California Association of Marriage & Family Therapists

The CAMFT Code of Ethics 2020 Everything You Need to Know!

**California Association of Marriage and Family Therapists** 7901 Raytheon Road San Diego, CA 92111-1606 Phone: (619) 292-2638 | www.camft.org



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Code of Eth

### Workshop Overview

### Part One Workshop Format:

- Friday 9-12:
  - Sections 1 3
  - Vignette discussion
- Break: 10:35 10:45
  - Sections 4 6
  - Vignette Discussion
- Questions...
- Continuing Education...
- Handouts see CAMFT Web site
  - CAMFT Code of Ethics
  - Vignettes --- encourage to read while discussing CODES





### **WORKSHOP PURPOSE**

- Comprehensive overview of the revised CAMFT Code of Ethics.
- Attendees of the entire six-hour workshop, comprised of two sections, may earn a total of six-hours (6) of continuing education (CEU) credit, as required by the Board of Behavioral Sciences for Licensed Marriage and Family Therapists, Licensed Clinical Social Workers, and Licensed Professional Clinical Counselors.



### **WORKSHOP PURPOSE**

- The Code of Ethics is comprised of:
  - Part I, (The Standards) & Part II, (The Procedures)
  - This workshop will primarily focus on Part I
- Attention will be given to Sections of the Code that are new, and those which have undergone substantial revisions.
- Case vignettes will be utilized to illustrate the application of various ethical standards to hypothetical scenarios



### **Part 1: The Standards**

- 1. Responsibility to Clients / Patients
- 2. Confidentiality
- 3. Informed Consent and Disclosure
- 4. Dual / Multiple Relationships
- 5. Professional Competence & Integrity
- 6. TeleHealth
- Supervisor, Supervisee, Educator, and Student Responsibilities

- 8. Responsibility to Colleagues
- 9. Responsibility to the Profession
- 10. Responsibility to the Legal System
- 11. Responsibility to Research Participants
- 12. Financial Arrangements
- 13. Advertising



### Part 2: The Procedure's

- i. Scope of Authority of the Ethics Committee
- ii. Membership and Meetings of the Committee
- iii. Initiation of Complaints
- iv. Initial Action by the Executive Director
- v. Preliminary Determination by Chair of the Ethics Committee

- vi. Investigation by the Ethics Committee
- vii. Action by the Ethics Committee
- viii. Procedures for Hearing Before Board of Directors
- ix. Resignations and Non-Renewals
- x. Records and Disclosure of Information



CAMFT Code of Ethics, Part 2, The Procedures

### A few definitions....

The term "psychotherapy," "therapy" and "counseling" are used interchangeably

### The term "marriage and family therapist," ----

- licensed marriage, family and child counselor
- registered associate marriage and family therapists
- marriage and family therapist trainees

### The term "client/patient" --- used interchangeably

The term "**supervisee**," --- registrants, trainees, and applicants for the license.



### Introduction: The CAMFT Code of Ethics:

- Binding on all classes and categories of membership
- Members are expected to abide by these standards and by California laws and regulations concerning:
  - Licensed Marriage and Family Therapists
  - Supervisors
  - Educators
  - Registered Associate Marriage and Family Therapists, applicants, students, and trainees



CAMFT Code of Ethics, Part 1, The Standards, Introduction

The CAMFT Code of Ethics & CAMFT Members:

- expected to be familiar with the Code of Ethics
- A lack of understanding or knowledge, does not justify or excuse a violation
- effective date of these revised standards is **December**7, 2019.



CAMFT Code of Ethics, Part 1, The Standards, Introduction

### **Ethical Decision-Making**

### Marriage and Family Therapists:

- recognize that ethical decision-making principles may be based on higher standards for their conduct than legal requirements and that they must comply with the higher standard
- act with integrity and truthfulness
- ensure fairness and non-discrimination
- promote the well-being of their clients/patients within the larger society
- avoid actions that cause harm and recognize that their clients/patients control their own life choices.



CAMFT Code of Ethics, Part 1, The Standards, Ethical Decision Making

# California Association of Marriage and Family Therapists Code of Ethics Ethical Decision-Making

#### Marriage and Family Therapists:

- should be familiar with models of ethical decision-making and continuously develop their skills to recognize when an ethical conflict exists
- utilize consultation and stay current with the relevant research and literature about these processes
- reflect on ethical issues that arise within their practice and within the context of their legal responsibilities, ethical standards, and personal values, and develop congruent plans for action and resolution



CAMFT Code of Ethics, Part 1, The Standards, Ethical Decision Making

#### **1. RESPONSIBILITY TO CLIENTS/PATIENTS**

Marriage and family therapists 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
  1.2 HISTORICAL AND SOCIAL PREJUDICE
  1.3 TREATMENT DISRUPTION
  1.4 TERMINATION
  1.5 NON-PAYMENT OF FEES
  1.6 EMPLOYMENT AND CONTRACTUAL TERMINATIONS
  1.7 ABANDONMENT
  1.8 FINANCIAL GAIN
  1.9 CLIENT/PATIENT AUTONOMY
- 1.10 TREATMENT PLANNING CAMFT Code of Ethics, Part 1, The Standards



#### **1. RESPONSIBILITY TO CLIENTS/PATIENTS**

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, ethnicity, national origin, indigenous heritage, immigration status, gender, gender identity, gender expression, sexual orientation, religion, national origin, age, disability, socioeconomic status, or marital/relationship status. Marriage and family therapists make reasonable efforts to accommodate clients/patients who have physical disabilities. (See also sections 3.2 Therapist Disclosures, 3.7 Therapist Professional Background, and 5.11 Scope of Competence.)



### **1. RESPONSIBILITY TO CLIENTS/PATIENTS**

#### What Changed In Section 1.1?

Compared to the language of the prior Code of Ethics, this section further clarifies and defines discrimination, including the fact that discrimination or the refusal of professional services may not be based upon a person's indigenous heritage, immigration status or sexual orientation.

In addition, this section utilizes the signal, "See also," which alerts the reader to other relevant sections of the Code: (3.2 Therapist Disclosures, 3.7 Therapist Professional Background, and 5.11 Scope of Competence).



#### **1. RESPONSIBILITY TO CLIENTS/PATIENTS**

1.2 HISTORICAL AND SOCIAL PREJUDICE: Marriage and family therapists are aware of and do not perpetuate historical and/or social prejudices when diagnosing and treating clients/patients because such conduct may lead to misdiagnosing and pathologizing clients/patients.

1.3 TREATMENT DISRUPTION: Marriage and family therapists are aware of their professional and clinical responsibilities to provide consistent care to clients/patients and to maintain practices and procedures that are intended to provide undisrupted 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. RESPONSIBILITY TO CLIENTS/PATIENTS**

1.4 TERMINATION: Marriage and family therapists use sound clinical judgment when terminating therapeutic relationships. Reasons for termination may include, but are not limited to, the client/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 due to an otherwise unresolvable ethical conflict or issue. (See also sections 3.8 Client/Patient Benefit and 5.11 Scope of Competence.)

#### What Changed In Section 1.4?

The language of section 1.4 was revised to emphasize that the manner and process involved when terminating a therapeutic relationship should be based upon the clinician's sound clinical judgment.



#### **1. RESPONSIBILITY TO CLIENTS/PATIENTS**

1.5 NON-PAYMENT OF FEES: When terminating client/patient relationships due to non-payment of fees, marriage and family therapists do so in a clinically appropriate manner.

#### What Is New In Section 1.5?

Section 1.5 includes content from Section 1.3.4 of the prior Code of Ethics and clarifies that it is permissible for a therapist to terminate a therapeutic relationship for non-payment of fees, if done in a clinically appropriate manner.



#### **1. RESPONSIBILITY TO CLIENTS/PATIENTS**

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

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



#### **1. RESPONSIBILITY TO CLIENTS/PATIENTS**

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

1.9 CLIENT/PATIENT AUTONOMY: Marriage and family therapists respect client/patient choices, the right of the client/patient to make decisions and help them to understand the consequences of their decisions. When clinically appropriate, marriage and family therapists advise their client/patient that decisions on the status of their personal relationships, including separation and/or divorce, are the responsibilities of the client/patient.



#### **1. RESPONSIBILITY TO CLIENTS/PATIENTS**

1.10 TREATMENT PLANNING: Marriage and family therapists work with clients/patients to develop and review treatment plans that are consistent with client/patient goals and that offer a reasonable likelihood of client/ patient benefit.

#### What Is New In Section 1.10?

Section 1.10 incorporates content from Section 1.4.1 of the prior Code of Ethics and includes the use of "Treatment Planning" as the new title, (rather than "Patient Choices"), as this section focuses on the importance of developing treatment plans that are reasonably likely to be beneficial to the patient and which are consistent with the patient's goals.

Questions?



### **2. CONFIDENTIALITY**

Marriage and family therapists respect the confidences of their client(s)/patient(s). Marriage and family therapists have unique confidentiality responsibilities because the client/patient in a therapeutic relationship may include more than one person.

2.1 DISCLOSURES OF CONFIDENTIAL INFORMATION

- 2.2 SIGNED AUTHORIZATIONS— RELEASE OF INFORMATION
- 2.3 MAINTENANCE OF CLIENT/PATIENT RECORDS—CONFIDENTIALITY
- 2.4 EMPLOYEES—CONFIDENTIALITY
- 2.5 USE OF CLINICAL MATERIALS—CONFIDENTIALITY
- 2.6 GROUPS—CONFIDENTIALITY
- 2.7 THIRD-PARTY PAYER DISCLOSURES



#### 2. CONFIDENTIALITY

2.1 DISCLOSURES OF CONFIDENTIAL INFORMATION: Marriage and family therapists do not disclose client/patient confidences, (including the names or identities of their clients/patients), to anyone except as mandated by law, as permitted by law, when the marriage and family therapist is a defendant in a civil, criminal, or disciplinary action arising from the therapy (in which case client/patient confidences may only be disclosed in the course of that action), or if there is an authorization previously obtained in writing. Such information may only then be revealed in accordance with the terms of the authorization.



#### **2. CONFIDENTIALITY**

2.2 SIGNED AUTHORIZATIONS— RELEASE OF INFORMATION: When there is a request for information related to any aspect of psychotherapy or treatment, each member of the unit receiving such therapeutic treatment must sign an authorization before a marriage and family therapist will disclose information received from any member of the treatment unit.

2.3 MAINTENANCE OF CLIENT/PATIENT RECORDS—CONFIDENTIALITY: Marriage and family therapists store, transfer, transmit, and/or dispose of client/patient records in ways that protect confidentiality.



#### **2. CONFIDENTIALITY**

2.4 EMPLOYEES—CONFIDENTIALITY: Marriage and family therapists take appropriate steps to ensure, insofar as possible, that the confidentiality of clients/patients is maintained by their employees, supervisees, assistants, volunteers, and business associates.

#### What Is New In Section 2.4?

Section 2.4 incorporates content from Section 2.5 of the prior Code of Ethics and includes the use of the term "business associate." Under the Health Insurance and Portability Act of 1996 (HIPAA), therapists who engage in certain transactions with third-party payers are considered to be "covered entities." A "covered entity" may disclose confidential information to a business associate (a person or entity) that performs functions or activities that involve the use or disclosure of protected health information on behalf of that entity.



#### **2. CONFIDENTIALITY**

2.5 USE OF CLINICAL MATERIALS—CONFIDENTIALITY: Marriage and family therapists use clinical materials in teaching, writing, and public presentations only if a written authorization has been previously obtained in accordance with 2.1, or when appropriate steps have been taken to protect patient identity.

2.6 GROUPS—CONFIDENTIALITY: Marriage and family therapists, when working with a group, educate the group regarding the importance of maintaining confidentiality, and are encouraged to obtain written agreement from group participants to respect the confidentiality of other members of the group.



#### 2. CONFIDENTIALITY

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

Questions?



#### **3. INFORMED CONSENT AND DISCLOSURE**

Marriage and family therapists respect the fundamental autonomy of clients/patients and support their informed decision-making. Marriage and family therapists assess their client's/patient's competence, make appropriate disclosures, and provide comprehensive information so that their clients/patients understand treatment decisions.

#### What Changed In Section 3?

The new preamble, "Informed Consent and Disclosure," was written to express the importance of providing particular disclosures and information to patients and respecting patient's rights to make certain treatment decisions.



#### **3. INFORMED CONSENT AND DISCLOSURE**

- 3.1 INFORMED DECISION-MAKING
- 3.2 THERAPIST DISCLOSURE
- 3.3 RISKS AND BENEFITS
- 3.4 EMERGENCIES/CONTACT BETWEEN SESSIONS
- 3.5 CONSENT FOR RECORDING/OBSERVATION
- 3.6 LIMITS OF CONFIDENTIALITY
- 3.7 THERAPIST PROFESSIONAL BACKGROUND
- 3.8 CLIENT/PATIENT BENEFIT
- 3.9 FAMILY UNIT/CONFLICTS
- 3.10 POTENTIAL CONFLICTS
- 3.11 TREATMENT ALTERNATIVES
- 3.12 DOCUMENTING TREATMENT RATIONALE/CHANGES



#### **3. INFORMED CONSENT AND DISCLOSURE**

3.1 INFORMED DECISION-MAKING: Marriage and family therapists respect the rights of clients/patients to choose whether to enter into, to remain in, or to leave the therapeutic relationship. When significant decisions need to be made, marriage and family therapists provide adequate information to clients/patients in clear and understandable language so that clients/patients can make meaningful decisions about their therapy.

#### What Is New In Section 3.1?

Section 3.1 incorporates content from Section 1.5 of the prior Code of Ethics, with revisions. The title of Section 3.1 was changed from "Therapist Disclosures," to "Informed Decision-Making," to emphasize that it is a fundamental right of clients/patients to make meaningful decisions about their therapy.



#### **3. INFORMED CONSENT AND DISCLOSURE**

3.2 THERAPIST DISCLOSURE: When a marriage and family therapist's personal values, attitudes, and/or beliefs are a prejudicial factor in diagnosing or limiting treatment provided to a client/patient, the marriage and family therapist shall disclose such information to the client/patient or facilitate an appropriate referral in order to ensure continuity of care.

#### What Is New In Section 3.2?

Section 3.2 incorporates content from Section 1.5.1 of the prior Code of Ethics, with revisions. The language of this new section clarifies that a therapist is only expected to provide disclosures to a client/patient regarding the therapist's personal values, attitudes and/or beliefs, (or to facilitate an appropriate referral), if the therapist believes that their values, attitudes and/or beliefs are a prejudicial factor in diagnosing or limiting treatment to the client/patient.



#### **3. INFORMED CONSENT AND DISCLOSURE**

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



#### **3. INFORMED CONSENT AND DISCLOSURE**

3.4 EMERGENCIES/CONTACT BETWEEN SESSIONS: Marriage and family therapists inform clients/patients of the extent of their availability for emergency care between sessions.

#### What Is New In Section 3.4?

Section 3.4 addresses the issue of providing emergency services to clients/patients in-between sessions and incorporates content from Section 1.5.3 of the prior Code of Ethics. Although former Section 1.5.3 referred to circumstances where the therapist "is not located in the same geographic area as the patient," such content is now addressed in Section 6 of the Code of Ethics, which concerns the topic of Telehealth.



#### **3. INFORMED CONSENT AND DISCLOSURE**

3.5 CONSENT FOR RECORDING/OBSERVATION: Marriage and family therapists obtain written informed consent from clients/patients before recording or permitting third party observation of treatment.

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

3.7 THERAPIST PROFESSIONAL BACKGROUND: Marriage and family therapists are encouraged to disclose to clients/patients, at an appropriate time and within the context of the psychotherapeutic relationship, their experience, education, specialties, and theoretical orientation.



#### **3. INFORMED CONSENT AND DISCLOSURE**

3.8 CLIENT/PATIENT BENEFIT: Marriage and family therapists continually monitor their effectiveness when working with clients/patients and continue therapeutic relationships only so long as it is reasonably clear that clients/patients are benefiting from treatment.

3.9 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 and each individual member. At the commencement of treatment and throughout treatment, marriage and family therapists clarify, which person or persons are clients/patients and the nature of the relationship(s) the therapist will have with each person participating in the treatment.



#### 3. INFORMED CONSENT AND DISCLOSURE

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



#### **3. INFORMED CONSENT AND DISCLOSURE**

3.11 TREATMENT ALTERNATIVES: Marriage and family therapists discuss appropriate treatment alternatives with clients/patients. When appropriate, marriage and family therapists advocate for the mental health care they believe will benefit their clients/patients. Marriage and family therapists do not limit their discussions of treatment alternatives to what is covered by third-party payers.


### **3. INFORMED CONSENT AND DISCLOSURE**

#### What Is New In Section 3.11?

- Section 3.11 incorporates language from Sections 1.12 and 1.13 of the prior Code of Ethics, including content which concerns the issue of advocating for mental health care on behalf of client/patients.
- It clarifies that therapists are not ethically obligated to advocate for mental health care on behalf of clients/patients, <u>but</u> may engage in such advocacy, as they are often in a position to determine whether such services may benefit the client.
- This new section also emphasizes the importance of discussing treatment alternatives with client/patients.



#### **3. INFORMED CONSENT AND DISCLOSURE**

3.12 DOCUMENTING TREATMENT RATIONALE/CHANGES: Marriage and family therapists document treatment in their client/patient records, such as major changes to a treatment plan, changes in the unit being treated and/or other significant decisions affecting treatment.

#### What Is New In Section 3.12?

Section 3.12 reminds therapists that major changes to a client's/patient's treatment plan, and significant decisions affecting a person's treatment, such as changes in the unit of treatment, should be appropriately documented in the treatment record.

Questions?



# Let's Apply What We Have Learned!

**VIGNETTE : MARY AND SUSAN** 

Mary, an LMFT working in a private practice, is contacted by the parents of Susan, a 13 year old girl. The parents report that Susan has been very moody, is having difficulty controlling her temper, and is extremely defiant when they attempt to set limits. The parents reported that their daughter is agreeable with the idea of seeing a therapist, because she "wants to have someone she can talk to." Although the parents asked Mary whether it was possible to have family therapy with their daughter, Susan made it clear that she did not want to participate in family sessions, nor did she even want to be in the same room with her parents.

Mary decided to work with Susan individually, but she also had some meetings with Susan's parents, to discuss parenting issues, and to provide them with feedback about Susan's progress in treatment. Susan's understanding was that Mary may speak with her parents, in order to discuss the fairness of her parent's expectations for her.

After Mary met with Susan for a few months, Susan's parents informed Mary that they thought Susan was "getting worse," based upon her continued defiant behavior at home, and they questioned whether treatment should be terminated or whether another therapist should be considered. In response, Mary spoke with Susan about her parent's frustration, including their perception that Susan was getting worse. Fearing that Susan's treatment could be prematurely terminated by her parents, Mary decided that the time had come to schedule a conjoint session with Susan and her parents. Reluctantly, Susan agreed to attend the family session.

#### According to Part I of the CAMFT Code of Ethics:

- 1. Do any of Mary's actions in these circumstances constitute a possible violation of the ethical standards? If so, please indicate the specific code section(s) that may be applicable to Mary's conduct, and why.
- 2. Is there any additional information that you would like to have in order to determine whether Mary may have violated one or more of the above-listed Code sections?
- 3. Are there any questions that you would like to ask Mary, or Susan, or Susan's parents, in order to determine whether an ethical violation may have occurred? If so, what question (s) would you like to ask, and why?

# California Association of Marriage & Family Therapists

# Let's take a Break!

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Code of Ethics

### 4. DUAL/MULTIPLE RELATIONSHIPS

Marriage and family therapists establish and maintain professional relationship boundaries that prioritize therapeutic benefit and safeguard the best interest of their clients/patients against exploitation. Marriage and family therapists engage in ethical multiple relationships with caution and in a manner that is congruent with their therapeutic role.

4.1 DUAL/MULTIPLE RELATIONSHIPS
4.2 ASSESSMENT REGARDING DUAL/MULTIPLE RELATIONSHIPS
4.3 UNETHICAL DUAL/MULTIPLE RELATIONSHIPS
4.4 NON-PROFESSIONAL RELATIONSHIPS WITH FORMER
CLIENTS/PATIENTS
4.5 SEXUAL CONTACT:
4.6 PRIOR SEXUAL RELATIONSHIP
4.7 EXPLOITATION
4.8 NON-THERAPIST ROLES



### 4. DUAL/MULTIPLE RELATIONSHIPS

#### Why Is There A New Section 4 and Preamble?

- Section 4 contains content that was previously located in section 1 of the former Code of Ethics, with significant changes.
- The new preamble to Section 4 underscores that it is important for therapists to carefully consider:
  - the best interests of their clients/patients,
  - to exercise due care, when contemplating the possibility of involvement in dual/multiple relationships with clients/patients.
- Expanded and better integrated discussion of various issues that are relevant to this topic.
- Intended to provide ethical standards that are more specific, and which offer improved guidance to therapists, compared to the prior Code of Ethics.



### 4. DUAL/MULTIPLE RELATIONSHIPS

4.1 DUAL/MULTIPLE RELATIONSHIPS: Dual /multiple relationships occur when a therapist and his/her client/patient concurrently engage in one or more separate and distinct relationships. Not all dual/multiple relationships are unethical, and some need not be avoided, including those that are due to geographic proximity, diverse communities, recognized marriage and family therapy treatment models, community activities, or that fall within the context of culturally congruent relationships. Marriage and family therapists are aware of their influential position with respect to clients/patients and avoid relationships that are reasonably likely to exploit the trust and/or dependence of clients/patients, or which may impair the therapist's professional judgment.



### 4. DUAL/MULTIPLE RELATIONSHIPS

#### What Is New In Section 4.1?

Clarifies that, in some circumstances, a dual/multiple relationship may be unavoidable, or permissible, including those that are based upon:

- Geographic proximity
- Diverse communities
- Recognized marriage and family therapy treatment models that require activities outside of the traditional therapist role
- Community activities
- Activities which fall within the context of culturally congruent relationships
   The issue of dual relationships with students and supervisees is now addressed in Section 7



### 4. DUAL/MULTIPLE RELATIONSHIPS

#### 4.2 ASSESSMENT REGARDING DUAL/MULTIPLE RELATIONSHIPS

Prior to engaging in a dual/multiple relationship, marriage and family therapists take appropriate professional precautions which may include, but are not limited to the following: obtaining the informed consent of the client/patient, consultation or supervision, documentation of relevant factors, appraisal of the benefits and risks involved in the context of the specific situation, determination of the feasibility of alternatives, and the setting of clear and appropriate therapeutic boundaries to avoid exploitation or harm.



### 4. DUAL/MULTIPLE RELATIONSHIPS

#### What Is New In Section 4.2?

- Therapists may encounter or contemplate engaging in a wide range of dual/multiple relationships.
- Depending on the situation, and the needs of the client/patient, therapists are expected to take appropriate professional precautions to avoid the possibility of exploitation or harm to the client/patient.
- Examples of precautions for therapists to consider, when assessing whether it may be appropriate to enter into a dual/multiple relationship with a client/patient.
  - Obtaining informed consent from the client/patient
  - Consultation or supervision
  - Clear and appropriate documentation by the therapist



### 4. DUAL/MULTIPLE RELATIONSHIPS

#### 4.3 UNETHICAL DUAL/MULTIPLE RELATIONSHIPS

Acts that could result in unethical dual relationships include, but are not limited to, borrowing money from a client/patient, hiring a client/patient, or engaging in a business venture with a patient, or engaging in a close personal relationship with a client/patient. Such acts with a client's/patient's spouse, partner or immediate family member are likely to be considered unethical dual relationships.

#### What Is New In Section 4.3?

- Clarification that unethical dual/multiple relationships (such as those defined in this section) between a therapist and a client/patient's:
  - Spouse
  - Partner
  - Immediate family member



### 4. DUAL/MULTIPLE RELATIONSHIPS

#### 4.4 NON-PROFESSIONAL RELATIONSHIPS WITH FORMER CLIENTS/PATIENTS Prior to engaging in a non-sexual relationship with former clients/patients, marriage and family therapists take care to avoid engaging in interactions which may be exploitive or harmful to the former client/patient. Marriage and family therapists consider factors which include, but are not limited to, the potential continued emotional vulnerability of the former client/patient, the anticipated consequences of involvement with that person, and the elimination of the possibility that the former client/patient resumes therapy in the future with that therapist.



### 4. DUAL/MULTIPLE RELATIONSHIPS

#### What Is New In Section 4.4?

Addresses various issues which specifically apply to dual/multiple relationships with former clients/patients. The Committee believed that it was necessary to provide clearer language and improved guidance on this topic including:

- whether the relationship may lead to *exploitation* or harm to the former client/patient.
- The potential continued *emotional vulnerability* of the former client/patient
- The anticipated consequences of entering into a post-therapy relationship with the client/patient, including, the possibility that a post-therapy relationship may *preclude the resumption of therapy* in the future.
- Consider that it is not uncommon for former clients/patients to *request services* from their therapist at some point in time after termination occurs



#### **4. DUAL/MULTIPLE RELATIONSHIPS**

4.5 SEXUAL CONTACT: Sexual contact includes, but is not limited to sexual intercourse, sexual intimacy, and sexually explicit communications without a sound clinical basis and rationale for treatment. Sexual contact with a client/patient, or a client's/patient's spouse or partner, or a client's/patient's immediate family member, during the therapeutic relationship, or during the two years following the termination of the therapeutic relationship, is unethical. Prior to engaging in sexual contact with a former client/patient or a client's/ patient's spouse or partner, or a client's/patient's immediate family member, following the two years after termination or last professional contact, the therapist shall consider factors which include, but are not limited to, the potential harm to or exploitation of the former client/patient or to the client's/patient's family, the potential continued emotional vulnerability of the former client/patient, and the anticipated consequences of involvement w that person. (See also section 7.2 Sexual Contact with Supervisees Students.)



### 4. DUAL/MULTIPLE RELATIONSHIPS

#### What Is New In Section 4.5?

- Requires therapists to assess certain factors prior to engaging in a sexual relationship with a client/patient, or a client's/patient's spouse or partner, or a client's patient's immediate family member
  - The potential harm to, or exploitation of a client/pt.
  - The potential continued emotional vulnerability of client/pt.
  - The anticipated consequences of involvement with the person
- Language which clarifies that sexual contact includes, "sexually explicit communications without a sound clinical basis and rationale for treatment."
- "See also," which alerts the reader to consider 7.2 Sexual Contact with Supervisees and Students.



### 4. DUAL/MULTIPLE RELATIONSHIPS

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

#### What Is New In Section 4.6?

- Section 4.6 recognizes that there may be circumstances where a therapist is not aware of the fact that they are treating the partner or immediate family member of someone with whom they have had a sexual relationship.
- This section therefore clarifies that a therapist is prohibited from knowingly entering into a therapeutic relationship with someone with whom the therapist has had a sexual relationship.



### 4. DUAL/MULTIPLE RELATIONSHIPS

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



### 4. DUAL/MULTIPLE RELATIONSHIPS

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

#### What Is New In Section 4.8?

- Section 4.8 contains language from Section 1.16 of the prior Code of Ethics, with the addition of "child custody evaluation" to the list of non-therapist roles.
- This change is in recognition of the fact that Marriage and family therapists often assume the role of child custody evaluators.



#### **5. PROFESSIONAL COMPETENCE AND INTEGRITY**

Marriage and family therapists maintain high standards of professional competence and integrity.

- 5.1 CONVICTION OF CRIME
- **5.2 FINANCIAL INCENTIVES**
- 5.3 CLIENT/PATIENT RECORDS
- 5.4 PROFESSIONAL ASSISTANCE
- 5.5 PRACTICING WHILE IMPAIRED
- 5.6 STAYING CURRENT
- 5.7 SENSITIVITY TO DIVERSITY
- 5.8 GIFTS
- 5.9 IMPACT OF THERAPIST VALUES ON TREATMENT
- 5.10 HARASSMENT OR EXPLOITATION



#### 5. PROFESSIONAL COMPETENCE AND INTEGRITY (continued)

5.11 SCOPE OF COMPETENCE
5.12 DUPLICATION OF THERAPY
5.13 PUBLIC STATEMENTS
5.14 LIMITS OF PROFESSIONAL OPINIONS
5.15 CONSULTATION



### **5. PROFESSIONAL COMPETENCE AND INTEGRITY**

5.1 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: are convicted of a crime substantially related to their professional qualifications or functions, are expelled from or disciplined by other professional organizations, or have licenses or certificates that are lapsed, suspended, or revoked or are otherwise disciplined by regulatory bodies.

#### What Is New In Section 5.1?

Section 5.1 includes language located in section 3.1 of the former Code of Ethics. A significant change however, is that language which concerns the issue of practicing when impaired due to physical or mental causes or the abuse of alcohol or other substances has been provided its own section (5.5) in the new Code of Ethics, entitled, "Practicing While Impaired."



### **5. PROFESSIONAL COMPETENCE AND INTEGRITY**

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

5.3 CLIENT/PATIENT RECORDS: Marriage and family therapists create and maintain client/patient records consistent with sound clinical judgment, standards of the profession, and the nature of the services being rendered.

#### What Is New In Section 5.3?

This section is includes language located in section 3.3 of the former Code of Ethics ("Patient Records"), but outdated terminology has been removed, and language has been added which reflects the requirements applicable to marriage and family therapists for creating and maintaining client/patient records, as expressed in Business & Professions Code, §4982(v).



### **5. PROFESSIONAL COMPETENCE AND INTEGRITY**

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

5.5 PRACTICING WHILE IMPAIRED: Marriage and family therapists do not practice when their competence is impaired due to physical or psychological causes or to the use of alcohol or other substances.

#### What Is New In Section 5.5?

The Ethics Committee believed that it was appropriate to devote a separate section to the topic of practicing while impaired, to underscore the importance of this issue.



#### **5. PROFESSIONAL COMPETENCE AND INTEGRITY**

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



### **5. PROFESSIONAL COMPETENCE AND INTEGRITY**

5.7 SENSITIVITY TO DIVERSITY: Marriage and family therapists actively strive to identify and understand the diverse backgrounds of their clients/patients by obtaining knowledge, gaining personal awareness, and developing sensitivity and skills pertinent to working with a diverse client/patient population.

#### What Is New In Section 5.7?

- A significant change is that the word "culture" in the title of the section has been changed to "diversity," to reflect a broader sensitivity to all forms of diversity.
- While "culture" may be viewed as pertaining only to race, or nationality, diversity includes factors which may be unique to client/patient, including, but not limited to, race, gender, sexual orientation, religious beliefs, disability, or socioeconomic status.



### **5. PROFESSIONAL COMPETENCE AND INTEGRITY**

5.8 GIFTS: Marriage and family therapists carefully consider the clinical and cultural implications of giving and receiving gifts or tokens of appreciation. Marriage and family therapists take into account the value of the gift, the effect on the therapeutic relationship, and the client/patient and the psychotherapist's motivation for giving, receiving, or declining, the gift.

#### What Is New In Section 5.8?

While it is not unethical for a therapist to give or receive a gift from a client/patient, it is important to consider the relevant clinical and cultural implications.

- an individual may offer a gift to the therapist as part of a cultural tradition
- a therapist's refusal of a gift from a client/patient may be experienced as a personal rejection and prove harmful to the therapeutic relationship.



### **5. PROFESSIONAL COMPETENCE AND INTEGRITY**

5.9 IMPACT OF THERAPIST VALUES ON TREATMENT: Marriage and family therapists make continuous efforts to be aware of how their cultural/racial/ethnic identities, 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.

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



#### **5. PROFESSIONAL COMPETENCE AND INTEGRITY**

5.11 SCOPE OF COMPETENCE: Marriage and family therapists take care to provide proper diagnoses of psychological disorders or conditions and do not assess, test, diagnose, treat, or advise on issues 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.



#### **5. PROFESSIONAL COMPETENCE AND INTEGRITY**

5.12 DUPLICATION OF THERAPY: Marriage and family therapists do not generally duplicate professional services to a prospective client/patient receiving treatment from another psychotherapist. When making a determination to provide services, marriage and family therapists carefully consider the client's/patient's needs, presenting treatment issues, and the welfare of the client/patient to minimize potential confusion and/or conflict. Prior to rendering services, marriage and family therapists discuss these issues, with the prospective client/patient, including the nature of the client's/patient's current relationship with the other treating psychotherapist and whether consultation with the other psychotherapist is appropriate.



### **5. PROFESSIONAL COMPETENCE AND INTEGRITY**

#### What Is New In Section 5.12?

- Addresses the issue of a client/patient seeing more than one therapist.
- Significantly more flexible in comparison to those found in section 3.10 of the former Code of Ethics, which generally prohibited more than one therapist treating the same person in the absence of an agreement between the therapists.
- *Consultation* with the other therapist in these circumstances in now elective, rather than required.
- Requires the therapist to *consider the prospective client's/patient's needs* and input, and their relationship with the other therapist when deciding whether to provide services.



#### **5. PROFESSIONAL COMPETENCE AND INTEGRITY**

5.13 PUBLIC STATEMENTS: Marriage and family therapists, because of their ability to influence and alter the lives of others, exercise caution when making public their professional recommendations or their professional opinions through testimony, social media and Internet content, or other public statements.

#### What Is New In Section 5.13?

The content of this section is based upon the language of section 3.10 of the former Code of Ethics, with the inclusion of modernized terminology, "Social Media and Internet content."



#### **5. PROFESSIONAL COMPETENCE AND INTEGRITY**

5.14 LIMITS OF PROFESSIONAL OPINIONS: Marriage and family therapists do not express professional opinions about an individual's psychological condition unless they have treated or conducted an examination and assessment 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. *(See also section 10.7 Professional Opinions in Court-Involved Cases.)* 



### **5. PROFESSIONAL COMPETENCE AND INTEGRITY**

#### What Is New In Section 5.14?

- Section 5.14 is based upon the language of section 3.14 of the former Code of Ethics but utilizes the term "psychological conditions" in place of "mental and emotional disorders" to modernize the terminology and broaden the application here to mental, emotional and behavioral disorders.
- Another change is that section 5.14 alerts the reader that section 10.7 should also be considered when it concerns professional opinions in court-involved cases.



#### **5. PROFESSIONAL COMPETENCE AND INTEGRITY**

5.15 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 client/patient.

Questions?


## 6. TELEHEALTH

- Marriage and family therapists recognize that ongoing technological developments promote availability and access to healthcare and expand opportunities to provide their services outside of the therapy office.
- When utilizing Telehealth to provide services to clients/patients, marriage and family therapists consider the welfare of the client/patient, the appropriateness and suitability of the modality in meeting the client's/patient's needs, make appropriate disclosures to the client/patient regarding its use, exercise reasonable care when utilizing technology, and remain current with the relevant laws and regulations.



#### 6. TELEHEALTH

6.1 TELEHEALTH Marriage and family therapists take precautions to meet their responsibilities to clients/patients who are not physically present during the provision of therapy. Prior to utilizing Telehealth, marriage and family therapists consider the appropriateness and suitability of this therapeutic modality in meeting the client's/patient's needs and do so competently. The suitability and appropriateness of Telehealth includes consideration of multiple factors such as the client's/patient's familiarity with the modality, the issues to be addressed, the therapeutic orientation, and other pertinent factors.



## 6. TELEHEALTH

#### What Is New In Section 6.1?

- This section incorporates content from section 1.4.2 of the former Code of Ethics
- Clearer and more concise description of key considerations for a therapist who is contemplating whether telehealth may be appropriate and suitable for a particular person.
- The language is also consistent with the requirements set forth in regulations at 16 C.C.R. §1815.5 which express California's Standards of Practice for Telehealth.



## 6. TELEHEALTH:

**6.2 COMPLIANCE WITH TELEHEALTH LAWS**: Marriage and family therapists, prior to engaging in Telehealth, are familiar with the state and federal laws governing Telehealth and ensure compliance with all relevant laws.

#### What Is New In Section 6.2?

- This new section is intended to convey that therapists are expected to be familiar with the relevant federal and state laws when engaging in telehealth.
- California's regulations for the practice of telehealth:
  - 16 C.C.R. §1815.5
  - Health Insurance and Portability Accountability Act ("HIPAA") expresses legal requirements which concern the security and privacy of private health information that is electronically transmitted.



## 6. TELEHEALTH:

**6.3 DISCLOSURES**: Marriage and family therapists inform clients/patients of the potential risks, consequences, and benefits of the Telehealth modality, including but not limited to issues of confidentiality, clinical limitations, and transmission / technical difficulties.

#### What Is New In Section 6.3?

This new section incorporates language from section 1.4.2 of the former Code of Ethics, but deleted the phrase, "ability to respond to emergencies," as this issue could be addressed if applicable, as a possible clinical limitation.



## 6. TELEHEALTH:

**6.4 ELECTRONIC MEDIA**: Marriage and family therapists are aware of the possible adverse effects of technological changes with respect to the dissemination of client/patient information and take care when disclosing such information. Marriage and family therapists are also aware of the limitations regarding confidential transmission by Internet or electronic media and take care when transmitting or receiving such information via these mediums.

Questions?



#### TELEHEALTH

#### California Business & Professional Codes:

- § 1815.5. STANDARDS OF PRACTICE FOR TELEHEALTH
- § 2290.5. TELEHEALTH; CONSENT REQUIREMENTS; EFFECT OF NONCOMPLIANCE ON HEALTH PRACTITIONER

#### **CAMFT Articles:**

- Montgomery, A. (2015) The Basics of Telehealth, <u>The Therapist</u>, January/February 2015
- Tran-Lien, A (2016) Regulatory and Legal Considerations for Telehealth, <u>The Therapist</u>, September/October 2016

## CAMFT: Lunch & Learn Series (www.camft.org)



# Let's Apply What We Have Learned!

**VIGNETTE : BRYAN AND JANET** 

Bryan, and his business partner Janet, are LMFT co-owners of a professional corporation entitled: "Comprehensive Counseling and Coaching Services of LA." Their website informs consumers about a wide range of services that are offered by their business, including individual, couple and family psychotherapy, life-coaching, career coaching, support groups and parenting classes.

Bryan and Janet occasionally collaborate in providing services to clients. For example, in working with the Jones family, Bryan invited Janet to join some of the family sessions as a co-therapist. The family sessions include both parents, and their two teen age children. Janet is the individual therapist for one of the teens.

The corporation also provides monthly two-hour parent-education classes on topics such as "Parent Survival Training," and, "Understanding Your Teen." Bryan and Janet both serve as parent-ed. instructors, and classes are open to clients and non-clients alike.

#### According to Part I of the CAMFT Code of Ethics:

- 1) Do any of Bryan's or Janet's actions in these circumstances constitute a possible violation of the ethical standards? If so, please indicate the specific code section(s) that may be applicable to either therapist's conduct, and why.
- 2) Is there any additional information that you would like to have in order to determine whether one or more of the above-listed Code sections may apply to these facts?
- 3) Are there any questions that you would like to ask Bryan or Janet, or any of the clients in these circumstances which may assist you in determining whether an ethical violation may have occurred? If so, what question(s) would you like to ask, and why?



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Please join us tomorrow, Saturday August 22, 2020, from 9am to 12pm: Part Two CAMFT Code of Ethics presentation!

California Association of Marriage & Family Therapists

Thank you!!

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