

Ethics Update: How to Chat, Post, Follow, Like, Tweet, Text, and Still Sleep Soundly in a Digital Age

Aaron Norton, LMHC, LMFT

integrity
counseling
inc. 



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Aaron Norton LMHC, LMFT, MCAP, CRC

Licensed Mental Health Counselor #MH9953

Licensed Marriage & Family Therapist #MT3100

aaron@integritycounseling.net

O: (727)531-7988 | C: (727)403-6208



1101 Belcher Road S. | Suite J | Largo, FL 33771

What We'll Cover

- Overview of key changes from AMHCA's 2010 to 2015 code with particular emphasis on ethics and technology, nondiscrimination, and forensic services.
- Cross-referencing from recent revisions of AAMFT, ACA, CRCC, FCB, NAADAC, and NBCC codes for above three issues
- Application of ethical decision-making model for ethical scenarios

Sooooo Many Codes....

- American Association of Marriage & Family Therapy (AAMFT) ○ 2014
- American Counseling Association (ACA) ○ 2015
- American Mental Health Counselors Association (AMHCA) ○ 2015
- Commission on Rehabilitation Counselor Certification (CRCC) ○ 2017
- Florida Certification Board (FCB) ○ 2014
- NAADAC, the Association for Addiction Professionals ○ 2016
- National Board of Certified Counselors (NBCC) ○ 2016

Pre-Test (True or False)

1. Counselors are prohibited from accepting Facebook friend requests from former clients.
2. If a client writes an unfair, critical, and misleading review about your practice in Google, you may reply to the review because the client has already breached his/her confidentiality.
3. You may Skype with a client who is on a trip out-of-state as long as the client is a legal resident of the state in which you are licensed.
4. You can use an online scheduling system as long as that system is password-protected and encrypted.
5. It is unethical for a counselor to create a Facebook page, Twitter account, or YouTube channel solely designed to promote his or her practice.
6. You may present a case example at a professional conference or training workshop without a client's consent as long as you have carefully withheld and/or disguised any potentially identify information.

Pre-Test (True or False)

- 7) Sending and receiving text messages to/from clients is discouraged by ethical codes.
- 8) A counselor who is a member of the American Association of Christian Counselors (AACC) may refuse to provide couples therapy for a gay couple as to do so would violate his or her deeply held spiritual beliefs as well as violate the AACC Code of Ethics.
- 9) After conducting a forensic evaluation, a counselor may provide therapy if the client signs a disclosure statement indicating that he/she has the option of seeking therapy with another provider and is making an informed choice to participate in treatment with the counselor.
- 10) I can HONESTLY say that I provide clients with a WRITTEN “professional disclosure statement” that SPECIFICALLY includes ALL of the following:
 - Information about expectations and responsibilities of both counselor and client in the counseling process
 - My professional orientation and values regarding the counseling process
 - Emergency procedures
 - Supervision and business practices
 - An explanation of client rights
 - The contact information for the 491 Board in case the client wishes to file a complaint

ETHICS ST

LAW WAY

Professional Disclosure Statement

- Mental health counselors are clear with clients about the parameters of the counseling relationship. In a professional disclosure statement, they provide information about expectations and responsibilities of both counselor and client in the counseling process, their professional orientation and values regarding the counseling process, emergency procedures, supervision (as applicable) and business practices. Information is also provided regarding client rights and contact information for the state counseling licensure authority (la1b, pp. 1-2)

Case Reports

- Case reports presented in classes, professional meetings, or publications shall be disguised so that no identification is possible. Permission must be obtained from clients prior to disclosing their identity (2h, p. 3)

Case Reports

- Sessions with clients may be taped or otherwise recorded only with written permission of the client or guardian. Even with a guardian's written consent, mental health counselors should not record a session against the expressed wishes of a client. Such tapes shall be destroyed after five (5) years post termination or as specified by state regulations (2j, p. 3)





Confidential Storage on Computers

- When using a computer to store confidential information, mental health counselors take measures to control access to such information. After five (5) years post termination or as specified by state regulations, the information should be deleted from the system (2m, p. 4)

Telehealth, Distance Counseling and the Use of Social Media

- Recognizing that technology can be helpful in client's mental health care management due to availability, expediency, and cost effectiveness, counselors engage in technology assisted, and or distance counseling.
 - Also see AAMFT (Standard VI), ACA (Section H Intro), CRCC (Section J Intro)
 - Missing: FCB, NAADAC, NBCC

Crossing State Lines

- a) **Counselors only engage in distance counseling when they are licensed in the state of the client.** In the case of an emergency, counselors should first attempt to attain permission from the client's state licensing entity and only proceed when failure to do so could result in harm to the client (6a, p. 10)
 - AAMFT: 6.5 Location of Services and Practice. Therapists and supervisors follow all applicable laws regarding location of practice and services, and **do not use technologically-assisted means for practicing outside of their allowed jurisdictions.**
 - ACA: H.1.b. Laws and Statutes: Counselors who engage in the use of distance counseling, technology, and social media within their counseling practice understand that they may be **subject to laws and regulations of both the counselor's practicing location and the client's place of residence.** Counselors ensure that their clients are aware of pertinent legal rights and limitations governing the practice of counseling across state lines or international boundaries.
 - CRCC: b. LEGAL CONSIDERATIONS. Rehabilitation counselors who use technology, social media, and/or distance counseling in their practice understand they may be **subject to laws in both the rehabilitation counselor's practicing location and the client's place of residence. Rehabilitation counselors are aware of and adhere to laws governing the practice of counseling across state lines or international boundaries.** Rehabilitation counselors seek business, legal, and technical assistance when necessary and make reasonable efforts to ensure that technology is used appropriately and client rights are protected.

Crossing State Lines

- NAADAC

VI-6 Licensing Laws	Addiction Professionals shall comply with relevant licensing laws in the jurisdiction where the Provider/Clinical Supervisor is physically located when providing care and where the client/supervisee is located when receiving care. Emergency management protocols are entirely dependent upon where the client/supervisee receives services. Providers, during informed consent, shall notify their clients/supervisees of the legal rights and limitations governing the practice of counseling/supervision across state lines or international boundaries. Mandatory reporting and related ethical requirements such as duty to warn/notify are tied to the jurisdiction where the client/supervisee is receiving services.
VI-7 State & Federal Laws	Addiction Professionals utilizing technology, social media, and distance counseling within their practice recognize that they are subject to state and federal laws and regulations governing the counselor's practicing location. Providers utilizing technology, social media, and distance counseling within their practice recognize that they shall be subject to laws and regulations in the client's/supervisee's state of residency and shall be subject to laws and regulations in the state where the client/supervisee is located during the actual delivery of services.

- Missing: FCB, NBCC

Competence for Distance Counseling

- b) Counselors only provide distance counseling **when they have had training, experience, and supervision to do so.**
 - AAMFT: 6.6 Training and Use of Current Technology: Marriage and family therapists ensure that they are **well trained and competent in the use of all chosen technology-assisted professional services**. Careful choices of audio, video, and other options are made in order to optimize quality and security of services, and to adhere to standards of best practices for technology-assisted services. Furthermore, such choices of technology are to be suitably advanced and current so as to best serve the professional needs of clients and supervisees.
 - ACA: H.1. Knowledge and Legal Considerations: H.1.a. Knowledge and Competency: Counselors who engage in the use of distance counseling, technology, and/ or social media **develop knowledge and skills regarding related technical, ethical, and legal considerations** (e.g., special certifications, additional course work).

Competence for Distance Counseling

- CRCC: J.1. COMPETENCE AND LEGAL CONSIDERATIONS: a. COMPETENCE. When technology is used in the counseling relationship, **rehabilitation counselors are held to the same level of expected behavior and competence as defined by the Code regardless of the technology used or its application.**
- NAADAC, VI-2 (Competency): Addiction Professionals who choose to engage in the use of technology for e-therapy, distance counseling, and e-supervision **shall pursue specialized knowledge and competency regarding the technical, ethical, and legal considerations specific to technology, social media, and distance counseling.** Competency shall be demonstrated through means such as specialized certifications and additional course work and/or trainings.
- Missing: NBCC

Telehealth Written Policies & Informed Consent

- c) **Written** policies concerning the use of telehealth in a counseling relationship should include informed consent that is clearly set forth, understandable, and addresses the use of phone, online face to face counseling, electronic billing, text, and email contact with a client. This informed consent should **clearly discuss the benefits and risks of entering into distance counseling**.
 - i) Email: Mental health counselors should **advise clients about the risks of exchanging emails**. It is recommended to include a disclaimer when sending emails. Refer to the most update to date **HIPAA regulations**. **Email transmissions are part of the client record; copies should be maintained in the client file**.
 - ii) Text messages: Text messages are not a secure form of communication therefore texting of personal information should be discouraged. **Text messages are considered a part of the client record**, and should be kept in the client file.
 - iii) Online scheduling: Any **online scheduling software should be encrypted and secure**. If not, counselors should disclose to clients the fact that the software is not encrypted and therefore is not confidential.
 - iv. Chat Rooms: Counselors **should not include chat rooms**, because these may imply that a counselor is able to intervene in the event that a crisis is mentioned.

Telehealth Written Policies & Informed Consent (ACA)

H.2. Informed Consent and Security

H.2.a. Informed Consent and Disclosure

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

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

Telehealth Written Policies & Informed Consent

- AAMFT: (b) inform clients or supervisees of the potential risks and benefits associated with technologically-assisted services; (c) ensure the security of their communication medium; and (d) only commence electronic therapy or supervision after appropriate education, training, or supervised experience using the relevant technology.
- CRCC:

J.3. CONFIDENTIALITY, INFORMED CONSENT, AND SECURITY

a. INFORMED CONSENT AND DISCLOSURE. Clients have the freedom to choose whether to use technology-based distance counseling within the rehabilitation counseling process. In addition to the usual and customary protocol of informed consent between rehabilitation counselor and client for face-to-face counseling, the following issues, unique to the use of technology-based distance counseling, are addressed in the informed consent process:

- (1) risks and benefits of engaging in the use of technology-based distance counseling;
- (2) type of technology, possibility of technology failure, and alternate methods of service delivery;
- (3) anticipated response time;
- (4) procedures to follow when the rehabilitation counselor is not available;
- (5) referral information for client emergencies;
- (6) time zone differences;
- (7) cultural and/or language differences that may affect the delivery of services;
- (8) possible denial of insurance claims and/or benefits;
- (9) any limitations due to services provided across jurisdictions; and
- (10) any policies related to use of social media.

Telehealth Written Policies & Informed Consent

○ NAADAC

<p>VI-3 Informed Consent</p>	<p>Addiction Professionals, who are offering an electronic platform for e-therapy, distance counseling/case management, e-supervision shall provide an Electronic/Technology Informed Consent. The electronic informed consent shall explain the right of each client and supervisee to be fully informed about services delivered through technological mediums, and shall provide each client/supervisee with information in clear and understandable language regarding the purposes, risks, limitations, and costs of treatment services, reasonable alternatives, their right to refuse service delivery through electronic means, and their right to withdraw consent at any time. Providers have an obligation to review with the client/supervisee – in writing and verbally – the rights and responsibilities of both Providers and clients/supervisees. Providers shall have the client/ supervisee attest to their understanding of the parameters covered by the Electronic/Technology Informed Consent.</p>
<p>VI-4 Informed Consent</p>	<p>A thorough e-therapy informed consent shall be executed at the start of services. A technology-based informed consent discussion shall include:</p> <ul style="list-style-type: none"> • distance counseling credentials, physical location of practice, and contact information; • risks and benefits of engaging in the use of distance counseling, technology, and/or social media; • possibility of technology failure and alternate methods of service delivery; • anticipated response time; • emergency procedures to follow; • when the counselor is not available; • time zone differences; • cultural and/or language differences that may affect delivery of services; and • possible denial of insurance benefits; and social media policy.

Telehealth Written Policies & Informed Consent

○ NBCC

19. NCCs shall recognize the potential harm of informal uses of social media and other related technology with clients, former clients and their families and personal friends. After carefully considering all of the ethical implications, including confidentiality, privacy and multiple relationships, NCCs shall develop written practice procedures in regard to social media and digital technology, and these shall be incorporated with the information provided to clients before or during the initial session. At a minimum, these social media procedures shall specify that personal accounts will be separate and isolated from any used for professional counseling purposes including those used with prospective or current clients. These procedures shall also address “friending” and responding to material posted.

Virtual Relationships & Social Media

h) Counselors do not engage in virtual relationships with clients as to do so could potentially be a violation of confidentiality.

i) If clients follow a professional blog, the counselor will not follow them back. The counselor has a responsibility to make it clear that the blog or website does not create a therapeutic relationship, therefore, professional blogs and websites should be non-interactive in nature

ii) Twitter, Facebook, LinkedIn, Google Plus and other social media should be professional profiles that are kept separate from personal profiles. Counselors should not establish connections or engage with clients through social media. In addition, counselors need to have appropriate privacy settings so that clients cannot contact them on these professional social media sites, or access a site in any way.

iii) Counselors shall not solicit professional reviews by clients, nor respond to reviews posted, as to do so might violate client confidentiality.

iv) Counselors will only seek information about their clients through internet searches for the purpose of determining their own or their clients health and safety.

Virtual Relationships & Social Media

- AAMFT: 6.3 Confidentiality and Professional Responsibilities. It is the therapist's or supervisor's responsibility to choose technological platforms that adhere to standards of best practices related to confidentiality and quality of services, and that meet applicable laws. Clients and supervisees are to be made aware in writing of the limitations and protections offered by the therapist's or supervisor's technology.

Virtual Relationships & Social Media

- ACA
 - H.4.b. Professional Boundaries in Distance Counseling Counselors understand the necessity of maintaining a professional relationship with their clients. Counselors discuss and establish professional boundaries with clients regarding the appropriate use and/or application of technology and the limitations of its use within the counseling relationship (e.g., lack of confidentiality, times when not appropriate to use).

H.6. Social Media

H.6.a. Virtual Professional Presence

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

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

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

H.6.c. Client Virtual Presence

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

H.6.d. Use of Public Social Media

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

Virtual Relationships & Social Media

○ CRCC

J.4. SOCIAL MEDIA

a. PROFESSIONAL ELECTRONIC PRESENCE. In cases where rehabilitation counselors maintain both professional and personal presences for social media use, separate professional and personal pages and profiles are created to clearly distinguish between the two kinds of electronic presence.

b. MONITORING SOCIAL MEDIA. Rehabilitation counselors recognize that information posted on social media sites is largely permanent and easily shared beyond the privacy settings of any particular site. Rehabilitation counselors take reasonable steps to monitor for and remove or correct potentially harmful information shared on sites they establish for their professional presence.

c. SOCIAL MEDIA AND INFORMED CONSENT. Rehabilitation counselors clearly explain to their clients, as part of the informed consent procedure, the benefits, limitations, and boundaries of the use of social media in the provision of services. Additionally, rehabilitation counselors work within their organizations to develop and clearly communicate a social media policy so the social media practice is transparent, consistent, and easily understood by clients.

d. PRIVACY IN SOCIAL MEDIA. Rehabilitation counselors respect the privacy of their client's presence on social media and avoid searching a client's virtual presence unless relevant to the rehabilitation counseling process. If a rehabilitation counselor may search a client's virtual presence, this is disclosed in advance. Rehabilitation counselors caution clients of the potential impact that social media use may have on the counseling relationship and discuss the benefits and risks of using social media within the rehabilitation counseling process.

e. MAINTAINING CONFIDENTIALITY IN SOCIAL MEDIA. Rehabilitation counselors protect the confidentiality of clients by avoiding the posting of any personally identifiable information, unless the client has provided written consent to do so. In no circumstance should protected or highly sensitive information be shared via social media platforms.

Virtual Relationships & Social Media

○ NAADAC

VI-19 Friends	Addiction Professionals shall not accept clients' "friend" requests on social networking sites or email (from Facebook, My Space, etc.), and shall immediately delete all personal and email accounts to which they have granted client access and create new accounts. When Providers choose to
	maintain a professional and personal presence for social media use, separate professional and personal web pages and profiles are created that clearly distinguish between the professional and personal virtual presence.
VI-20 Social Media	Addiction Professionals shall clearly explain to their clients/supervisees, as part of informed consent, the benefits, inherent risks including lack of confidentiality, and necessary boundaries surrounding the use of social media. Providers shall clearly explain their policies and procedures specific to the use of social media in a clinical relationship. Providers shall respect the client's/supervisee's rights to privacy on social media and shall not investigate the client/supervisee without prior consent.

Virtual Relationships & Social Media

○ NBCC

19. NCCs shall recognize the potential harm of informal uses of social media and other related technology with clients, former clients and their families and personal friends. After carefully considering all of the ethical implications, including confidentiality, privacy and multiple relationships, NCCs shall develop written practice procedures in regard to social media and digital technology, and these shall be incorporated with the information provided to clients before or during the initial session. At a minimum, these social media procedures shall specify that personal accounts will be separate and isolated from any used for professional counseling purposes including those used with prospective or current clients. These procedures shall also address “friending” and responding to material posted.
20. NCCs shall not use social media sources (e.g., updates, tweets, blogs, etc.) to provide confidential information regarding client cases that have not been consented to by the client. To facilitate the secure provision of information, NCCs shall inform clients prior to or during the initial session about appropriate ways to communicate with them. Furthermore, NCCs shall advise clients about the potential risks of sending messages through digital technology and social media sources.
21. NCCs who use digital technology (e.g., social media) for professional purposes shall limit information posted to that which does not create multiple relationships or which may threaten client confidentiality.

Counseling Technology: Security, Safety, & Storage

- AMHCA
 - Counselors follow **carefully designed security and safety guidelines** when conducting online face-to-face distance counseling.
 - Counselors endeavor to **protect clients from unwanted interruptions** during online face-to-face sessions.
 - Counselors are strongly urged to employ the use of local resources in the community of the distance client should emergency care be needed. Local resources may be law enforcement, health care or EMT services, and someone trusted by the client to be available during distance counseling sessions should it become necessary to have someone close by in the event of an emergency.

Counseling Technology: Security, Safety, & Storage

- AMHCA (Continued)
 - Counselors will **disclose to clients all procedures** for documenting and storing of records of distance, online counseling sessions.
 - Counselors will **safeguard and protect all records of distance counseling sessions** as they would for in person sessions in accordance with all state and federal laws and regulations.

Counseling Technology: Security, Safety, & Storage

- AAMFT
 - 6.4 Technology and Documentation.
 - Therapists and supervisors are to ensure that all documentation containing identifying or otherwise sensitive information which is electronically stored and/or transferred is done using **technology that adhere to standards of best practices related to confidentiality and quality of services, and that meet applicable laws**. Clients and supervisees are to be made aware in writing of the limitations and protections offered by the therapist's or supervisor's technology.

Counseling Technology: Security, Safety, & Storage

- ACA
 - H.2.d . Security Counselors **use current encryption standards** within their websites and/or technology-based communications that meet applicable legal requirements. Counselors take **reasonable precautions** to ensure the confidentiality of information transmitted through any electronic means.
 - H.3. Client Verification: Counselors who engage in the use of distance counseling, technology, and/or social media to interact with clients take steps to **verify the client's identity at the beginning and throughout the therapeutic process**. Verification can include, but is not limited to, using code words, numbers, graphics, or other nondescript identifiers.

Counseling Technology: Security, Safety, & Storage

- ACA (Continued)
 - H.5. Records and Web Maintenance
 - H.5.a. Records Counselors **maintain electronic records in accordance with relevant laws and statutes.** Counselors **inform clients on how records are maintained electronically.** This includes, but is not limited to, **the type of encryption and security assigned to the records, and if/for how long archival storage of transaction records is maintained.**

Counseling Technology: Security, Safety, & Storage

- CRCC

- c. SECURITY. Rehabilitation counselors make reasonable efforts to ensure the security of confidential information transmitted or stored through any electronic means. Rehabilitation counselors **use encryption and password-protection techniques for all technology-based communications** to protect confidential client information.
- d. CLIENT VERIFICATION. Rehabilitation counselors who engage in the use of technology-based distance counseling to interact with clients **take steps to verify the client's identity at the beginning and throughout the rehabilitation counseling process**. Verification can include, but is not limited to, using code words, numbers, graphics, or other nondescript identifiers.

Counseling Technology: Security, Safety, & Storage

○ NAADAC

VI-5 Verification	Addiction Professionals who engage in the use of electronic platforms for the delivery of services shall take reasonable steps to verify the client's/supervisee's identity prior to engaging in the e-therapy relationship and throughout the therapeutic relationship. Verification can include, but is not limited to, picture ids, code words, numbers, graphics, or other nondescript identifiers.
VI-8 Non-Secured	Addiction Professionals recognize that electronic means of communication are not secure, and shall inform clients, students, and supervisees that remote services using electronic means of delivery cannot be entirely secured or confidential. Providers who provide services via electronic technology shall fully inform each client, student, or supervisee of the limitations and risks regarding confidentiality associated with electronic
	delivery, including the fact that electronic exchanges may become part of clinical, academic, or professional records. Efforts shall be made to ensure privacy so clinical discussions cannot be overheard by others outside of the room where the services are provided. Internet-based counseling shall be conducted on HIPAA-compliant servers. Therapy shall not occur using text-based or email-based delivery.
VI-16 Records	Addiction Professionals understand the inherent dangers of electronic health records. Providers are responsible for ensuring that cloud storage sites in use are HIPAA compliant. Providers inform clients/supervisees of the benefits and risks of maintaining records in a cloud-based file management system, and discuss the fact that nothing that is electronically saved on a Cloud is confidential and secure. Cloud-based file management shall be encrypted, secured, and HIPAA-compliant. Providers shall use encryption programs when storing or transmitting client information to protect confidentiality.
VI-17 Records	Addiction Professionals shall maintain electronic records in accordance with relevant state and federal laws and statutes. Providers shall inform clients on how records will be maintained electronically and/or physically. This includes, but is not limited to, the type of encryption and security used to store the records and the length of time storage of records is maintained.

○ NAADAC (Continued)

		violence or self-harmful behavior.	
VI-10 Access		Addiction Professionals shall inform clients that other individuals (i.e., colleagues, supervisors, staff, consultants, information technologists) might have authorized or unauthorized access to such records or transmissions. Providers use current encryption standards within their websites and for technology-based communications. Providers take reasonable precautions to ensure the confidentiality of information transmitted and stored through any electronic means.	
VI-11 Multidisciplinary Care		Addiction Professionals shall acknowledge and discuss with the client that optimal clinical management of clients may depend on coordination of care between a multidisciplinary care team. Providers shall explain to clients that they may need to develop collaborative relationships with local community professionals, such as the client's local primary care provider and local emergency service providers, as this would be invaluable in case of emergencies.	
VI-12 Local Resources		Addiction Professionals shall be familiar with local in-person mental health resources should the Provider exercise clinical judgment to make a referral for additional substance abuse, mental health, or other appropriate services.	

Counseling Technology: Security, Safety, & Storage

○ NBCC

54. NCCs shall include all electronic communications exchanged with clients and supervisees, including those through digital technology and social media methods, as a part of the record, even when strictly related to clerical issues such as change of contact information or scheduling appointments. All electronic therapeutic communication methods shall use encryption and password security.
56. NCCs shall act in a professional manner by protecting against unauthorized access to confidential information. This includes data contained in electronic formats. NCCs shall inform any subordinates who have physical or electronic access to information of the importance of maintaining privacy and confidentiality.

Permission to Record

- AMHCA

- Counselors should have a written policy that prohibits both the therapist and the client from recording a treatment session without the written consent of the other. If a recording of the treatment session has been authorized, the counselor, should either erase or destroy the recording as soon as it has fulfilled its intended purpose (e.g., supervision or conclusion of counseling) in order to maintain confidentiality of the contents.

Permission to Record

- AAMFT
 - 1.12 Written Consent to Record. Marriage and family therapists **obtain written informed consent from clients before recording** any images or audio or permitting third-party observation.
- ACA
 - B.6.c. Permission to Record: Counselors **obtain permission from clients prior to recording sessions** through electronic or other means.
- CRCC
 - b. PERMISSION TO RECORD. Rehabilitation counselors **obtain permission from clients prior to recording sessions** through electronic or other means.

Permission to Record

- NAADAC

II-19 Video Recording	Addiction Professionals shall obtain informed consent and written permissions and releases before videotaping, audio recording, or permitting third party observation of any client interaction or group therapy session. Clients are to be fully informed regarding recording such as purpose, who will have access, storage, and disposal of recordings. Exceptions to restrictions on third party observations shall be limited to students in field placements, internships, practicums, or agency trainees.
II-20 Recording e-therapy	Addiction Professionals shall obtain informed consent and written release of information prior to recording an electronic therapy session. Prior to obtaining informed consent for recording e-therapy, the Provider shall seek supervision or consultation, and document recommendations. Providers shall disclose to client in informed consent how e-records shall be stored, maintained, and disposed of and in what time frame.

- Absent from NBCC

Appropriateness for E-Counseling & Disability Sensitivity

- AAMFT

- Marriage and family therapists must: (a) determine that technologically-assisted services or supervision are **appropriate for clients or supervisees, considering professional, intellectual, emotional, and physical needs** (6.1)

- AMHCA

- The counselor will evaluate the client to determine that the client is **appropriate for distance counseling** services (B6e)
- Counselors endeavor to provide sensitivity to the cultural make up of all clients, as well as **sensitivity to disabilities** or physical condition in distance counseling as they would in a physical office (B6i)

Appropriateness for E-Counseling & Disability Sensitivity

- ACA

- H.4.c. Technology-Assisted Services

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

- H.4.d. Effectiveness of Services

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

Appropriateness for E-Counseling & Disability Sensitivity

- CRCC

- J.2. ACCESSIBILITY

- a. ACQUISITION AND USE OF TECHNOLOGY. When providing technology-assisted services, rehabilitation counselors **make reasonable efforts to ensure that technology and equipment used, purchased, or recommended for a client meets the current standards of accessibility as established by law.** Rehabilitation counselors also determine that this technology is **appropriate for the clients' needs** and is accessible by them based on their individual capabilities, including language preferences. When recommending language translation software, limitations are reviewed with clients.
 - b. ACCESSING TECHNOLOGY. Rehabilitation counselors guide clients in obtaining reasonable access to pertinent applications when providing technology-assisted services.

Appropriateness for E-Counseling & Disability Sensitivity

- ACA

- H.5.d. Multicultural and Disability Considerations

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

- NAADAC

VI-9 Assess	Addiction Professionals shall assess and document the client's/supervisee's ability to benefit from and engage in e-therapy services. Providers shall consider the client's/supervisee's cognitive capacity and maturity, past and current diagnoses, communications skills, level of competence using technology, and access to the necessary technology. Providers shall consider geographical distance to nearest emergency medical facility, efficacy of client's support system, current medical and behavioral health status, current or past difficulties with substance abuse, and history of violence or self-injurious behavior.
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- Absent: NBCC

Warning: Content vs. Process

- I didn't say you lied.
- I didn't say you lied.
- I didn't say you lied.
- I didn't say you lied.
- I didn't say you lied.

ACA H.4.f. Communication Differences in Electronic Media

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

The Background

- Tennessee SB 1556
 - As enacted, declares that **no person providing counseling or therapy services will be required to counsel or serve a client as to goals, outcomes, or behaviors that conflict with the sincerely held principles of the counselor or therapist; requires such counselor or therapist to refer the client to another counselor or therapist;** creates immunity for such action; maintains liability for counselors who will not counsel a client based on the counselor's religious beliefs when the individual seeking or undergoing the counseling is in imminent danger of harming themselves or others. - Amends TCA Title 4; Title 49 and Title 63.

The Background

The Latest News from ACA

ACA Takes Firm Stance Against Tenn. Bill That Would Allow Discrimination Within Counseling Profession

Feb 09, 2016

On Wednesday, February 10th, the Tennessee Senate Health and Welfare Committee is expected to take up Senate Bill (SB) 1556. The bill, if signed into law, would allow Tennessee's professional counselors and therapists to deny services to clients and students with whom they do not share common values or beliefs.

The bill, "An Act to amend Tennessee Code Annotated, Title 4; Title 49 and Title 63 relative to conscientious objections to the provision of counseling and therapy," was drafted in response to the 2014 *ACA Code of Ethics*.

ACA has been working with members in Tennessee to communicate with the bill's author, Senator Johnson, and the other legislators who sit on the Senate Health and Welfare Committee. We have made every effort to express disapproval and disappointment in this bill. Our *Code* is written to protect members of the public who seek the services of a professional counselor. Included in that protection is the assurance that *all* individuals will be able to obtain services when needed. The 2014 *ACA Code of Ethics* (Section A.11.b.) describes referral practices when a client's beliefs differ from those of a counselor, and encourages the counselor to seek additional training if necessary. This issue is particularly pertinent in a state that is already plagued with a shortage of mental healthcare providers.

Additionally, if legislated, this new statute will be in direct conflict with an existing state statute, since Tennessee's Board of Licensed Professional Counselors, Licensed Marital and Family Therapists and Licensed Pastoral Therapists has adopted ACA's *Code of Ethics* into law.

A statement of opposition has been sent to each of the members of the Tennessee Health and Welfare Committee. That statement can be accessed [here](#). The legislation is also being heard in a House Health Sub-Committee meeting this week and ACA's position has been shared with these members as well. The full text of the bill is available online [here](#).

We will be following this legislation very closely as the session progresses. If you would like to get involved, please contact our State Legislative Representative on ACA's Government Affairs team, Kelly Nickel. Her direct line is 800-347-6647 x 210 and her email address is: knickel@counseling.org.

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Non-Discrimination

- AMHCA
 - Non-discrimination (C2)
 - Mental health counselors **do not condone or engage in any discrimination** based on ability, age, color, culture, disability, ethnic group, gender, gender identity, race, religion, national origin, political beliefs, **sexual orientation**, marital status, or socioeconomic status.
 - Mental health counselors do not condone or engage in sexual harassment, or violate the provisions of state or federal laws, prohibiting sexual harassment.
 - Mental health counselors have a responsibility to **educate themselves about their own biases** toward those of different races, creeds, identities, orientations, cultures, and physical and mental abilities; and then to seek consultation, supervision and or counseling in order to prevent those biases interfering with the counseling process.

Non-Discrimination

- ACA

- A.4.b. Personal Values

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

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

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

- C.5. Nondiscrimination

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

Non-Discrimination

- AAMFT
 - 1.1 Non-Discrimination.
 - Marriage and family therapists provide professional assistance to persons without discrimination on the basis of race, age, ethnicity, socioeconomic status, disability, gender, health status, religion, national origin, sexual orientation, gender identity or relationship status
- CRCC
 - c. NONDISCRIMINATION. Rehabilitation counselors do not condone or engage in the prejudicial treatment of an individual or group based on their actual or perceived membership in a particular group, class, or category.

Non-Discrimination

- FCB:
 - 1.3 An applicant or certified professional shall not in any way participate in discrimination on the basis of race,

I-6 Discrimination	Addiction Professionals shall not practice, condone, facilitate, or collaborate with any form of discrimination against any client on the basis of race, ethnicity, color, religious or spiritual beliefs, age, gender identification, national origin, sexual orientation or expression, marital status, political affiliations, physical or mental handicap, health condition, housing status, military status, or economic status.
IV-4 Personal Beliefs	Addiction Professionals shall develop an understanding of their own personal, professional, and cultural values and beliefs. Providers shall recognize which personal and professional values may be in alignment with or conflict with the values and needs of the client. Providers shall not use cultural or values differences as a reason to engage in discrimination. Providers shall seek supervision and/or consultation to address areas of difference and to decrease bias, judgment, and microaggressions.

Non-Discrimination

○ NBCC

26. NCCs shall demonstrate multicultural competence. NCCs shall not use counseling techniques or engage in any professional activities that discriminate against or show hostility towards individuals or groups based on gender, ethnicity, race, national origin, sexual orientation, disability, religion or any other legally prohibited basis. Techniques shall be based on established, clinically sound theory. NCCs shall discuss appropriate considerations and obtain written consent from the client(s) prior to the use of any experimental approach.

...But Is There a Caveat?

- AAMFT
 - 1.10 Referrals.
 - Marriage and family therapists respectfully assist persons in obtaining appropriate therapeutic services **if the therapist is unable or unwilling to provide professional help.**
- ACA
 - A.11. Termination and Referral
 - A.11.a. Competence Within Termination and Referral
 - If counselors **lack the competence to be of professional assistance to clients**, they avoid entering or continuing counseling relationships. Counselors are knowledgeable about culturally and clinically appropriate referral resources and suggest these alternatives. If clients decline the suggested referrals, counselors discontinue the relationship.

...But Is There a Caveat?

- AMHCA

- C. COUNSELOR RESPONSIBILITY AND INTEGRITY

- Competence

- The maintenance of high standards of professional competence is a responsibility shared by all mental health counselors in the best interests of the client, the public, and the profession.

Mental health counselors:

- Recognize the **boundaries of their particular competencies and the limitations of their expertise.**
 - **Provide only those services and use only those techniques for which they are qualified by education, training, or experience.**

...But Is There a Caveat?

- CRCC

- A.8. TERMINATION AND REFERRAL

- a. COMPETENCE WITHIN TERMINATION AND REFERRAL. If rehabilitation counselors determine they **lack the competence to be of professional assistance to clients, they avoid entering or continuing professional relationships**. Rehabilitation counselors are knowledgeable about culturally and clinically appropriate referral resources and suggest these alternatives. If clients decline the suggested referrals, rehabilitation counselors discontinue the relationship.
 - b. VALUES WITHIN TERMINATION AND REFERRAL. Rehabilitation counselors refrain from referring prospective and current clients based solely on the rehabilitation counselor's personally held values, attitudes, beliefs, and behaviors. Rehabilitation counselors respect the diversity of clients and seek training in areas in which they are at risk of imposing their values onto clients, especially when the rehabilitation counselor's values are inconsistent with the client's goals or are discriminatory in nature.

...But Is There a Caveat?

- FCB
 - An applicant or a certified professional shall not perform services outside of their area of training, expertise, competence, or scope of practice.
 - Discussion of Rule 1.2: When a consumer's therapeutic issues are outside their level of professional functioning or scope of practice, the certified professional must refer the consumer to another professional who will provide the appropriate therapeutic approach for the consumer
- NAADAC

III-13 Scope of Practice	Addiction Professionals shall provide services within their scope of practice and competency, and shall offer services that are science-based, evidence-based, and outcome-driven. Providers shall engage in counseling practices that are grounded in rigorous research methodologies. Providers shall maintain adequate knowledge of and adhere to applicable professional standards of practice.		
III-14 Boundaries of Competence	Addiction Professionals shall practice within the boundaries of their competence. Competence shall be established through education, training, skills, and supervised experience, state and national professional credentials and certifications, and relevant professional experience.		



Forensic Activity (AMHCA)

4. Forensic Activity

Mental health counselors who are requested or required to perform forensic functions, such as assessments, interviews, consultations, report writing, responding to subpoenas, or offering expert testimony, comply with all provisions of this Ethics Code and act in accordance with applicable state law.

4a) Mental health counselors who engage in forensic activity possess appropriate knowledge and competence, including knowledge about special populations, specialized and specialized interview techniques. **They must be cognizant of the difference between an expert and fact witness**

b) When conducting interviews, writing reports, or offering testimony mental health counselors **objectively offer their findings without bias, personal opinion or investment in the ultimate outcome**. One error in their report or testimony could make the difference between acceptance or disqualification.

Forensic Activity (AMHCA)

c) The client, in a forensic evaluation will be informed about the **limits of confidentiality, the role of the mental health counselor, the purpose of the assessment and potential for unfavorable findings.**

d) Mental health counselors' forensic written reports and recommendations are based upon information and techniques appropriate to the evaluation. The forensic mental health evaluator expert pays close attention to only using assessments relative to each case.

Forensic Activity (AMHCA)

e) Mental health counselors do not provide written conclusions or forensic testimony regarding any individual without reliable information adequate to support any statements or conclusions in the forensic setting. **The forensic mental health evaluator expert does not diagnose anyone that was not seen during the evaluation process.**

f) When testifying, mental health counselors clearly present their qualifications and specialized training. They describe fairly the basis for their professional judgment, conclusions, and testimony. Counselors remain cognizant of the **social responsibility** they bear. The forensic mental health evaluator pays particular attention to **avoid being viewed as a “hired gun.”** The expert makes every effort to be court appointed to avoid this issue.

Forensic Activity (AMHCA)

g) Mental health counselors **do not evaluate, for forensic purposes, individuals whom they are currently counseling or have counseled in the past.** In addition, mental health counselors do not counsel individuals they are currently evaluating, or have evaluated in the past, for forensic purposes.

h) Forensic mental health counselors **do not act as an advocate** for the legal system, perpetrators, or victims of criminal activity.

Forensic Activity (AAMFT)

PROFESSIONAL EVALUATIONS

Marriage and family therapists aspire to the highest of standards in providing testimony in various contexts within the legal system.

7.1 Performance of Forensic Services. Marriage and family therapists may perform forensic services which may include interviews, consultations, evaluations, reports, and assessments both formal and informal, in keeping with applicable laws and competencies.

7.2 Testimony in Legal Proceedings. Marriage and family therapists who provide expert or fact witness testimony in legal proceedings avoid misleading judgments, base conclusions and opinions on appropriate data, and avoid inaccuracies insofar as possible. When offering testimony, as marriage and family therapy experts, they shall strive to be accurate, objective, fair, and independent.

7.3 Competence. Marriage and family therapists demonstrate competence via education and experience in providing testimony in legal proceedings.

Forensic Activity (AAMFT)

7.4 Informed Consent. Marriage and family therapists provide written notice and make reasonable efforts to obtain written consents of persons who are the subject(s) of evaluations and inform clients about the evaluation process, use of information and recommendations, financial arrangements, and the role of the therapist within the legal system.

7.5 Avoiding Conflicts. Clear distinctions are made between therapy and evaluations. Marriage and family therapists avoid conflict in roles in legal proceedings wherever possible and disclose potential conflicts. As therapy begins, marriage and family therapists clarify roles and the extent of confidentiality when legal systems are involved.

7.6 Avoiding Dual Roles. Marriage and family therapists avoid providing therapy to clients for whom the therapist has provided a forensic evaluation and avoid providing evaluations for those who are clients, unless otherwise mandated by legal systems.

Forensic Activity (AAMFT)

7.7 Separation of Custody Evaluation from Therapy. Marriage and family therapists **avoid conflicts of interest in treating minors or adults involved in custody or visitation actions by not performing evaluations for custody, residence, or visitation of the minor.** Marriage and family therapists who treat minors may provide the court or mental health professional performing the evaluation with information about the minor from the marriage and family therapist's perspective as a treating marriage and family therapist, so long as the marriage and family therapist obtains appropriate consents to release information.

7.8 Professional Opinions. Marriage and family therapists who provide forensic evaluations **avoid offering professional opinions about persons they have not directly interviewed.** Marriage and family therapists declare the limits of their competencies and information.

7.9 Changes in Service. Clients are informed if changes in the role of provision of services of marriage and family therapy occur and/or are mandated by a legal system.

7.10 Familiarity with Rules. Marriage and family therapists who provide forensic evaluations are familiar with judicial and/ or administrative rules prescribing their roles.

Forensic Activity (ACA)

E.13. Forensic Evaluation: Evaluation for Legal Proceedings

E.13.a. Primary Obligations

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

Forensic Activity (ACA)

E.13.b. Consent for Evaluation

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

Forensic Services (ACA)

E.13.c. Client Evaluation Prohibited

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

E.13.d. Avoid Potentially

Harmful Relationships

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

Forensic Services

○ NAADAC

V-13 Forensic	Addiction Professionals conducting an evaluation shall inform the client, verbally and in writing, that the current relationship is for the purposes of evaluation. The evaluation is not therapeutic. Entities or individuals who will receive the evaluation report are identified, prior to conducting the evaluation. Providers performing forensic evaluations shall obtain written consent from those being evaluated or from their legal representative unless a court orders evaluations to be conducted without the written consent of the individuals being evaluated. informed written consent shall be obtained from a parent or guardian prior to evaluation. when the child or adult lacks the capacity to give voluntary consent.
V-14 Forensic	Addiction Professionals conducting forensic evaluations shall provide verifiable objective findings based on the data gathered during the assessment/evaluation process and review of records. Providers form unbiased professional opinions based on the data gathered and analysis during the assessment processes.
V-15 Forensic	Addiction Professionals shall not evaluate, for forensic purposes, current or former clients, spouses or partners of current or former clients, or the clients' family members. Providers shall not provide counseling to the individuals they are evaluating. Providers shall avoid potentially harmful personal or professional relationships with the family members, romantic partners, and close friends of individuals they are evaluating.

Forensic Services

- NBCC

58. NCCs shall not provide forensic evaluation services concerning current or past clients or client's family members. Also, NCCs shall not provide forensic evaluation services regarding their own family members, friends or professional associates.

- CRCC

- Has an extensive forensic section (Section F).
- Although the section obligates RCs to decline to provide forensic services in cases of "personal or professional relationships with parties to a legal proceeding [that] may interfere with their ability to practice ethically and professionally," it does not specifically delineate a difference between therapeutic and forensic roles.

Education and Supervision (AMHCA)

- Due to evaluative component, relationships with students, interns, and employees are maintained on a “professional and confidential basis” (III A)
 - Exploitation avoided (III A1)
 - No “ongoing counseling relationships with current supervisees, students, or employees” (III A2)
 - All forms of sexual behavior with supervisees, students, or employees are unethical (III A3)
 - Advise supervisees, students, and employees against holding themselves out to be competent when they aren’t (III a5)

Education and Supervision

- 8. Supervisors provide written informed consent prior to beginning a supervision relationship that documents business address and telephone number; list of degrees, license and credentials/certifications held; areas of competence in clinical mental health counseling; training in supervision and experience providing supervision; model of or approach to supervision, including the role, objectives and goals of supervision, and modalities; evaluation procedures in the supervisory relationship; the limits and scope of confidentiality and privileged communication within the supervisory relationship; procedures for supervisory emergencies and supervisor absences; use of supervision agreements; and procedures for supervisee endorsement for certification and/or licensure, or employment to those whom are competent, ethical, and qualified.

Clinical Supervision Contract

- 2. Clinical Supervision Contract
- A clinical supervision contract signed by both supervisor and supervisee, should be prepared, which provides for the fees for both individual and group supervision sessions. The contract should also specify the records that will be maintained by both the supervisor and supervisee regarding issues discussed in supervision; the number of hours of supervision that take place, and whether the supervision was individual or group. In addition, the contract should specify the agreement of supervisor and supervisee regarding how often the supervision sessions will be scheduled. The frequency of supervision sessions shall comply with state regulations.

Clinical Supervision Contract

- In addition, the supervisor and supervisee should agree to the following terms:
 - **Insurance**
 - The supervisee will maintain a professional liability insurance policy during the clinical supervision process, and provide a copy of a certificate of insurance to the supervisor.
 - **Compliance with the AMHCA Code of Ethics**
 - The supervisor should provide a copy of the *AMHCA Code of Ethics* to the supervisee, or ensure that the supervisee has a copy. Supervisee must agree to comply with the *Code of Ethics* in all treatment provided.
 - As needed, the supervisor and supervisee will discuss the principles contained in the *AMHCA Code of Ethics*.

Clinical Supervision Contract

○ State Licensing Board Rules

- The supervisee needs to obtain a copy of the appropriate State Licensing Board Rules, and agree to comply with them. As needed, the supervisor and supervisee will discuss the provisions of board rules.

○ Compliance with State Laws

- The supervisor should inform the supervisee of state laws contained in the Practice Act for counselors, and other legal provisions which apply to treatment, requirements for licensure, billing, and the discipline of counselors.

○ Duty of the Clinical Supervisor

- The contract should specify that the duty of the clinical supervisor will be to direct the treatment process, and to assist the supervisee in complying with all legal and ethical standards for treatment.

○ Billing for Treatment

- Supervisee should agree that all bills submitted for treatment will accurately reflect the amount of time spent in counseling session, and will also identify the professional who provided services to the client.

Clinical Supervision Contract

- Treatment Records and Bills
 - As part of the supervision process, the supervisee will agree to provide treatment records & billing statements to the clinical supervisor upon request. Supervisee will agree to maintain treatment records securely; to maintain confidentiality .
- Informed Consent
 - The supervisee will agree to obtain informed consent in writing from the counseling client in compliance with state law. In addition, the supervisee will obtain informed consent in writing from any client whose treatment session is to be videotaped, recorded, or observed through one-way glass.
- Dual Relationships
 - Supervisors will avoid all dual relationships that may interfere with the supervisor's professional judgment or exploit the supervisee. Any sexual, romantic, or intimate relationship is considered to be a violation. Sexual relationship means sexual conduct, sexual harassment, or sexual bias toward a supervisee by a supervisor.
- Termination of Supervision
 - When a supervisee discontinues supervision, a written notice that the supervision process has terminated should be provided by the supervisor, along with an appropriate referral for supervision. If during supervision a conflict arises which causes impairment to the professional judgment of the supervisor or supervisee, the process should be terminated.

Clinical Supervision Contract

- Whenever a clinical supervisor needs to discuss questions regarding the clinical services being provided, ethical issues, or legal matters, the supervisor should obtain a consultation in order to resolve the issue.
- Credentials for Supervisors
 - A supervisor should have the level of clinical experience required by state regulations, which is required for supervision of other professionals. The supervisor should have training in the clinical supervision process.
- Credentials for Supervisees
 - Supervisors must ensure that supervisees have the requisite credentials under state law to provide counseling to clients.

Fundamental Principles of Ethical Behavior (ACA)

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

ACA Ethical Decision-Making Model

- I.1.b. Ethical Decision Making When counselors are faced with an ethical dilemma, they use and document, as appropriate, an ethical decision-making model that may include, but is not limited to,
 1. consultation;
 2. consideration of relevant ethical standards, principles, and laws;
 3. generation of potential courses of action;
 4. deliberation of risks and benefits; and
 5. selection of an objective decision based on the circumstances and welfare of all involved.

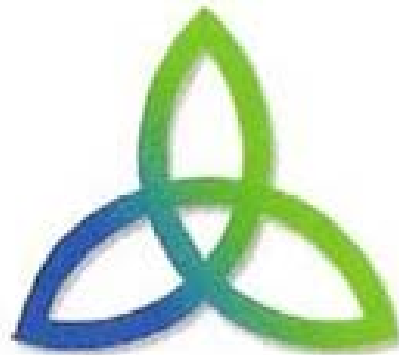
Aaron Norton LMHC, LMFT, MCAP, CRC

Licensed Mental Health Counselor #MH9953

Licensed Marriage & Family Therapist #MT3100

aaron@integritycounseling.net

O: (727)531-7988 | C: (727)403-6208



1101 Belcher Road S. | Suite J | Largo, FL 33771