-28): Exploitive Relationships with Subordinates

Counselors must not engage in exploitive relationships with individuals over whom they have supervisory, evaluative, or instructional control or authority. (See D.1.k.)

SECTION D: RELATIONSHIP WITH OTHER PROFESSIONALS

Standard of Practice Twenty-Nine (SP-29): Accepting Fees From Agency Clients

Counselors must not accept fees or other remuneration for consultation with persons entitled to such services through the counselor's employing agency or institution. (See D.3.a.)

Standard of Practice Thirty (SP-30): Referral Fees

Counselors must not accept referral fees. (See D.3.b.)

SECTION E: EVALUATION, ASSESSMENT, AND INTERPRETATION

Standard of Practice Thirty-One (SP-31): Limits of Competence

Counselors must perform only testing and assessment services for which they are competent. Counselors must not allow the use of psychological assessment techniques by unqualified persons under their supervision. (See E.2.a.)

Standard of Practice Thirty-Two (SP-32): Appropriate Use of Assessment Instruments

Counselors must use assessment instruments in the manner for which they were intended. (See E.2.b.)

Standard of Practice Thirty-Three (SP-33): Assessment Explanations to Clients

Counselors must provide explanations to clients prior to assessment about the nature and purposes of assessment and the specific uses of results. (See E.3.a.)

Standard of Practice Thirty-Four (SP-34): Recipients of Test Results

Counselors must ensure that accurate and appropriate interpretations accompany any release of testing and assessment information. (See E.3.b.)

Standard of Practice Thirty-Five (SP-35): Obsolete Test and Outdated Test Results

Counselors must not base their assessment or intervention decisions or recommendations on data or test results that are obsolete or outdated for the current purpose. (See E.11.)

SECTION F: TEACHING, TRAINING, AND SUPERVISION

Standard of Practice Thirty-Six (SP-36): Sexual Relationships with Students or Supervisees

Counselors must not engage in sexual relationships with their students and supervisees. (See F.1.c.)

Standard of Practice Thirty-Seven (SP-37): Credit for Contributions to Research

Counselors must give credit to students or supervisees for their contributions to research and scholarly projects. (See F.1.d.)

Standard of Practice Thirty-Eight (SP-38): Supervision Preparation

Counselors who offer clinical supervision services must be trained and prepared in supervision methods and techniques. (See F.1.f.)

Standard of Practice Thirty-Nine (SP-39): Evaluation Information

Counselors must clearly state to students and supervisees, in advance of training, the levels of competency expected, appraisal methods, and timing of evaluations. Counselors must provide students and supervisees with periodic performance appraisal and evaluation feedback throughout the training program. (See F.2.c.)

Standard of Practice Forty (SP-40): Peer Relationships in Training

Counselors must make every effort to ensure that the rights of peers are not violated when students and supervisees are assigned to lead counseling groups or provide clinical supervision.

Standard of Practice Forty-One (SP-41): Limitations of Students and Supervisees

Counselors must assist students and supervisees in securing remedial assistance, when needed, and must dismiss from training program students and supervisees who are unable to provide competent service due to academic or personal limitations.

Standard of Practice Forty-Two (SP-42): Self-Growth Experiences

Counselors who conduct experiences for students or supervisees that include self-growth or self-disclosure must inform participants of counselors' ethical obligations to the profession and must not grade participants based on their nonacademic performance. (See F.3.b.)

Standard of Practice Forty-Three (SP-43): Standards for Students and Supervisees

Students and supervisees preparing to become counselors must adhere to the Code of Ethics and the Standards of Practice of counselors. (See F.3.e.)

SECTION G: RESEARCH AND PUBLICATION

Standard of Practice Forty-Four (SP-44): Precautions to Avoid Injury in Research

Counselors must avoid causing physical, social, or psychological harm or injury to subjects in research. (See G.1.c.)

Standard of Practice Forty-Five (SP-45): Confidentiality of Research Information

Counselors must keep confidential information obtained about research participants. (See G.2.d.)

Standard of Practice Forty-Six (SP-46): Information Affecting Research Outcome

Counselors must report all variables and conditions known to the investigator that may have affected research data or outcomes. (See G.3.a.)

Standard of Practice Forty-Seven (SP-47): Accurate Research Results

Counselors must not distort or misrepresent research data nor fabricate or intentionally bias research results. (See G.3.b.)

Standard of Practice Forty-Eight (SP-48): Publication Contributors

Counselors must give appropriate credit to those who have contributed to research. (See G.4.a. and G.4.b)

SECTION H: RESOLVING ETHICAL ISSUES

Standard of Practice Forty-Nine (SP-49): Ethical Behavior Expected

Counselors must take appropriate action when they possess reasonable cause that raises doubts as to whether counselors or other mental health professionals are acting in an ethical manner. (See H.2.a.)

Standard of Practice Fifty (SP-50): Unwarranted Complaints

Counselors must not initiate, participate in, or encourage the filing of ethics complaints that are unwarranted or intended to harm a mental health professional rather than to protect clients or the public. (See H.2.f.)

Standard of Practice Fifty-One (SP-51): Cooperation with Ethics Committees

Counselors must cooperate with investigations, proceedings, and requirements of the ASACB Ethics Committee or ethics committees of other duly constituted associations or boards having jurisdiction over those charged with a violation. (See H.3.)

POLICIES AND PROCEDURES FOR RESPONDING TO MEMBERS' REQUESTS FOR INTERPRETATIONS OF THE ETHICAL STANDARDS

Section A: Appropriate Requests

1. Licensure Board members may request that the Committee issue formal interpretations of the Code of Ethics for the purpose of guiding the member's own professional behavior.
2. Requests for interpretations will not be considered in the following situations:
 - a. The individual requesting the interpretations is not an Licensure Board member, or
 - b. The request is intended to determine whether the behavior of another mental health professional is unethical. In the event a Licensure Board member believes the behavior of another mental health professional is unethical, the Licensure Board member should resolve the issue directly with the professional, if possible, and should file an ethical complaint if appropriate.

Section B: Procedures

1. Members must send written requests for interpretations to the Committee through the Licensure Board office.
2. Questions should be submitted in the following format: “Does (counselor behavior) violate Sections _____ or any other sections of the Ethical Standards?” Questions should avoid unique details, be general in nature to the extent possible, and be brief.
3. The Committee staff liaison will revise the question, if necessary, and submit it to the Committee Co-Chair for approval.
4. The question will be sent to Committee members who will be asked to respond individually.
5. The Committee Co-Chair will develop a consensus interpretation on behalf of the Committee.
6. The consensus interpretation will be sent to members of the Committee for final approval.
7. The formal interpretation will be sent to the member who submitted the inquiry.
8. The question and the formal interpretation will be published in the Licensure Board newsletter, but the identity of the member requesting the interpretation will not be disclosed.

POLICIES AND PROCEDURES FOR PROCESSING COMPLAINTS OF ETHICAL VIOLATIONS

Turned over to the State Attorney General