

AMHCA Code of Ethics

Revised October 2015



**AMERICAN MENTAL HEALTH
COUNSELORS ASSOCIATION**

The only organization working exclusively for the
mental health counseling profession

AMHCA Preamble.....1

I. Commitment to Clients.....1

 A. Counselor-Client Relationship.....1

 1. Primary Responsibility.....1

 2. Confidentiality.....2

 3. Dual/Multiple Relationships.....5

 4. Exploitive Relationships.....6

 5. Counseling Environments.....6

 B. Counseling Process.....7

 1. Counseling Plans.....7

 2. Informed Consent.....7

 3. Multiple Clients.....8

 4. Clients Served by Others.....9

 5. Termination and Referral.....9

 6. Telehealth, Distance Counseling and the Use of Social Media.....10

 7. Clients’ Rights.....13

 8. End-of-Life Care for Terminally Ill Clients.....15

 C. Counselor Responsibility and Integrity.....15

 1. Competence.....15

 2. Non-discrimination.....17

 3. Conflict of Interest.....18

 D. Assessment and Diagnosis.....18

 1. Selection and Administration.....18

 2. Interpretation and Reporting.....19

 3. Competence.....20

 4. Forensic Activity.....21

 E. Recordkeeping, Fee Arrangements, and Bartering.....22

 1. Recordkeeping.....22

 2. Fee Arrangements, Bartering, and Gifts.....23

 F. Other Roles.....23

 1. Consultant.....23

 2. Advocate.....24

II. Commitment to Other Professionals.....25

 A. Relationship with colleagues.....25

 B. Clinical Consultation.....26

III. Commitment to Students, Supervisees and Employee Relationships....26

 A. Relationships with Students, Interns and Employees.....26

 B. Commitment for Clinical Supervision.....27

 1. Confidentiality of Clinical Supervision.....28

2. Clinical Supervision Contract.....	28
IV. Commitment to the Profession.....	31
A. Teaching.....	32
B. Research and Publications.....	32
C. Service on public or private boards and other rganizations.....	33
V. Commitment to the Public.....	33
A. Public Statements.....	33
B. Marketing.....	34
VI. Resolution of Ethical Problems.....	34

AMHCA Preamble

The American Mental Health Counselors Association (AMHCA) represents mental health counselors. As the professional counseling organization of mental health counselors, AMHCA subscribes to rigorous standards for education, training and clinical practice. Mental health counselors are committed to increasing knowledge of human behavior and understanding of themselves and others. AMHCA members are highly skilled professionals who provide a full range of counseling services in a variety of settings. Members believe in the dignity and worth of the individual and make every reasonable effort to protect human welfare. To this end, AMHCA establishes and promotes the highest professional standards. Mental health counselors subscribe to and pledge to abide by the principles identified in the Code of Ethics.

This code is a document intended as a guide to: assist members to make sound ethical decisions; to define ethical behaviors and best practices for Association members; to support the mission of the Association; and to educate members, students and the public at large regarding the ethical standards of mental health counselors. Mental health counselors are expected to utilize carefully considered ethical decision making processes when faced with ethical dilemmas.

I. Commitment to Clients

A. Counselor-Client Relationship

1. Primary Responsibility

Mental health counselors value objectivity and integrity in their commitment to understanding human behavior, and they maintain the highest standards in providing mental health counseling services.

a) The primary responsibility of mental health counselors is to respect client autonomy, dignity and promote client welfare.

b) Mental health counselors are clear with clients about the parameters of the counseling relationship. In a professional disclosure statement, they provide information about expectations and responsibilities of both counselor and client in the counseling process, their professional orientation and

values regarding the counseling process, emergency procedures, supervision (as applicable) and business practices. Information is also provided regarding client rights and contact information for the state counseling licensure authority.

2. Confidentiality

Mental health counselors have a primary obligation to safeguard information about individuals obtained in the course of practice, teaching, or research. Personal information is communicated to others only with the person's consent, preferably written, or in those circumstances, as dictated by state laws. Disclosure of counseling information is restricted to what is necessary, relevant and verifiable.

a) Confidentiality is a right granted to all clients of mental health counseling services. From the onset of the counseling relationship, mental health counselors inform clients of these rights including legal limitations and exceptions.

b) The information in client records belongs to the client and shall not be shared without permission granted through a formal release of information. In the event that a client requests that information in his or her record be shared, mental health counselors educate clients to the implications of sharing the materials.

c) The release of information without consent of the client may only take place under the most extreme circumstances: the protection of life (suicidality or homicidality), child abuse, and/ or abuse of incompetent persons and elder abuse. Above all, mental health counselors are required to comply with state and federal statutes concerning mandated reporting.

d) Mental health counselors (or their staff members) do not release information by request unless accompanied by a specific release of information or a valid court order. Mental health counselors make every attempt to release only information necessary to comply with the request or valid court order.

Mental health counselors are advised to seek legal advice upon receiving a subpoena in order to respond appropriately.

e) The anonymity of clients served in public and other agencies is preserved, if at all possible, by withholding names and personal identifying data. If external conditions require reporting such information, the client shall be so informed.

f) Information received in confidence by one agency or person shall not be forwarded to another person or agency without the client's written permission.

g) Mental health counselors have the responsibility to ensure the accuracy of, and to indicate the validity of, data shared with other parties.

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

i) Counseling reports and records are maintained under conditions of security, and provisions are made for their destruction after five (5) years post termination or as specified by state regulations. Mental health counselors ensure that all persons in their employ, and volunteers, supervisees and interns, maintain confidentiality of client information.

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

k) The primary client owns the rights to confidentiality; however, in the case where primary clients are minors or are adults

who have been legally determined to be incompetent, parents and guardians have legal access to client information. Where appropriate, a parent(s) or guardian(s) may be included in the counseling process; however, mental health counselors must take measures to safeguard client confidentiality within legal limits.

l) In working with families or groups, the rights to confidentiality of each member should be safeguarded. Mental health counselors must make clear that each member of the group has individual rights to confidentiality and that each member of a family, when seen individually, has individual rights to confidentiality within legal limits.

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

n) Mental health counselors may justify disclosing information to identifiable third parties if clients disclose that they have a communicable or life threatening illness. However, prior to disclosing such information, mental health counselors must confirm the diagnosis with a medical provider. The intent of clients to inform a third party about their illness and to engage in possible behaviors that could be harmful to an identifiable third party must be assessed as part of the process of determining whether a disclosure should be made to identifiable third parties.

o) Mental health counselors take necessary precautions to ensure client confidentiality of information transmitted electronically through the use of a computer, e-mail, fax, telephone, voice mail, answering machines, or any other electronic means as described in the telehealth section of this document.

p) Mental health counselors protect the confidentiality of

deceased clients in accordance with legal requirements and agency or organizational policy.

q) Mental health counselors may disclose information to third-party payers only after clients have authorized such disclosure or as permitted by Federal and/or state statute.

3. Dual/Multiple Relationships

Mental health counselors are aware of their influential position with respect to their clients and avoid exploiting the trust and fostering dependency of the client.

a) Mental health counselors make every effort to avoid dual/multiple relationships with clients that could impair professional judgment or increase the risk of harm. Examples of such relationships may include, but are not limited to: familial, social, financial, business, or close personal relationships with the clients.

b) When deciding whether to enter a dual/multiple relationship with a client, former client or close relationship to the client, mental health counselors will seek consultation and adhere to a credible decision-making process prior to entering this relationship.

c) When a dual/multiple relationship cannot be avoided, mental health counselors take appropriate professional precautions such as informed consent, consultation, supervision and documentation to ensure that judgment is not impaired and no exploitation has occurred.

d) Mental health counselors do not accept as clients, individuals with whom they are involved in an administrative, supervisory or other relationship of an evaluative nature.

4. Exploitive Relationships

Mental health counselors are aware of the intimacy and responsibilities inherent in the counseling relationship. They

maintain respect for the client and avoid actions that seek to meet their personal needs at the expense of the client.

a) Romantic or sexual relationships with clients are strictly prohibited. Mental health counselors do not counsel persons with whom they have had a previous sexual relationship.

b) Mental health counselors are strongly discouraged from engaging in romantic or sexual relationships with former clients. Counselors may not enter into an intimate relationship until five years post termination or longer as specified by state regulations. Documentation of supervision or consultation for exploring the risk of exploitation is strongly encouraged.

c) Determining the risk of exploitive relationships includes but is not limited to factors such as duration of counseling, amount of time since counseling, termination circumstances, the client's personal history and mental status, and the potential adverse impact on the former client.

d) Mental health counselors are aware of their own values, attitudes, beliefs and behaviors, as well as how these apply in a society with clients from diverse ethnic, social, cultural, religious, and economic backgrounds.

5. Counseling Environments

Mental health counselors will provide an accessible counseling environment to individuals with disabilities.

a) Counseling environments should be accessible to all clients, especially being sensitive to individuals with disabilities.

b) Counseling environments should allow for private and confidential conversations.

B. Counseling Process

1. Counseling Plans

Mental health counselors use counseling plans to direct their work with clients.

a) Mental health counselors and their clients work jointly in devising integrated, individual counseling plans that offer reasonable promise of success and are consistent with the abilities, ethnic, social, cultural, and values backgrounds, and circumstances of the clients.

b) Mental health counselors and clients regularly review counseling plans to ensure their continued viability and effectiveness, respecting the clients' autonomy.

2. Informed Consent

Clients have the right to know and understand what is expected, how the information divulged will be used, and the freedom to choose whether, and with whom, they will enter into a counseling relationship.

a) Mental health counselors provide information that allows clients to make an informed choice when selecting a provider. Such information includes but is not limited to: counselor credentials, issues of confidentiality, the use of tests and inventories, diagnosis, reports, billing, and therapeutic process. Restrictions that limit clients' autonomy are fully explained.

b) Informed Consent includes the mental health counselor's professional disclosure statement and client bill of rights.

c) When a client is a minor, or is unable to give informed consent, mental health counselors act in the client's best interest. Parents and legal guardians are informed about the confidential nature of the counseling relationship. Mental health counselors embrace the diversity of the family system and the inherent rights and responsibilities parents/guardians have for the welfare of their children. Mental health counselors therefore strive to establish collaborative relationships with parents/guardians to best serve their minor clients.

d) Informed consent is ongoing and needs to be reassessed throughout the counseling relationship.

e) Mental health counselors inform the client of specific limitations, potential risks, and/or potential benefits relevant to the client's anticipated use of online counseling services.

3. Multiple Clients

When working with multiple clients, mental health counselors respect individual client rights and maintain objectivity.

a) When mental health counselors agree to provide counseling services to two or more persons who have a relationship (such as husband and wife, or parents and children), counselors clarify at the outset, the nature of the relationship they will have with each involved person.

b) Collateral consent informs family members or significant others involved in counseling, of the parameters and limitations of confidentiality.

c) If it becomes apparent that mental health counselors are unable to maintain objectivity resulting in conflicting roles, they must appropriately clarify, adjust, or withdraw from roles.

d) Rules of confidentiality extend to all clients who receive services, not just those identified as primary clients.

e) When working in groups, mental health counselors screen prospective group counseling/therapy participants. Every effort is made to select members whose needs and goals are compatible with goals of the group, who will not impede the group process, and whose well-being will not be jeopardized by the group experience.

f) In the group setting, mental health counselors take reasonable precautions to protect clients from physical, emotional, and psychological harm or trauma.

4. Clients Served by Others

Mental health counselors do not enter into counseling relationships with a person being served by another mental health

professional unless all parties have been informed and agree.

a) When clients choose to change professionals but have not terminated services with the former professional, it is important to encourage the individual to first deal with that termination prior to entering into a new therapeutic relationship.

b) When clients work with multiple providers, it is important to secure permission to work collaboratively with the other professional involved.

5. Termination and Referral

Mental health counselors do not abandon or neglect their clients in counseling.

a) Assistance is given in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions such as vacation and following termination.

b) Mental health counselors terminate a counseling relationship when it is reasonably clear that the client is no longer benefiting, when services are no longer required, when counseling no longer serves the needs and/or interests of the client, or when agency or institution limits do not allow provision of further counseling services.

c) Mental health counselors may terminate a counseling relationship when clients do not pay fees charged or when insurance denies treatment. In such cases, appropriate referrals are offered to the clients.

d) If mental health counselors determine that services are not beneficial to the client, they avoid entering or terminate immediately the counseling relationship. In such situations, appropriate referrals are made. If clients decline the suggested referral, mental health counselors discontinue the relationship.

e) When mental health counselors refer clients to other professionals, they will be collaborative.

f) Mental health counselors take steps to secure a safety plan if clients are at risk of being harmed or are suicidal. If necessary, they refer to appropriate resources, and contact appropriate support.

6. Telehealth, Distance Counseling and the Use of Social Media

Recognizing that technology can be helpful in client's mental health care management due to availability, expediency, and cost effectiveness, counselors engage in technology assisted, and or distance counseling.

a) Counselors only engage in distance counseling when they are licensed in the state of the client. In the case of an emergency, counselors should first attempt to attain permission from the client's state licensing entity and only proceed when failure to do so could result in harm to the client.

b) Counselors only provide distance counseling when they have had training, experience, and supervision to do so.

c) Written policies concerning the use of telehealth in a counseling relationship should include informed consent that is clearly set forth, understandable, and addresses the use of phone, online face to face counseling, electronic billing, text, and email contact with a client. This informed consent should clearly discuss the benefits and risks of entering into distance counseling.

i) Email: Mental health counselors should advise clients about the risks of exchanging emails. It is recommended to include a disclaimer when sending emails. Refer to the most update to date HIPAA regulations. Email transmissions are part of the client record; copies should be maintained in the client file.

ii) Text messages: Text messages are not a secure form of communication therefore texting of personal information should be discouraged. Text messages are considered a part of the client record, and should be kept in the client file.

- iii) Online scheduling: Any online scheduling software should be encrypted and secure. If not, counselors should disclose to clients the fact that the software is not encrypted and therefore is not confidential.
 - iv. Chat Rooms: Counselors should not include chat rooms, because these may imply that a counselor is able to intervene in the event that a crisis is mentioned.
- d) Counselors follow carefully designed security and safety guidelines when conducting online face-to-face distance counseling.
- i) Counselors endeavor to protect clients from unwanted interruptions during online face-to-face sessions.
 - ii) Counselors are strongly urged to employ the use of local resources in the community of the distance client should emergency care be needed. Local resources may be law enforcement, health care or EMT services, and someone trusted by the client to be available during distance counseling sessions should it become necessary to have someone close by in the event of an emergency.
- e) The counselor will evaluate the client to determine that the client is appropriate for distance counseling services.
- f) Counselors will conduct themselves in a professional manner during distance, online counseling sessions as if the client were in the counselor's office.
- g) Counselors will disclose to clients all procedures for documenting and storing of records of distance, online counseling sessions.
- i) Counselors will safeguard and protect all records of distance counseling sessions as they would for in person sessions in accordance with all state and federal laws and regulations.

- ii) Counselors should have a written policy that prohibits both the therapist and the client from recording a treatment session without the written consent of the other. If a recording of the treatment session has been authorized, the counselor should either erase or destroy the recording as soon as it has fulfilled its intended purpose (e.g., supervision or conclusion of counseling) in order to maintain confidentiality of the contents.
- h) Counselors do not engage in virtual relationships with clients as to do so could potentially be a violation of confidentiality.
- i) If clients follow a professional blog, the counselor will not follow them back. The counselor has a responsibility to make it clear that the blog or website does not create a therapeutic relationship, therefore, professional blogs and websites should be non-interactive in nature
 - ii) Twitter, Facebook, LinkedIn, Google Plus and other social media should be professional profiles that are kept separate from personal profiles. Counselors should not establish connections or engage with clients through social media. In addition, counselors need to have appropriate privacy settings so that clients cannot contact them on these professional social media sites, or access a site in any way.
 - iii) Counselors shall not solicit professional reviews by clients, nor respond to reviews posted, as to do so might violate client confidentiality.
 - iv) Counselors will only seek information about their clients through internet searches for the purpose of determining their own or their clients health and safety.
- i) Counselors endeavor to provide sensitivity to the cultural make up of all clients, as well as sensitivity to disabilities or physical condition in distance counseling as they would in a physical office.

7. Clients' Rights

In all mental health services, wherever and however they are delivered, clients have the right to be treated with dignity, consideration and respect at all times. Clients have the right:

- a) To expect quality service provided by concerned, trained, professional and competent staff.
- b) To expect complete confidentiality within the limits of both Federal and state law, and to be informed about the legal exceptions to confidentiality; and to expect that no information will be released without the client's knowledge and written consent.
- c) To a clear working contract in which business items, such as time of sessions, payment plans/fees, absences, access, emergency procedures, third-party reimbursement procedures, termination and referral procedures, and advanced notice of the use of collection agencies, are discussed.
- d) To a clear statement of the purposes, goals, techniques, rules limitations, and all other pertinent information that may affect the ongoing mental health counseling relationship.
- e) To appropriate information regarding the mental health counselor's education, training, skills, license and practice limitations and to request and receive referrals to other clinicians when appropriate.
- f) To full, knowledgeable, and responsible participation in the ongoing treatment plan to the maximum extent feasible.
- g) To obtain information about their case record and to have this information explained clearly and directly.
- h) To request information and/or consultation regarding the conduct and progress of their therapy.

- i) To refuse any recommended services, techniques or approaches and to be advised of the consequences of this action.
- j) To a safe environment for counseling free of emotional, physical, or sexual abuse.
- k) To a client grievance procedure, including requests for consultation and/or mediation; and to file a complaint with the mental health counselor's supervisor (where relevant), and/or the appropriate credentialing body.
- l) To a clearly defined ending process, and to discontinue therapy at any time.

8. End-of-Life Care for Terminally Ill Clients

- a) Mental health counselors ensure that clients receive quality end-of-life care for their physical, emotional, social, and spiritual needs. This includes providing clients with an opportunity to participate in informed decision making regarding their end-of-life care, and a thorough assessment, from a qualified end-of-life care professional, of clients' ability to make competent decisions on their behalf.
- b) Mental health counselors are aware of their own personal, moral, and competency issues as it relates to end-of-life decisions. When mental health counselors assess that they are unable to work with clients on the exploration of end-of-life options, they make appropriate referrals to ensure clients receive appropriate help.
- c) Depending upon the applicable state laws, the circumstances of the situation, and after seeking consultation and supervision from competent professional and legal entities, mental health counselors have the options of breaking or not breaking confidentiality of terminally ill clients who plan on hastening their deaths.

C. Counselor Responsibility and Integrity

1. Competence

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

- a) Recognize the boundaries of their particular competencies and the limitations of their expertise.

- b) Provide only those services and use only those techniques for which they are qualified by education, training, or experience.
- c) Maintain knowledge of relevant scientific and professional information related to the services rendered, and recognizes the need for on-going education.

- d) Represent accurately their competence, education, training, and experience including licenses and certifications.

- e) Perform their duties, as teaching professionals, based on careful preparation in order that their instruction is accurate, up-to-date and educational.

- f) Recognize the importance of continuing education and remain open to new counseling approaches and procedures documented by peer-reviewed scientific and professional literature.

- g) Recognize the important need to be competent in regard to cultural diversity and are sensitive to the diversity of varying populations as well as to changes in cultural expectations and values over time.

- h) Recognize that their effectiveness is dependent on their own mental and physical health. Should their involvement in any activity, or any mental, emotional, or physical health problem, compromise sound professional judgment and competency, they seek capable professional assistance to determine whether to limit, suspend, or terminate services to their clients.

- i) Have a responsibility to maintain high standards of professional conduct at all times.
- j) Take appropriate steps to rectify ethical issues with colleagues by using procedures developed by employers and/or state licensure boards.
- k) Have a responsibility to empower clients, when appropriate, especially/particularly clients with disabilities.
- l) Are aware of the intimacy of the counseling relationship, maintain a healthy respect for the integrity of the client, and avoid engaging in activities that seek to meet the mental health counselor's personal needs at the expense of the client.
- m) Will actively attempt to understand the diverse cultural backgrounds of the clients with whom they work. This includes learning how the mental health counselor's own cultural/ethical/racial/religious identities impact their own values and beliefs about the counseling process.
- n) Are responsible for continuing education and remaining abreast of current trends and changes in the field including the professional literature on best practices.
- o) Develop a plan for termination of practice, death or incapacitation by assigning a colleague or records custodian to handle transfer of clients and files.
- p) Mental health counselors are aware of their language and avoid using language that will be offensive to individuals with disabilities.

2. Non-discrimination

- a) Mental health counselors do not condone or engage in any discrimination based on ability, age, color, culture, disability, ethnic group, gender, gender identity, race, religion, national

origin, politic beliefs, sexual orientation, marital status, or socioeconomic status.

b) Mental health counselors do not condone or engage in sexual harassment, or violate the provisions of state or federal laws, prohibiting sexual harassment.

c) Mental health counselors have a responsibility to educate themselves about their own biases toward those of different races, creeds, identities, orientations, cultures, and physical and mental abilities; and then to seek consultation, supervision and or counseling in order to prevent those biases interfering with the counseling process.

3. Conflict of Interest

Mental health counselors are aware of possible conflicts of interests that may arise between the counselor and the client, the employer, consultant and other professionals.

Mental health counselors may choose to consult with any other professionally competent person about a client assuring that no conflict of interest exists. When conflicts occur, mental health counselors clarify the nature of the conflict and inform all parties of the nature and direction of their loyalties and responsibilities, and keep all parties informed of their commitments.

D. Assessment and Diagnosis

1. Selection and Administration

Mental health counselors utilize educational, psychological, diagnostic, career assessment instruments (herein referenced as “tests”), interviews, and other assessment techniques and diagnostic tools in the counseling process for the purpose of determining the client’s particular needs in the context of his/her situation.

a) Mental health counselors choose assessment methods that are reliable, valid, and appropriate based on the age, gender, race, ability, and other client characteristics. If tests must be used in the absence of information regarding the aforementioned factors, the limitations of generalizability should be duly noted

- b) In selecting assessment tools, mental health counselors justify the logic of their choices in relation to the client's needs and the clinical context in which the assessment occurs.
- c) Mental health counselors avoid using outdated or obsolete tests, and remain current regarding test publication and revision.
- d) Mental health counselors use assessments only in the context of professional, academic, or training relationships.
- e) Mental health counselors provide the client with appropriate information regarding the reason for assessment, the approximate length of time required, and to whom the report will be distributed.
- f) Mental health counselors provide an appropriate assessment environment with regard to temperature, privacy, comfort, and freedom from distractions.

2. Interpretation and Reporting

Mental health counselors respect the rights and dignity of the client in assessment, interpretation, and diagnosis of mental disorders and make every effort to assure that the client receives the appropriate treatment.

- a) Mental health counselors base diagnoses and other assessment summaries on multiple sources of data whenever possible.
- b) Mental health counselors are careful not to draw conclusions unless empirical evidence is present.
- c) Mental health counselors consider multicultural factors (including but not limited to gender, race, religion, age, ability, culture, class, ethnicity, sexual orientation) in test interpretation, in diagnosis, and in the formulation of prognosis and treatment recommendations.
- d) Mental health counselors are responsible for evaluating the

quality of computer software interpretations of test data. Mental health counselors should obtain information regarding validity of computerized test interpretation before utilizing such an approach.

e) Mental health counselors clearly explain computerized test results in their summaries and reports.

f) Mental health counselors write reports in a style that is clear, concise and easily understandable for the lay reader.

g) To the extent possible, mental health counselors provide test results in a neutral and nonjudgmental manner.

h) Mental health counselors are responsible for ensuring the confidentiality and security of assessment reports, test data, and test materials regardless of how the material is maintained or transmitted.

i) Mental health counselors train their staff to respect the confidentiality of test reports in the context of typing, filing, or mailing them.

j) Mental health counselors (or their staff members) do not release an assessment or evaluation report by request unless accompanied by a specific release of information or a valid court order. A subpoena is insufficient to release a report. In such a case, the counselor must inform his or her client of the situation. If the client refuses release, the mental health counselor coordinates between the client's attorney and the requesting attorney to protect client confidentiality and the counselor's legal welfare.

3. Competence

Mental health counselors employ only those diagnostic tools and assessment instruments they are trained to use by education, or supervised training and clinical experience.

a) Mental health counselors seek appropriate workshops,

supervision and training to familiarize themselves with assessment techniques and the use of specific assessment instruments.

b) Mental health counselor supervisors ensure that their supervisees have adequate training in interpretation before allowing them to evaluate tests independently.

4. Forensic Activity

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

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

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

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

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

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

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

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

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

E. Recordkeeping, Fee Arrangements, and Bartering

1. Recordkeeping

Mental health counselors create and maintain accurate and adequate clinical and financial records.

a) Mental health counselors create, maintain, store, transfer, and dispose of client records in ways that protect confidentiality and are in accordance with applicable regulations or laws.

b) Mental health counselors establish a plan for the transfer, storage, and disposal of client records in the event of withdrawal from practice or death of the counselor, that maintains confidentiality and protects the welfare of the client.

2. Fee Arrangements, Bartering, and Gifts

Mental health counselors are cognizant of cultural norms in relation to fee arrangements, bartering, and gifts. Mental health counselors clearly explain to clients, early in the counseling relationship, all financial arrangements related to counseling.

- a) In establishing professional counseling fees, mental health counselors take into consideration the financial situation of clients and locality. If the usual fees create undue hardship for the client, the counselor may adjust fees or assist the client to locate comparable, affordable services.

- b) Mental health counselors usually refrain from accepting goods or services from clients in return for counseling services because such arrangements may create the potential for conflicts, exploitation and distortion of the professional relationship. However, bartering may occur if the client requests it, there is no exploitation, and the cultural implications and other concerns of such practice are discussed with the client and agreed upon in writing.

- c) Mental health counselors contribute to society by providing pro bono services.

- d) When accepting gifts, mental health counselors take into consideration the therapeutic relationship, motivation of giving, the counselor's motivation for receiving or declining, cultural norms, and the value of the gift.

F. Other Roles

1. Consultant

Mental health counselors acting as consultants have a high degree of self-awareness of their own values, knowledge, skills and needs in entering a helping relationship that involves human and/or organizational change.

- a) The focus of the consulting relationship is on the issues to be resolved and not on the personal characteristics of those presenting the consulting issues.

- b) Mental health counselors develop an understanding of the problem presented by the client and secure an agreement with the client, specifying the terms and nature of the consulting relationship.
- c) Mental health counselors are reasonably certain that they and their clients have the competencies and resources necessary to follow the consultation plan.
- d) Mental health counselors encourage adaptability and growth toward self-direction.
- e) Mental health counselors keep all proprietary and client information confidential.
- f) Mental health counselors avoid conflicts of interest in selecting consultation clients.

2. Advocate

Mental health counselors may serve as advocates at the individual, institutional, and/or societal level in an effort to foster sociopolitical change that meets the needs of the client or the community.

- a) Mental health counselors are aware of and make every effort to avoid pitfalls of advocacy including conflicts of interest, inappropriate relationships and other negative consequences. Mental health counselors remain sensitive to the potential personal and cultural impact on clients of their advocacy efforts.
- b) Mental health counselors may encourage clients to challenge familial, institutional, and societal obstacles to their growth and development and they may advocate on the clients' behalf. Mental health counselors remain aware of the potential dangers of becoming overly involved as an advocate.
- c) Mental health counselors may only speak on their behalf and

are clear, cautious, and authorized to speak on the behalf of any counseling organization.

d) Mental health counselors endeavor to speak factually and discern facts from opinions.

II. Commitment to Other Professionals

A. Relationship with Colleagues

Mental health counselors act with due regard for the needs and feelings of their colleagues in counseling and other professions. Mental health counselors respect the rights and obligations of the institutions or organizations with which they associate.

1. Mental health counselors understand how related professions complement their work and make full use of other professional, technical, and administrative resources that best serve the interests of clients.

2. Mental health counselors treat professional colleagues with the same dignity and respect afforded to clients. Professional discourse should be free of personal attacks.

3. Mental health counselors respect the viability, reputation, and proprietary rights of organizations that they serve.

4. Credit is assigned to those who have contributed to a publication, in proportion to their contribution.

5. Mental health counselors do not accept or offer referral fees from other professionals.

6. When mental health counselors have knowledge of the impairment, incompetence, or unethical conduct of a mental health professional, they are obliged to attempt to rectify the situation. Failing an informal solution, mental health counselors should bring such unethical activities to the attention of the appropriate state licensure board and/or the ethics committee of the professional association.

B. Clinical Consultation

Mental health counselors may offer or seek clinical consultation from another mental health professional. In clinical consulting mental health counselors provide critical and supportive feedback. Clinical consultation does not imply hierarchy or responsibility for client outcome.

III. Commitment to Students, Supervisees and Employee Relationships

A. Relationship with Students, Interns and Employees

Mental health counselors have an ethical concern for the integrity and welfare of supervisees, students, and employees. These relationships typically include an evaluative component and therefore need to be maintained on a professional and confidential basis.

1. Mental health counselors recognize the influential position they have with regard to both current and former supervisees, students and employees, and avoid exploiting their trust and dependency.
2. Mental health counselors do not engage in ongoing counseling relationships with current supervisees, students or employees.
3. All forms of sexual behavior with supervisees, students or employees are unethical.
4. Mental health counselors do not engage in any form of harassment of supervisees, students, employees or colleagues.
5. Mental health counselor supervisors advise their supervisees, students and employees against holding themselves out to be competent to engage in professional services beyond their training, experience, or credentials.
6. In the informed consent statement, students and employees notify the client they are in supervision and

provide their clients with the name and credentials of their supervisor.

7. Students and employees have the same ethical obligations to clients as those required of mental health counselors.

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

B. Commitment for Clinical Supervision

Clinical supervision is an important part of the mental health treatment process. This purpose is two-fold: to assist the supervisee to provide the best treatment possible to counseling clients, through guidance and direction by the supervisor regarding clinical, ethical, and legal issues; and to provide training to the supervisee, which is an integral part of counselor education. Supervision is also a gatekeeping process to ensure safety to the client, the profession and to the supervisee.

1. Confidentiality of Clinical Supervision

Clinical supervision is a part of the treatment process, and therefore all of the clinical information shared between a supervisee and supervisor is confidential. Clinical supervisors do not disclose supervisee confidences regarding client information except:

- a) To prevent clear and imminent danger to a person or persons.
- b) As mandated by law for child or senior abuse reporting.
- c) Where there is a waiver of confidentiality obtained, in writing, prior to such a release of information.
- d) Where the release of records or information is permitted by state law.
- e) In educational or training settings where only other professionals who will share responsibility for the training of the supervisee are present, and formal written client consent has been obtained for such disclosures for training purposes.

2. Clinical Supervision Contract

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

a) Insurance

The supervisee will maintain a professional liability insurance policy during the clinical supervision process, and provide a copy of a certificate of insurance to the supervisor.

b) Compliance with the AMHCA Code of Ethics

The supervisor should provide a copy of the *AMHCA Code of Ethics* to the supervisee, or ensure that the supervisee has obtained a copy. The supervisee must agree to comply

with the *AMHCA Code of Ethics* in all treatment provided. As needed, the supervisor and supervisee will discuss the principles contained in the *AMHCA Code of Ethics*. The supervisor needs to be aware of other codes of ethics which may apply to the supervisee.

c) State Licensing Board Rules

The supervisee needs to obtain a copy of the appropriate State Licensing Board Rules, and agree to comply with them. As needed, the supervisor and supervisee will discuss the provisions of board rules. The supervisor will be aware of all credentials and membership organizations regulating the supervisee.

d) Compliance with State Laws

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

e) Duty of the Clinical Supervisor

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

f) Billing for Treatment

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

g) Treatment Records and Bills

As part of the supervision process, the supervisee will agree to provide treatment records and billing statements to the clinical supervisor upon request. In addition, the supervisee will agree to maintain all treatment records securely, to

maintain their confidentiality and to comply with state recordkeeping requirements.

h) Informed Consent

The supervisee will agree to obtain informed consent in writing from the counseling client in compliance with state law. In addition, the supervisee will obtain informed consent in writing from any client whose treatment session is to be videotaped, recorded, or observed through one-way glass.

i) Dual Relationships

Supervisors will avoid all dual relationships that may interfere with the supervisor's professional judgment or exploit the supervisee. Any sexual, romantic, or intimate relationship is considered to be a violation. Sexual relationship means sexual conduct, sexual harassment, or sexual bias toward a supervisee by a supervisor.

j) Termination of Supervision

When a supervisee discontinues supervision, a written notice that the supervision process has terminated should be provided by the supervisor, along with an appropriate referral for supervision. If during supervision a conflict arises which causes impairment to the professional judgment of the supervisor or supervisee, the process should be terminated and a referral made. Both the supervisor and the supervisee have the right to terminate supervision at any time, with reasonable notice being provided regarding the voluntary termination of supervision.

k) Consultation for the Supervisor

Whenever a clinical supervisor needs to discuss questions regarding the clinical services being provided, ethical issues, or legal matters, the supervisor should obtain a consultation in order to resolve the issue. That consultation must be documented in the supervisor's clinical supervision notes.

l) Credentials for Supervisors

A supervisor should have the level of clinical experience required by state regulations, which is required for supervision of other professionals. In addition, the supervisor should have training in the clinical supervision process.

m) Credentials for Supervisees

Supervisors must ensure that supervisees have the requisite credentials under state law to provide counseling to clients. If at any time during the supervision process a supervisor concludes that the supervisee does not have the requisite skills and education to provide counseling safely, and the supervisee is not showing evidence of learning or progressing, the supervisor should inform the supervisee of the deficiencies noted in the supervisor's evaluation of the supervisee, and terminate the relationship.

IV. Commitment to the Profession

Mental health counselors promote the mission, goals, values, and knowledge of the profession. They engage in activities that maintain and increase the respect, integrity, and knowledge base of the counseling profession and human welfare. Such activities include but are not limited to teaching, research, serving on professional boards and membership in professional associations.

A. Teaching

As teaching professionals, mental health counselors perform their duties based on careful preparation to provide instruction that is accurate, current, and educational.

B. Research and Publications

Mental health counselors, as researchers, conduct investigations and publish findings with respect for dignity and welfare of the participants and integrity of the profession.

1. The ethical researcher seeks advice from other professionals if any plan of research suggests a deviation from any ethical principle of research with human subjects. Such deviation

protects the dignity and welfare of the client and places on the researcher a special burden to act in the subject's interest.

2. The ethical researcher is open and honest in the relationship with research participants.

3. The ethical researcher protects participants from physical and mental discomfort, harm, and danger. If the risks of such consequences exist, the investigator is required to inform participants of that fact, secure consent before proceeding, and take all possible measures to minimize the distress.

4. The ethical researcher instructs research participants that they are free to withdraw from participation at any time.

5. The ethical researcher understands that information obtained about research participants during the course of an investigation is confidential. When the possibility exists that others may obtain access to such information, participants are made aware of the possibility and the plan for protecting confidentiality and for storage and disposal of research records.

6. The ethical researcher gives sponsoring agencies, host institutions, and publication channels the same respect and opportunity for informed consent that they accord to individual research participants.

7. The ethical researcher is aware of his or her obligation to future research and ensures that host institutions are given feedback information and proper acknowledgement.

C. Service on public or private boards and other organizations

When serving as members of governmental or other organizational bodies, mental health counselors represent the mental health counseling profession and are accountable as individuals to the Code of Ethics of the American Mental Health Counselors Association.

V. Commitment to the Public

Mental health counselors recognize they have a moral, legal, and ethical responsibility to the community and to the general public. Mental health counselors are aware of the prevailing community and cultural values, and the impact of professional standards on the community.

A. Public Statements

Mental health counselors in their professional roles may be expected or required to make public statements providing counseling information or professional opinions, or supply information about the availability of counseling products and services. In making such statements, mental health counselors accurately represent their education, professional qualifications, licenses and credentials, expertise, affiliations, and functions, as well as those of the institutions or organizations with which the statements may be associated. Public statements serve the purpose of providing information to aid the public in making informed judgments and choices. All public statements will be consistent with this Code of Ethics.

B. Marketing

Mental health counselors market the following: highest counseling-related degree, type and level of certification or license, and type and/or description of services or other relevant information concerning areas of clinical competence. These statements will not be false, inaccurate, misleading, or out of context.

Accessibility of marketing materials: mental health counselors will create marketing materials that will be accessible to individuals with disabilities and diverse cultural groups. This includes websites and other promotional materials.

VII. Resolution of Ethical Problems

Members are encouraged to consult with the AMHCA Ethics Committee regarding processes to resolve ethical dilemmas that may arise in clinical practice. Members are also encouraged to use commonly recognized procedures for ethical decision-making

to resolve ethical conflicts. Sources for examples of such ethical decision-making procedures are attached to this code.

The American Mental Health Counselors Association, its Board of Directors, and its National Committee on Ethics do not investigate or adjudicate ethical complaints. In the event a member has his or her license suspended or revoked by an appropriate state licensure board, the AMHCA Board of Directors may then act in accordance with AMHCA's National By-Laws to suspend or revoke his or her membership.

Any member so suspended may apply for reinstatement upon the reinstatement of his or her licensure.

American Mental Health Counselors Association
675 North Washington Street, Suite 470
Alexandria, VA 22314
800-326-2642
www.amhca.org