

A CALL FOR COMMENT: Members of CAMFT are invited to Comment on the Proposed Revisions to Part I of the CAMFT Code of Ethics

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The Therapist

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The CAMFT Ethics Committee is expected to maintain and review the *Code of Ethics*, interpret the *Code of Ethics* to the membership and the public, and from time to time propose revisions, deletions, and additions to the *Code of Ethics* to the Board of Directors for its approval.¹ In keeping with that mandate, the CAMFT Ethics Committee has proposed a number of revisions to Part I of the *Code of Ethics*. This article provides a description of the proposed revisions, along with a brief explanation of the rationale for making such changes. The membership of CAMFT is invited to review each of the proposed revisions and to provide CAMFT with input, suggestions, and/or comments.

What is the rationale for the proposed revisions?

The *Code of Ethics* is intended to provide guidance to practitioners, to ensure that patients are treated ethically, and to provide the Ethics Committee with a basis for evaluating and determining ethical conduct in every case. The Ethics Committee developed the proposed revisions in an effort to strengthen the *Code*, by expanding upon and clarifying a number of standards expressed in section 1 and section 3, of Part I of the *Code*. Generally speaking, the revisions concern the importance of a proper and accurate diagnosis and the impact of a therapist's values, attitudes and/or beliefs upon the diagnosis and/or treatment provided to his/her patients. More specifically, the proposed revisions would **add** language to the *Code* that expresses and clarifies certain expectations: That a therapist should examine his/her values, attitudes and/or beliefs and avoid the exertion of undue influence on his/her patients; that a therapist should inform his/her patients when his/her personal values, attitudes, and/or beliefs are a substantial factor in the diagnosis and treatment that he/she provides to those patients, and that a therapist should be aware of and not perpetuate historical and social prejudices when diagnosing and treating his/ her patients. The proposed revisions also endeavor to strengthen the language of the *Code* on the related issues of patient autonomy and self-determination.

When the Committee considers any revisions to the *Code*, it typically researches and considers the pertinent ethical standards of other professional associations. Committee members, in collaboration with CAMFT Executive Director Mary Riemersma, CAMFT legal staff Michael Griffin, and Richard Leslie, Of Counsel to CAMFT, invested considerable time reviewing and discussing the relevant ethical standards of several related professions, including psychology, social work, counseling, psychiatric nursing and psychiatry, in formulating the proposed revisions.

The proposed revisions primarily consist of **added** language, which appears in **bold**. Proposed deletions appear with a strikethru through the words, e.g., ~~example~~. The numbering is subject to change as modifications are approved or not.

Comments that are submitted by members regarding the following proposed revisions will be reviewed and considered by the CAMFT Ethics Committee. Any resulting changes that are recommended by the Committee will be submitted to the Board for consideration and adoption as part of the *Code of Ethics*.

CAMFT members are invited to provide any input, suggestions, and/or commentary regarding the proposed revisions by April 11, 2011. Mail and fax submissions can be sent to CAMFT, c/o Michael Griffin, Staff Attorney, 7901 Raytheon Road, San Diego, CA, 92111. Fax: (858) 292-2666. Members can also forward comments/feedback to Mary Riemersma, Executive Director, via email to maryr@camft.org.

Michel Griffin, LCSW, JD, is a Staff Attorney at CAMFT. He is available to answer members questions regarding business, legal, and ethical issues.

Proposed Revisions to Part I of the CAMFT *Code of Ethics*

PART I—CODE OF ETHICS FOR MARRIAGE AND FAMILY THERAPISTS

INTRODUCTION

The Board of Directors of CAMFT hereby publishes pursuant to the Association Bylaws, a revised *Code of Ethics for Marriage and Family Therapists*. Members of CAMFT are expected to be familiar with and abide by these standards and by applicable California laws and regulations governing the conduct of licensed marriage, and family therapists, supervisors, educators, interns, applicants, students, and trainees. The effective date of these revised standards is September 13, 2009.

The practice of marriage, and family therapy and psychotherapy is both an art and a science. It is varied in its approach, technique, modality, and method of service delivery. These code of ethics are to be read, understood, and utilized as a guide for ethical behavior. The general principles contained in this code of conduct are also used as a basis for the adjudication of ethical issues and/ or complaints (both within and outside of CAMFT) that may arise. Ethical behavior must satisfy not only the judgment of the individual marriage and family therapist, but also the judgment of his/her peers, based upon a set of recognized norms.

We recognize that the development of standards is an ongoing process, and that every conceivable situation that may occur cannot be expressly covered by any set of standards. The absence of a specific prohibition against a particular kind of conduct does not mean that such conduct is either ethical or unethical. While the specific wording of these standards is important, the spirit and intent of the principles should be taken into consideration by those utilizing or interpreting this code. The titles to the various sections of these standards are not considered a part of the actual standard. Violations of these standards may be brought to the attention of the CAMFT Ethics Committee, in writing, at CAMFT's administrative office, 7901 Raytheon Road, San Diego, CA 92111-1606, or at such other address as may be necessary because of a change in location of the administrative office.

1. RESPONSIBILITY TO PATIENTSⁱⁱ

Marriage and family therapistsⁱⁱⁱ advance the welfare of families and individuals, respect the rights of those persons seeking their assistance, and make reasonable efforts to ensure that their services are used appropriately.

1.1 **NON-DISCRIMINATION**: Marriage and family therapists do not condone or engage in discrimination, or refuse professional service to anyone on the basis of race, gender, gender identity, gender expression, religion, national origin, age, sexual orientation, disability, socioeconomic, or marital status. Marriage and family therapists make reasonable efforts to accommodate patients who have physical disabilities.

1.1.1 Marriage and family therapists are aware of and do not perpetuate historical and social prejudices when diagnosing and treating patients because such conduct may lead to misdiagnosing and pathologizing patients.

1.2 DUAL RELATIONSHIPS-DEFINITION: Marriage and family therapists are aware of their influential position with respect to patients, and they avoid exploiting the trust and dependency of such persons. Marriage and family therapists therefore avoid dual relationships with patients that are reasonably likely to impair professional judgment or lead to exploitation. A dual relationship occurs when a therapist and his/her patient engage in a separate and distinct relationship either simultaneously with the therapeutic relationship, or during a reasonable period of time following the termination of the therapeutic relationship. Not all dual relationships are unethical, and some dual relationships cannot be avoided. When a concurrent or subsequent dual relationship occurs, marriage and family therapists take appropriate professional precautions to ensure that judgment is not impaired and that no exploitation occurs.

1.2.1 UNETHICAL DUAL RELATIONSHIPS: Other acts that would result in unethical dual relationships include, but are not limited to, borrowing money from a patient, hiring a patient, engaging in a business venture with a patient, or engaging in a close personal relationship with a patient. Such acts with a patient's spouse, partner or family member may also be considered unethical dual relationships.

1.2.2 SEXUAL CONTACT: Sexual intercourse, sexual contact or sexual intimacy with a patient, or a patient's spouse or partner, or a patient's immediate family member, during the therapeutic relationship, or during the two years following the termination of the therapeutic relationship, is unethical.

Should a marriage and family therapist engage in sexual intimacy with a former patient or a patient's spouse or partner, or a patient's immediate family member, following the two years after termination or last professional contact, the therapist shall consider the potential harm to or exploitation of the former patient or to the patient's family.

1.2.3 PRIOR SEXUAL RELATIONSHIP: A marriage and family therapist does not enter into a therapeutic relationship with a person with whom he/she has had a sexual relationship or with a partner or the immediate family member of a person with whom he/she has had a sexual relationship

1.3 TREATMENT DISRUPTION: Marriage and family therapists are aware of their professional and clinical responsibilities to provide consistent care to patients and maintain practices and procedures that assure uninterrupted care. Such practices and procedures may include, but are not limited to, providing contact information and specified procedures in case of emergency or therapist absence, conducting appropriate terminations, and providing for a professional will.

1.3.1 TERMINATION: Marriage and family therapists use sound clinical judgment when terminating therapeutic relationships and do so in an appropriate manner. Reasons for termination may include, but are not limited to, the patient is not benefiting from treatment; continuing treatment is not clinically appropriate; the therapist is unable to provide treatment due

to the therapist's incapacity or extended absence, or in order to avoid an ethical conflict or problem.

1.3.2 ABANDONMENT: Marriage and family therapists do not abandon or neglect patients in treatment. If a therapist is unable or unwilling to continue to provide professional services, the therapist will assist the patient in making clinically appropriate arrangements for continuation of treatment.

1.3.3 FINANCIAL GAIN: Marriage and family therapists do not maintain therapeutic relationships solely for financial gain.

1.3.4 NON-PAYMENT OF FEES: Marriage and family therapists do not terminate patient relationships for nonpayment of fees except when the termination is handled in a clinically appropriate manner.

1.4 PATIENT AUTONOMY: Marriage and family therapists respect the right of patients to make decisions and help them to understand the consequences of their decisions. When clinically appropriate, marriage and family therapists advise their patients that decisions on the status of their personal relationships, including dissolution, are the responsibilities of the patient(s).

PATIENT CHOICES: Marriage and family therapists respect patient choices and work jointly with patients to develop and review treatment plans that are consistent with patients' goals and that offer a reasonable likelihood of success.

1.4.1 ELECTRONIC THERAPY: When patients are not physically present (e.g., therapy by telephone or Internet) during the provision of therapy, marriage and family therapists take extra precautions to meet their responsibilities to patients. Prior to utilizing electronic therapy, marriage and family therapists consider the appropriateness and suitability of this therapeutic modality to the patient's needs. When therapy occurs by electronic means, marriage and family therapists inform patients of the potential risks, consequences, and benefits, including but not limited to, issues of confidentiality, clinical limitations, transmission difficulties, and ability to respond to emergencies. Marriage and family therapists ensure that such therapy complies with the informed consent requirements of the California Telemedicine Act.

1.5 THERAPIST DISCLOSURES: Marriage and family therapists provide adequate information to patients in clear and understandable language so that patients can make meaningful decisions about their therapy.

Marriage and family therapists respect the right of patients to choose whether to enter into or remain in a therapeutic relationship.

1.5.1 RISKS AND BENEFITS: Marriage and family therapists inform patients of the potential risks and benefits of therapy when utilizing novel or experimental techniques or when there is a risk of physical harm that could result from the utilization of any technique.

1.5.2 EMERGENCIES/CONTACT BETWEEN SESSIONS: Marriage and family therapists inform patients of the extent of their availability for emergencies and for other contacts between

sessions. When a marriage and family therapist is not located in the same geographic area as the patient, he/ she shall provide the patient with appropriate resources in the patient's locale for contact in case of emergency.

1.5.3 CONSENT FOR RECORDING/OBSERVATION: Marriage and family therapists obtain written informed consent from patients before videotaping, audio recording, or permitting third party observation.

1.5.4 LIMITS OF CONFIDENTIALITY: Marriage and family therapists are encouraged to inform patients as to certain exceptions to confidentiality such as child abuse reporting, elder and dependent adult abuse reporting, and patients dangerous to themselves or others.

1.5.5 THERAPIST BACKGROUND: Marriage and family therapists are encouraged to inform patients at an appropriate time and within the context of the psychotherapeutic relationship of their experience, education, specialties, and theoretical and professional orientation, and any other information deemed appropriate by the therapist.

1.6 EXPLOITATION: Marriage and family therapists do not use their professional relationships with patients to further their own interests **and do not exert undue influence on patients**.

1.7 PATIENT BENEFIT: Marriage and family therapists continually monitor their effectiveness and take steps to improve when necessary. Marriage and family therapists continue therapeutic relationships only so long as it is reasonably clear that patients are benefiting from the relationship.

1.8 EMPLOYMENT AND CONTRACTUAL TERMINATIONS: When terminating employment or contractual relationships, marriage and family therapists primarily consider the best interests of the patient when resolving issues of continued responsibility for patient care.

1.9 FAMILY UNIT/CONFLICTS: When treating a family unit(s), marriage and family therapists carefully consider the potential conflict that may arise between the family unit(s) and each individual. Marriage and family therapists clarify, at the commencement of treatment, which person or persons are clients and the nature of the relationship(s) the therapist will have with each person involved in the treatment.

1.10 WITHHOLDING RECORDS/NON-PAYMENT: Marriage and family therapists do not withhold patient records or information solely because the therapist has not been paid for prior professional services.

1.11 CONSULTATION: When appropriate, marriage and family therapists consult, collaborate with, and refer to physicians, other health care professionals, and community resources in order to improve and protect the health and welfare of the patient.

1.12 ADVOCATE WITH THIRD PARTY PAYERS: When appropriate, marriage and family therapists advocate for mental health care they believe will benefit their patients. In appropriate

circumstances, they challenge denials of care, or denials of payment for care, by managed care organizations, insurers, or other payers.

1.13 TREATMENT ALTERNATIVES: Marriage and family therapists discuss appropriate treatment alternatives with patients. Marriage and family therapists do not limit their discussions of treatment alternatives to what is covered by third-party payers.

1.13.1 POTENTIAL CONFLICTS: Marriage and family therapists carefully consider potential conflicts when providing concurrent or sequential individual, couple, family, and group treatment, and will take reasonable care to avoid or minimize such conflicts.

1.15 DOCUMENTING TREATMENT DECISIONS: Marriage and family therapists are encouraged to carefully document in their records when significant decisions are made, e.g., determining reasonable suspicion of child, elder or dependent adult abuse, determining when a patient is a danger to self or others, when making major changes to a treatment plan, or when changing the unit being treated.

1.16 NON-THERAPIST ROLES: When marriage and family therapists engage in professional roles other than treatment or supervision (including, but not limited to, managed care utilization review, consultation, coaching, adoption service, or behavior analysis), they act solely within that role and clarify, when necessary to avoid confusion with consumers and employers, how that role is distinguished from the practice of marriage and family therapy.

1.17 THIRD PARTY PAYER DISCLOSURES: Marriage and family therapists advise patients of the information that will likely be disclosed when submitting claims to managed care companies, insurers, or other third party payers, such as dates of treatment, diagnosis, prognosis, progress, and treatment plan.

2. (NO CHANGES TO SECTION 2 ARE PROPOSED)

3. PROFESSIONAL COMPETENCE AND INTEGRITY Marriage and family therapists maintain high standards of professional competence and integrity.

DISCLOSURE: Where a marriage and family therapist's personal values, attitudes, and/or beliefs are a substantial factor in the diagnosis and treatment provided to a client, the marriage and family therapist shall disclose such information to the patient.

3.1 CONVICTION OF CRIME: Marriage and family therapists are in violation of this Code and subject to termination of membership, or other appropriate action, if they: a) are convicted of a crime substantially related to their professional qualifications or functions; b) are expelled from or disciplined by other professional organizations; c) have licenses or certificates that are lapsed, suspended, or revoked or are otherwise disciplined by regulatory bodies; d) if they continue to practice when they are no longer competent to practice because they are impaired due to physical or mental causes or the abuse of alcohol or other substances; or e) fail to cooperate with the Association or the Ethics Committee at any point from the inception of an ethical complaint through the completion of all proceedings regarding that complaint.

3.2 FINANCIAL INCENTIVES: Marriage and family therapists avoid contractual arrangements that provide financial incentives to withhold or limit medically/ psychologically necessary care.

3.3 PATIENT RECORDS: Marriage and family therapists create and maintain patient records, whether written, taped, computerized, or stored in any other medium, consistent with sound clinical practice.

3.4 PROFESSIONAL ASSISTANCE: Marriage and family therapists seek appropriate professional assistance for their personal problems or conflicts that impair work performance or clinical judgment.

3.5 STAYING CURRENT: Marriage and family therapists remain abreast of developments in their field through educational activities or clinical experiences. Marriage and family therapists, when acting as teachers, supervisors, and researchers, stay abreast of changes in the field, maintain relevant standards of scholarship, and present accurate information.

3.6 CULTURAL SENSITIVITY: Marriage and family therapists actively strive to identify and understand the diverse cultural backgrounds of their clients by gaining knowledge, personal awareness, and developing sensitivity and skills pertinent to working with a diverse client population.

3.7 THERAPIST CULTURAL VALUES: Marriage and family therapists make continuous efforts to be aware of how their cultural/racial/ethnic identity, values, and beliefs affect the process of therapy. **Marriage and family therapists do not exert undue influence on the choice of treatment or outcomes based on such identities, values, and beliefs.**

3.8 HARASSMENT OR EXPLOITATION: Marriage and family therapists do not engage in sexual or other harassment or exploitation of patients, students, supervisees, employees, or colleagues.

3.9 SCOPE OF COMPETENCE: **Marriage and family therapists take care to provide proper diagnoses of mental and emotional disorders or conditions** and do not assess, test, diagnose, treat, or advise on problems beyond the level of their competence as determined by their education, training, and experience. While developing new areas of practice, marriage and family therapists take steps to ensure the competence of their work through education, training, consultation, and/or supervision.

3.10 PATIENT SEEING TWO THERAPISTS: Marriage and family therapists do not generally provide professional services to a person receiving treatment or therapy from another psychotherapist, except by agreement with such other psychotherapist or after the termination of the patient's relationship with the other psychotherapist.

3.11 ELECTRONIC SERVICES: Marriage and family therapists provide services by Internet or other electronic media to patients located only in jurisdictions where the therapist may lawfully provide such services.

3.12 RESEARCH FINDINGS: Marriage and family therapists take reasonable steps to prevent the distortion or misuse of their clinical and research findings

3.13 PUBLIC STATEMENTS: Marriage and family therapists, because of their ability to influence and alter the lives of others, exercise care when making public their professional recommendations and opinions through testimony or other public statements.

3.14 LIMITS OF PROFESSIONAL OPINIONS: Marriage and family therapists do not express professional opinions about an individual's mental or emotional condition unless they have treated or conducted an examination of the individual, or unless they reveal the limits of the information upon which their professional opinions are based, with appropriate cautions as to the effects of such limited information upon their opinions.

(NO CHANGES TO SECTIONS 4-10 ARE PROPOSED)

References

i. The terms “psychotherapy,” “therapy,” and “counseling” are used interchangeably throughout the *Code of Ethics*.

ii. The word “patient,” as used herein, is synonymous with such words as “client,” “consumer,” or “counselee.”

iii. The term “marriage and family therapist,” as used herein, is synonymous with the term “licensed marriage, family and child counselor,” and is intended to cover registered interns and trainees performing marriage and family therapy services under supervision.

iv. The term “dual relationships” as used herein, is synonymous with the term “multiple relationships.”

v. The term “supervisee” includes interns, trainees, and applicants for the license.

All known dates of Ethical Standards revisions: 9/09, 7/08, 5/02, 4/97, 4/92, 10/87, 9/78, and 3/66.