



ETHICAL STANDARDS  
AND  
CODE OF CONDUCT

GOVERNING THE  
*NATIONAL ASSOCIATION OF FORENSIC COUNSELORS*  
& ALL BOARD AFFILIATES

## **Prologue**

Certified counselors within the NAFC in order to provide competent care must comprehend both the ethical and judicial implications of providing mental health counseling services as well as the numerous ranges of issues they will on a daily basis be confronted with.

The following ethical standards and code of conduct governing the NAFC, its boards and affiliates is designed to provide the certified counselor with specific guidelines for dealing with ethical issues.

## **Applicability of Ethical Standards**

Members of NAFC, its boards and affiliates comprise several dimensions of certified counselors, from students, licensed therapists, addiction counselors, psychologists, and psychiatrists.

Members shall abide by the Board's ethical standards and code of conduct as well as other regulations governing the certified member, which may be established by the Board. The Board does not promote policies that state agencies may be able to adopt and which defenses a state's interest.

This body of regulations governing the practice of the Boards certified members is relevant to all activities of counseling as a science and psychology as an applied profession that its members perform.

These codes regulate only those actions related to the member's role as a provider of counseling, evaluations, and psychological services and do not govern ones personal and private actions.

## **General Ethical Standards**

### **Standard 1: Competence**

#### **1.1 MAINTENANCE OF STANDARDS AND QUALIFICATIONS**

The member shall maintain the highest possible standards of practice based on established research techniques while preserving and observing these fundamental ethical principles and codes of conduct. Each individual is directly responsible for respecting and conserving human civil rights, while aspiring to the highest possible standards of conduct.

Members shall accurately and objectively represent their professional qualifications, affiliations, as well as the institutions and organizations for which they work or are affiliated in any respect.

#### **1.2 EDUCATIONAL REQUIREMENTS, CERTIFICATION, and SPECIALIZATION**

Members shall meet all particular educational, examination, and practice requirements of the position(s), which they intend to or currently occupy. The masters level practitioner, in most cases, should meet the requirements of the licensing boards in their profession, and all state standard certification requirements or shall be actively pursuing required certification from an accredited institution.

Members shall abide by continuing educational requirements and other standards of proficiency, which are incorporated by the Board.

### 1.3 EXPEDITIOUS SUPERVISION

Members shall make special effort to follow all guidelines pertaining to timely supervision of practicing techniques, assessments, and treatment.

### 1.4 ACCURATE REPRESENTATION

Members shall not present themselves at any level profession beyond the degree for which they are qualified to practice. Members should not provide any service for which they are not adequately trained, experienced, and competent. However, members shall not attempt to impose their training standards or ethics on members of another profession. Rather, it is the belief of the Board that each profession should police itself, relying on its own standards for ethics and proficiency.

### 1.5 CONTINUING EDUCATION

Members shall continually maintain Current knowledge of general counseling developments and research while remaining updated on the efficiency of contemporary research procedures.

All members shall apply only research proven therapeutic techniques and shall continually remain updated as to current knowledge of counseling as both a science and psychology as an applied profession.

All providers shall apply only those techniques of counseling and therapy for which they have been specifically trained including knowledge of counseling the culturally different special populations (such as mentally/physically handicapped and ethnic minorities). Multicultural counseling or minority mental health theories of identity development are an important dimension of our work and knowledge.

## **Standard 2: Responsibility**

### 2.0 INFORMED CONSENT

The member has a responsibility to directly inform clients about the Board's code of ethics and the principles regarding confidentiality as well as the duty to warn as soon as possible, before initial therapy begins. Conditions and comprehension of the contract should be unambiguous and specific. General conditions of the contract should include comprehension of and agreement to: the probable length of therapy; goals of therapy; payment schedules; and the right to end therapy including termination procedures.

Providers have a basic responsibility to regard and protect clients' confidentiality, even after the client is deceased.

### 2.1 SOCIAL RESPONSIBILITY

The member has a responsibility to the community, both locally and at large, to contribute a certain amount of time and knowledge back to the community in which they live and to the general education of the public, as well as providing a determinate amount of services for no financial gain.

## 2.2 ETHICAL OBJECTIVES

Members shall in the pursuit of these ideals, subscribe to the Principles of Ethical Standards herein presented in this document.

## 2.3 CONSULTATION AND REFERRAL

Members, in order to render service to their clients, shall request consultation at the earliest possible date perceived necessary to provide the client with the broadest range of health care alternatives.

### **Standard 3: Integrity**

#### 3.1 SEXUAL HARASSMENT

Members shall not engage in sexual harassment, either physical or verbal while providing service or any physical or carnal verbal behavior that transpires in conjunction with providing services.

#### 3.2 DUAL RELATIONSHIPS

Members shall not engage in "dual-relations" of any kind, and should avoid social contact with individuals such as clients, students, and supervisees. At no later interval of time is it appropriate to re-establish a relationship with a former client once a dual relationship has been established within the therapeutic setting. When, due to unanticipated circumstances, the provider discovers that a dual-relationship exists, the provider takes all possible care within the guidelines set forth in these ethical principles.

Providers should also abstain from entering into dual-relationships within business or research relationships, which might violate these ethical principles or establish an unethical atmosphere.

#### 3.3 THIRD PARTY OBLIGATIONS

Members shall when involved in treating third party individuals or providing services to an individual at the request of a third party, accurately, clearly and explicitly discuss, at the onset of therapy, the attributes of the therapeutic setting and what the decisive relations between the therapist and third party clients will be.

#### 3.4 OBSERVING LICIT PROCEDURES GOVERNING PRACTICE

Members shall make every effort to comply with federal, state, and local government statutes. When legal statute conflicts with the ethical principles herein stated practitioners shall err on the side of the legal constraints and abide by governmental law. Members shall make special effort to be familiar with all relevant legal issues, which will specifically affect their ability to provide counseling services.

## **Standard 4: Confidentiality & Privacy**

### **4.1 RECORD MAINTENANCE**

Members shall maintain to a reasonable extent, current as well as accurate and applicable records, depending on the type and purpose of the services provided.

Records include any data (regardless of the medium used to record information base), which should at least include: the dates of any service; types of services provided; fees and payments; any assessment results; and future treatment plans.

### **4.2 LIMITS of CONFIDENTIALITY**

Clients must be made aware that any information contained within records may be legally required to be disclosed in a court of law under certain conditions no matter what the therapist or client may petition. Providers should ethically dissent any court petition to infringe patient confidentiality.

### **4.3 USE of RECORDS**

Clients should be informed of any actions taken with respect to information contained within their records. Providers may not withhold record data because of any unpaid financial balance due to provider. A reasonable fee is allowed to cover expenses related to consultations, duplications, and transfer of client data.

### **4.4 DUTY to WARN**

Clients must also be made aware that therapists have a duty to use reasonable care to warn and protect any potential victims if clients in therapy threaten harm or serious threat against a specific or identifiable individual(s).

Otherwise therapist cannot release or discuss any client information without a specific written permission of the competent client.

### **4.5 RECORD PRESERVATION**

Records should be maintained a minimum of ten years. Appropriate adjustments must be made if the client is a minor or judged to be *at the time* unfit to comprehend their rights concerning the use and release of recorded data.

Therapists must take serious steps in the protection and maintenance of records to protect the confidentiality of clients, especially concerning new forms of electronically stored data.

## **Standard 5: Welfare & Respect for Clients Rights & Dignity**

### **5.1 INDIVIDUAL RIGHTS AND DIGNITY**

Members shall be committed to increasing knowledge of human behavior, understanding of their own and others sociocultural orientation, and to the relief of human suffering.

Providers of services need knowledge about and skills for multicultural assessment and treatment. They should comprehend the interactions that culture, gender, and sexual orientation can have on behavior and appreciate how sociocultural roles of the majority culture, ethnicity/race, and varied political factors play in the development of ethnic and culturally diverse groups.

## 5.2 REFERRALS and CONSULTATIONS

Members shall, when appropriate, refer clients to applicable supplementary specialists or other medical, legal, social, educational, etc. providers of requisite assessment and/or treatment techniques and services. Appropriate providers include occupational specialists, social services, legal aid, medical resources, and continuing education programs.

When required therapists shall consult and collaborate with professionals from various fields, or use supervisory support from appropriate professionals, in planning the best program of services to furnish clients with the best alternatives of qualified treatment.

## 5.3 RIGHT to REFERRAL

Members shall make certain that clients have a clear understanding of their right to a referral as well as their right to discontinue therapeutic services at any time.

## 5.4 MISAPPLICATION of PROFESSIONAL SKILLS

Member shall use his/her skills only for purpose consistent with the values herein set forward and do not knowingly permit misuse of these skills by themselves or others.

Providers shall strive to remain objective in the applications of professional skills, while maintaining concern for the best interest of their clients, colleagues, and society in general.

## 5.5 WELFARE of CLIENT

Members shall pursue professional endeavors while making every reasonable effort to protect the welfare of those they provide services to and to protect any participant or subject that may be the object of study.

## 5.6 RESPECTFUL of HUMAN RIGHTS

Members shall observe the human rights of individual and shall not violate the legal civil rights of anyone who receives any type of therapeutic services. Therapists are answerable for any treatment they provide and are responsive to the unique individual needs of their clients.

## 5.7 RESPECTING OTHERS

In their work-related activities, the member shall respect the rights of others to hold values, attitudes, and opinions that differ from their own.

## 5.8 RESPECT FOR PEOPLE'S RIGHTS AND DIGNITY

The member shall accord appropriate respect to the fundamental rights, dignity, and worth of all people. They respect the rights of individuals to privacy, confidentiality, self-determination, and autonomy, mindful that legal and other obligations may be lead to inconsistency and conflict with the exercise of these rights.

## 5.9 NONDISCRIMINATION

In his/her work-related activities, the member shall not engage in unfair discrimination based on age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, socioeconomic status, or any basic characteristic regulated by law.

## 5.10 COMPENSATION of PAYMENT SCHEDULE

The member shall discuss with the client the therapist payment rates and fee structure and any monetary arrangements or payment schedules precursory lo providing services beyond the initial session.

## **Standard 6 : Professional & Scientific Responsibility**

### 6.1 OBSERVE LICIT PROCEDURES GOVERNING PRACTICE

Members shall make every effort to comply with federal, state, and local government statutes. When legal statutes conflict with the ethical principles herein stated, members shall err on the side of legal constraints and abide by governmental law. Members should make special effort to be familiar with all relevant legal issues which will specifically affect their ability to provide psychological services.

## **Standard 7: Assessment Techniques & Therapy**

### 7.1 ASSESSMENT CONFIDENTIALITY

Members shall make all assessment inventory results confidential, as provided by law, while at the same time respecting the client's right to know about aspects concerning the interpretation of assessment results.

### 7.2 ASSESSMENT USE AND INTERPRETATION

Members shall take care that only appropriate inventories are employed and only qualified providers shall make use of assessment and interpretative services.

### 7.3 EXPLANATION of INTERPRETATIONS

Members shall provide an explanation of assessment results in a verbal manner that can be easily comprehended by the individual being assessed.

## **Standard 8: Research with Human and Animal Participants**

### 8.1 RELEVANT RESEARCH

Members shall only undertake research pertaining to human subjects when such research contributes to psychology as a science and mankind in general. On the premise of this forethought, one conducts the research with the utmost concern for the dignity and welfare of their research participants.

### 8.2 INFORMED CONSENT in RESEARCH

Members shall make certain that research participants fully understand the conditions and comprehend the general nature of the research when requesting informed consent. Research that involves deception on the part of the researcher should in general be avoided, unless the perceived outcomes far exceed any perceived minimal adverse reactions and in either case a debriefing session suitable to the research will always be conducted.

## **Standard 9: Forensic Participation and Public Statements**

### **9.1 FORENSIC TESTIMONY**

An expert witness is someone who possesses special knowledge about a subject, knowledge that the average provider does not have. Members shall not represent proficiency nor claim specialized competence in any area, in which they do not maintain full accreditation. Individuals may provide special proficiency in applied areas when training and competence in the given area has been demonstrated through education, and any additionally required training or experience.

Providers will honestly and in a timely manner state any perceived limits on their specialized knowledge, either by themselves or the profession, briefly summarizing and clarifying the conflicting viewpoints as best they can.

Ultimately the judge must be convinced that the testimony one can present will be of a kind that requires special knowledge, skill, or experience and that their testimony can help resolve the judicial questions at hand.

### **9.2 FORENSIC BEHAVIOR**

Providers of forensic assessments and counsel shall base such reports on established techniques of evaluation and personal interviews appropriate to provide substantiation for their conclusions. Any written or oral forensic assessment results or testimony will not be provided without adequate personal examination of the individual in question.

### **9.3 ADVERTISING**

Advertising is acceptable as long as such advertisements are accurate and provide information necessary for potential clients to make informed decisions and avoid anxiety inducing claims or statements. In particular providers should avoid: employing testimonials or claims of competence by clients; false or deceptive statements; direct supplication of clients; claims of comparative services; or engaging clients' fears if services are not obtained. Providers will be accurate when-submitting degrees, certification, specialization, qualifications, and affiliations.

Providers should conscientiously consider how their public statements and public presentations-of-self would be publicly perceived before such statements are made.

## **Standard 10: Teaching, Training & Research Publication**

### **10.1 CANDIDNESS in RESEARCH TECHNIQUES**

Members shall make every effort to make available any and all appropriate materials supporting research materials and to readily disseminate results for replication.

### **10.2 PROPER SUPERVISION**

Members shall maintain proper supervision of their employees, subordinates, supervisees, and research assistants in the delegation of duties and shall make every ethically appropriate effort to ensure that only those individuals competent to perform such services do so.



## **Standard 11: Resolving Ethical Conflicts**

### **11.1 ETHICAL COGNITION**

The member shall be familiar with the ethical rules and guidelines stated herein and ignorance of these principles is therefore not grounds for defense against charges of unethical conduct.

### **11.2 ETHICAL BEHAVIOR**

The member being familiar with these guidelines shall when confronted with possible/potential unethical conduct, or ethically conflictual situations, act on the side of these ethical codes and conclude the situations, in accordance with the law, along the guidelines set forth in these standards.

### **11.3 FAMILIARITY WITH APA, NASW, AMHCA CODES OF CONDUCT**

Members shall be familiar with the APA, NASW, and AMHCA's Ethical Principles and Code of Conduct, as well as the guidelines set forth in this statement.

## **References**

American Psychological Board. (1992). Ethical principles of psychologist and code of conduct. American Psychologist. 47. 12, 1597-161 1.

National Board of Social Workers. (1981). Standards for the private practice of clinical social work. Washington DC: Author.