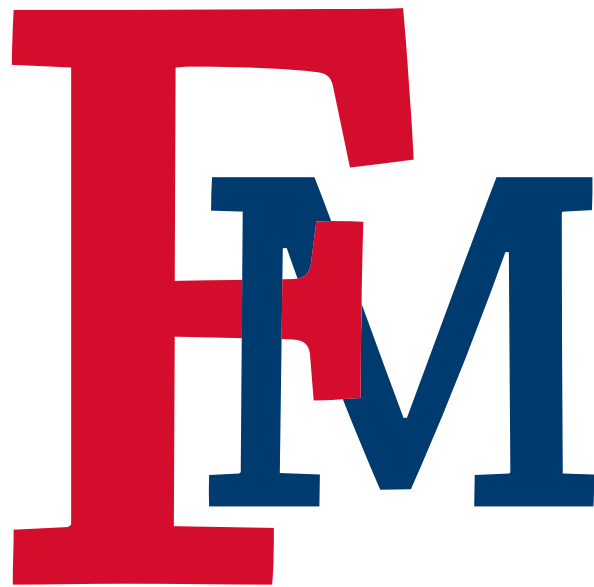


**Clinical/Counseling
Psychology Handbook
2016-2017**



Department of Psychology
Francis Marion University

Preface

This document was created to serve as a guide to graduate psychology students enrolled in the Clinical/Counseling option of the Master of Science in Applied Psychology program. It should be consulted for information pertaining to the requirements of the Master of Science in Applied Psychology degree (Clinical/Counseling Option) as well as information about the Department and its faculty members. Students also should obtain a Francis Marion University Catalog and frequently review program and degree requirements. Nothing in this Handbook supersedes information contained in the FMU Catalog.

Dedication

We dedicate this handbook to the memory of Dr. Gary W. Hanson. Dr. Hanson was instrumental in the creation of the Master of Science in Applied Psychology Degree at Francis Marion University. He worked tirelessly as the first Coordinator of the Program, and later as Chair of the Psychology Department, to be sure that the program met the needs of FMU students and the surrounding community. Dr. Hanson also ensured that the program met standards of training approved by the Council of Applied Master's Programs in Psychology (CAMPP) and that program was accredited by the Masters in Psychology Accreditation Council (MPAC). It is because of his vision that Francis Marion University has a quality program to offer you.

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PROGRAM OVERVIEW AND MISSION

Clinical/Counseling Psychology is an option within the Master of Science in Applied Psychology program (MSAP). The option is designed to provide training in clinical/counseling psychology leading to employment in human service agencies, hospitals, or similar settings. Consistent with this purpose, the program involves training in assessment and diagnosis, therapy, community intervention, and research. Additional uses of the program are: (1) continuing education and (2) further preparation for doctoral-level study. Students are predominantly trained to work with adults and families; students wishing to expand their focus to clinical work with children and adolescents are encouraged to seek out practicum and internship experiences that will facilitate their professional development in this area, and they also are encouraged to seek additional training by enrolling in courses that address working with children and adolescents within the School Psychology option (after consulting with their academic advisor and the appropriate School Psychology faculty members).

Students and graduates of the MSAP program bring scholarship and reflection to their work, as well as an understanding of diversity in clientele, methodology, and application. Students and graduates of the MSAP program report that their training occurred in a positive learning environment that recognized and nurtured diversity while emphasizing academic excellence. MSAP faculty produce scholarship that enhances teaching, involves students, and contributes to the profession of psychology. MSAP faculty members consult with and render academic and practical assistance to local human service agencies, hospitals, and regional schools. Enrollment in the program is limited, with courses offered during afternoon and evening hours to accommodate the student who is currently employed. Courses offer a blend of classroom activities and experiential training designed to acquaint the student with both the theory and the practical applications of psychological knowledge.

While classes are taught in the afternoon and evening, clinical/ counseling psychology students should be mindful that most, if not all, practicum experiences must occur during the day. Clinical/ counseling

students also should be aware that their program requires an intensive, capstone internship experience that will likely require them to take a leave of absence from other employment.

ACCREDITATION

The Master of Science program in Applied Psychology adheres to the training of the Council of Applied Master's Programs in Psychology (CAMPP; www.camppsite.org) and is accredited by the Master's in Psychology and Counseling Accreditation Council (MPCAC; www.mpcacsite.org).

HISTORY

As a student in Francis Marion University's Master of Science in Applied Psychology (MSAP) program, your focus is naturally on the requirements for program completion and career plans for after graduation. The history of the program in which you are enrolled may seem of minor importance. However, the history of this particular program may help you understand your education in a larger context. At the very least, knowledge of the program's history will keep alive the institutional memory of the work of those who have gone before.

When FMU was founded in 1970, there were no plans for graduate programs in psychology or any other discipline. As the first few senior classes graduated, psychology majors returned to FMU and expressed interest in additional coursework that would help them in their careers. In those days, bachelor's level graduates were being employed in the Department of Mental Health, Department of Mental Retardation, and similar human service agencies, doing client centered interventions of various kinds. As a result of these students' expressed interests, the Departments of Psychology and Sociology began in 1976 to offer a sequence of five applied courses termed the Paraprofessional Option.

Not very long after, the graduates of this option and the faculty became aware that the skills taught in these courses, though valuable, did not result in salary increases. These were tied to advanced degrees. The faculty of the Department of Psychology and the leaders of the local agencies participated in a needs assessment, which ultimately led to Francis Marion's

second graduate program, the Master of Science in Applied Psychology (MSAP). The program was conceived so as to encompass all applied areas, although the focus to date has been on clinical/counseling and school psychology

Originally conceived as a 30-hour, thesis-based program, the MSAP was well received by potential students and community agencies and early on established a reputation for excellence. Beginning in 1982, regional and national attention within psychology organizations was directed at what was called the “Master’s Issue.” Essentially, some believed that only those who have earned doctorates can work as psychologists, and others believed that properly trained master’s degree recipients have a role to play also. Increasingly, the American Psychological Association took the former position, while a steadily growing collection of other organizations took the latter. Instrumental in the debate were the Association of Heads of Departments-Southeastern Psychological Association, the Council of Graduate Departments of Psychology, and the National Institute of Mental Health. FMU’s psychology faculty took part in these discussions, made program modifications accordingly, and when in 1986 the

Council of Applied Masters Programs in Psychology (CAMPP) was established, the very first member program accepted was FMU’s MSAP program. As CAMPP set about establishing standards for training, they looked very much like FMU’s then 45- hour, internship-based program.

This academic program, which began in response to local needs, has grown (now a minimum of 60 hours) to become a regional and increasingly nationally focused program, dedicated to providing scientifically trained practitioners who understand the theories and research in psychology and draw on them to provide professional services to those in need. The program option in which you are enrolled is accredited by the Masters in Psychology and Counseling Accreditation Council (MPCAC), leads to Licensed Professional Counselor (LPC) eligibility in South Carolina, and prepares you to meet the highest national standards of training and professional practice.

REQUIREMENTS FOR MASTER OF SCIENCE DEGREE IN APPLIED PSYCHOLOGY - CLINICAL COUNSELING OPTION

1. Minimum of 60 graduate hours

BASIC CORE COURSES – 15 HOURS

PSY 602	Biological Basis of Behavior
PSY 605	Personality and Social Psychology
PSY 632	Quantitative Psychology
PSY 634	Developmental Psychology
PSY 635	Learning and Cognition

APPLIED CORE COURSES – 21 HOURS

PSY 600	Practicum (minimum of 8 hours) (Specific practica are required concurrently with certain courses)
PSY 620	Psychopathology
PSY 630	Psychological Assessment: Intelligence and Achievement Testing in Clinical/Counseling Psychology
PSY 631	Psychological Assessment: Personality and Psychopathology
PSY 699	Internship: Clinical/Counseling Psychology
PSY 700	Practicum (minimum of 1 hour) (Specific practicum for Consultation and Intervention)

APPLIED SPECIALTY COURSES – 24 HOURS

PSY 610	Interviewing, Observation, and Case Formulation
PSY 633	Group Counseling and Psychotherapy
PSY 636	Individual Counseling and Psychotherapy
PSY 639	Career and Lifestyle Counseling: Theory and Practice
PSY 643	Couple and Family Therapy
PSY 644	Substance Abuse Counseling
PSY 651	Professional/Ethical Issues in Counseling
PSY 703	Counseling for Social Justice and Diversity

2. Achieve a 3.0 cumulative grade point average on all graduate studies applicable to the student's particular program and a 3.0 grade point average for all graduate courses. (See exceptions in the Francis Marion University Catalog under "Time Limit" and "Repeating Courses.")
3. Satisfactorily complete all other requirements as outlined for graduate students.
4. Make an application for graduation at the beginning of the semester in which the last course(s) will be taken.

CLINICAL/COUNSELING COURSE DESCRIPTIONS

600A Professional Psychology Practicum (1) F, S, SU. This practicum serves two purposes: 1) All school psychology students must complete an Introduction to the Schools Practicum during the fall semester of their first year of study. This practicum involves shadowing a practicing school psychologist and participating in various activities related to school psychology, school organization and operation. 2) Any master's degree student in psychology may work with a psychology faculty member to develop a field experience involving research or practice which is relevant to their program of study.

600B Psychological Assessment Practicum (1) F, S, SU. Students enrolled in PSY 606, PSY 616, PSY 630, PSY 631, and PSY 639 must be enrolled concurrently in this practicum. This practicum involves administration, scoring, interpretation, and reporting of results of psychological testing instruments and other assessment procedures relevant to the specific course to which the practicum is attached. Students may be assigned to psychoeducational, counseling and/or mental health centers for this experience. A minimum of 50 clock hours is required per practicum.

600C Psychological Intervention Practicum (1) F, S, SU. Students enrolled in PSY 604, PSY 610, PSY 633, PSY 636, PSY 643, and PSY 644 must be enrolled concurrently in this practicum. This practicum involves interviewing, observation, clinical problem-solving, treatment planning and intervention development, individual therapy, group therapy, direct intervention, and indirect intervention/consultation experiences relevant to the specific course to which the practicum is attached. Students may be assigned to psychoeducational, counseling and/or mental health centers for this experience. A minimum of 50 clock hours is required per practicum.

602 Biological Basis of Behavior (3) F. Survey of basic neuroanatomy and physiology of the nervous system. Emphasis on ways in which the environment affects behavior via the nervous system. Current research relevant to biological basis of behavior is reviewed.

605 Personality and Social Psychology (3) SU. Survey of the basic areas of personality and social psychology with coverage of contemporary research issues in social psychology as well as the classic theories of personality.

610 Interviewing, Observation, and Case Formulation (3) F. Introduction to fundamental skills used in clinical/counseling interviews, including interview and observation techniques used for clinical data gathering. Particular emphasis is on case conceptualization to inform treatment planning, case report writing, and basic counseling techniques. Particular attention is also given to ethical and professional issues in counseling. Students must be concurrently enrolled in Psychology 600C, Psychological Intervention Practicum.

620 Psychopathology (3) S. Survey of the history and classification of mental disorders with emphasis on models of psychopathology. Includes a review of contemporary diagnostic practices, and development of diagnostic skills using the DSM Classification System.

630 Psychological Assessment: Intelligence and Achievement Testing in Clinical/Counseling Psychology (3) (Prerequisite: PSY 610) S. Review of measurement statistics and psychometric theory, and examination of the most frequently used intelligence, adaptive behavior, and achievement tests in clinical/counseling psychology. Skill development in test administration, scoring, and interpretation of test results, as well as psychological report writing and diagnostic skills. Skill development in giving assessment results and feedback to clients. Examination of cultural diversity, ethical issues, and technology as they pertain to assessment. Students must be concurrently enrolled in Psychology 600B, Psychological Assessment Practicum.

631 Psychological Assessment: Personality and Psychopathology (3) (Prerequisite 610, 630) S. Examination of psychometric techniques applied to the assessment of personality and psychopathology. Includes skill development in the diagnostics of psychopathology. Students must be concurrently enrolled in Psychology 600B, Psychological Assessment Practicum.

632 Quantitative Psychology (3) (Prerequisite: 302 or equivalent) S. Basic course in data presentation and analysis. Includes descriptive statistics, correlation, and regression, as well as inferential statistics. Emphasis on matching appropriate statistics to experimental design and psychometric theory.

633 Group Counseling and Psychotherapy (3) (Prerequisite: 610) F. Explores the theory, process, and practice of group therapy/ counseling. Includes the stages of group therapy, various group techniques, and how to deal with problem situations that can arise in group therapy. May also include how to conduct special groups such as pain management, stress management, and assertiveness groups. Must be concurrently enrolled in Psychology 600C, Psychological Intervention Practicum.

634 Developmental Psychology (3) SU. Survey of current topics and research methods in life span developmental psychology. Implications of research results to community-based interventions with children, adolescents, and the aged.

635 Learning and Cognition (3) SU. Review of traditional topics in learning as well as topics of current interest in cognition. Selection of topics from perception, attention, memory, thinking, and language. Functional disorders of memory and language.

636 Individual Counseling and Psychotherapy (3) (Prerequisite: 610; corequisite: 630) S. Survey of theoretical foundations and techniques of individual counseling and psychotherapy with an emphasis on empirically supported models of psychotherapy, including cognitive-behavioral therapy. The course will provide the student with the opportunity to develop skills in the techniques covered. Attention also will be given to ethical and professional issues in the practice of therapy, as well as issues pertaining to social and cultural diversity. Must be concurrently enrolled in Psychology 600C, Psychological Intervention Practicum.

639 Career and Lifestyle Counseling: Theory and Practice (3) (Prerequisite: 610, 630) F. An introduction to career development theory, psychological assessment for career planning and sources and uses of career and lifestyle information in

counseling. Must be concurrently enrolled in Psychology 600B, Psychology Assessment Practicum.

643 Couple and Family Therapy (3) (Prerequisite: 610) S. Overview of theoretical assumptions and concomitant assessment and treatment strategies associated with the major models of couple and family therapy, including cognitive-behavioral, Bowenian/family systems, object relations/psychodynamic, structural, and strategic. Examination of cultural diversity and ethical/professional issues in clinical work with couples and families. Must be concurrently enrolled in Psychology 600-C, Psychological Intervention Practicum.

644 Substance Abuse Counseling (3) S. A seminar course that covers major content areas relevant to substance abuse counseling. These include the diagnostics and psychopathology of substance abuse and the clinical assessment of drug and alcohol dependency. The course also covers major models of substance abuse treatment, as well as specific counseling skills for this clinical population. Additional coverage includes the needs of special populations (e.g., women, adolescents, dual-diagnosed). Students must be concurrently enrolled in Psychology 600A, Professional Psychology Practicum.

651 Professional/Ethical Issues in Counseling Psychology (3) SU. This course might begin with a review of models or influences affecting the practice of counseling psychology along with professional organizations. Issues and ethical conflicts addressed would include client rights and confidentiality, dual relationships, proper use of assessment, ethical concerns that arise in various forms of counseling or with special populations, and professional competence and continuing education. Other professional topics to be addressed include supervision and professional relationships in the community, malpractice and legal issues, multicultural concerns, and personal values and awareness including the issue of distress and impairment. In addition to reading and discussion, students will analyze case dilemmas and research areas of professional interest.

699-A Internship: Clinical/Counseling Psychology (3) (Prerequisite: Permission of department) F, S, SU. A practical experience utilizing applied skills with a diversity of problems in a clinical/counseling setting. The many roles of a psychologist are performed in accordance with accepted legal and ethical standards of the profession.

700C Advanced Psychological Consultation/Intervention Practicum (1) S. Students enrolled in PSY 703 must be enrolled concurrently in this practicum. This practicum involves advanced knowledge and skills in interviewing, observation, clinical problem-solving, treatment planning and intervention development, individual therapy, group therapy, direct intervention, and indirect intervention/consultation experiences relevant to the specific course to which the practicum is attached. Students may be assigned to psychoeducational, counseling and/or mental health centers for this experience. Organization development and evaluation activities also are emphasized. A minimum of 50 clock hours is required per practicum.

703 Counseling for Social Justice and Diversity (3). This course is designed to expand the student's awareness of both the cognitive knowledge and skills necessary to effectively interact with and serve culturally diverse populations. There is an emphasis on attitudes and competencies that are important in effective professional relationships. Though the course is not exhaustive in its discussion of diverse populations, it will focus on cultural diversity and those populations who are more likely to be encountered by the students taking the course. This course will examine racial and ethnic identity as well as acculturation status. It will also examine how issues of individual and institutional racism and oppression continue to play out in the mental health of those served.

GUIDELINES FOR YOUR PROGRAM OF STUDY

Advising and Your Advisor

Your letter of acceptance into the Clinical/Counseling Psychology option contains the name of your academic advisor. Each student is required to contact the Coordinator of the Clinical/Counseling option prior to beginning their course of study. Each student also should contact his or her assigned academic advisor upon arrival on campus. Immediate advisement and registration into classes for the current term will be required.

Program of Study

In addition, each new student should work in conjunction with their advisor as soon as possible to discuss their program of study and review the model program outlines on pages 12-13. The program of study will serve as a guide to which courses the student should take in a given term throughout the student's tenure in the program. It is strongly recommended that students adhere to the model program outlines. These programs of study have been developed to allow students to proceed through the program in a 2 Ω- to 3-year sequence (7 to 12 semester hours per term) entering in Fall or Spring. Students should study the program outlines and be aware of the number of credit hours they will be taking in coming semesters, as such could have implications for financial assistance and should be considered in applying for the program. Students should note that enrollment in 6 or more semester hours is considered full-time study in the graduate program. Both the Fall and the Spring sequences require students to be enrolled continuously during every term for the years included in the program, and course prerequisites and sequences must be followed.

Delays in Program Completion

Courses are offered once per year, and if a student does not complete a course (e.g., withdraws), they will likely delay their graduation from the program. Each practicum can be expected to require 50 or more clock hours, and these experiences often must occur during normal, daytime work hours. Students who believe that they may need to take longer than 4 years to complete the program, who cannot be enrolled during every term, who cannot devote 50 or more often daytime

hours to practicum experiences for each Psychology 600, or who cannot commit to a full-time, 6-month internship may need to reconsider their commitment to their studies and to becoming a masters level psychologist.

Students also should realize that certain courses have prerequisite requirements. Again, required courses are offered once per year, and if a student does not complete a course, it will likely delay graduation from the program. For these reasons, it is essential that students work closely with their advisor and discuss their course of study early in their first semester, and that they adhere as closely as possible to the model program outlines (pages 12-13). Only in rare cases is a deviation from the model program outlines approved. Requested deviations must be discussed with the advisor as well as the program coordinator.

Program Progress

Students should monitor their progress through the program and insure that all required courses are completed. To this end, a course checklist is available to assist the student [see page 12 (Fall Entry) or page 13 (Spring Entry)]. In addition to simply monitoring course completion, students also should prepare for internship. To be eligible for internship, the student must meet the requirements described on pages 14-18.

Mid-Semester Advising

Students are required to meet with their academic advisor at mid-semester during each semester that they are enrolled in the program. These meetings will occur during the advising and registration period as delineated in the University calendar. They are intended to facilitate the mentoring relationship between students and advisors and to serve as a forum for discussing the student's experiences in the program thus far, adjustment to life as a graduate student, and professional goals.

CPI Training

In addition to completing the regular course of study, Clinical/ Counseling students are strongly encouraged to participate in the Crisis Prevention Institute (CPI) training that is frequently offered on campus. When offered, this training occurs over the course of two days. There is a nominal fee to participate; the fee is necessary to help cover the cost of materials. Students who complete this training will receive a certificate of

completion (wallet card) and will be able to list this training on their resume.

The purpose of CPI training is to equip students with safe and effective techniques for nonviolent crisis intervention. That is, students will be able to safely manage disruptive and assaultive behavior. The program not only teaches [students] to respond effectively to the warning signs that someone is beginning to lose control, it also addresses how [students] can deal with their own stress, anxieties, and emotions when confronted with these challenging situations (from the CPI website). For more information about this training, or to locate additional training sites, students are encouraged to check out the CPI website at www.crisisprevention.com or to contact their faculty adviser. Additionally, Dr. Crystal Hill-Chapman, who is a CPI instructor, is available to answer questions about this program.

If students are unable to take advantage of this training opportunity, or if the training is not offered on campus, students are encouraged to seek out similar crisis management training offered through other mechanisms. The department faculty will assist in locating such training opportunities whenever possible.

Francis Marion University Catalog and Student Handbook

The Francis Marion University Catalog for the student's year of entry contains the required courses and regulations for each student. Each student should obtain and keep a copy of this catalog for the duration of his or her tenure in the MSAP Program. Copies of the Catalog are available in the Registrar's Office and the Psychology Department Office. It is the student's responsibility to be familiar with and adhere to all regulations, requirements, and deadlines specified in the Catalog. Failure to adhere to requirements or to meet deadlines can delay or endanger graduation from the program.

Students also should obtain a copy of the FMU Student Handbook. Copies can be obtained from Student Affairs or from the internet (www.fmarion.edu/students/handbook). Students should be aware of their rights and responsibilities, as well as the FMU Code of Student Conduct as outlined in the Handbook. Students are expected to adhere to all guidelines set forth in the Handbook. Students failing to do so may be referred to the Dean of Students for disciplinary action, and additional disciplinary action also may be taken within the Psychology Department.

MSAP CLINICAL/COUNSELING PROGRAM OF STUDY

SPRING ENTRY

FIRST YEAR

SPRING TERM (6 hours)

_____	PSY 620	Psychopathology	(3)
_____	PSY 632	Quantitative Psychology	(3)

SUMMER TERM (9 hours)

_____	PSY 605	Personality and Social Psychology (Summer II)	(3)
_____	PSY 634	Developmental Psychology (Summer I)	(3)
_____	PSY 635	Learning and Cognition (Summer II)	(3)

SECOND YEAR

FALL TERM (8 hours)

_____	PSY 644	Substance Abuse Counseling	(3)
_____	PSY 600A	Professional Psychology Practicum	(1)
_____	PSY 610	Interviewing, Observation, and Case Formulation	(3)
_____	PSY 600C	Practicum: Intervention	(1)

SPRING TERM (8 hours)

_____	PSY 630	Psychological Assessment: Intelligence and Achievement Testing in Clinical/Counseling Psychology	(3)
_____	PSY 600B	Practicum: Assessment	(1)
_____	PSY 636	Individual Counseling and Psychotherapy	(3)
_____	PSY 600C	Practicum: Intervention	(1)

SUMMER TERM (7 hours)

_____	PSY 651	Professional/Ethical Issues of Counseling Psychology (Summer I)	(3)
_____	PSY 700C	Practicum: Consultation/Intervention (Summer II)	(1)
_____	PSY 703	Counseling for Social Justice and Diversity (Summer II)	(3)

THIRD YEAR

FALL TERM (11 hours)

_____	PSY 602	Biological Basis of Behavior	(3)
_____	PSY 639	Career and Lifestyle Counseling: Theory and Practice	(3)
_____	PSY 600B	Practicum: Assessment	(1)
_____	PSY 643	Couple and Family Therapy	(3)
_____	PSY 600C	Practicum: Intervention	(1)

SPRING TERM (8 hours)

_____	PSY 631	Psychological Assessment: Personality and Psychopathology	(3)
_____	PSY 600B	Practicum: Assessment	(1)
_____	PSY 633	Group Counseling and Psychotherapy	(3)
_____	PSY 600C	Practicum: Intervention	(1)

SUMMER TERM (3 hours)

_____	PSY 699A	Internship: Clinical/Counseling Psychology	(3)
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TOTAL PROGRAM HOURS:

60

NOTES: * PSY 610 is a prerequisite to PSY 630, 633, 636 and 643.

*PSY 610 and PSY 630 are prerequisites to PSY 631, and 639. PSY 630 is a corequisite to PSY 636.

MSAP CLINICAL/COUNSELING PROGRAM OF STUDY

FALL ENTRY

FIRST YEAR

FALL TERM (8 hours)

_____	PSY 600A	Professional Psychology Practicum	(1)
_____	PSY 644	Substance Abuse Counseling	(3)
_____	PSY 600C	Practicum: Intervention	(1)
_____	PSY 610	Interviewing, Observation, and Case Formulation	(3)

SPRING TERM (11 hours)

_____	PSY 620	Psychopathology	(3)
_____	PSY 630	Psychological Assessment: Intelligence and Achievement Testing in Clinical/Counseling Psychology	(3)
_____	PSY 600B	Practicum: Assessment	(1)
_____	PSY 636	Individual Counseling and Psychotherapy	(3)
_____	PSY 600C	Practicum: Intervention	(1)

SUMMER TERM (9 hours)

_____	PSY 605	Personality and Social Psychology (Summer I)	(3)
_____	PSY 634	Developmental Psychology (Summer I)	(3)
_____	PSY 635	Learning and Cognition (Summer II)	(3)

SECOND YEAR

FALL TERM (11 hours)

_____	PSY 602	Biological Basis of Behavior	(3)
_____	PSY 639	Career and Lifestyle Counseling: Theory and Practice	(3)
_____	PSY 600B	Practicum: Assessment	(1)
_____	PSY 643	Couple and Family Therapy	(3)
_____	PSY 600C	Practicum: Intervention	(1)

SPRING TERM (11 hours)

_____	PSY 631	Psychological Assessment: Personality and Psychopathology	(3)
_____	PSY 600B	Practicum: Assessment	(1)
_____	PSY 632	Quantitative Psychology	(3)
_____	PSY 633	Group Counseling and Psychotherapy	(3)
_____	PSY 600C	Practicum: Intervention	(1)

SUMMER TERM (7 hours)

_____	PSY 651	Professional/Ethical Issues of Counseling Psychology (Summer I)	(3)
_____	PSY 700C	Practicum: Consultation/Intervention (Summer II)	(1)
_____	PSY 703	Counseling for Social Justice and Diversity (Summer II)	(3)

THIRD YEAR

FALL TERM (3 hours)

_____	PSY 699A	Internship: Clinical Psychology	(3)
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TOTAL PROGRAM HOURS:

60

NOTES:

*PSY 610 is a prerequisite to PSY 630, 633, and 643.

*PSY 610 and PSY 630 are prerequisites to PSY 631 and 639

*PSY 610 is a prerequisite and PSY 630 a corequisite to PSY 636.

PRACTICUM AND INTERNSHIP GUIDELINES

Practicum Experiences

Applied courses within the Master of Science in Applied Psychology, Clinical/Counseling option require that students concurrently complete a practicum experience; each practicum is worth one semester hour of course credit. Each practicum requires that students accrue a minimum of 50 clock hours of applied experience. Students maintain a log of their practicum hours (see Appendix); these logs are reviewed by the practicum course (PSY 600) instructor, who will place the logs in the student's file within the Psychology Department. It is the goal of the MSAP faculty to offer stimulating practicum opportunities that, as a whole, will provide students with a breadth of training and clinical experiences. Practicum experiences could consist of any of a number of training opportunities, such as conducting interviews with undergraduate students on campus, shadowing a mentor at a community mental health agency, or helping to facilitate groups at an institution.

Practicum placements and assignments are coordinated by the Practicum Coordinator within the Psychology Department, who works with faculty members and students to facilitate appropriate placements. If a practicum experience requires external, community placement at an agency or institution, MSAP faculty will work with students to arrange a suitable placement. If a student has certain criteria that must be taken into account, such as travel distance or time of day, the student may need to take a more active role in investigating suitable placements. Supervision at the practicum site must be provided by a person with at least a master's degree in psychology or a related, mental health field.

Prior to beginning work at an external, community-based practicum placement, students are to complete an Agency Agreement Form (see Appendix X) with their site supervisor. Additionally, site supervisors must submit a Practicum Placement Evaluation Form (see Appendix X) by the end of the semester. Finally, students are asked to evaluate their practicum placement at the end of the semester using the Practicum and Internship Experience Evaluation form (see Appendix X). It is the responsibility of the practicum course (PSY 600) instructor to collect these

documents and place them in the student's file within the Psychology Department.

Internship

Fulfillment of the requirements for the Master of Science in Applied Psychology requires completion of an appropriate internship. The internship in the clinical/counseling option involves a structured and supervised experience in an applied clinical/counseling setting. The FMU Catalog reads: A practical experience utilizing applied skills with a diversity of problems in a clinical/counseling setting. The many roles of a psychologist are performed in accordance with accepted legal and ethical standards of the profession. It is understood that a student working toward a master's degree must perform clinical functions under the supervision of an appropriate, credentialed professional.

Students are expected to earn a minimum of 600 hours of supervised clinical experience during their internship placements; however, students frequently earn more than 600 hours of supervised clinical experience. This expected number of hours includes all activities performed at the internship site and as part of their internship training (e.g., supervision, case preparation, observation, testing, report writing, case presentation). At least 40% of the first 600 student hours (240 hours) must be in direct contact with clients (e.g., intervention, assessment).

The internship is intended as a capstone to the student's coursework in the Applied Psychology program and serves as a bridge, or transition, to the responsibilities of employment at the master's level in clinical/counseling psychology. Students are advised that completion of this requirement will require planning on their part so as to be available for a full-time, daytime internship placement toward the end of their course of study. This may necessitate a job change or arranging for a leave of absence from employment. If extenuating circumstances arise, a student may, with approval of the Internship Coordinator and the clinical faculty, obtain a part-time internship placement. During the internship, students are enrolled in an accompanying monthly on-campus seminar in conjunction with PSY699-A, Internship: Clinical Psychology, which typically meets the third Friday of each month from 12:00-3:00 p.m. Students on internship are not enrolled in practicum. Admission to Psychology 699-A is by permission of the Department.

Each clinical/counseling internship is an individualized agreement matching the student's interests and capabilities with an appropriate placement site. The student will work with the Internship Coordinator to arrange an appropriate placement. The student will file an approved Agency Agreement form (see Appendix A) with FMU's MSAP program describing the internship position, including a job description, expected activities, and supervision arrangements. Although no one site can offer everything, the ideal site will offer a variety of opportunities for the student to become engaged in both assessment and therapeutic functions. The assessment function would include psychosocial interviews as well as more formal assessments, such as intelligence and personality testing, career interest inventories, behavioral assessment, and achievement testing. The therapeutic function should include both individual and group interventions. Examples include: individual counseling, behavioral programming, structured and unstructured groups, and couple or family therapy. Other internship activities include participation in staff conferences, in-service training, program development and evaluation, and research.

In most cases the student's experience will have been specifically designed by the agency as an internship. On occasion, a student's current employment might be expanded so as to constitute an appropriate internship. Critical to the approval of such an arrangement would be the agency's willingness to allow some added diversity to the student's typical job description and reduction in regular duties to allow for additional learning.

In addition to the nature of the position and experiences provided, quality of supervision is seen as critical to the internship. Primary supervision at the site must be provided by a supervisor with a Ph.D. in psychology, a master's degree in psychology, or by consent of the Department. It is recognized, and in fact encouraged, that the student also will have contact with individuals in other disciplines. The primary supervisor should provide at least one hour per week of individual face-to-face supervision along with any group supervision. Generally, an internship in a solo private practice would not be approved, as it does not provide exposure to a variety of clinicians or to a human service organization.

It is helpful for students to think about prospective sites long before it is time to begin their internships. No student should presume that their present employment

will count as an internship, nor should they make arrangements with an agency without speaking with the Internship Coordinator.

There are a number of advantages of the internship program for the agency or placement site. These include outside stimulation of clinical staff, possible University consultation, and obtaining a human service worker operating at the master's level at a fraction of cost. Agencies understandably evaluate interns as potential future employees. Agencies are asked to provide modest funding for the intern that will allow him or her at least minimal support during the internship. When funded, internship stipends have typically ranged from \$1,000 - \$2,000 per month. Needless to say, the MSAP program cannot guarantee paid internships. Most recently, about half of the internship students in the program received compensation; some students chose unpaid internships in order to train at a specific agency or with a specific clinical population. The Department prefers that all students receive a funded internship placement, but funded internships are not guaranteed.

Students are encouraged to start thinking about their interests and career goals early on in the graduate program. Such preparation will allow them to coordinate their course electives and practicum experiences so as to be prepared for an internship position. Three types of internship placements might be enumerated; these differ mostly in terms of population served and specialized knowledge required:

Adult Medical/Psychiatric Settings. The required clinical/ counseling courses perhaps best prepare students for this setting. These settings include mental health agencies, substance abuse treatment facilities, and rehabilitation counseling sites.

Child/Family Mental Health. Students who expect to work in the child and family area should consider enrolling in a course such as PSY 615, Child/Adolescent Psychopathology, and/or PSY 714, Child/Adolescent Counseling and Therapy. Such courses also are appropriate for those who would like to work in the Department of Social Services or in the school system as a behavioral health counselor.

Mental Retardation/Developmental Disabilities. Consistently, there are students who have sought experience working with autistic and developmentally disabled individuals. Students expecting to work in this area should take PSY 601, Psychology of Intellectual

and Neurodevelopmental Disabilities, and PSY 604, Behavioral Assessment and Intervention.

Although it might seem difficult to plan your electives, faculty advisors will assist you in formulating your schedule. Be aware that PSY 639 and the accompanying PSY 600B are required for LPC licensure in SC; therefore, most students enroll in PSY 639/600B to fulfill their elective requirement. In addition to coursework, most internship sites will look for some applied experiences relevant to that setting.

In order to assure that the student functions as much as possible as a master's level professional during their internship, the program requires that interns have completed all of their courses prior to beginning their internship placement. It must be stressed that the ability to enroll in internship is by Department permission. Students who do not engage in prior planning may be requested to complete additional coursework and/or practica before being permitted to enroll in Internship. In rare cases, a student may need to request permission to take one course while on internship; if such extenuating circumstances arise, a student may apply for permission to take one, non-applied course while on internship. The student must seek permission from the Internship Coordinator and the Coordinator of the Clinical/Counseling option.

Schedule and Procedures

The Internship Coordinator is the faculty member assigned to organize and supervise internships from the departmental standpoint. This coordination involves staying in contact with the interns and monitoring their progress, leading the internship seminar (PSY 699-A), arranging meetings with the various interns' agency supervisors, and keeping up with documentation and grading of the internship experience. Students are encouraged to begin a dialogue with the Internship Coordinator regarding possible internship experiences beginning early in their course of studies. Early in the semester prior to the one in which the student expects to intern, the student should meet with the Internship Coordinator to discuss internship interests and possible sites. The usual procedure would be for the student to develop a resume or curriculum vitae (CV) to be used for applying to internship positions. This document would include their standing in the Master's program, related coursework, graduate practica, and work experiences. The Coordinator would then arrange for the student to have one or more interviews with area placement sites. As agencies have the right to refuse

applicants, the program cannot guarantee a specific internship placement. The program will certainly assist you in your preparation, presentation, and in arranging interviews. In the case of expanded employment, the supervisor will help the student develop a plan to meet internship requirements and assist the student in presenting it to the employer.

Internship Placement Sites

FMU has developed working relationships with various internship placement sites within the Pee Dee region of South Carolina. Students should expect to complete their internship experiences at sites that already have working relationships with FMU. The clinical/counseling faculty have worked to develop a network of internship sites at various mental health agencies, and some of these sites anticipate working with FMU interns each year. Therefore, we expect students to complete their internships at one of these sites.

The list of available sites within the network varies each year according to agencies' state and federal monies and budget limitations, as well as the availability of supervisors and clinical activities. The Internship Coordinator works to maintain a working list of all potential internship sites; this list is continually updated. The Coordinator will notify upcoming interns about the available internship sites and will provide the information necessary for beginning the interview and placement process.

Under rare or extenuating circumstances, a student may need to seek an internship placement outside of FMU's already established internship network. In these cases, students are required to discuss their needs with the Internship Coordinator as soon as possible, and the student will be expected to initiate the search for an internship site under the guidance of the Coordinator. Once the student locates a potential internship site that meets the criteria described in this Handbook, the student will request that the Internship Coordinator follow up with potential supervisors and agency personnel to finalize the arrangement.

Internship Agreement

Once there is an approved match between the student and an agency or placement site, the student must develop an internship Agency Agreement with input from the Internship Coordinator and agency supervisors (see Appendix). This contract will specify dates of service, a description of the internship

position, supervisory arrangements, and funding. This contract must be approved by the Internship Coordinator, the Coordinator of the Clinical/Counseling option, and the agency representatives.

The FMU Internship Coordinator will advise students as to when they should register for PSY 699-A, and the Internship Coordinator also will finalize the details regarding the dates when the internship will actually begin and end. The date for beginning an internship will depend not only on completion of coursework but also on agency considerations (e.g., supervisor's schedule, fiscal year).

Insurance, Resources and Graduation

Students in the MSAP program are strongly encouraged to seek out liability insurance in conjunction with their practicum and applied work experiences in the unlikely event that a malpractice suit is brought against them. Moreover, some practicum and internship sites will only accept students who have obtained their own liability insurance policies. Such student liability insurance is available from various organizations, including those listed below. These programs offer individual student coverage on for a modest premium. Rates are estimates and are current as of June 2012.

- * American Psychological Association Insurance Trust (APAIT; www.apait.org) --> \$55/year for student APA membership + \$35/ year insurance through APAIT
- * American Counseling Association Insurance Trust (ACAIT; www.counseling.org/Students) --> ACA membership is \$92 for the length of the student's graduate program and includes liability insurance
- * North American Association of Masters in Psychology (NAMPA; www.enamp.org) --> \$23-\$35/year
- * Health Providers Service Organization (HPSO; www.hpso.com) --> SC rate approx. \$37/year
- * American Professional Agency (www.americanprofessional.com) --> \$23-41/year

The Coordinator of the Clinical/Counseling option can assist you with applying for insurance. Internship students not covered by the placement agency while on internship will be required to obtain such insurance. It is the intern's responsibility to check with the internship site regarding insurance coverage available at that site; however, the optimal arrangement is for interns to carry their own policy in addition to

whatever coverage might be provided by their placement site.

While students are enrolled in the MSAP program, they are covered to a degree by FMU liability insurance policies as long as they are performing duties within the scope of the University and without criminal intent. However, despite the existence of this university insurance coverage, it is nonetheless strongly recommended that students carry their own liability insurance policies so that they may have adequate protection in the case of an investigation, ethical complaint, or lawsuit.

Interns should be aware that in fulfilling the duties of their agency position as intern, they have the support and resources of the MSAP program. This support includes, for example, assessment resources and consultation with faculty members. Internship students are also still responsible to the Department. Most importantly, they should maintain frequent contact with the Internship Coordinator and consult other faculty when appropriate. The Internship Coordinator should be made aware of any potential problems (e.g., conflict in the supervisory relationship, infrequent or inadequate supervision, delay in payment by the placement site). Needless to say, the student also is responsible for maintaining ethical standards (APA Ethical Principles and Code of Conduct; South Carolina Confidentiality Act; SC Code of Regulations and Code of Ethics, Chapter 36). Other responsibilities include: participation in the internship seminar, maintaining internship logs, documenting activities, appropriate use of departmental resources (e.g., library, scoring software), and presentation of work samples. The latter may be used to better prepare students for the customary processes used in various types of credentialing.

Students do receive a grade in PSY 699-A. This grade is based on their participation in the seminar, timely and thorough completion of internship logs of their activities (see Appendix), presentation of their work samples, their ethical and professional behavior at the internship site and in PSY 699-A, and their performance at the site, including motivation and work ethic as reported by their supervisors. If necessary, the Internship Coordinator meets with the intern and agency supervisors approximately halfway through the internship. At the completion of the internship, the primary agency supervisor is asked to provide a summary evaluation of the student's performance on internship (see Appendix). The Internship Coordinator

will place written documentation regarding the internship and the supervisor's evaluation in the student's permanent file within the Department; this file includes original admissions material, a final transcript, practicum placement documents and logs, and internship records. At the completion of their internship experience, students are asked to complete the Internship Experience Evaluation Form (see Appendix) to provide the MSAP program faculty with feedback regarding the quality of their internship experience. Also at the completion of internship, students are asked to complete the MSAP Program Evaluation form (see Appendix) in order to provide feedback to the MSAP program faculty regarding the quality of their experiences in the program as a whole. Efforts are made to insure that the student's MSAP Program Evaluation form is kept confidential and anonymous. The student's responses will not be made available to faculty members until after the student's graduation, unless the student wishes that their feedback be made available sooner. The Internship Coordinator, with assistance from the departmental Administrative Associate, will place these forms in the student's file within the Psychology Department.

Once a student has completed the internship experience and the Internship Coordinator has assigned the student a grade for PSY 699-A, the student's FMU transcript will indicate that the student has completed all requirements for the fulfillment of the Master of Science degree in Applied Psychology. The student is eligible to participate in the next FMU commencement exercises, which are held both in the Fall and Spring. The student's official graduation date is the date of the commencement exercises.

Application for Graduation

All candidates for graduation must complete a formal application for graduation during the semester they expect to graduate. These forms are available in the Psychology Department from the Administrative Associate, and they are due to the Registrar's office by October 1 for fall graduation and by March 1 for spring graduation. The student applying for graduation must obtain the form from the Psychology Department office, complete it, and turn it in to the departmental Administrative Associate at least one week prior to the deadline so that the form can be approved and appropriate signatures can be obtained. For additional information or for assistance, please contact the departmental Administrative Associate at 661-1641.

Recording Clinical Hours for Practicum and Internship

Students are required to log their practicum and internship hours on the appropriate paper logs, which must be downloaded from fmuppsychology.com (specifically: <http://fmuppsychology.com/graduate-studies/programs/clinicalcounseling-psychology/>, at the bottom of the page). In addition, students may log their hours using the Time2Track system so that they will have a digital, online record of their clinical experiences.

The online system may be accessed at www.Time2Track.com. In addition, Time2Track offers a mobile app for quick and convenient entry of clinical hours. Time2Track is free for FMU students. To create your Time2Track account:

- * Go to www.Time2Track.com.
- * Select Francis Marion University - Clinical Psychology Program
- * Use the authorization key assigned to our program. You may obtain this key code from any of the clinical psychology faculty members.

APPLYING FOR LICENSURE IN SOUTH CAROLINA

Successful graduates of the M.S. program in Applied Psychology, Clinical/Counseling Option, are eligible to apply for licensure as a Licensed Professional Counselor (LPC) in the state of South Carolina. Students wishing to practice in another state will need to research licensure requirements for that state, as licensing laws vary from state to state. Note: The information below is intended to serve only as a guide; each student is responsible for researching the most current regulations regarding licensure and for consulting the licensing board for guidance.

South Carolina LPC licensure is offered through the Department of Labor, Licensing, and Regulation (LLR) and is administered and monitored by the Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, and Psycho-Educational Specialists. The website can be accessed at www.llr.state.sc.us/pol/counselors. From the website: The mission of the Board is public protection. This is accomplished by licensing qualified professionals. The Board provides licenses for professional counselors, marriage and family therapists, and psycho-educational specialists who have received appropriate education, experience and have passed prerequisite examinations. The Board investigates complaints and takes disciplinary action as appropriate.

Licensing laws dictate what titles a professional may/may not use in their professional work, as well as limitations to the scope of practice within a certain profession or for specific types of professionals. It is the student's responsibility to be fully aware of licensure laws and regulations within the state where they plan to practice.

In South Carolina, there currently is no master's-level license available in the field of psychology. This lack of a psychology license is due, in part, to the American Psychological Association's (APA) failure to recognize and accredit master's-level psychology programs. Most states do not offer a master's-level psychology license. Fortunately, South Carolina does offer the LPC license, and graduates of the FMU MSAP program meet the educational qualifications necessary to apply for this license. The licensure qualifications can be found on the Board of Examiners' website listed above.

LPC-I Application

To become an LPC, graduates must first apply for an LPC-Intern license. The Center for Credentialing and Education (CCE; www.cce-global.org) handles the application process for SC LPC licensure. Students are encouraged to contact the LPC licensing board with all questions and for clarification as needed. It is important to begin a dialogue with them prior to graduating from the program. According to the licensing laws (SC 36-04 and 36-04.1), the steps for applying for LPC-I licensure include the following, and more specific information can be found in the regulations (36-04 and 36-04.1), available on the LLR website:

3604. General Licensing Provisions for Professional Counselor Interns.

An applicant for initial licensure as a professional counselor intern must:

- 1) submit an application on forms approved by the Board (provided by CCE), along with the required fee;
- 2) submit evidence of successful completion of a graduate degree with a minimum of forty-eight (48) graduate semester hours. On the graduate transcript the applicant must demonstrate successful completion of one 3-hour graduate level course in each of the following areas:
 - a) Human growth and development;
 - b) Social and cultural foundations;
 - c) Helping relationships;
 - d) Groups;
 - e) Lifestyle and career development;
 - f) Appraisal;
 - g) Research and evaluation;
 - h) Professional orientation;
 - i) Psychopathology;
 - j) Diagnostics;
 - k) Practicum (a minimum of one, supervised 150-hour counseling practicum);
- 3) submit evidence of a passing score on an examination approved by the Board (typically the National Counselor Exam [NCE]);
- 4) submit a supervision plan, satisfactory to the Board, designed to take effect after notice of a passing score on the required examination.

3604.1. Specific Training Required for Interns to Assess and Treat Serious Problems as Categorized in Standard Diagnostic Nomenclature.

In order for any person licensed as an LPC-I to assess and treat serious problems as described in standard diagnostic nomenclature (i.e., the DSM), an LPC-I must have satisfied the following requirements:

- 1) In addition to the academic course requirements outlined in Section 3604 (as listed above), obtained a minimum of 3 graduate semester hours in Psychopathology. This course must provide an understanding of psychopathology, abnormal psychology, abnormal behavior, etiology dynamics, and treatment of abnormal behavior;
- 2) In addition to the academic course requirements outlined in Section 3604 (as listed above), obtained a minimum of 3 graduate semester hours in Diagnostics. This course must provide an understanding of the diagnostics of psychopathology;
- 3) Completed a practicum as part of a degree program, as required in Section 3604 (as described above), that dealt directly with the assessment and treatment of more serious problems as categorized in standard diagnostic nomenclature (i.e., the DSM);
- 4) Completed an internship of at least 600 hours under the supervision of a qualified licensed mental health practitioner where experience assessing and treating clients with the more serious problems as categorized in standard diagnostic nomenclature is obtained.

LPC Application

The licensing provisions to become an LPC include the following (SC 36-05):

36-05. General Licensing Provisions for Licensed Professional Counselors.

An applicant for licensure as a professional counselor must:

- 1) submit an application on forms approved by the Board (provided by CCE), along with the required fee;

- 2) hold a current, active, and unrestricted LPC-I license;
- 3) submit evidence satisfactory to the Board of a minimum of 2000 hours of supervised clinical experience in the practice of professional counseling performed over a period of not less than 2 years under the supervision of an LPC-S (LPC-Supervisor) or other qualified licensed mental health practitioner as provided in Section 3605.1. The experience must include a minimum of 1500 hours of direct counseling with individuals, couples, families, or groups and a minimum of 150 hours spent in immediate supervision with the LPC-S, including 100 hours of individual supervision and 50 hours of either individual or group supervision. A maximum of 500 hours of experience gained prior to the award of a graduate degree may be included in the total required experience;
- 4) submit evidence that the supervision plan has been completed, including a recommendation by the LPC-S, on forms approved by the Board.

The National Counselor Exam

Graduates will need to take the National Counselor Exam (NCE) to apply for LPC-I licensure in South Carolina. Upon graduation (i.e., the date of your commencement ceremony), you may begin the licensure application process, although you are strongly encouraged to begin completing the paperwork and conversing with the Board prior to graduation. The SC Board of Examiners for Licensure of Professional Counselors will permit you to take the NCE once you have begun the licensure application process and have fulfilled the criteria for taking the exam. Information about the NCE, including an order form for the NCE Preparation Guide, can be obtained from the website of the National Board for Certified Counselors (www.nbcc.org/NCE/).

Our students are extremely successful in passing the NCE. Our current passing rate is 100%. Students report that they use the NCE Preparation Guide and Rosenthal's Encyclopedia of Counseling to help them prepare for the exam. The NCE Preparation Guide may be purchased at www.nbcc.org/NCE/, and the Encyclopedia of Counseling is available from most major retailers, including Amazon and Barnes & Noble. Rosenthal's Encyclopedia has ancillary materials, such as CDs, also available for purchase.

ETHICAL STANDARDS AND STUDENT CONDUCT

As professionals who are being trained for careers in the mental health field, students are expected to adopt the student role and to exhibit competence, maturity, and willingness to learn the skills and mindset of a professional, effective counselor, as determined by FMU MSAP faculty. Students must be mindful of the section entitled “Ethical Standards, Honor Code, and Code of Student Conduct” in the 2016-2017 FMU Catalog.

In addition, clinical/counseling graduate students must:

- possess the academic qualifications necessary for effective practice. Admissions criteria for entry into the program help ensure that students are academically prepared to begin their graduate studies. Coursework requirements and performance assessments throughout the program help to insure that students are performing academically at an appropriate level.
- exhibit the demeanor and behaviors consistent with an openness to learning, both in the classroom and during applied experiences. This expectation includes consistent participation in role-play and other learning activities, thoughtful responding to feedback, regular completion of assigned readings and homework and other tasks involved in preparing for class, contributing to classroom discussions, consideration of theoretical and clinical approaches that differ from those with which the student may enter the program, and actual implementation of these new approaches in classroom activities and during practica and internships. In addition, students must exhibit openness to receiving feedback from faculty and off-campus clinical staff regarding all aspects of the student role and professional development.
- show a willingness to accrue training experiences that will facilitate professional growth. Students may be required to participate in training experiences outside of their comfort level in order to expand or develop their areas of competence.
- display a mature level of personal adjustment and self-awareness, including emotional stability, appropriate interpersonal boundaries, and adaptive

coping skills. This expectation includes seeking consultation with one’s advisor to: (a) help resolve problems in engaging fully in the MSAP program or in professional relationships with faculty, staff, other students, or off-campus clinical staff; (b) address difficulties participating in practica and internships; (c) deal with problems associated with learning new skills. Students also are encouraged to seek additional support (e.g., counseling services for themselves) if it is believed that such assistance will benefit the student and his/ her professional development as a master’s level psychologist.

- show a respect for client diversity and the willingness to explore personal issues in any area that may negatively impact clinical work with clients. Students are expected to maintain the highest 18 | Francis Marion Psychology Handbook level of professionalism in regard to diversity. According to Principle E of the APA Ethical Principles of Psychologists and Code of Conduct, students are expected to be “aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.” (Principle E wording obtained from www.apa.org.)
- take responsibility for their education and clinical training, as evidenced by their knowledge of all program requirements and expectations in this Handbook and the FMU Catalog, and proactive completion of all forms and administrative tasks necessary for successful participation in the MSAP program. Students are expected to exhibit initiative and conscientiousness regarding program requirements, University policies and procedures, and professional standards as outlined below.

Psychology Department faculty members monitor students’ performance in the program, in part by means of semester grades and behavioral evidence of appropriate adjustment and professional conduct (e.g., performance in practica, observations of interactions with faculty members, classmates, and clients). In

general, it is the faculty members' responsibility to ensure that MSAP graduates have the skills, attitudes, and professional behaviors that indicate that graduates: (a) will not endanger their clients' physical and mental health and (b) will implement approaches known to be associated with successful therapeutic outcomes. If at any time it becomes apparent that satisfactory progress is not being made toward these goals, the student's advisor will inform the student and suggest appropriate steps for remediation.

Students are expected to maintain the highest level of ethical and professional behavior and to adhere to the American Psychological Association's (2002) Ethical Principles of Psychologists and Code of Conduct and the American Counseling Association's (2005) Code of Ethics. Students can obtain a copy of these principles on-line at www.apa.org/ethics and www.counseling.org. These standards will be discussed throughout the MSAP program, and students will be expected to adhere to them throughout their training and beyond. As Licensed Professional Counselors in training, students also are expected to adhere to the SC Code of Regulations and Code of Ethics for LPCs. These standards can be obtained from the SC Department of Labor, Licensing, and Regulation ([www.llr.state.sc.us/POL/Counselors; under Laws/Policies](http://www.llr.state.sc.us/POL/Counselors;underLaws/Policies)). In addition, students should refer to the "Student Rights and Responsibilities" section of the FMU Catalog and the FMU Student Handbook. In these and subsequent sections students will find important information concerning standards of student conduct and other important University policies.

If a student violates the American Psychological Association's (2002) Ethical Principles of Psychologists and Code of Conduct, the American Counseling Association's (2005) Code of Ethics, the SC Code of Regulations and Code of Ethics for LPCs, and/ or the standards of conduct outlined in this Handbook and the FMU Student Handbook, the student's Advisor and clinical faculty members will meet with the student, as described below, to discuss the incident and determine the appropriate action, which may include steps for remediation. Additionally, faculty members may refer students to the FMU Dean of Students for appropriate action. For students: (a) who repeatedly and intentionally violate ethical standards and guidelines for professional conduct and/or (b) for whom repeated efforts at remediation have been unsuccessful in improving the student's ethical and professional behavior, the faculty reserve the right to dismiss a student from the MSAP program.

Remediation for Impaired Students

If a student's behavior appears to be interfering with his/her ability to function competently in the academic or professional arenas, the relevant clinical faculty members will speak with the student and investigate the nature and extent of the impairment with the goal of developing plans for remediation. Factors that may contribute to student impairment include, but are not limited to: serious emotional/psychological difficulties, chemical abuse/dependence, boundary violations with clients (including sexual intimacies), conviction of a felony, or negligent, unethical, or otherwise unprofessional conduct. Concerns regarding possible student impairment may be voiced by the student's peers, professors/ instructors, or supervisors and will initially be made known to the student's advisor, the Clinical/Counseling Option Coordinator, and the Practicum/Internship Coordinator (if necessary). The faculty member(s) will meet with the student to discuss the concerns and develop goals and a plan for remediation in collaboration with the student. Initial plans for remediation may include additional coursework, practicum experience, or more intensive supervision. Faculty members also may refer students to the FMU Dean of Students for appropriate action. For more severe impairments (including multiple ethical infractions or a pattern of incidents of impairment), personal psychotherapy, a leave of absence from the program, or dismissal from the program will be considered, subsequent to initial efforts at remediation.

A remediation plan will be developed by the relevant faculty member(s) and student. This plan will describe the incident or issue, the discussion with the student, and the plan for remediation. The plan will be signed by the faculty member(s) and student and placed in the student's file in the Psychology Department. Once the plan for remediation has been successful in the opinion of the relevant faculty member(s) and the Clinical/Counseling Option Coordinator, then the matter will be considered resolved. The remediation plan will remain in the student's Psychology Department file as documentation of the incident and as evidence that the student successfully carried out the remediation plan

Dismissal from the Program for Ethical Violations and Appeal Process

The 2016-2017 Catalog outlines the processes for dismissal from graduate programs, as well as the steps

that students may undertake to appeal the dismissal decision.

Students who have been dismissed for violations of professional ethical principles may first appeal to the department's admission Francis Marion Psychology Handbook | 19 selection committee by submitting a typed letter addressed to the department chair. This letter should explain why readmission is warranted and clearly explain any extenuating circumstances that should be considered. The department chair will then convey the appeal decision to the student in writing

If the appeal for readmission is denied, then a final petition for readmission may be made to the Provost. The decision of the Provost is final.

UNIVERSITY ACADEMIC INFORMATION

It is important that, upon entering the Master of Science in Applied Psychology Clinical/Counseling program, you obtain a Francis Marion University Catalog for the year of your entry. All FMU academic information as it pertains to you, a graduate student, will be covered in that catalog. Students are expected to be aware of information contained in the Catalog pertaining to graduate students.

FINANCIAL ASSISTANCE DEPARTMENTAL ASSISTANCE

The Psychology Department offers several scholarships and assistantships, which are available on a competitive basis. These are described below. Students must complete an application (available in the Department office) and submit it by the application deadline to indicate their interest in receiving one of these scholarships and/ or assistantships.

All applications returned by the specified deadlines will be reviewed for academic merit by the Psychology Department faculty. Determination of merit includes consideration of academic performance at the applicant's baccalaureate institution and, for currently enrolled graduate students, in the MSAP program. For the PSY 216 teaching assistantships, potential for effective instruction is an additional consideration.

Scholarships

The Department has a limited number of \$250 scholarships available to graduate students enrolled in the MSAP program. Out-of-state students who receive a scholarship in the amount of \$250 or more per semester are eligible to receive a waiver of out-of-state tuition. Awards made in the spring and used toward that spring semester's tuition also can apply toward the subsequent summer semester's tuition. Both in-state and out-of-state students are considered for these awards, and award decisions are based solely on academic merit. These scholarships are renewable for 6 consecutive semesters (i.e., 3 academic years) or for a period of time approved by the Department, contingent upon continuous enrollment in the MSAP program and satisfactory progress in the course of study. A student may receive a scholarship through the first semester in which he/she is enrolled in 699-A (i.e., the scholarship no longer applies during the semester in which an Incomplete grade for 699-A is carried over, because the student is technically not enrolled in any classes during that semester). To apply for one of these scholarships, new students must complete the Application for Departmental Scholarships and Assistantships and submit it by March 15th for fall semester decisions and October 15th for spring semester decisions. Continuing students, even if they have already obtained a scholarship, must complete the form and submit it by January 30th for fall semester decisions and August 30th for spring semester decisions.

Assistantships

Various assistantships are available to students enrolled in the MSAP program. All assistantships entail approximately 20 hours of work per week. Assistantships typically available within the Psychology Department include.

Psychology Department assistantships. Students who receive these assistantships serve as front desk assistants in the Psychology Department. Duties include assisting the departmental Administrative Associate with tasks related to running the undergraduate and graduate programs as well as assisting faculty members in the Psychology Department. (\$3500 per semester).

PSY 216 teaching assistantships. Students who serve as teaching assistants run lab experiences for the undergraduate PSY 216 course. Duties include delivering lectures, running research lab experiences, one-on-one interactions with undergraduate students, and grading student assignments. (\$4000 per semester).

Richardson Center for the Child. The student placed at the Center for the Child assists with administrative tasks involved in running the research, clinical, and childcare components of the Center. (\$3500 per semester).

Assistantships outside of the Psychology Department may include those listed below. Information regarding additional assistantships will be made available via email and in the Department office as such opportunities arise. In addition to the assistantships listed below, we also occasionally secure placements with the Housing Office, the Registrar's Office, and the ARCH program, to name a few examples. We continually seek additional assistantship opportunities for our students.

FMU Office of Counseling and Testing. The graduate assistant placed at the Office of Counseling and Testing helps manage the daily tasks involved in running the office as well as assists Dr. Rebecca Lawson and Ms. Yulaundra Heyward with support activities involved in their teaching and clinical activities. (\$3500 per semester).

FMU Student Health Service. The Student Health Service graduate assistantship is largely a clerical position. The assistant's duties include scheduling appointments, filing, and assisting with immunization forms. The graduate assistant supports the Coordinator of Health Services with any needed tasks. No patient care is involved, and there is no risk of blood exposure. (\$3500 per semester).

FMU Office of Career Development. The graduate assistant serving in the Office of Career Development advises students in career exploration, administers the DISCOVER Inventory Assessment, and tutors students in developing their resumes. The assistant also helps plan and execute events that are sponsored by the Office of Career Development, such as the FMU career fair. (\$3500 per semester).

FMU School of Education assistantships. Students who receive these assistantships aid faculty in the School of Education with their professional duties. It is preferred that students have experience with software such as Microsoft Word, Access, Excel, and PowerPoint, as well as Smartboard and Endnote applications. Familiarity with APA publication style also is helpful. (\$3000 per semester [14 weeks, 15 hours per week or 10 weeks, 20 hours per week]).

To apply for one of these assistantships, new students must complete the Application for Departmental Scholarships and Assistantships (available in the Department office) and submit it by March 15th for fall semester decisions and October 15th for spring semester decisions. A committee of faculty members within the Department reviews the applications for merit. Students whose applications are favorably reviewed are offered a position within the Department, or their application is forwarded on to the director of an assistantship outside of the Department for follow-up. Continuing students, even those who have already obtained an assistantship position, must complete the form and submit it by January 30th for fall semester decisions and August 30th for spring semester decisions. By completing this form, students indicate their desire to retain their assistantship.

Students are encouraged to check with the Psychology Department each semester as the application deadline approaches for updated information about scholarships and assistantships.

STUDENT LOAN PROGRAMS

The University administers a variety of loan programs including federal, state, and institutionally backed loans. For additional information, contact:

Ms. Kim Ellisor, Director
Office of Financial Assistance
Stokes Administrative Building, Office 117
843-661-1190

Please be aware that it is each student's responsibility to understand his/her financial aid situation, including the course load requirements for receiving aid as well as terms of repayment. It is not the responsibility of the Psychology Department faculty and staff to monitor your financial situation or to make you aware of the various criteria for obtaining and maintaining financial aid. Such issues are particularly important in planning for summer sessions and for the completion of internship. Because PSY 699- A (Internship) carries over into the subsequent semester as an Incomplete (I), it is imperative that students plan ahead and take measures necessary to insure that their financial needs are being addressed (i.e., they are not enrolled in any courses during the end of their internship, which makes them ineligible for some loans).

Thus, students need to plan ahead in order to successfully complete the master's program on time and with appropriate financial assistance. It is imperative that students adhere to the model program outlines; however, in order to do so, students may need to pay out of pocket for some summer tuition expenses and then be reimbursed later in the form of a change check. Students are strongly encouraged to speak with the Office of Financial Assistance both now and throughout their tenure in the program, and to consult with Psychology Department faculty should they have questions about program requirements or need documentation regarding their enrollment status or course loads.

The NHSC Loan Repayment Program

As you approach completion of your internship and begin working toward your LPC licensure, we recommend that you consider the National Health Service Corps (NHSC) Loan Repayment Program. This program assists students by paying off all or a portion of their loans in exchange for service in an underserved area. Please check their website at www.nhsc.hrsa.gov/loanrepayment. The list of underserved areas is ever changing, so students are encouraged to check the site multiple times. Information about this program, including eligibility, approved sites, and application materials, is available on the NHSC website. You also may call 1-800-221-9393 for additional assistance or to have your questions answered.

ESTABLISHING IN-STATE RESIDENCY

The South Carolina residency law provision allows institutions to waive out-of-state fees for students if they are employed full-time in South Carolina and are in the process of establishing domicile in the state. In order to be considered for an out-of-state waiver, you must visit the FMU Admissions Office and provide the following documentation:

1. South Carolina driver's license (required)
2. Letter from your employer stating your employment start date, that you are employed full-time (defined as working 37.5 hours per week or more), and that you are eligible for benefits.
3. Copies of at least one of the following documents:

- a. SC vehicle registration card
- b. Proof of domicile (copy of mortgage or lease agreement)
- c. Copy of SC income taxes

For more information regarding residency tuition laws and regulations, you should consult the Graduate Office and the Admissions Office, and you also may refer to the Commission on Higher Education's website (www.che.sc.gov).

FAFSA

FMU's priority processing date is March 1 for each academic year (e.g., March 1, 2016 is the date for the 2016-2017 academic year). Students need to submit a FAFSA form to the processor by this date. Students may still submit a FAFSA after March 1; however, they will not receive priority processing status. There are some types of financial assistance funds that are limited. The earlier students submit their FAFSA forms, the better the chance of receiving funds.

ON-CAMPUS JOB OPPORTUNITIES

Job descriptions for positions available on the FMU campus, including contact information, are posted on a bulletin board outside of the Financial Assistance Office in the Stokes Administration Building, room 117. Students are not placed in on-campus jobs by the Psychology Department. If a student is interested in a job posted on the job board, he/she can contact the person indicated on the job posting for an interview.

From time to time there will be full-time and part-time job openings for employment at the Richardson Center for the Child. These employment positions are in addition to available graduate assistantships and include positions such as that of teaching assistant, for which the individual would work under the supervision of a teacher in one of the Center's preschool classrooms. To inquire about openings at the Center, you may contact the Psychology Department office, the Center's Childcare Director (661-1630).

A student employee at Francis Marion University must be enrolled as an FMU student and may work a maximum of 20 hours per week. Once hired, students will need to return to the Financial Assistance Office to complete forms for authorization to work on-campus.

Students must provide an original Social Security card or birth certificate and an FMU ID Card or driver's license.

OFF-CAMPUS JOB OPPORTUNITIES

Francis Marion University's Office of Career Development provides job listings for off-campus employers. The Office of Career Development is located in the Smith University Center, Suite 210 and can be reached directly at (843) 661-1676.

PSYCHOLOGY STUDENT ORGANIZATIONS

PSYCHOLOGY GRADUATE STUDENT ASSOCIATION (PGSA)

During the Fall 2009 semester, graduate students in the FMU MSAP program, from both the school and clinical/counseling options, organized to form the Psychology Graduate Student Association (PGSA), which is a registered campus organization. Faculty co-advisors are Dr. Crystal Hill-Chapman (school) 843-661-1721 and Dr. Erica James (clinical/counseling) 843-661-1642. Vonetta Woods and Nadeije Ahearn were the first elected Co-Presidents of PGSA. Other charter officers included Crystal McWhirter (Secretary/Historian), Megan Lowder (Treasurer), and Brian Lookadoo (Event Coordinator).

Each fall, school and clinical/counseling students convene to elect their leaders and plan activities for the year. The purpose of the PGSA is to "enrich the student educational experience and facilitate a community conducive to personal and professional growth that is supportive of scholarly pursuits, promotes philanthropy, and coordinates social and networking opportunities" (from the PGSA Constitution). Therefore, PGSA plans social activities as well as philanthropic endeavors. All graduate students are strongly encouraged to become active and involved members of PGSA. Information about meetings and activities is distributed by email, so please be sure that you have a current email address on file with the departmental Administrative Associate.

PSI CHI

Psi Chi is the International Honor Society in Psychology. It was founded in 1929 and inducts both

undergraduate and graduate student members. The purpose of Psi Chi is to encourage, stimulate, and maintain excellence in scholarship, and advance the science of psychology (from the Psi Chi website, www.psichi.org). FMU has an active Psi Chi chapter, and qualified students are invited to become members each year. Any student who was inducted into Psi Chi as an undergraduate is automatically considered to be a member of the FMU chapter of Psi Chi.

Psi Chi publishes a quarterly periodical called *Eye on Psi Chi*, which is delivered to the Psychology Department. Copies are available for Psi Chi members. This magazine addresses issues relevant to students in the field of psychology, and students are encouraged to obtain a copy each quarter. In addition, Psi Chi publishes the Psi Chi Journal of Undergraduate Research. This journal publishes research conducted by undergraduate students. Graduate students may publish in this journal as long as the research they are presenting was conducted during their undergraduate studies. More information about Psi Chi and its publications can be obtained online at <http://www.psichi.org>. More information about the FMU chapter can be obtained in the Psychology Department office.

PSYCHOLOGY FACULTY DIRECTORY

Herzog, Teresa K.

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Research/Academic Interests: Social and emotional behavior including mother-infant interaction; infant and adult attachment; facial expressions of emotion and physiological bases of socioemotional behavior.

Credentials: B.A., Psychology, Edgewood College; M.A., Psychology, University of Montana; Ph.D., University of Montana; Postdoctoral Fellowship, University of Montana

Hill-Chapman, Crystal R.

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Research/Academic Interests: Development and assessment of children's social, emotional, and behavioral disorders; prevention science; family functioning of children diagnosed with neurodevelopmental and genetic disorders, including autism.

Credentials: B.A., Psychology, English, Education, Francis Marion University; M.S., Applied Psychology, Cognate in School Psychology, Francis Marion University; Ph.D., Clinical/School Psychology with cognates in Research, Measurement, and Statistics and Clinical Child and Family Psychology, with specialization in Pediatric Psychology, Texas A&M University; Clinical Internship, Texas Children's Hospital and Baylor College of Medicine (rotations: Pediatric Psychology, Neurodevelopmental Disabilities, Genetics, Neuropsychology); Postdoctoral Fellowship in Autism Spectrum Disorders, Texas Children's Hospital; Postdoctoral Certificate of Advanced Graduate Studies in Clinical Genetics, Simmons College.

James, Erica L.

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Research/Academic Interests: Depression and anxiety and help-seeking attitudes among minority groups; help-seeking behaviors and attitudes among African American women; mental health service utilization of college students.

Credentials: B.S., Psychology, The College of Charleston; M.S., Applied Psychology with concentration in Clinical/Counseling Psychology, Francis Marion University; Ph.D., Counseling Psychology

Lapan, Candice

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Research/Academic Interests: Implications of emotions for children's social and cognitive functioning in early to middle childhood; Development of social learning, impression formation, and parenting practices._

Credentials: B.A., Psychology and Communication Studies, The University of North Carolina at Greensboro; M.A., Developmental Psychology, The University of North Carolina at Greensboro; Ph.D., Developmental Psychology, The University of North Carolina at Greensboro

Murphy, Ronald T. (Ron)

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Research/Academic Interests: Readiness to change in mental health treatment; treatment of posttraumatic stress disorder, especially among combat veterans; homelessness; substance abuse treatment; academic engagement and motivation among college students.

Credentials: B.S., Psychology and Biology, Tufts University; M.S., Clinical Psychology, State University of New York at Binghamton; Ph.D., Clinical Psychology, State University of New York at Binghamton

Páez, Doris

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Research/Academic Interests: Assessment, intervention and advocacy surrounding instructional and behavioral health services for culturally and linguistically diverse populations; interventions that address instructional and clinical personnel's self-awareness and skill growth for increasing service delivery effectiveness.

Credentials: B.A., Psychology, University of South Florida; M.A., School Psychology, University of South Florida; Ed.S., School Psychology, University of South Florida; Ph.D., School Psychology, University of Florida.

ADJUNCT FACULTY

Sargent, Jesse Q.

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Research/Academic Interests: Spatial cognition and memory; Event segmentation; Cognitive aging.

Credentials: B.A., Psychology, University of Vermont; Ph.D., Cognitive Neuroscience, George Washington University; Postdoctoral Fellow, Dynamic Cognition, Washington University in St. Louis.

Smith, Shannon Toney

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Research/Academic Interests: Investigation of disparate theoretical models of psychopathic personality disorder; assessment approaches to conceptualizing psychopathic personality disorder; assessment of psychopathic personality traits separate from criminal behavior; allegations of biases in mental health expert testimony; violence risk assessment.

Credentials: B.S., Psychology, College of Charleston; M.A., Clinical Adult Psychology, Southern Illinois University Edwardsville; Ph.D., Clinical Psychology, Texas A&M University

Taber, Traci

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Research/Academic Interests: Applied Behavior Analysis and its application in educational settings; teacher training, parent training, diagnosis and treatment of autism spectrum disorders

Credentials: B.A., Psychology, State University of New York at Buffalo; M.S., Clinical Child Psychology, California State University, East Bay; Ph.D., School Psychology, University of Southern Mississippi

Wattles, William P.

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Research/Academic Interests: Computer-applications in teaching psychology; health psychology; exercise adherence.

Credentials: B.A., Economics, Tufts University; B.A., Psychology, University of Texas; Ph.D., Clinical Psychology, University of South Carolina

Broughton, Samuel F.

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Research/Academic Interests: Applied behavior analysis; learning, behavioral and developmental disorders of children; intervention acceptability and implementation by teachers.

Credentials: B.A., Psychology, Presbyterian College; M.S., Psychology (General Experimental), University of Georgia; Ph.D., Psychology (Joint Program in Psychology and Educational Psychology with Specializations in School Psychology and Applied Behavior Analysis), University of Georgia; Internship, Northeast Georgia Mental Health Center (rotations: Public Schools, Developmental Disability Center, Child Development Center)

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Credentials: B.S., Clinical Psychology, University of South Carolina; Ph.D., School Psychology, Arizona State University; Board Certified, American Board of School Neuropsychology Professionals.

NOTES

2014 ACA Code of Ethics

As approved by the ACA Governing Council



AMERICAN COUNSELING
ASSOCIATION
counseling.org

Mission

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

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ACA Code of Ethics Preamble

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

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

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

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

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

ACA Code of Ethics Purpose

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

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

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

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

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

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

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

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

Section A

The Counseling Relationship



Introduction

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

A.1. Client Welfare

A.1.a. Primary Responsibility

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

A.1.b. Records and Documentation

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

A.1.c. Counseling Plans

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

A.1.d. Support Network Involvement

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

A.2. Informed Consent in the Counseling Relationship

A.2.a. Informed Consent

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

A.2.b. Types of Information Needed

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

A.2.c. Developmental and Cultural Sensitivity

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

A.2.d. Inability to Give Consent

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

A.2.e. Mandated Clients

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

A.3. Clients Served by Others

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

A.4. Avoiding Harm and Imposing Values

A.4.a. Avoiding Harm

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

A.4.b. Personal Values

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

A.5. Prohibited Noncounseling Roles and Relationships

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

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

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

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

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

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

A.5.d. Friends or Family Members

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

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

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

A.6. Managing and Maintaining Boundaries and Professional Relationships

A.6.a. Previous Relationships

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

A.6.b. Extending Counseling Boundaries

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

A.6.c. Documenting Boundary Extensions

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

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

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

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

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

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

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

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

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

A.7.a. Advocacy

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

A.7.b. Confidentiality and Advocacy

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

A.8. Multiple Clients

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

A.9. Group Work

A.9.a. Screening

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

A.9.b. Protecting Clients

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

A.10. Fees and Business Practices

A.10.a. Self-Referral

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

A.10.b. Unacceptable Business Practices

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

A.10.c. Establishing Fees

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

A.10.d. Nonpayment of Fees

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

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

A.10.e. Bartering

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

A.10.f. Receiving Gifts

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

A.11. Termination and Referral

A.11.a. Competence Within Termination and Referral

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

A.11.b. Values Within Termination and Referral

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

A.11.c. Appropriate Termination

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

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

A.11.d. Appropriate Transfer of Services

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

A.12. Abandonment and Client Neglect

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

Section B

Confidentiality and Privacy



Introduction

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

B.1. Respecting Client Rights

B.1.a. Multicultural/Diversity Considerations

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

B.1.b. Respect for Privacy

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

B.1.c. Respect for Confidentiality

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

B.1.d. Explanation of Limitations

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

B.2. Exceptions

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

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

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

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

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

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

B.2.d. Court-Ordered Disclosure

When ordered by a court to release confidential or privileged information

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

B.2.e. Minimal Disclosure

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

B.3. Information Shared With Others

B.3.a. Subordinates

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

B.3.b. Interdisciplinary Teams

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

B.3.c. Confidential Settings

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

B.3.d. Third-Party Payers

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

B.3.e. Transmitting Confidential Information

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

B.3.f. Deceased Clients

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

B.4. Groups and Families

B.4.a. Group Work

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

B.4.b. Couples and Family Counseling

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

B.5. Clients Lacking Capacity to Give Informed Consent

B.5.a. Responsibility to Clients

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

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

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

B.5.c. Release of Confidential Information

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

B.6. Records and Documentation

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

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

B.6.b. Confidentiality of Records and Documentation

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

B.6.c. Permission to Record

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

B.6.d. Permission to Observe

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

B.6.e. Client Access

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

B.6.f. Assistance With Records

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

B.6.g. Disclosure or Transfer

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

B.6.h. Storage and Disposal After Termination

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

B.6.i. Reasonable Precautions

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

B.7. Case Consultation

B.7.a. Respect for Privacy

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

B.7.b. Disclosure of Confidential Information

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

Section C

Professional Responsibility



Introduction

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

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

C.1. Knowledge of and Compliance With Standards

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

C.2. Professional Competence

C.2.a. Boundaries of Competence

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

C.2.b. New Specialty Areas of Practice

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

C.2.c. Qualified for Employment

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

C.2.d. Monitor Effectiveness

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

C.2.e. Consultations on Ethical Obligations

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

C.2.f. Continuing Education

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

C.2.g. Impairment

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

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

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

C.3. Advertising and Soliciting Clients

C.3.a. Accurate Advertising

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

C.3.b. Testimonials

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

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

C.3.c. Statements by Others

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

C.3.d. Recruiting Through Employment

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

C.3.e. Products and Training Advertisements

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

C.3.f. Promoting to Those Served

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

C.4. Professional Qualifications

C.4.a. Accurate Representation

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

C.4.b. Credentials

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

C.4.c. Educational Degrees

Counselors clearly differentiate between earned and honorary degrees.

C.4.d. Implying Doctoral-Level Competence

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

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

C.4.e. Accreditation Status

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

C.4.f. Professional Membership

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

C.5. Nondiscrimination

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

C.6. Public Responsibility

C.6.a. Sexual Harassment

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

C.6.b. Reports to Third Parties

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

C.6.c. Media Presentations

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

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

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

C.6.d. Exploitation of Others

Counselors do not exploit others in their professional relationships.

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

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

C.7. Treatment Modalities

C.7.a. Scientific Basis for Treatment

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

C.7.b. Development and Innovation

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

C.7.c. Harmful Practices

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

C.8. Responsibility to Other Professionals

C.8.a. Personal Public Statements

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

Section D

Relationships With Other Professionals



Introduction

Professional counselors recognize that the quality of their interactions

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

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

D.1.a. Different Approaches

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

D.1.b. Forming Relationships

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

D.1.c. Interdisciplinary Teamwork

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

D.1.d. Establishing Professional and Ethical Obligations

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

D.1.e. Confidentiality

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

D.1.f. Personnel Selection and Assignment

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

D.1.g. Employer Policies

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

D.1.h. Negative Conditions

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

D.1.i. Protection From Punitive Action

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

D.2. Provision of Consultation Services

D.2.a. Consultant Competency

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

D.2.b. Informed Consent in Formal Consultation

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

Section E

Evaluation, Assessment, and Interpretation



Introduction

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

E.1. General

E.1.a. Assessment

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

E.1.b. Client Welfare

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

E.2. Competence to Use and Interpret Assessment Instruments

E.2.a. Limits of Competence

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

E.2.b. Appropriate Use

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

E.2.c. Decisions Based on Results

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

E.3. Informed Consent in Assessment

E.3.a. Explanation to Clients

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

E.3.b. Recipients of Results

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

E.4. Release of Data to Qualified Personnel

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

E.5. Diagnosis of Mental Disorders

E.5.a. Proper Diagnosis

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

E.5.b. Cultural Sensitivity

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

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

Counselors recognize historical and social prejudices in the misdiagnosis and

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

E.5.d. Refraining From Diagnosis

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

E.6. Instrument Selection

E.6.a. Appropriateness of Instruments

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

E.6.b. Referral Information

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

E.7. Conditions of Assessment Administration

E.7.a. Administration Conditions

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

E.7.b. Provision of Favorable Conditions

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

E.7.c. Technological Administration

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

E.7.d. Unsupervised Assessments

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

E.8. Multicultural Issues/ Diversity in Assessment

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

E.9. Scoring and Interpretation of Assessments

E.9.a. Reporting

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

E.9.b. Instruments With Insufficient Empirical Data

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

E.9.c. Assessment Services

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

E.10. Assessment Security

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

E.11. Obsolete Assessment and Outdated Results

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

E.12. Assessment Construction

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

E.13. Forensic Evaluation: Evaluation for Legal Proceedings

E.13.a. Primary Obligations

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

E.13.b. Consent for Evaluation

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

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

E.13.c. Client Evaluation Prohibited

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

E.13.d. Avoid Potentially Harmful Relationships

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

Section F

Supervision, Training, and Teaching



Introduction

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

F.1. Counselor Supervision and Client Welfare

F.1.a. Client Welfare

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

F.1.b. Counselor Credentials

Counseling supervisors work to ensure that supervisees communicate their

qualifications to render services to their clients.

F.1.c. Informed Consent and Client Rights

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

F.2. Counselor Supervision Competence

F.2.a. Supervisor Preparation

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

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

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

F.2.c. Online Supervision

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

F.3. Supervisory Relationship

F.3.a. Extending Conventional Supervisory Relationships

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

F.3.b. Sexual Relationships

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

both in-person and electronic interactions or relationships.

F.3.c. Sexual Harassment

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

F.3.d. Friends or Family Members

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

F.4. Supervisor Responsibilities

F.4.a. Informed Consent for Supervision

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

F.4.b. Emergencies and Absences

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

F.4.c. Standards for Supervisees

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

F.4.d. Termination of the Supervisory Relationship

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

F.5. Student and Supervisee Responsibilities

F.5.a. Ethical Responsibilities

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

F.5.b. Impairment

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

F.5.c. Professional Disclosure

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

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

F.6.a. Evaluation

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

F.6.b. Gatekeeping and Remediation

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

F.6.c. Counseling for Supervisees

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

F.6.d. Endorsements

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

F.7. Responsibilities of Counselor Educators

F.7.a. Counselor Educators

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

F.7.b. Counselor Educator Competence

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

F.7.c. Infusing Multicultural Issues/Diversity

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

F.7.d. Integration of Study and Practice

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

F.7.e. Teaching Ethics

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

F.7.f. Use of Case Examples

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

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

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

F.7.h. Innovative Theories and Techniques

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

F.7.i. Field Placements

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

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

F.8. Student Welfare

F.8.a. Program Information and Orientation

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

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

F.8.b. Student Career Advising

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

F.8.c. Self-Growth Experiences

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

F.8.d. Addressing Personal Concerns

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

F.9. Evaluation and Remediation

F.9.a. Evaluation of Students

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

F.9.b. Limitations

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

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

F.9.c. Counseling for Students

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

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

F.10.a. Sexual or Romantic Relationships

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

F.10.b. Sexual Harassment

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

F.10.c. Relationships With Former Students

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

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

F.10.d. Nonacademic Relationships

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

F.10.e. Counseling Services

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

F.10.f. Extending Educator–Student Boundaries

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

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

F.11.a. Faculty Diversity

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

F.11.b. Student Diversity

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

F.11.c. Multicultural/Diversity Competence

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

Section G

Research and Publication

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Introduction

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

G.1. Research Responsibilities

G.1.a. Conducting Research

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

G.1.b. Confidentiality in Research

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

G.1.c. Independent Researchers

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

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

G.1.d. Deviation From Standard Practice

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

G.1.e. Precautions to Avoid Injury

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

G.1.f. Principal Researcher Responsibility

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

G.2. Rights of Research Participants

G.2.a. Informed Consent in Research

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

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

G.2.b. Student/Supervisee Participation

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

G.2.c. Client Participation

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

G.2.d. Confidentiality of Information

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

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

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

G.2.f. Commitments to Participants

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

G.2.g. Explanations After Data Collection

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

G.2.h. Informing Sponsors

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

G.2.i. Research Records Custodian

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

G.3. Managing and Maintaining Boundaries

G.3.a. Extending Researcher-Participant Boundaries

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

G.3.b. Relationships With Research Participants

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

G.3.c. Sexual Harassment and Research Participants

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

G.4. Reporting Results

G.4.a. Accurate Results

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

G.4.b. Obligation to Report Unfavorable Results

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

G.4.c. Reporting Errors

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

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

G.4.d. Identity of Participants

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

G.4.e. Replication Studies

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

G.5. Publications and Presentations

G.5.a. Use of Case Examples

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

G.5.b. Plagiarism

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

G.5.c. Acknowledging Previous Work

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

G.5.d. Contributors

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

G.5.e. Agreement of Contributors

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

G.5.f. Student Research

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

G.5.g. Duplicate Submissions

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

G.5.h. Professional Review

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

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

H.1. Knowledge and Legal Considerations

H.1.a. Knowledge and Competency

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

H.1.b. Laws and Statutes

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

H.2. Informed Consent and Security

H.2.a. Informed Consent and Disclosure

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

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

Section H

Distance Counseling, Technology, and Social Media



Introduction

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

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

H.2.b. Confidentiality Maintained by the Counselor

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

H.2.c. Acknowledgment of Limitations

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

H.2.d. Security

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

H.3. Client Verification

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

H.4. Distance Counseling Relationship

H.4.a. Benefits and Limitations

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

H.4.b. Professional Boundaries in Distance Counseling

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

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

H.4.c. Technology-Assisted Services

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

H.4.d. Effectiveness of Services

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

H.4.e. Access

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

H.4.f. Communication Differences in Electronic Media

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

H.5. Records and Web Maintenance

H.5.a. Records

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

H.5.b. Client Rights

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

H.5.c. Electronic Links

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

H.5.d. Multicultural and Disability Considerations

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

H.6. Social Media

H.6.a. Virtual Professional Presence

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

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

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

H.6.c. Client Virtual Presence

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

H.6.d. Use of Public Social Media

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

Section I

Resolving Ethical Issues



Introduction

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

the profession depend on a high level of professional conduct. They hold other counselors to the same standards and are willing to take appropriate action to ensure that standards are upheld. Counselors strive to resolve ethical dilemmas with direct and open communication among all parties involved and seek consultation with colleagues and supervisors when necessary. Counselors incorporate ethical practice into their daily professional work and engage in ongoing professional development regarding current topics in ethical and legal issues in counseling. Counselors become familiar with the ACA Policy and Procedures for Processing Complaints of Ethical Violations¹ and use it as a reference for assisting in the enforcement of the *ACA Code of Ethics*.

I.1. Standards and the Law

I.1.a. Knowledge

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

I.1.b. Ethical Decision Making

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

I.1.c. Conflicts Between Ethics and Laws

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

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

I.2. Suspected Violations

I.2.a. Informal Resolution

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

I.2.b. Reporting Ethical Violations

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

I.2.c. Consultation

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

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

I.2.d. Organizational Conflicts

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

I.2.e. Unwarranted Complaints

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

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

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

I.3. Cooperation With Ethics Committees

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

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

Glossary of Terms

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

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

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

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

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

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

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

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

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

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

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

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

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

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Ethics Related Resources From ACA!

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



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AMERICAN PSYCHOLOGICAL ASSOCIATION

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

Adopted August 21, 2002

Effective June 1, 2003

With the 2010 Amendments

Adopted February 20, 2010

Effective June 1, 2010

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

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2010 AMENDMENTS TO THE 2002 "ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT"

INTRODUCTION AND APPLICABILITY

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

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

Membership in the APA commits members and student affiliates to comply with the standards of the APA Ethics Code and to the rules and procedures used to enforce them. Lack of awareness or misunderstanding of an Ethical Standard is not itself a defense to a charge of unethical conduct.

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the standards of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the standards of the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure. When the sanction to be imposed by APA is less than expulsion, the 2001 Rules and Procedures do not guarantee an op-

portunity for an in-person hearing, but generally provide that complaints will be resolved only on the basis of a submitted record.

The Ethics Code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. The Ethics Code is not intended to be a basis of civil liability. Whether a psychologist has violated the Ethics Code standards does not by itself determine whether the psychologist is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.

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

The American Psychological Association's Council of Representatives adopted this version of the APA Ethics Code during its meeting on August 21, 2002. The Code became effective on June 1, 2003. The Council of Representatives amended this version of the Ethics Code on February 20, 2010. The amendments became effective on June 1, 2010 (see p. 15 of this pamphlet). Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office of Ethics, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242. The Ethics Code and information regarding the Code can be found on the APA website, <http://www.apa.org/ethics>. The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred.

The APA has previously published its Ethics Code as follows:

- American Psychological Association. (1953). *Ethical standards of psychologists*. Washington, DC: Author.
- American Psychological Association. (1959). Ethical standards of psychologists. *American Psychologist*, 14, 279–282.
- American Psychological Association. (1963). Ethical standards of psychologists. *American Psychologist*, 18, 56–60.
- American Psychological Association. (1968). Ethical standards of psychologists. *American Psychologist*, 23, 357–361.
- American Psychological Association. (1977, March). Ethical standards of psychologists. *APA Monitor*, 22–23.
- American Psychological Association. (1979). *Ethical standards of psychologists*. Washington, DC: Author.
- American Psychological Association. (1981). Ethical principles of psychologists. *American Psychologist*, 36, 633–638.
- American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). *American Psychologist*, 45, 390–395.
- American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, 47, 1597–1611.
- American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57, 1060–1073.

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

In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations. In applying the Ethics Code to their professional work, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations and the dictates of their own conscience, as well as consult with others within the field. If this Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner in keeping with basic principles of human rights.

PREAMBLE

Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of principles and standards upon which psychologists build their professional and scientific work.

This Ethics Code is intended to provide specific standards to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.

The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems.

GENERAL PRINCIPLES

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

Principle A: Beneficence and Nonmaleficence

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

Principle B: Fidelity and Responsibility

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

Principle C: Integrity

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

Principle D: Justice

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of

their competence, and the limitations of their expertise do not lead to or condone unjust practices.

Principle E: Respect for People's Rights and Dignity

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

ETHICAL STANDARDS

1. Resolving Ethical Issues

1.01 Misuse of Psychologists' Work

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

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

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.04 Informal Resolution of Ethical Violations

When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that indi-

vidual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also Standards 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 1.03, Conflicts Between Ethics and Organizational Demands.)

1.05 Reporting Ethical Violations

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

1.06 Cooperating With Ethics Committees

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

1.07 Improper Complaints

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

1.08 Unfair Discrimination Against Complainants and Respondents

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

2. Competence

2.01 Boundaries of Competence

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

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

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

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

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

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

2.02 Providing Services in Emergencies

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

2.03 Maintaining Competence

Psychologists undertake ongoing efforts to develop and maintain their competence.

2.04 Bases for Scientific and Professional Judgments

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

2.05 Delegation of Work to Others

Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the ser-

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

2.06 Personal Problems and Conflicts

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

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

3. Human Relations

3.01 Unfair Discrimination

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

3.02 Sexual Harassment

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

3.03 Other Harassment

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national

origin, religion, sexual orientation, disability, language, or socioeconomic status.

3.04 Avoiding Harm

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

3.05 Multiple Relationships

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

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

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

3.06 Conflict of Interest

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

3.07 Third-Party Requests for Services

When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g.,

therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards 3.05, Multiple Relationships, and 4.02, Discussing the Limits of Confidentiality.)

3.08 Exploitative Relationships

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

3.09 Cooperation With Other Professionals

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

3.10 Informed Consent

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

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

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

(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 8.02,

Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

3.11 Psychological Services Delivered to or Through Organizations

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

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

3.12 Interruption of Psychological Services

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

4. Privacy and Confidentiality

4.01 Maintaining Confidentiality

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

4.02 Discussing the Limits of Confidentiality

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

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

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

4.03 Recording

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

4.04 Minimizing Intrusions on Privacy

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

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

4.05 Disclosures

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

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

4.06 Consultations

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

4.07 Use of Confidential Information for Didactic or Other Purposes

Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipi-

ents of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

5. Advertising and Other Public Statements

5.01 Avoidance of False or Deceptive Statements

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

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

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

5.02 Statements by Others

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

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

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

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

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

5.04 Media Presentations

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

5.05 Testimonials

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

5.06 In-Person Solicitation

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

6. Record Keeping and Fees

6.01 Documentation of Professional and Scientific Work and Maintenance of Records

Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (See also Standard 4.01, *Maintaining Confidentiality*.)

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

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

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

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

6.03 Withholding Records for Nonpayment

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

6.04 Fees and Financial Arrangements

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

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

(c) Psychologists do not misrepresent their fees.

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

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

6.05 Barter With Clients/Patients

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

6.06 Accuracy in Reports to Payors and Funding Sources

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

6.07 Referrals and Fees

When psychologists pay, receive payment from, or divide fees with another professional, other than in an employ-

er-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Cooperation With Other Professionals.)

7. Education and Training

7.01 Design of Education and Training Programs

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

7.02 Descriptions of Education and Training Programs

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

7.03 Accuracy in Teaching

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

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

7.04 Student Disclosure of Personal Information

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

7.05 Mandatory Individual or Group Therapy

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

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

7.06 Assessing Student and Supervisee Performance

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

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

7.07 Sexual Relationships With Students and Supervisees

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

8. Research and Publication

8.01 Institutional Approval

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

8.02 Informed Consent to Research

(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expected duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05,

Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)

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

8.03 Informed Consent for Recording Voices and Images in Research

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

8.04 Client/Patient, Student, and Subordinate Research Participants

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

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

8.05 Dispensing With Informed Consent for Research

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

8.06 Offering Inducements for Research Participation

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

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

8.07 Deception in Research

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

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

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

8.08 Debriefing

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

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

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

8.09 Humane Care and Use of Animals in Research

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

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

(c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate

to their role. (See also Standard 2.05, Delegation of Work to Others.)

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

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

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

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

8.10 Reporting Research Results

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

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

8.11 Plagiarism

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

8.12 Publication Credit

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

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

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

8.13 Duplicate Publication of Data

Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

8.14 Sharing Research Data for Verification

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

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

8.15 Reviewers

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

9. Assessment

9.01 Bases for Assessments

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

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

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

9.02 Use of Assessments

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

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

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

9.03 Informed Consent in Assessments

(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

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

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

9.04 Release of Test Data

(a) The term *test data* refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists' notes and recordings concerning client/patient statements and behavior during an examination. Those portions of test materials that include client/patient responses are included in the definition of *test data*. Pursuant to a client/patient release, psychologists provide test data to the client/patient or other persons identified in the release. Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law. (See also Standard 9.11, Maintaining Test Security.)

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

9.05 Test Construction

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

9.06 Interpreting Assessment Results

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

9.07 Assessment by Unqualified Persons

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

9.08 Obsolete Tests and Outdated Test Results

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

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

9.09 Test Scoring and Interpretation Services

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

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

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

9.10 Explaining Assessment Results

Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants, or by

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

9.11 Maintaining Test Security

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

10. Therapy

10.01 Informed Consent to Therapy

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

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

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

10.02 Therapy Involving Couples or Families

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

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such

as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)

10.03 Group Therapy

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

10.04 Providing Therapy to Those Served by Others

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

10.05 Sexual Intimacies With Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

10.07 Therapy With Former Sexual Partners

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies With Former Therapy Clients/Patients

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

(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the cli-

ent's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a posttermination sexual or romantic relationship with the client/patient. (See also Standard 3.05, Multiple Relationships.)

10.09 Interruption of Therapy

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

10.10 Terminating Therapy

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

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

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

2010 AMENDMENTS TO THE 2002 “ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT”

The American Psychological Association’s Council of Representatives adopted the following amendments to the 2002 “Ethical Principles of Psychologists and Code of Conduct” at its February 2010 meeting. Changes are indicated by underlining for additions and striking through for deletions. A history of amending the Ethics Code is provided in the “Report of the Ethics Committee, 2009” in the July-August 2010 issue of the *American Psychologist* (Vol. 65, No. 5).

Original Language With Changes Marked

Introduction and Applicability

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

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

If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. ~~If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority. Under no circumstances may this standard be used to justify or defend violating human rights.~~

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code. take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.



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APPENDIX C

CODE OF ETHICS FOR PROFESSIONAL COUNSELORS (36-19)

(A) GENERAL

(1) Professional Counselors shall engage in continuous efforts to improve professional practices, services, and research and shall be guided in their work by evidence of the best professional practices. (2) Professional Counselors shall recognize their responsibility to the clients they serve and the institutions in which the services are performed and shall strive to assist the respective agency, organization, or institution in providing competent and ethical professional services. The acceptance of employment in an institution shall mean that the Professional Counselor is in agreement with the general policies and principles of the institution and that the professional activities of the Professional Counselor are in accord with the objectives of the institution. If the Professional Counselor and the employer do not agree and cannot reach agreement on policies that are consistent with appropriate counselor ethical practice that is conducive to client growth and development, the Professional Counselor shall terminate his employment and strive to change the unethical practice through appropriate professional organizations.

(3) Professional Counselors shall engage in ethical behavior at all times and shall take immediate action to report unethical behavior by professional associates to the Board or other appropriate authority. (4) Professional Counselors must refuse remuneration for consultation or counseling with persons who are entitled to these services through the counselor's employing institution or agency and shall not divert to their private practices, without the mutual consent of the institution and the client, legitimate clients in their primary agencies, or the institutions with which they are affiliated.

(5) In establishing fees, Professional Counselors shall consider the financial status of clients, and if the established fee is inappropriate, must provide assistance to the client in finding comparable services at an acceptable cost. Professional Counselors shall not enter into any agreement wherein counseling services

are exchanged as barter. (6) Professional Counselors shall offer only professional services for which they are trained or have supervised experience. No diagnosis, assessment, or treatment shall be performed without prior training or supervision. Professional Counselors shall correct any misrepresentation of their qualifications by others.

(7) Professional Counselors shall recognize their limitations and provide services or use techniques for which they are qualified by training and/or supervision. Professional Counselors shall recognize the need for and seek continuing education to assure competent services. (8) Professional Counselors must be aware of the intimacy in the counseling relationship and maintain respect for the client and must not engage in activities that seek to meet their personal or professional needs at the expense of the client. (9) Professional Counselors shall not engage in personal, social, organizational, financial, or political activities which might lead to a misuse of their influence. (10) Professional Counselors shall not engage in sexual intimacy with clients and shall not be sexually, physically, or romantically intimate with clients, nor engage in sexual, physical, or romantic intimacy with clients within two (2) years after terminating the counseling relationship. (11) Professional Counselors shall not engage in sexual harassment or other unwelcome comments, gestures, or physical contact of a sexual nature, nor shall they condone such conduct in others. (12) Professional Counselors shall guard the individual rights and personal dignity of their clients in the counseling relationship through an awareness of the impact of stereotyping and unwarranted discrimination. (13) Professional Counselors shall be accountable at all times for their behavior and must be aware that all actions and behaviors reflect on professional integrity and, when inappropriate, can damage the public trust in the counseling profession. To protect public confidence in the counseling profession, Professional Counselors shall avoid behavior that is clearly in violation of accepted moral and legal standards. (14) Professional Counselors shall observe this Code of Ethics in all products and services offered, including but not limited to classroom instruction, public lectures, demonstrations, written articles, radio, and television programs. (15) Professional Counselors must withdraw from the practice of counseling if the mental or physical condition of the Counselor renders it unlikely that a professional relationship can be maintained. (B) Counseling Relationship. (1) Professional Counselors shall respect the integrity and promote the welfare of clients, whether they are assisted individually, in

family units, or in group counseling. In group settings, the Professional Counselor shall be responsible for taking reasonable precautions to protect individuals from physical and/or psychological trauma resulting from interaction within the group. (2) Professional Counselors shall take into account the traditions and practices of other professional disciplines with whom they work and cooperate fully with them. If a person is receiving similar services from another professional, Professional Counselors shall not offer their own services directly to such a person. If a Professional Counselor is contacted by a person who is already receiving similar services from another professional, the Professional Counselor must carefully consider that professional relationship and the client's welfare and proceed with caution and sensitivity to the therapeutic needs of the client. When Professional Counselors learn that their clients are in a professional relationship with another mental health professional, the Professional Counselor must request release from the client to inform the other mental health professional of their relationship with the client and strive to establish positive and collaborative professional relationships that are in the best interest of the client. Professional Counselors shall discuss these issues with the client and the mental health professional so as to minimize the risk of confusion and conflict and encourage clients to inform other professionals of the new professional relationship.

(3) Professional Counselors may consult with any other professionally competent person about a client and shall inform the client of this possibility. Professional Counselors must avoid placing a consultant in a conflict-of-interest situation that would preclude the consultant serving as a proper party to the efforts to assist the client. (4) Professional Counselors may share confidential information when there is a clear and imminent danger to the client and others, as provided by law. (5) Professional Counselors shall maintain records of the counseling relationship which may include interview notes, test data, correspondence, audio or visual tape recordings, electronic data storage, and other documents. Records shall contain accurate factual data, and the physical records are the property of the Professional Counselor or their employers. Professional Counselors shall maintain records in accordance with the policy of the Board. (6) Professional Counselors shall ensure that all data maintained in electronic storage are secure. Stored data shall be limited to information that is appropriate and necessary for the services provided and accessible only to appropriate staff members involved in the provision

of services. Professional Counselors shall ensure that the electronically stored data are destroyed when the information is no longer of value in providing services or required as part of the client's record. (7) Professional Counselors shall disguise identifying information derived from a client relationship when that information is used in training or research. Any data which cannot be disguised may be used only as expressly authorized by the client's informed consent. (8) Professional Counselors shall inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed, and clearly indicate limitations that may affect the relationship as well as any other pertinent information. Professional Counselors must take reasonable steps to ensure that clients understand the implications of any diagnosis, the intended use of tests and reports, methods of treatment, and safety precautions that must be taken in their use, fees, and billing arrangements. (9) Professional Counselors who have an administrative, supervisory, and/or evaluative relationship with individuals seeking counseling services shall not serve as the counselor and shall refer the individual to other professionals. Exceptions may be made only in instances where an individual's situation warrants counseling intervention and another alternative is not available. Dual relationships that might impair the counselor's objectivity and professional judgment must be avoided and/or the counseling relationship terminated through referral to a competent professional. (10) When a Professional Counselor determines an inability to be of professional assistance to a potential or existing client, the counselor must, respectively, not initiate the counseling relationship or immediately terminate the relationship. In either event, the counselor must suggest appropriate alternatives and be knowledgeable about referral resources so that a satisfactory referral can be initiated. If the client declines the referral, the counselor shall not be obligated to continue the relationship. (11) When engaging in intensive, short-term counseling, a Professional Counselor shall ensure that professional assistance is available at normal costs to clients during and following the short-term counseling. (12) Professional Counselors who employ electronic means in which the counselor and client are not in immediate proximity must present clients with local sources of care before establishing a continued short or long-term relationship. (13) Professional Counselors shall obtain legal authorization to practice in any jurisdiction in which they maintain an electronic presence via the internet or other electronic means. (14) Professional Counselors shall ensure that clients

are intellectually, emotionally, and physically compatible with computer applications used by the counselor and understand their purpose and operation. (15) Professional Counselors shall maintain client confidentiality as provided by law. (16) Professional Counselors shall screen prospective group counseling participants to ensure compatibility with group objectives. (C) Measurement and Evaluation. (1) Professional Counselors shall recognize the limits of their competence and perform only those assessment functions for which they have received appropriate training or supervision.

(2) Professional Counselors who utilize assessment instruments to assist them with diagnoses must have appropriate training and skills in educational and mental measurement, validation criteria, test research, and guidelines for test development and use. (3) Professional Counselors shall provide instrument specific orientation or information to an examinee prior to and following the administration of assessment instruments or techniques so that the results may be placed in proper perspective with other relevant factors. The purpose of testing and the explicit use of the results must be disclosed to an examinee prior to testing. (4) Professional Counselors shall carefully evaluate the specific theoretical bases and characteristics, validity, reliability, and appropriateness of an instrument in selecting the instrument or techniques for use in a given situation or with a particular client. (5) Professional Counselors must provide accurate information and avoid false claims or misconceptions concerning the meaning of an instrument's reliability and validity terms when making statements to the public about assessment instruments or techniques. (6) Professional Counselors shall follow the directions and researched procedures for selection, administration, and interpretation of all evaluation instruments and use them only within proper contexts. (7) Professional Counselors shall be cautious when interpreting the results of instruments that possess insufficient technical data, and must explicitly state to examinees the specific limitations and purposes for the use of such instruments. (8) Professional Counselors shall proceed cautiously when attempting to evaluate and interpret performance of any person who cannot be appropriately compared to the norms for the instruments. (9) Professional Counselors shall maintain test security. (10) Professional Counselors shall consider psychometric limitations when selecting and using an instrument, and must be cognizant of the limitations when interpreting the results. (11) Professional Counselors

shall ensure that appropriate interpretation accompanies any release of individual or group test data and shall obtain explicit prior understanding and consent when releasing results. (12) Professional Counselors shall ensure that computer-generated test administration and scoring programs function properly thereby providing clients with accurate test results. (13) Professional Counselors who develop computer-based test interpretations to support the assessment process shall ensure that the validity of the interpretations is established prior to the commercial distribution of the computer application. (14) Professional Counselors shall recognize that test results may become obsolete and avoid the misuse of obsolete data. (D) Research and Publication. (1) Professional Counselors shall adhere to applicable legal and professional guidelines on research with human subjects. (2) In planning research activities involving human subjects, Professional Counselors shall be aware of and responsive to all pertinent ethical principles and ensure that the research problem, design, and execution are in full compliance with any pertinent institutional or governmental regulations. (3) The ultimate responsibility for ethical research lies with the principal researcher, although others involved in the research activities are ethically obligated and responsible for their own actions. (4) Professional Counselors who conduct research with human subjects are responsible for the welfare of the subjects throughout the experiment and must take all reasonable precautions to avoid causing injurious psychological, physical, or Francis Marion Psychology Handbook | 67 social effects on their subjects. (5) Professional Counselors who conduct research shall abide by the basic elements of informed consent: (a) a fair explanation of the procedures to be followed, including an identification of those which are experimental; and (b) a description of the attendant discomforts and risks; and (c) a description of the benefits to be expected; and (d) disclosure of appropriate alternative procedures that would be advantageous for subjects with an offer to answer any inquiries concerning the procedures; and

(e) an instruction that subjects are free to withdraw their consent and to discontinue participation in the project or activity at any time. (6) When reporting research results, explicit mention shall be made of all the variables and conditions known to the investigator that may have affected the outcome of the study or the interpretation of the data. (7) Professional Counselors who conduct and report research investigations shall do so in a manner that minimizes the possibility that the results will be misleading. (8) Professional Counselors

shall give credit through joint authorship, acknowledgment, footnote statements, or other appropriate means to those who have contributed to the research and/or publication, in accordance with such contributions. (9) Professional Counselors shall communicate to other counselors the results of any research judged to be of professional value. (E) Consulting. (1) Professional Counselors, acting as consultants, must have a high degree of self-awareness of their own values, knowledge, skills, limitations, and needs in entering a helping relationship that involves human and/or organizational change. The focus of the consulting relationship must be on the issues to be resolved and not on the persons presenting the problem. (2) In the consulting relationship, the Professional Counselor and the client must understand and agree upon the problem definition, subsequent goals, and predicted consequences of interventions selected. (3) Professional Counselors acting as consultants must be reasonably certain that they, or the organization represented, have the necessary competencies and resources for giving the kind of help that is needed or that may develop later, and that appropriate referral resources are available. (4) Professional Counselors in a consulting relationship must encourage and cultivate client adaptability and growth toward self-direction. Professional Counselors must maintain this role consistently and not become a decision maker for clients or create a future dependency on the consultant. (F) Private Practice. (1) In advertising services as a private practitioner, Professional Counselors must advertise in a manner that accurately informs the public of the professional services, expertise, and techniques of counseling available. (2) Professional Counselors who assume an executive leadership role in a private practice organization shall not permit their names to be used in professional notices during periods of time when they are not actively engaged in the private practice of counseling unless their executive roles are clearly stated. (3) Professional Counselors shall make available their highest degree (described by discipline), type and level of certification, and/or license, address, telephone number, office hours, type and/or description of services, and other relevant information. Listed information must not contain false, inaccurate, misleading, partial, out-of-context, or otherwise deceptive material or statements. (4) Professional Counselors who are involved in a partnership/corporation with other certified counselors and/or other professionals, must clearly specify all relevant specialties of each member of the partnership or corporation.

CODE OF ETHICS FOR MARRIAGE AND FAMILY THERAPISTS (36-20)

(A) Responsibility to Clients. (1) Marriage and Family Therapists shall not discriminate against or refuse professional service to anyone on the basis of race, gender, religion, national origin, or sexual orientation. (2) Marriage and Family Therapists shall not exploit the trust and dependency of clients and shall avoid dual relationships with clients that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, therapists shall take appropriate professional precautions to ensure judgment is not impaired and no exploitation occurs. Marriage and Family Therapists shall not engage in sexual relationships with clients and shall not engage in sexual relationships with former clients for at least two (2) years following the termination of therapy.

(3) Marriage and Family Therapists shall not use their professional relationships with clients to further their own interests. (4) Marriage and Family Therapists shall respect the right of clients to make decisions and help them to understand the consequences of their decisions. Therapists shall clearly advise clients that a decision as to marital status is the responsibility of the client. (5) Marriage and Family Therapists shall continue therapeutic relationships so long as is reasonably clear that clients are benefitting from the relationship. (6) Marriage and Family Therapists shall assist persons in obtaining other therapeutic services if the therapist is unable or unwilling, for appropriate reasons, to provide professional help. (7) Marriage and Family Therapists shall not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of such treatment. (8) Marriage and Family Therapists shall obtain written informed consent from clients before videotaping, audio recording, or permitting third party observation. (B) Confidentiality. (1) Marriage and Family Therapists shall not disclose client confidences except as mandated by law or described in this chapter. (2) Marriage and Family Therapists may use client and/or clinical materials in teaching, writing, and public presentations only if the client has executed a written waiver or when appropriate steps have been taken to protect the identity of the client. (3) Marriage and Family Therapists shall store or dispose of all client records in a manner that will protect confidentiality.

(C) Professional Competence and Integrity. (1) Marriage and Family Therapists shall immediately notify all appropriate agencies, including, but not limited to the Board, of any criminal conviction; of any conduct which may lead to a conviction; any actions disciplining or expelling them from any professional organization; suspension, revocation, or other discipline by any regulatory body; of incompetency due to physical or mental causes or the abuse of alcohol or other substances. (2) Marriage and Family Therapists shall seek appropriate professional assistance for their personal problems or conflicts that may impair work performance or clinical judgment. (3) Marriage and Family Therapists who function as teachers, supervisors, or researchers shall maintain the highest standards of scholarship and present accurate information. (4) Marriage and Family Therapists shall remain abreast of new developments in knowledge and practice through educational activities. (5) Marriage and Family Therapists shall not engage in sexual or other harassment or exploitation of clients, students, trainees, supervisees, employees, colleagues, research subjects, or actual or potential witnesses or complainants in investigations and ethical proceedings. (6) Marriage and Family Therapists shall not diagnose, treat, or advise on problems outside the recognized boundaries of their competence, as established by the Board. (7) Marriage and Family Therapists shall make every effort to prevent the distortion or misuse of their clinical and research findings. (8) Marriage and Family Therapists shall exercise special care when making public their professional recommendations and opinions through testimony or other public statements.

(D) Responsibility to Students, Employees, and Supervisees. (1) Marriage and Family Therapists shall not exploit the trust and dependency of students, employees, and supervisees and shall avoid dual relationships that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, therapists shall take appropriate professional precautions to ensure judgment is not impaired and no exploitation occurs. A Marriage and Family Therapist shall not provide therapy to an employee, student or supervisee. Sexual intimacy with students, or supervisees is prohibited.

(2) Marriage and Family Therapists shall not permit students, employees, or supervisees to perform or hold themselves out as competent to perform professional services beyond their training, level of experience, and competence. (3) Marriage and Family Therapists shall not disclose supervisee confidences except as mandated by law and described in this chapter. (E)

Responsibility to Research Participants. (1) Marriage and Family Therapists functioning as investigators shall make careful examinations of ethical acceptability in planning studies. To the extent that services to research participants may be compromised by participation in research, Marriage and Family Therapists shall seek the ethical advice of qualified professionals not directly involved in the investigation and observe safeguards to protect the rights of the research participants. (2) Marriage and Family Therapists functioning as investigators shall inform research participants of all aspects of the research that might reasonably be expected to influence willingness to participate. Marriage and Family Therapists shall be sensitive to the possibility of diminished consent when participants are receiving clinical services, have impairments which limit understanding and/or communication, or when participants are children. (3) Marriage and Family Therapists functioning as investigators shall respect participants' freedom to decline participation in or to withdraw from a research study at any time. This obligation requires special thought and consideration when Marriage and Family Therapists or other members of the research team are in positions of authority or influence over participants. Therapists shall make every effort to avoid dual relationships with research participants that could impair professional judgment or increase the risk of exploitation. (4) Marriage and Family Therapists shall maintain confidentiality during any investigation unless there is a waiver obtained in writing. When the possibility exists that others, including family members, may obtain access to such information, this possibility, together with the plan for protecting confidentiality, is explained as part of the procedure for obtaining informed consent. (F) Responsibility to the Profession. (1) Marriage and Family Therapists shall maintain the standards of the profession when acting as members or employees of organizations.

(2) Marriage and Family Therapists shall assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices. (3) Marriage and Family Therapists who are the authors of books shall cite persons to whom credit for original ideas is due. (4) Marriage and Family Therapists who are the authors of books or other materials published or distributed by an organization shall take reasonable precautions to ensure that the organization promotes and advertises the materials accurately and factually. (5) Marriage and Family Therapists should participate in activities that

contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return. (6) Marriage and Family Therapists should be concerned with developing laws and regulations pertaining to the practice of marriage and family therapy that serve the public interest, and with altering such laws and regulations that are not in the public interest. (7) Marriage and Family Therapists should encourage public participation in the design and delivery of professional services and in the regulation of practitioners. (G) Financial Arrangements. (1) Marriage and Family Therapists shall not offer or accept payment for referrals. (2) Marriage and Family Therapists shall not charge excessive fees for services and shall not barter therapy services.

(3) Marriage and Family Therapists shall disclose their fees to clients and supervisees at the initiation of services. (4) Marriage and Family Therapists shall represent facts truthfully to clients, third party payers, and supervisees regarding the services rendered. (H) Advertising. (1) Marriage and Family Therapists shall accurately represent their competence, education, training, and experience relevant to their practice of marriage and family therapy. (2) Marriage and Family Therapists shall assure that advertisements and publications in any media conveys information that is necessary for the public to make an appropriate selection of professional services. (3) Marriage and Family Therapists shall not use a name which could mislead the public concerning the identity, responsibility, source, and status of those practicing under that name and shall not hold themselves out as being partners or associates of a firm when they are not. (4) Marriage and Family Therapists shall not use any professional identification if it includes any statement or claim that is false, fraudulent, misleading, or deceptive. A statement is false, fraudulent, misleading, or deceptive if it: (a) contains any material misrepresentation of fact; or (b) fails to state any material fact necessary to make the statement, in light of all circumstances, not misleading; or (c) is intended to or is likely to create an unjustified expectation. (5) Marriage and Family Therapists shall correct, wherever possible, false, misleading, or inaccurate information and representations made by others concerning the therapist's qualifications, services, or products. (6) Marriage and Family Therapists shall insure that the qualifications of persons in their employ are represented in a manner that is not false, misleading, or deceptive. (7) Marriage and Family Therapists may represent themselves as specializing within a limited

area of marriage and family therapy, but shall not advertise specialization in any area unless they have the education and supervised experience in settings which meet recognized professional standards to practice in that specialty area.

CODE OF ETHICS FOR PSYCHO-EDUCATIONAL SPECIALISTS

(A) Professional Competency. (1) Psycho-educational Specialists shall recognize the strengths and limitations of their training and experience and engage only in practices for which they are qualified. (2) Psycho-educational Specialists shall represent competence levels, education, training, and experience accurately and in a professional manner. (3) Psycho-educational Specialists shall not use affiliations with persons, associations, or institutions to imply a level of professional competence exceeding that actually achieved. (4) Psycho-educational Specialists shall enlist the assistance of other specialists in supervisory, consultative, or referral roles as appropriate in providing services. (5) Psycho-educational Specialists shall refrain from any activity in which their personal problems or conflicts may interfere with professional effectiveness. Competent assistance is sought to alleviate conflicts in professional relationships. (B) Professional Relationships and Responsibilities. (1) Psycho-educational Specialists shall apply their professional expertise for the purpose of promoting improvement in the quality of life for students, their families, and the school community. (2) Psycho-educational Specialists shall respect all persons and must be sensitive to physical, mental, emotional, political, economic, social, cultural, ethnic, and racial characteristics, gender and sexual orientation, and religion. (3) Psycho-educational Specialists shall be responsible for the direction and nature of their personal loyalties or objectives. When these commitments may influence a professional relationship, the Psycho-educational Specialist shall inform all concerned persons of relevant issues in advance.

(4) Psycho-educational Specialists shall maintain professional relationships with students, parents, the school, and community. Parents and students must be fully informed about all relevant aspects of services in advance, taking into account language and cultural

differences, cognitive capabilities, developmental level, and age so that the explanation may be understood by the student, parent, or guardian. (5) Psycho-educational Specialists shall attempt to resolve situations in which there are divided or conflicting interests in a manner which is mutually beneficial and protective of the rights of all parties involved. (6) Psychoeducational Specialists shall not exploit clients through professional relationships nor condone these actions in their colleagues. All individuals, including students, clients, employees, colleagues, and research participants, shall not be exposed to deliberate comments, gestures, or physical contacts of a sexual nature. Psychoeducational Specialists shall not harass or demean others based on personal characteristics nor engage in sexual relationships with their students, supervisees, trainees, or past or present clients. (7) Psycho-educational Specialists shall not enter into personal or business relationships with students/clients or their parents. (8) Psycho-educational Specialists shall notify the Board if aware of a suspected detrimental or unethical practice of another professional. (9) Psycho-educational Specialists shall respect the confidentiality of information obtained during their professional work and reveal this information only with the informed consent of the client, or the client's parent or legal guardian, except as provided by law. (C) Students. (1) Psycho-educational Specialists shall engage only in professional practices which maintain the dignity and integrity of students and other clients. (2) Psycho-educational Specialists shall explain important aspects of their professional relationships with students and clients in a clear, understandable manner, including the reason why services were requested, who will receive information about the services provided, and the possible outcomes. (3) When a child initiates services, Psycho-educational Specialists shall respect the right of the student or client to initiate, participate in, or discontinue services voluntarily. When another party initiates services, the Psycho-educational Specialists shall make every effort to secure voluntary participation of the child/student. (4) Psycho-educational Specialists shall discuss recommendations, including all alternatives available. (D) Parents, Legal Guardians, and Appointed Surrogates. (1) Psycho-educational Specialists shall explain all services to parents in a clear, understandable manner, and explain options taking into account the values and capabilities of each parent. Provision of services by interns, practicum students, and other unlicensed personnel must be explained and agreed to in advance. (2) Psycho-educational Specialists shall assure that there is direct parent

contact prior to seeing the student/client on an ongoing basis. Frank and prompt reporting to the parent of findings and progress shall be made so long as it conforms to the limits of confidentiality. (3) Psycho-educational Specialists shall encourage and promote parental participation in designing services provided to their children, including when appropriate, linking interventions between the school and the home, tailoring parental involvement to the skills of the family, and helping parents to gain the skills needed to help their children. (4) Psycho-educational Specialists shall respect the wishes of parents who object to services and attempt to guide parents to alternative community resources. (5) Psycho-educational Specialists shall discuss recommendations and plans for assisting the student/client with the parent. The discussion must include alternatives associated with each set of plans, showing respect for the ethnic/cultural values of the family. The parents must be advised as to sources of help available at school and in the community. (6) Psycho-educational Specialists shall discuss the rights of parents and students regarding creation, modification, storage, and disposal of confidential materials. (E) Service Delivery.

(1) Psycho-educational Specialists shall be knowledgeable of the organization, philosophy, goals, objections, and methodologies of the setting in which they are employed. (2) Psycho-educational Specialists shall recognize that an understanding of the goals, processes, and legal requirements of their particular workplace is essential for effective functioning within that setting. (3) Psychoeducational Specialists shall become integral members of the client systems to which they are assigned. (4) Psycho-educational Specialists providing services to several different groups must disclose potential conflicts of interest to all parties. (F) Community. (1) Psycho-educational Specialists shall not engage in or condone practices that discriminate against clients based on race, handicap, age, gender, sexual orientation, religion, national origin, economic status, or native language. (2) Psycho-educational Specialists shall avoid any action that could violate or diminish the civil or legal rights of clients. (3) Psycho-educational Specialists shall adhere to federal, state, and local laws and ordinances governing their practice. (G) Related Professional. (1) Psycho-educational Specialists shall cooperate with other professional disciplines in relationships based on mutual respect. (2) Psycho-educational Specialists shall encourage and support the use of all resources to best serve the interests of students and clients. (3) Psycho-educational Specialists

shall explain their field and their professional competencies, including roles, assignments, and working relationships to other professionals. (4) Psycho-educational Specialists shall cooperate and coordinate with other professionals and agencies with the rights and needs of their clients in mind and must promote coordination of services. (5) Psycho-educational Specialists shall refer a student or client to another professional for services whenever a condition is identified which is outside the professional's competencies or scope of practice. (6) Psycho-educational Specialists shall ensure that all relevant and appropriate individuals, including the student/client when appropriate, are notified when transferring the intervention responsibility. (H) Other Psycho-educational Specialists. (1) Psycho-educational Specialists who employ, supervise, or train other professionals shall provide continuing professional development and must provide appropriate working conditions, fair and timely evaluations, and constructive consultation. (2) Psycho-educational Specialists who supervise interns shall be responsible for all professional practices of the supervisee and assure the students/clients and the profession that the intern is adequately supervised. (I) Advocacy. (1) Psycho-educational Specialists shall be responsible to students/clients when acting as advocates for their rights and welfare. (2) Psycho-educational Specialists shall communicate to the school administration and staff service options, taking into consideration the primary concern for protecting the rights and welfare of students. (J) Assessment and Intervention. (1) Psycho-educational Specialists shall maintain the highest standards for educational and psycho-educational assessment. (2) In conducting psycho-educational, educational, or behavioral evaluations, or in providing therapy, counseling, or consultation services, Psycho-educational Specialists must give consideration to individual integrity and individual differences. (3) Psycho-educational Specialists shall respect the differences in age, gender, sexual orientation, and socioeconomic, cultural and ethnic backgrounds and must select and use appropriate assessment or treatment procedures, techniques, and strategies.

(4) Psycho-educational Specialists must maintain knowledge about the validity and reliability of their instruments and techniques so as to choose those that have up-to-date standardization data and are applicable and appropriate for the benefit of the student/client. (5) Psycho-educational Specialists shall not condone the use of psycho-educational assessment techniques, or

the mis-use of the information these techniques provide, by unqualified persons in any way, including teaching, sponsorship, or supervision. (6) Psycho-educational Specialists shall develop interventions which are appropriate to the presenting problems and are consistent with data collected and must modify or terminate the treatment plan when the data indicate the plan is not achieving the desired goals. (K) Use of Materials and Technology. (1) Psycho-educational Specialists shall maintain test security, preventing the release of underlying principles and specific content that would undermine the use of the device, and shall be responsible for the security requirements specific to each instrument used. (2) Psychoeducational Specialists shall abide by all copyright laws and obtain permission from the authors before reproducing uncopyrighted published instruments. (3) Psycho-educational Specialists shall obtain written prior consent or remove identifying data presented in public lectures or publications. (4) When producing materials for consultation, intervention, teaching, public lectures, or publication, Psycho-educational Specialists shall acknowledge sources and assign credit to those whose ideas are reflected in the product. (5) Psycho-educational Specialists shall not promote or encourage inappropriate use of computer generated test analyses or reports and must select scoring and interpretation services on the basis of accuracy and professional alignment with the underlying decision rules. (6) Psycho-educational Specialists shall bear responsibility for any technological services used. All ethical and legal principles regarding confidentiality, privacy, and responsibility for decisions apply to the Psycho-educational Specialist and cannot be transferred to equipment, software companies, or data processing departments. (7) Technological devices shall be used to improve the quality of client services. (L) Research, Publication, and Presentation. (1) Psycho-educational Specialists shall, when designing and implementing research in schools, employ research methodology, subject selection techniques, data gathering methods, and analysis and reporting techniques which are grounded in sound research practice. (2) Psycho-educational Specialists working in agencies without review committees shall have peer review prior to initiating research. (3) In publishing reports of their research, Psycho-educational Specialists shall provide discussion of limitations of their data and acknowledge existence of disconfirming data, as well as alternate hypotheses and explanations of their findings. (M) Relationships with School Districts. (1) Psycho-educational Specialists employed in both the public and private sector shall separate their roles and protect

and completely inform the consumer of all potential conflicts of interest or concerns. (2) Psycho-educational Specialists shall not accept any form of remuneration from clients who are entitled to the same service provided by the same Psychoeducational Specialists while working in the public sector. This prohibition includes students who attend the non-public schools within the public school assignment area. (3) Psycho-educational Specialists in private practice shall inform parents of any free school psycho-educational services available from the public or private schools prior to delivering such services for remuneration. (4) Psycho-educational Specialists shall conduct all private practice outside of the hours of contracted public employment. (5) Psychoeducational Specialists engaged in private practice shall not use tests, materials, equipment, facilities, secretarial assistance, or other services belonging to the public sector employer, unless approved in advance through a written agreement.

(6) Psycho-educational Specialists shall not barter psychoeducational services. (N) Service Delivery. (1) Psycho-educational Specialists shall conclude a financial agreement in advance of service delivery. (2) Psycho-educational Specialists shall ensure to the best of their ability that the client clearly understands the financial agreement. (3) Psycho-educational Specialists shall not give or receive any remuneration for referring clients for professional services. (4) Psycho-educational Specialists in private practice shall adhere to the conditions of a contract until service thereunder has been performed, the contract has been terminated by mutual consent, or has otherwise been legally terminated. (5) Psychoeducational Specialists shall not engage in personal diagnosis and therapy by means of public lectures, newspaper columns, magazine articles, radio or television programs, or mail. (O) Announcements/ Advertising. (1) Psycho-educational Specialists shall present accurate representations of training, experience, services provided, and affiliations, and shall advertise these in a restrained manner. (2) Listings in telephone directories shall be limited to name, highest relevant degree, state certification/licensure status as provided for by statute, address, telephone number, brief identification of major areas of practice, office hours, appropriate fee information, foreign languages spoken, policy regarding third party payments, and license number. (3) Announcements of services by Psychoeducational Specialists in private practice shall be made in a formal, professional manner, using the guidelines for advertising in the telephone directory. In addition, clear

statements of purposes with unequivocal descriptions of the experiences to be provided shall be given, along with education, training, and experience of all staff members appropriately specified. (4) Psycho-educational Specialists in private practice shall not directly solicit clients for individual diagnosis or therapy. (5) Psycho-educational Specialists shall not compensate in any manner a representative of the press, radio, or television in return for professional publicity in a news item.

Fiscal Impact Statement: There will be no additional cost incurred by the state or any political subdivision.

APPENDIX C - *DISCLAIMER*

The South Carolina Legislative Council is offering access to the unannotated South Carolina Code of Laws on the Internet as a service to the public. The unannotated South Carolina Code on the General Assembly's website is now current through the 2014 session. The unannotated South Carolina Code, consisting only of Code text, numbering, and history may be copied from this website at the reader's expense and effort without need for permission.

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to appropriate staff members of the South Carolina Legislative Council for investigation.

APPENDIX C

TITLE 40 – CHAPTER 75

Professional Counselors, Marriage and Family Therapists, and Licensed Psycho educational Specialists

ARTICLE 1

Professional Counselors and Marriage and Family Therapists

SECTION 40 75 5. Application of Title 40, Chapter 1, Article 1.

Unless otherwise provided for in this chapter, Article 1, Chapter 1 of Title 40 applies to licensed professional counselors, marriage and family therapists, and psycho educational specialists regulated by the Department of Labor, Licensing and Regulation. If there is a conflict between this chapter and Article 1, Chapter 1 of Title 40, the provisions of this chapter control.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 10. Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, and Psycho Educational Specialists; membership.

(A) There is created the Board of Examiners for the Licensure of Professional Counselors, Marriage and Family Therapists, and Psycho Educational Specialists composed of nine members appointed by the Governor. Of the nine members, seven must be professional members, one from each congressional district in the State. Of the professional members, three must be licensed professional counselors, one of whom must be a certified addictions counselor, three must be marriage and family therapists, and one must be a psycho educational specialist. The remaining two members must be at large from the general public and must not be associated with, or financially interested in, the practice of professional counseling, marriage and family therapy, or psycho educational services.

(B) The membership must be representative of race, ethnicity, and gender. The seven professional members must have been actively engaged in the practice of their respective professions or in the education and training of professional counselors, marriage and family therapists, or psycho educational specialists for at least five years prior to appointment. Members may be licensed as a licensed professional

counselor and a marriage and family therapist. Members are eligible for reappointment. Vacancies must be filled in the same manner as the original appointment for the unexpired portion of the term. Each member shall receive per diem, subsistence, and mileage as allowed by law for members of state boards, commissions, and committees for each day actually engaged in the duties of the office, including a reasonable number of days, as determined by board regulation, for preparation and reviewing of applications and examinations in addition to time actually spent in conducting examinations.

HISTORY: 1998 Act No. 396, Section 8; 2012 Act No. 222, Section 10, eff June 7, 2012.

SECTION 40 75 20. Definitions.

As used in this article:

(1) “Alcohol and drug counseling services” means those services offered for a fee as part of the treatment and rehabilitation of persons abusing or dependent upon or affected by alcohol or other drugs and of persons at risk of abusing alcohol or other drugs. The purpose of alcohol and drug counseling services is to help individuals, families, and groups to confront and resolve problems caused by the abuse or dependence upon alcohol or drugs.

(2) “Approved supervisor” means a licensee who has met the requirements for approval as a professional counselor supervisor or marriage and family therapy supervisor, as provided in regulation.

(3) “Assessment” in the practice of counseling and therapy means selecting, administering, scoring, and interpreting evaluative or standardized instruments; assessing, diagnosing, and treating, using standard diagnostic nomenclature, a client’s attitudes, abilities, achievements, interests, personal characteristics, disabilities, and mental, emotional, and behavioral problems that are typical of the developmental life cycle; and the use of methods and techniques for understanding human behavior in relation to, coping with, adapting to, or changing life situations. A counselor may assess more serious problems as categorized in standard diagnostic nomenclature but only if the counselor has been specifically trained to assess and treat that particular problem. If a client presents with a problem which is beyond the counselor’s training and competence, the counselor must refer that problem to a licensed professional who has been specifically trained to diagnose and treat the presenting problem. In all cases, ethical guidelines as established by the board must be followed.

(4) “Board” means the South Carolina Board of Licensed Professional Counselors and Marriage and Family Therapists.

(5) “Client” means a person or patient, whether an individual or a member of a group, a group, an agency or an organization, who receives in an office setting any treatment or service that falls within the scope of practice of a Licensed Professional Counselor or a Marriage and Family Therapist.

(6) “Consulting” means the application of scientific principles and procedures in counseling and human development to provide assistance in understanding and solving current or potential problems that the client may have in relation to a third party, individuals, groups, and organizations.

(7) “Director” means the Director of the Department of Labor, Licensing and Regulation.

(8) “Federally assisted program” means a program directly funded by the federal government, operated by the federal government, certified for Medicaid reimbursement, receiving federal block grant funds through a state or local government, licensed by the federal government, or exempt from paying taxes under a provision of the federal Internal Revenue Code.

(9) “Intern” means an individual who has met the requirements for licensure as a professional counselor intern or a marriage and family therapy intern under this article and has been issued a license by the board.

(10) “License” means an authorization to practice counseling or marriage and family therapy issued by the board pursuant to this article and includes an authorization to practice as a professional counselor intern or marriage and family therapy intern.

(11) “Licensee” means an individual who has met the requirements for licensure under this article and has been issued a license to practice as a professional counselor or professional counselor intern or a marriage and family therapist or marriage and family therapy intern.

(12) “Licensed professional counselor” means an individual who practices professional counseling.

(13) “Marriage and family therapy” means the assessment and treatment of mental and emotional disorders, whether cognitive, affective, or behavioral, within the context of marriage and family Francis Marion Psychology Handbook | 73 systems. Marriage and family therapy involves the application of psycho therapeutic and family systems theories and techniques in the delivery of services to individuals, couples, and families for the purpose of treating diagnosed emotional, mental, behavioral, or addictive disorders.

(14) “Person” means an individual, organization, or corporation, except that only individuals can be licensed under this article.

(15) “Practice of marriage and family therapy” means the rendering of marriage and family therapy services to individuals, couples, and families, singly or in groups, whether these services are offered directly to the general public or through organizations, either public or private.

(16) “Practice of professional counseling” means functioning as a psycho therapist and may include, but is not limited to, providing individual therapy, family counseling, group therapy, marital counseling, play therapy, couples counseling, chemical abuse or dependency counseling, vocational counseling, school counseling, rehabilitation counseling, intervention, human growth and development counseling, behavioral modification counseling, and hypnotherapy. The practice of professional counseling may include assessment, crisis intervention, guidance and counseling to facilitate normal growth and development, including educational and career development; utilization of functional assessment and counseling for persons requesting assistance in adjustment to a disability or handicapping condition; and consultation and research. The use of specific methods, techniques, or modalities within the practice of licensed professional counseling is restricted to professional counselors appropriately trained in the use of these methods, techniques, or modalities.

(17) “Referral” means evaluating and identifying needs of a client to determine the advisability of referral to other specialists, informing the client of this determination, and communicating as requested or considered appropriate with these referral sources.

(18) “Supervision” means the supervision of clinical services in accordance with standards established by the board under the supervision of an approved supervisor.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 30. Licensure requirement.

(A) It is unlawful for a person to practice as a professional counselor or a marriage and family therapist as defined within this article in this State without being licensed in accordance with this article. A professional counselor intern may practice only under the direct supervision of a licensed professional counselor supervisor. A marriage and family therapy intern may practice only under the direct supervision of a licensed marriage and family therapist supervisor, as approved by the board.

(B) A person is guilty of practicing without a license if the person represents himself or herself to be a marriage and family therapist by the use of any title

or description of services which incorporates the words “licensed marital and family therapist”, “licensed marriage and family therapist”, “marital and family therapist”, “marriage and family therapist”, or “marriage and family counselor” to describe a function or service performed without being licensed by the board. However, members of other professions licensed in this State including, but not limited to, attorneys, physicians, psychologists, registered nurses, or social workers performing duties consistent with the laws of this State, their training, and any code of ethics of their profession are not considered to be practicing without a license if they do not represent themselves as being licensed pursuant to this article.

(C) A person is guilty of practicing without a license if the person represents himself or herself to be a professional counselor by the use of any title or description of services which incorporates the words “licensed professional counselor”, “professional counselor”, or “licensed counselor” without being licensed by the board. However, members of other professions licensed in this State including, but not limited to, attorneys, physicians, psychologists, registered nurses, or social workers performing duties consistent with the laws of this State, their training, and any code of ethics of their professions are not considered to be practicing without a license if they do not represent themselves as being licensed pursuant to this article.

(D) A person may not represent or advertise himself or herself as an addictions counselor without being certified by the South Carolina Association of Alcoholism and Drug Abuse Counselors Certification Commission or the National Association of Alcoholism and Drug Abuse Counselors Certification Commission or comparable certification issued through an international Certification Reciprocity Consortium/Alcohol and Other Drug Abuse approved certification board or comparable certification issued through a certification board that has been approved by the South Carolina Association of Alcoholism and Drug Abuse Counselors Certification Commission.

(E) A licensed professional counselor or a licensed marital and family therapist may not use the title of “psycho therapist”.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 40. Nomination and appointment of board members; vacancies; replacements.

Board members from the general public may be nominated by an individual, group, or association and must be appointed by the Governor in accordance with

Section 40 1 45. In case of a vacancy on the board, the chair, with the consent of a majority of the sitting board members, may appoint a temporary replacement for the vacated seat. The replacement shall serve until the Governor appoints a replacement for the vacated seat and the appointee qualifies. In all cases, the replacement appointed must fill the same professional or consumer capacity as the predecessor in office held.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 50. Election of officers; establishment and duties of standards committees.

(A) In addition to the powers and duties enumerated in Section 40 1 50, the board shall, at the first board meeting in each calendar year elect from the professional membership a president, a vice president, and any other officer it considers necessary. Regular meetings must be held upon the call of the president or any two members of the board. A majority of the members of the board constitutes a quorum.

(B) (1) The board shall establish the following standards committees:

(a) A licensed professional counselor standards committee composed of a minimum of two professional board members who are licensed professional counselors, one of whom board concerning the investigation. If the board desires to proceed further, it may file a formal accusation charging the licensee with a violation of this chapter or a regulation promulgated pursuant to this chapter. The accusation must be signed by the president or vice president on behalf of the board. When the accusation is filed and the board has set a date and a place for a hearing on the accusation, the administrator shall notify the accused in writing not less than thirty days prior to the hearing and a copy of the accusation must be attached to the notice. The notice must be served personally or sent to the accused by registered mail, return receipt requested, directed to the last mailing address furnished to the board. The post office registration receipt signed by the accused, his agent, or a responsible member of his household or office staff, or, if not accepted by the person to whom addressed, the postal authority stamp showing the notice refused, is prima facie evidence of service of the notice.

(B) The accused has the right to be present and present evidence and argument on all issues involved, to present and to cross examine witnesses, and to be represented by counsel, at the accused’s expense. For the purpose of these hearings, the board may require by subpoena the attendance of witnesses and the production of documents and other evidence and may

administer oaths and hear testimony, either oral or documentary, for and against the accused. All investigations, inquiries, and proceedings undertaken under this chapter must be confidential, except as hereinafter provided.

(C) Every communication, whether oral or written, made by or on behalf of any complainant to the board or its agents or any member of the board, pursuant to this chapter, whether by way of complaint or testimony, is privileged and no action or proceeding, civil or criminal, may lie against any person by whom or on whose behalf the communication is made, except upon proof that the communication was made with malice.

(D) No person connected with any complaint, investigation, or other proceeding before the board, including, but not limited to, any witness, counsel, counsel's secretary, board member, board employee, court reporter, or investigator may mention the existence of the complaint, investigation, or other proceeding or disclose any information pertaining to the complaint, investigation, or proceeding, except to persons involved and having a direct interest in the complaint, investigation, or other proceeding and then only to the extent necessary for the proper disposition of the complaint, investigation, or other proceeding. However, if the board receives information in any complaint, investigation, or other proceeding before it indicating a violation of a state or federal law, the board may provide that information, to the extent the board considers necessary, to the appropriate state or federal law enforcement agency or regulatory body. Nothing contained in this section may be construed so as to prevent the board from making public a copy of its final order in any proceeding, as authorized or required by law.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 100. Issuance of cease and desist orders or temporary restraining orders; injunction restraining conduct.

(A) In addition to other remedies provided for in this chapter or Chapter 1 of Title 40, the board in accordance with Section 40 1 100 may issue a cease and desist order or may petition an administrative law judge for a temporary restraining order or other equitable relief to enjoin a violation of this chapter or a regulation promulgated under this chapter.

(B) If the board has reason to believe that a person is violating or intends to violate a provision of this chapter or a regulation promulgated under this chapter, it may, in addition to all other remedies, order the

person to desist immediately and refrain from the conduct. The board may apply to an administrative law judge for an injunction restraining the person from the conduct. The judge may issue a temporary injunction ex parte not to exceed ten days and, upon notice and full hearing, may issue any other order in the matter it considers proper. No bond may be required of the board by the judge as a condition to the issuance of an injunction or order contemplated by the provisions of this section.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 110. Revocation, suspension, reprimand, or restriction of licensee; grounds for discipline.

(A) The board may revoke, suspend, publicly or privately reprimand, or restrict a licensee or otherwise discipline a licensee when it is established to the satisfaction of the board that a licensee has:

(1) uttered a false or fraudulent statement or forged a statement or document or committed or practiced a fraudulent, deceitful, or dishonest act in connection with license requirements;

(2) been convicted of a felony or other crime involving moral turpitude. Forfeiture of a bond or a plea of nolo contendere is the equivalent of a conviction;

(3) violated a regulation, directive, or order of the board;

(4) knowingly performed an act which substantially assists a person to practice counseling or marriage and family therapy illegally;

(5) caused to be published or circulated directly or indirectly fraudulent, false, or misleading statements as to the skills or methods or practice of a license holder when malice is shown;

(6) failed to provide and maintain reasonable sanitary facilities;

(7) sustained physical or mental impairment or disability which renders practice dangerous to the public;

(8) violated the code of ethics adopted by the board in regulations;

(9) obtained fees or assisted in obtaining fees under deceptive, false, or fraudulent circumstances;

(10) used an intentionally false or fraudulent statement in a document connected with the practice of professional counseling or marriage and family therapy;

(11) been found by the board to lack the professional competence to practice;

(12) practiced during the time his license has lapsed or been suspended or revoked;

(13) practiced the profession or occupation while under the influence of alcohol or drugs or uses alcohol or drugs to such a degree as to render him unfit to practice his profession or occupation.

(B) In addition to other remedies and actions incorporated in this chapter, the license of a licensee adjudged mentally incompetent by a court of competent jurisdiction must be suspended automatically by the board until the licensee is adjudged competent by a court of competent jurisdiction.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 120. Sanctions.

Upon a determination by the board that one or more of the grounds for discipline of a licensee exists, as provided for in Section 40 75 110 or 40 1 110, the board may impose sanctions as provided in Section 40 1 120, including imposing a fine of not more than one thousand dollars for each violation.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 130. Denial of licensure.

As provided for in Section 40 1 130, the board may deny licensure to an applicant based on the same grounds for which the board may take disciplinary action against a licensee.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 140. Denial of license based on person's prior criminal record not permitted.

A license may not be denied based solely on a person's prior criminal record as provided for in Section 40 1 140.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 150. Voluntary surrender of license.

A licensee under investigation for a violation of this chapter or a regulation promulgated under this chapter may voluntarily surrender the license in accordance with Section 40 1 150.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 160. Appeal.

A person aggrieved by a final action of the board may seek review of the decision in accordance with Section 40 1 160.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 170. Payment of investigation and prosecution costs.

A person found in violation of this chapter or a regulation promulgated under this chapter may be required to pay costs associated with the investigation and prosecution of the case in accordance with Section 40 1 170.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 180. Collection and enforcement of imposed costs and fines.

All costs and fines imposed pursuant to this chapter must be paid in accordance with and are subject to the collection and enforcement provisions of Section 40 1 180.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 190. Confidentiality of client communications; exceptions.

(A) No person licensed under this chapter, and no person's employees or associates, shall disclose any information which he or she may have acquired during the course of treatment, except in these instances:

(1) as mandated by Section 63 7 310, requiring certain professionals to report suspected child abuse and neglect and Section 43 35 85, requiring certain professionals to report suspected abuse, neglect, or exploitation of a vulnerable adult;

(2) to prevent a clear and immediate danger to a person or persons;

(3) if the licensee is a defendant in a civil, criminal, or disciplinary action arising from the course of treatment, in which case confidences may be disclosed only in the course of that action;

(4) if the client is a party in a criminal or civil proceeding, including a commitment proceeding;

(5) if a client introduces his mental condition as an element of a claim or defense;

(6) if there is a waiver of confidentiality previously obtained in writing, this information may be revealed only in accordance with the terms of the waiver. In circumstances where more than one person in a family receives treatment conjointly, each family member who is legally competent to execute a waiver must agree to the waiver referred to in this item. Without a waiver from each family member legally competent to execute a waiver, no confidences may be disclosed.

(B) All communications between clients and their licensed professional counselor or marriage and family

therapist are considered privileged as provided in Section 19 11 95, protecting confidences between patients of mental illness or emotional condition and licensees under this chapter, and as provided in Section 19 11 100, providing limited protection for persons engaged in the gathering of information for journalistic or literary purposes. Additionally, a licensed professional counselor or a licensed marital and family therapist must maintain privileged communications and patient confidentiality as required of psycho therapists. All records of treatments maintained by a licensed professional counselor or marriage and family therapist are confidential and must not be disclosed except under the circumstances provided for in this subsection.

(C) A person licensed under this chapter must comply with all applicable state and federal confidentiality laws. A person licensed under this chapter who is employed by, or serves as part of a federally assisted program as defined in the Public Health Service Act, Title 42, Code of Federal Regulation, Part 2 may not release the identity of any person in alcohol or drug abuse treatment except as provided in the Public Health Service Act, Title 42, Code of Federal Regulation.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 200. Violations of chapter; penalty.

(A) A person who practices or offers to practice as a counselor or therapist in this State in violation of this chapter or a regulation promulgated under this chapter or who knowingly submits false information to the board for the purpose of obtaining a license is guilty of a misdemeanor and, upon conviction, must be fined not more than one thousand dollars or imprisoned for not more than six months, or both.

(B) A person violating any other provision of this chapter or a regulation promulgated under this chapter is guilty of a misdemeanor and, upon conviction, must be fined not more than one thousand dollars or imprisoned for not more than six months, or both.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 210. Civil penalties; injunctive relief.

In addition to initiating a criminal proceeding for a violation of this chapter, the board may seek civil penalties and injunctive relief in accordance with Section 40 1 210.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 220. Licensure as professional counselor or marriage and family therapist; requirements.

To be licensed by the board as a professional counselor or marriage and family therapist, an individual must:

(1) pay the appropriate fees and pass an examination approved by the board;

(2) complete forms prescribed by the board;

(3) successfully complete a minimum of forty eight graduate semester hours during a master's degree or higher degree program and have been awarded a graduate degree as provided in regulation. All course work, including any additional core coursework, must be taken at a college or university accredited by the Commission on the Colleges of the Southern Association of Colleges and Schools, one of its transferring regional associations, the Association of Theological Schools in the United States and Canada, or a post degree program accredited by the Commission on Accreditation for Marriage and Family Therapy Education or a regionally accredited institution of higher learning subsequent to receiving the graduate degree.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 230. Licensure as counselor supervisor or marriage and family therapist supervisor; requirements.

To be licensed as a counselor supervisor or marriage and family therapist supervisor, an individual must:

(1) be licensed in South Carolina in the discipline for which the supervisor license is sought;

(2) have been in the practice of counseling or marriage and family therapy for at least five years;

(3) have met the additional requirements prescribed by the board in regulation.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 240. Intern licenses.

A professional counselor intern or marriage and family therapy intern license must be issued to an applicant who has satisfied the educational requirements, as specified by the board in regulation, for licensure but who has not yet completed the supervision or experience requirements and has passed the examination required for licensure. An intern who has not completed the requirements for licensure

within two years may apply to the board for an extension.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 250. Issuance of license; display; renewal.

(A) If an applicant satisfies all licensure requirements as provided for in this article, the board may issue a license to the applicant. A license is a personal right and not transferable, and the issuance of a license is evidence that the person is entitled to all rights and privileges of a licensed professional counselor or a marriage and family therapist, or of an intern, while the license remains current and unrestricted. However, the license is the property of the State and upon suspension or revocation immediately must be returned to the board.

(B) A person licensed under this chapter must display the license in a prominent and conspicuous place in the primary place of practice.

(C) Licenses issued under this chapter must be renewed every two years upon the payment of a renewal fee and upon the fulfillment of continuing education as determined by the board in regulation.

(D) A licensee who allows the license to lapse by failing to renew the license as provided in this section may be reinstated by the board upon payment of a reinstatement fee and the current renewal fee. The board, by regulation, may impose additional requirements for reinstatement.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 260. State reciprocity agreements; licensure of applicants licensed in other jurisdictions or educated in foreign countries.

(A) The board may enter into a reciprocal agreement with any state that credentials professional counselors and marriage and family therapists if the board finds that the state has substantially the same or higher licensure requirements.

(B)(1) The board may license an individual who is currently credentialed or meets the requirements of a licensed professional counselor or a licensed marriage and family therapist in another jurisdiction of the United States if the individual has met the same or higher requirements.

(2) The board shall delineate in regulation procedures for verifying an applicant's credentials from another jurisdiction.

(3) The board may not license an applicant who is under investigation in this or another jurisdiction for an

act that would constitute a violation of this chapter until the investigation is complete. When deciding a case, the board shall determine what, if any, rules or discipline apply.

(C) The board may grant a license to practice professional counseling or marriage and family therapy to an applicant who has completed an educational program in a college or university in a foreign country if the applicant:

(1) meets all requirements of this article; and

(2) demonstrates to the satisfaction of the board that the applicant's experience, command of the English language, and completed academic program meet the standards of a relevant academic program of an accredited educational institution within the United States. If the requirements of this item are met, the applicant must be considered to have received the education from an accredited educational institution as required by this article.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 270. Statement of professional disclosure.

A licensee shall make available to each client a copy of a statement of professional disclosure. The statement of professional disclosure shall include the licensee's address and telephone number, fee schedule, educational training, and area of specialization. The professional disclosure statement shall also explicitly denote that sexual intimacy between a practitioner and a client is prohibited.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 280. Code of ethics; treatment for impaired practitioners; regulations.

The board may promulgate regulations setting forth a code of ethics for licensees and shall establish regulations pertaining to treatment for impaired practitioners.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 285. Application of article.

This article is for the regulation of the practice of licensed professional counselors and marriage and family therapists only and does not prevent human resource professionals, business consultants, and other persons from providing advice and counseling in their organizations or affiliated groups or to their companies and employees of their companies or from engaging in activities performed in the course of their employment.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 290. Persons not affected by article.

This article does not apply to:

(1) salaried employees performing duties for which they were trained and hired solely within a federal, state, county, or local:

- (a) governmental agency;
- (b) licensed mental health or alcohol or drug abuse facility;
- (c) accredited academic institutions;
- (d) licensed, formally accredited nonprofit agencies; or
- (e) research institutions.

(2) persons pursuing a course of study in a regionally accredited educational or training facility as a formal part of a process to obtain a license associated with this article, if the services constitute a part of a supervised course of study;

(3) nonresidents, appropriately licensed or credentialed in their home state, who offer services within this State, if these services are performed for no more than five days a month, and no more than thirty days in any calendar year;

(4) volunteers accountable to a sponsoring agency;

(5) qualified members of other professionals licensed in this State including, but not limited to, attorneys, physicians, psychologists, registered nurses, or social workers performing duties consistent with the laws of this State, their training, and any code of ethics of their profession if they do not represent themselves as being licensed pursuant to this article;

(6) a minister, priest, rabbi, or clergy person of any religious denomination or sect, when the activities are within the scope of performance of his or her regular or specialized ministerial duties, and no fee is received by him or her; or when these activities are performed, with or without compensation, by a person under the auspices or sponsorship of an established church, denomination, or sect and when the person rendering services remains accountable to the established authority and does not hold himself or herself out to the public as possessing a license issued pursuant to this article;

(7) members of peer groups or self-help groups when engaging in or offering self-help assistance as part of peer support groups or self-help organizations including, but not limited to, Alcoholics Anonymous (AA) or Narcotics Anonymous (NA), AA or NA sponsorship, or other uncompensated alcohol or other drug abuse or dependent services;

(8) a person who holds a certification as an addictions counselor from the South Carolina Association of Alcoholism and Drug Abuse Counselor Certification Commission, the National Association of Alcoholism and Drug Abuse Counselor Certification Commission, or an International Certification Reciprocity Consortium approved certification board may perform alcohol and drug abuse counseling services if that person works under the direct supervision of a behavioral health professional who is employed in a position that is directly or indirectly funded through the South Carolina Department of Alcohol and Other Drug Abuse Services or its local contract provider programs; and

(9) a person who holds a certification as an addictions counselor from the South Carolina Association of Alcoholism and Drug Abuse Counselor Certification Commission, the National Association of Alcoholism and Drug Abuse Counselor Certification, an International Certification Reciprocity Commission approved certification board, the American Academy of Health Care Providers in the Addictive Disorders, the National Board for Certified Counselors, Inc., or any other equivalent, nationally recognized, and South Carolina Department of Alcohol and Other Drug Abuse Services approved association or accrediting body that includes similar competency based testing, supervision, education, and substantial experience may perform alcohol and drug abuse counseling services in a methadone treatment facility. Persons employed in a methadone treatment facility who lack credentialing may work under the supervision of a credentialed counselor if the person is also enrolled in, and progressing toward, a certification, as referenced in this item, and may not represent or advertise himself as a licensed professional counselor or a licensed marriage and family therapist.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 295. Third party payers not obligated to provide or pay for services under this chapter.

Nothing in this article may be construed to require a health maintenance organization, a self-funded plan, an accident and health insurer, or any other third party payer to provide services or to pay for services provided for in this chapter.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 300. Licensure for alcohol and drug counselors.

The board shall establish licensure for alcohol and drug counselors consistent with regulations promulgated by the department and the South Carolina Department of Alcohol and Other Drug Abuse Services.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 310. Severability.

If a provision of this chapter or the application of a provision to a person or circumstance is held invalid, the invalidity does not affect other provisions or applications of this chapter which can be given effect without the invalid provision or application and, to this end, the provisions of this chapter are severable.

HISTORY: 1998 Act No. 396, Section 8.

ARTICLE 3

Psycho educational Specialists

SECTION 40 75 510. Board to administer provisions of article and issue licenses.

The Board of Examiners for the Licensure of Professional Counselors, Marriage and Family Therapists, and Psycho educational Specialists shall administer the provisions of this article and is the sole authority for issuing licenses pursuant to this article.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 520. Licensed psycho educational specialist practice; description.

(A) The practice of a licensed psycho educational specialist is the utilization of a unique blend of training, incorporating skills and knowledge of psychology and education, to provide services addressing the educational, personal, and social needs of children and adolescents through assessment, intervention, consultation, counseling, information and referral, planning, training, and supervision in return for compensation. The practice of a licensed psycho educational specialist includes:

(1) conducting psycho educational assessments of individual needs using formal and informal psycho educational measurement techniques including standardized measures of intelligence, aptitude, achievement, skills, development, personality traits, personal and social adjustment, interests, functional assessment, direct observation, interviews with parents, teachers, and other professionals, family histories, ecological data, criterion referenced measures, and curriculum based assessment;

(2) interpreting assessment data and design and, when appropriate, providing interventions as indicated by the information;

(3) participating in instructional support and intervention teams;

(4) providing group and individual educational counseling for problems of learning, school adjustment, and academic performance;

(5) evaluating information and determining the need for referral to appropriate specialists and supportive services;

(6) providing consultation to clients, parents, teachers, school administrators, school systems, and professional colleagues;

(7) assisting in designing, planning, and developing instructional programs and curriculum;

(8) supervising the work of other licensed psycho educational specialists.

(B) Whenever important aspects of a case fall outside the licensed psycho educational specialist's competence, the specialist must obtain appropriate consultations and referrals. A licensed psycho educational specialist must not attempt to diagnose, prescribe for, treat, or advise a client with reference to a complaint which is outside the scope of practice as provided for in this article.

(C) A licensed psycho educational specialist employed by a school district may provide private sector services to students living within that district if the:

(1) parent, guardian, surrogate, or adult client is informed in writing, before services are provided, of the individual's eligibility for free services of the same kind from the school district;

(2) client is not a student assigned to any school to which the licensed psycho educational specialist is assigned;

(3) parent, guardian, surrogate, or adult client is informed that the licensed psycho educational specialist may not function as an independent evaluator;

(4) licensed psycho educational specialist does not provide private sector services during hours of contracted employment with a school district;

(5) licensed psycho educational specialist does not use his or her position within a school district to offer or promote private sector services;

(6) licensed psycho educational specialist does not utilize tests, materials, or services belonging to the school district in providing private sector services.

(D) School districts employing licensed psycho educational specialists on a contractual basis during the school year may require, upon contract renewal,

notification of intent to perform psycho educational services in the private sector.

(E) Persons whose practice is covered in this section shall use the title “Licensed Psycho educational Specialist” in any advertisement, solicitation, or other written contract with members of the public. The term “South Carolina Department of Education Certified in School Psychology”, along with the certificate number, must be used only in conjunction with the title “Licensed Psycho educational Specialist”, and only on letterhead, on business cards, and as a signature line in reports written for South Carolina Department of Education schools or private schools.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 530. Application procedures; qualifications.

An applicant for licensure shall complete procedures for application as prescribed by the Board of Examiners for the Licensure of Professional Counselors, Marriage and Family Therapists, and Licensed Psycho educational Specialists. An applicant must furnish the board with satisfactory evidence that the applicant:

(1) holds from a regionally accredited institution of higher education whose program is approved by the National Association of School Psychologists or the American Psychological Association or from a degree program which the board finds to be substantially equivalent based on criteria established by the board in regulation:

- (a) a master’s degree plus thirty hours;
- (b) a sixty hour master’s degree;
- (c) a specialist’s degree, which must require sixty semester hours or ninety quarter hours; or
- (d) a doctorate in school psychology;

(2) is certified by the South Carolina Department of Education as a school psychologist level II or III;

(3) has served successfully for at least two years as a certified school psychologist in a school psychology or comparable setting, at least one year of which must have been under the supervision of a licensed psycho educational specialist;

(4) has made a satisfactory score, as prescribed by the board, on the Educational Training Service’s School Psychology Examination.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 540. Regulations for continuing education; license renewal.

The board shall promulgate regulations in accordance with Chapter 23, Title 1 (Administrative Procedures Act) establishing requirements for continuing education which must be met by a person licensed as a licensed psycho educational specialist. An applicant for license renewal shall present evidence satisfactory to the board that continuing education requirements have been met.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 550. Issuance of license to person furnishing satisfactory evidence to licensure board in another state.

Upon application, accompanied by the required fee, the board may issue a license to a person who has furnished evidence satisfactory to the board of licensure in another state, a territorial possession of the United States, the District of Columbia, or the commonwealth of Puerto Rico, if the requirements for licensure are equivalent to the requirements of this article, pursuant to the determination of the board.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 560. Use of Licensed Psycho educational Specialist title.

(A) A person licensed pursuant to this article may use the title “Licensed Psycho educational Specialist” and the letters “LPES” following his or her name.

(B) It is unlawful for a person who is not licensed in accordance with this article to use the title “Licensed Psycho educational Specialist”.

(C) A licensee shall display his or her license in a prominent place at each place of practice.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 570. Credential lines to be used for work done for school district or private school.

Notwithstanding the provisions of Chapter 55, Title 40, additional credential lines must be used to indicate legitimate qualifications of the licensee whenever the work being done is for use by a school district or private school. Credential lines shall follow the typed or printed name of the licensee. For South Carolina Department of Education school psychologists, level II, the credential line shall read “Licensed Psycho educational Specialist, Certified by South Carolina Department of Education in School Psychology, Certification No. __”; For Department of Education school psychologists, level III, the credential line shall read “Licensed School Psychologist,

Certified by South Carolina Department of Education in School Psychology, Certification No. _”; however, to use this credential line a level III school psychologist must be licensed by the South Carolina Board of Examiners in Psychology.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 580. Application of Article 1.

The provisions of Article 1 pertaining to the administrative responsibilities of licensure and regulatory requirements applicable to professional counselors and marriage and family therapists that are not inconsistent with this article also pertain to the licensure and regulation of licensed psycho educational specialists.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 590. Code of ethics regulations

The board shall promulgate regulations necessary to carry out the provisions of this article including a code of ethics for licensed psycho educational specialists using as resources the code of ethics of the National Association of School Psychologists and other relevant organizations.

HISTORY: 1998 Act No. 396, Section 8.

SECTION 40 75 600. Payment of benefits and claims against third parties.

Nothing in this article may be construed to create a right in a psycho educational specialist to:

(1) have paid to a licensed psycho educational specialist a benefit under:

(a) a self-funded plan providing benefits to residents of this State;

(b) accident and health insurance provided to residents of this State;

(c) a plan of operation established by a health maintenance organization licensed in this State; or

(2) have a claim against a third party payer, however situated.

HISTORY: 1998 Act No. 396, Section 8.

MSAP PRACTICUM FORMS



FRANCIS MARION UNIVERSITY
Department of Psychology, M.S. Program in Applied Psychology

AGENCY AGREEMENT FOR SUPERVISION OF PRACTICUM STUDENT

Agency: Agency Name: _____ Date: _____

Address: _____ Phone: _____

Contact Person: _____

Student: Name: _____ Placement Dates: _____

Course #, title, FMU instructor (for 600C): _____

Anticipated Graduate Student Activities
Assessment Activities:

Therapy Activities:

Other Activities:

On-Site (Agency) Supervisor Information:

Name: _____ Title: _____

Credentials/Licensure (e.g., M.S. in Psychology, LPC or LPC-S): _____

Placement Information:

Start Date: _____ End Date: _____ Expected hours to work per week: _____

Approved By:

Student

On-Site Supervisor for Practicum Student

Ronald Murphy, Ph.D.

Agency Director



FRANCIS MARION UNIVERSITY
Department of Psychology, M.S. Program in Applied Psychology

MSAP PRACTICUM LOG INSTRUCTIONS

1. Each time a professional activity is completed, it should be logged on the form. We recommend typing these logs, perhaps using an electronic spreadsheet or database. These forms are placed in your permanent file and are a source of reference used to generate information when you seek future employment or LPC licensure, for example. If you wish, you may create your own form using spreadsheet software as long as you include all of the necessary information.
2. For each completed activity, record the date on which the activity took place, the site at which the activity took place (e.g., FMU campus, name of mental health agency), and the number of hours consumed by the activity. For activities that occupied part of an hour, record the hours as decimals and round the time to the nearest quarter hour (e.g. 30 minutes = .5 hour, one hour and 15 minutes = 1.25 hours, one hour and 5 minutes = 1 hour, two hours and 50 minutes = 3 hours, etc.).
3. To record the nature of the activity, first record the activity code. An activity code key is near the bottom of the form. Supervision = S, Client-Contact Activities = CT, Assessment = AT, Consultation = C, Research Activities = R, Administrative Activities = A, and Other Activities = O. Examples for each of these types of activities are provided on the form.
4. After recording the activity code, include a brief description of the activity. Examples:
S, discussion of assessment case with supervisor.
S, review of therapy cases seen this week with supervisor.
AT, scored/interpreted tests and wrote disability assessment report for 42 y.o. Caucasian female
CT, intake assessment of 16 y.o., A-A male suspected to have Bipolar Disorder
(Note: All client-contact activities should include a description of the nature of the activity [e.g., assessment or intervention] and a description of the client's sex, race, age, and diagnostic category).
C, meeting with client's teacher regarding implementation of behavioral intervention plan
(Note: All consultation activities should note the role of the consultee [e.g., parent, teacher] and the phase of the consultation [e.g., problem identification, problem analysis, plan implementation, plan monitoring, plan evaluation]).

* In addition, all activities should be coded **CW** or **OS**, to indicate whether the activity was part of your coursework (CW) or part of your on-site (OS) practicum experiences. You are required to accrue a minimum of 50 hours on-site at your practicum placement, in addition to whatever activities you log as part of your coursework. *Maintaining a record of all practicum activities, both on-site and those that are part of your coursework, will help you develop your licensure and job applications in the future.*
5. When you reach the bottom of each page, you must total the hours spent in each type of activity and record them at the bottom of the form on the appropriate line.
6. *Monthly total*: Total the hours spent in all activities for the month and record the total hours on the appropriate line.
7. *Cumulative total*: Calculate the cumulative total for all activities, all months to date (all hours since beginning the internship).
8. Request that the practicum site supervisor and FMU practicum supervisor review, initial, and date the form.



FRANCIS MARION UNIVERSITY
Department of Psychology, M.S. Program in Applied Psychology

MSAP Practicum Log

Once supervisors' initials are obtained, practicum logs are filed in the student's Psychology Department record.

Student: _____ **Practicum Site:** _____

FMU Course: _____ (Check: 600-A 600-B 600-C) **Instructor:** _____

Practicum Hours for _____ (month and year)

Date	Site	Hours	Activity Code/Description	CW/OS*

Code	Description	Monthly Total (hours)	Cum. Total (hours)
S	Supervision Hours (e.g., face-to-face supervision, group supervision)		
CT	Client-Contact Hours (e.g., intake interview, counseling, testing, observation)		
AT	Assessment Hours (e.g., scoring, or interpreting tests, writing reports)		
C	Consultation Hours (e.g., direct contact with consultees, consultation meetings)		
R	Research Hours (e.g., data collection/analysis, program evaluation, literature research)		
A	Administrative Hours (e.g., scheduling, chart review, note writing)		
O	Other Hours (e.g., staff meetings, in-service training sessions, conferences)		

***CW/OS:** Coursework or On-Site **TOTAL CUMULATIVE HOURS:** _____

FMU SUPERVISOR'S INITIALS _____ **AGENCY SUPERVISOR'S INITIALS** _____

DATE: _____ **DATE:** _____

MSAP INTERNSHIP FORMS



FRANCIS MARION UNIVERSITY

Department of Psychology, M.S. Program in Applied Psychology

AGENCY AGREEMENT FOR SUPERVISION OF PSYCHOLOGY INTERN

Once signatures are obtained, this form will be filed in the student's Psychology Department record.

Agency Name: _____ **Date:** _____

Address: _____ **Phone:** _____

Contact Person: _____

Intern: _____ **Anticipated Graduation Date:** ____/____/____

Psychology Intern Job Description

Assessment Activities:

Therapy Activities:

Other Activities:

Anticipated frequency and modality of supervision:

On-Site (Agency) Supervisor Information:

Name: _____ **Title:** _____

Credentials/Licensure (e.g., M.S. in Psychology, LPC or LPC-S): _____

Placement Information:

Start Date: _____ **End Date:** _____ **Intern's Salary:** _____

Expected hours to work per week: _____ **Total expected clinical hours:** _____

Approved By:

Psychology Intern

Agency Site Supervisor for Intern

Ronald Murphy, Ph.D.
FMU Internship Coordinator

Agency Director

**MSAP INTERNSHIP LOG INSTRUCTIONS**

1. Each time a professional activity is completed, it should be logged on the form. We recommend typing these logs, perhaps using an electronic spreadsheet or database. These forms are placed in your permanent file and are a source of reference used to generate information when you seek future employment or LPC licensure, for example. If you wish, you may create your own form using spreadsheet software as long as you include all of the necessary information.
2. For each completed activity, record the date on which the activity took place, the site at which the activity took place (e.g., FMU campus, name of mental health agency), and the number of hours consumed by the activity. For activities that occupied part of an hour, record the hours as decimals and round the time to the nearest quarter hour (e.g. 30 minutes = .5 hour, one hour and 15 minutes = 1.25 hours, one hour and 5 minutes = 1 hour, two hours and 50 minutes = 3 hours, etc.).
3. To record the nature of the activity, first record the activity code. An activity code key is near the bottom of the form.
Supervision = S, Client-Contact Activities = CT, Assessment = AT, Consultation = C, Research Activities = R, Administrative Activities = A, and Other Activities = O. Examples for each of these types of activities are provided on the form.
4. After recording the activity code, include a brief description of the activity. Examples:
S, discussion of assessment case with supervisor.
S, review of therapy cases seen this week with supervisor.
AT, scored/interpreted tests and wrote disability assessment report for 42 y.o. Caucasian female
CT, intake assessment of 16 y.o., A-A male suspected to have Bipolar Disorder
(Note: All client-contact activities should include a description of the nature of the activity [e.g., assessment or intervention] and a description of the client's sex, race, age, and diagnostic category).
C, meeting with client's teacher regarding implementation of behavioral intervention plan
(Note: All consultation activities should note the role of the consultee [e.g., parent, teacher] and the phase of the consultation [e.g., problem identification, problem analysis, plan implementation, plan monitoring, plan evaluation]).
CT, counseling session with 23 y.o., Caucasian female with adjustment difficulties subsequent to dissolution of romantic relationship
5. When you reach the bottom of each page, you must total the hours spent in each type of activity and record the totals at the bottom of the form on the appropriate line.
6. *Monthly total:* Total the hours spent in all activities for the month and record on the appropriate line.
7. *Cumulative total:* Calculate the cumulative total for all activities, all months (all hours since beginning the internship). Also report the percentage of all clinical hours that have been spent in direct client contact.
8. Request that the internship site supervisor and FMU internship supervisor review, initial, and date the form.



MSAP Internship Log

Once supervisors' initials are obtained, internship logs will be filed in the student's Psychology Department record.

Intern: _____ **Site Supervisor:** _____
Agency: _____ **Placement Dates:** _____

Internship hours for _____ *(month and year)*

Date	Site	Hours	Activity Code/Description

Code	Description	Monthly Total (hours)	Cum. Total (hours)
S	Supervision Hours (e.g., face-to-face supervision, group supervision)		
CT	Client-Contact Hours (e.g., intake interview, counseling, testing, observation)		
AT	Assessment Hours (e.g., scoring, or interpreting tests, writing reports)		
C	Consultation Hours (e.g., direct contact with consultees, consultation meetings)		
R	Research Hours (e.g., data collection/analysis, program evaluation, literature research)		
A	Administrative Hours (e.g., scheduling, chart review, note writing)		
O	Other Hours (e.g., staff meetings, in-service training sessions, conferences)		

% OF TOTAL HOURS DIRECT CLIENT CONTACT: _____ **TOTAL CUMULATIVE HOURS:** _____

FMU SUPERVISOR'S INITIALS _____ **AGENCY SUPERVISOR'S INITIALS** _____
DATE: _____ **DATE:** _____

**Master of Science Program in Applied Psychology
Clinical/Counseling Option
Francis Marion University**

Please sign and return this form to the Administrative Assistant in CEMC 109 by September 15, 2016 (for students entering in fall) or January 31, 2017 (for students entering in spring). This form will be placed in your academic file in the Psychology Department.

My signature below indicates that I have read and understand the material contained within the 2016 – 2017 Clinical/Counseling Option *Handbook* and, furthermore, that I agree to abide by the American Psychological Association’s (2002) *Ethical Principles of Psychologists and Code of Conduct*, the American Counseling Association’s (2005) *Code of Ethics*, and the Ethical Standards and guidelines for Candidate Conduct outlined in the FMU Student Handbook, FMU *Catalog*, and this Clinical/Counseling Graduate Student Handbook.

Student

Date

Erica L. James, Ph.D.
Coordinator, Clinical/Counseling Option

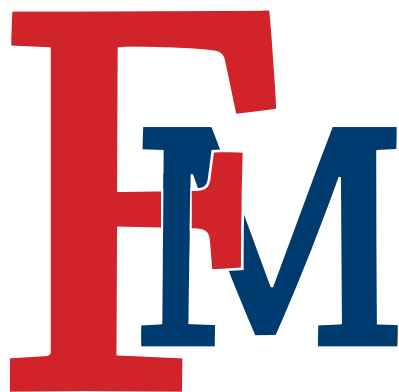
Date

William P. Wattles, Ph.D.
Department of Psychology, Department Chair

Date

CAMPUS PHONE NUMBERS

Academic Advising & Retention	843-661-1279
Accounting – Student Receivables	843-661-1130
Accounting Office	843-661-1120
Career Development (Dr. Ronald Miller)	843-661-1676
Cauthen Educational Media Center	843-661-1250
Computer Center – Academic	843-661-1335
Computer Center – Help Desk	843-661-1111
Counseling and Testing Center (Dr. Rebecca Lawson)	843-661-1840
Dining Services	843-661-1260
Financial Assistance	843-661-1190
Graduate Office	843-661-1284
Housing Office	843-661-1330
Human Resources	843-661-1140
International Students	843-661-1187
Library	843-661-1300
Multicultural Student Affairs	843-661-1188
MSAP Clinical/Counseling Option Coordinator (Dr. Erica James)	843-661-1642
Patriot Bookstore	843-661-1345
Provost’s Office	843-661-1284
Psychology Department – FAX	843-661-1628
Psychology Department – Front Desk	843-661-1378
Psychology Department Administrative Assistant	843-661-1641
Psychology Department Chair (Dr. Will Wattles)	843-661-1639
Psychology Department Technology Specialist	843-661-1640
Public Safety (Campus Police)	843-661-1109
Registrar’s Office	843-661-1175
School Psychology & Internship Coordinator (Dr. Hill-Chapman)	843-661-1721
Smith University Center	843-661-1180
Student Health Services	843-661-1844
Veterans Affairs	843-661-1172



Francis Marion University