



## **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<sup>i</sup> 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 PATIENTS<sup>ii</sup>** Marriage and family therapists<sup>iii</sup> 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.

**1.2 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<sup>iv</sup> 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 non-payment 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).

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 PATIENT 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.

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.

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), 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.

1.14 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. CONFIDENTIALITY** Marriage and family therapists have unique confidentiality responsibilities because the "patient" in a therapeutic relationship may be more than one person. The overriding principle is that marriage and family therapists respect the confidences of their patient(s).

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

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 ELECTRONIC MEDIA: Marriage and family therapists are aware of the possible adverse effects of technological changes with respect to the dissemination of 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.

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

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

2.6 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 d), or when appropriate steps have been taken to protect patient identity.

2.7 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.

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

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 CLINICAL 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.

**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 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.

#### **4. SUPERVISOR, STUDENT, AND SUPERVISEE RESPONSIBILITIES**

Marriage and family therapists do not exploit the trust and dependency of students and supervisees.

4.1 DUAL RELATIONSHIPS: Marriage and family therapists are aware of their influential position with respect to students and supervisees, and they avoid exploiting the trust and dependency of such persons. Marriage and family therapists therefore avoid dual relationships that are reasonably likely to impair professional judgment or lead to exploitation. Provision of therapy to students or supervisees is unethical. Provision of marriage and family therapy supervision to clients is unethical. Sexual intercourse, sexual contact or sexual intimacy and/or harassment of any kind with students or supervisees is unethical. Other acts which could result in unethical dual relationships include, but are not limited to, borrowing money from a supervisee, engaging in a business venture with a supervisee, or engaging in a close personal relationship with a supervisee. Such acts with a supervisee's spouse, partner or family member may also be considered unethical dual relationships.

4.2 COMPETENCE OF SUPERVISEES: Marriage and family therapists do not permit students, employees, or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience, competence, or unlicensed status.

4.3 MAINTAINING SKILLS OF SUPERVISORS: Marriage and family therapists who act as supervisors are responsible for maintaining the quality of their supervision skills and obtaining consultation or supervision for their work as supervisors whenever appropriate.

4.4 KNOWLEDGE OF SUPERVISORS: Supervisors and educators are knowledgeable about supervision, relevant laws and regulations, and the practice of marriage and family therapy. Supervisors and educators are knowledgeable about and abide by the laws and regulations governing the conduct of supervisors and supervisees.

4.5 CHANGES IN LAWS AND ETHICS: Supervisors and supervisees are aware of and stay abreast of changes in professional and ethical standards and legal requirements, and supervisors ensure that their supervisees are aware of professional and ethical standards and legal responsibilities.

4.6 CULTURAL DIVERSITY: Supervisors and educators are aware of and address the role that culture and diversity issues play in the supervisory relationship, including, but not limited to, evaluating, terminating, disciplining, or making decisions regarding supervisees or students.

4.7 POLICIES AND PROCEDURES: Supervisors and educators create policies and procedures that are clear and that are disclosed to supervisees and students at the commencement of supervision or education.

4.8 PERFORMANCE APPRAISALS: Supervisors and educators provide supervisees with periodic performance appraisals and evaluative feedback throughout the supervisory relationship and identify and address the limitations of supervisees and students that might impede their performance.

4.9 BUSINESS PRACTICES: Supervisors follow lawful business practices and employer policies when employing and/or supervising interns, trainees, applicants, and associates.

4.10 PERFORMANCE ASSISTANCE: Supervisors and educators guide supervisees and students in securing assistance when needed for the supervisee to maintain or improve performance, such as personal psychotherapy, additional education, training, or consultation.

4.11 DISMISSAL: Supervisors shall document their decisions to dismiss supervisees.

4.12 REVIEW OF TRAINEE AGREEMENTS: Supervisors are aware of and review any trainee agreements with qualified educational institutions.

4.13 PATIENTS ARE PATIENTS OF EMPLOYER: Supervisees understand that the patients seen by them are the patients of their employers.

4.14 KNOWLEDGE OF LAWS AND REGULATIONS: Supervisees have a responsibility to be knowledgeable about relevant laws and regulations pertaining to the license and practice of marriage and family therapy.

4.15 MAINTAIN REGISTRATIONS: Supervisees maintain registrations when required by law and/or regulation and function within this limited role as permitted by the licensing law and/or regulations.

**5. RESPONSIBILITY TO COLLEAGUES** Marriage and family therapists treat and communicate with and about colleagues in a respectful manner and with, courtesy, fairness, and good faith, and cooperate with colleagues in order to promote the welfare and best interests of patients.

5.1 RESPECT CONFIDENCE OF COLLEAGUES: Marriage and family therapists respect the confidences of colleagues that are shared in the course of their professional relationships.

5.2 IMPAIRED COLLEAGUES: Marriage and family therapists are encouraged to assist colleagues who are impaired due to substance abuse, emotional problems, or mental illness.

5.3 FRIVOLOUS COMPLAINTS: Marriage and family therapists do not file or encourage the filing of ethics or other complaints that they know, or reasonably should know, are frivolous.

5.4 SOLICITING OTHER THERAPISTS' PATIENTS: Marriage and family therapists do not agree to see or solicit the clients of other therapists or encourage clients to leave other therapists, except as addressed in Section 3.10.

**6. RESPONSIBILITY TO RESEARCH PARTICIPANTS** Researchers respect the dignity and protect the welfare of participants in research and are aware of federal and state laws and regulations and professional standards governing the conduct of research.

6.1 SAFEGUARDS: Researchers are responsible for making careful examinations of ethical acceptability in planning studies. To the extent that services to research participants may be compromised by participation in research, researchers seek the ethical advice of qualified professionals not directly involved in the research and observe safeguards to protect the rights of research participants.

6.2 DIMINISHED CONSENT WHEN RECEIVING SERVICES: Researchers requesting participants' involvement in research inform them of all aspects of the research that might reasonably be expected to influence willingness to participate. Researchers are especially sensitive to the possibility of diminished consent when participants are also receiving clinical services, have impairments which limit understanding and/or communication, or when participants are children.

6.3 DUAL RELATIONSHIPS WITH RESEARCH PARTICIPANTS: Researchers respect participants' freedom to decline participation in or to withdraw from a research study at any time. This obligation requires special thought and consideration when researchers or other members of the research team are in positions of authority or influence over participants. Marriage and family therapists, therefore, make every effort to avoid dual relationships with research participants that could impair professional judgment or increase the risk of exploitation.

6.4 CONFIDENTIALITY: Information obtained about a research participant during the course of a research project is confidential unless there is an authorization previously obtained in writing. When the possibility exists that others, including family members, may obtain access to such information, this possibility, together with the plan for protecting confidentiality, is explained.

**7. RESPONSIBILITY TO THE PROFESSION** Marriage and family therapists respect the rights and responsibilities of professional colleagues and participate in activities that advance the goals of the profession.

7.1 ACCOUNTABLE TO STANDARDS OF PROFESSION: Marriage and family therapists remain accountable to the standards of the profession when acting as members or employees of organizations.

7.2 PUBLICATION CREDIT: Marriage and family therapists assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication.

7.3 **AUTHORS—CITING OTHERS:** Marriage and family therapists who are the authors of books or other materials that are published or distributed appropriately cite persons to whom credit for original ideas is due.

7.4 **AUTHORS—ADVERTISING BY OTHERS:** Marriage and family therapists who are the authors of books or other materials published or distributed by an organization take reasonable steps to ensure that the organization promotes and advertises the materials accurately.

7.5 **PRO BONO SERVICES:** Marriage and family therapists are encouraged to participate in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return.

7.6 **DEVELOPING PUBLIC POLICY:** Marriage and family therapists are concerned with developing laws and regulations pertaining to marriage and family therapists that serve the public interest, and with altering such laws and regulations that are not in the public interest.

7.7 **FAILURE TO COOPERATE WITH COMMITTEE:** Marriage and family therapists cooperate with the Ethics Committee and truthfully represent facts to the Ethics Committee. Failure to cooperate with the Ethics Committee is itself a violation of these standards.

**8. RESPONSIBILITY TO THE LEGAL SYSTEM** Marriage and family therapists recognize their role in the legal system and their duty to remain objective and truthful.

8.1 **TESTIMONY:** Marriage and family therapists who give testimony in legal proceedings testify truthfully and avoid making misleading statements.

8.2 **EXPERT WITNESSES:** Marriage and family therapists who act as expert witnesses base their opinions and conclusions on appropriate data, and are careful to acknowledge the limits of their data or conclusions in order to avoid providing misleading testimony or reports.

8.3 **CONFLICTING ROLES:** Whenever possible, marriage and family therapists avoid performing conflicting roles in legal proceedings and disclose any potential conflicts. At the outset of the service to be provided and as changes occur, marriage and family therapists clarify role expectations and the extent of confidentiality to prospective clients, to the courts, or to others as appropriate.

8.4 **DUAL ROLES:** Marriage and family therapists avoid providing both treatment and evaluations for the same clients or treatment units in legal proceedings such as child custody, visitation, dependency, or guardianship proceedings, unless otherwise required by law or initially appointed pursuant to court order.

8.5 **IMPARTIALITY:** Marriage and family therapists, regardless of their role in a legal proceeding, remain impartial and do not compromise their professional judgment or integrity.

8.6 **MINORS AND PRIVILEGE:** Marriage and family therapists confirm the holder of the psychotherapist patient privilege on behalf of minor clients prior to releasing information or testifying.

8.7 **OPINIONS ABOUT PERSONS NOT EVALUATED:** Marriage and family therapists shall only express professional opinions about clients they have treated or examined. Marriage and family therapists, when expressing professional opinions, specify the limits of the information upon which their professional opinions are based. Such professional opinions include, but are not limited to, mental or emotional conditions or parenting abilities.

8.8 **CUSTODY EVALUATORS:** Marriage and family therapists who are custody evaluators (private or court-based) or special masters provide such services only if they meet the requirements established by pertinent laws, regulations, and rules of court.

8.9 **CONSEQUENCES OF CHANGES IN THERAPIST ROLES:** Marriage and family therapists inform the patient or the treatment unit of any potential consequences of therapist-client role changes. Such role changes include, but are not limited to, child's therapist, family's therapist, couple's therapist, individual's therapist, mediator, evaluator, and special master.

8.10 FAMILIARITY WITH JUDICIAL AND ADMINISTRATIVE RULES: Marriage and family therapists, when assuming forensic roles, are or become familiar with the judicial and administrative rules governing their roles.

**9. FINANCIAL ARRANGEMENTS** Marriage and family therapists make financial arrangements with patients and supervisees that are understandable, and conform to accepted professional practices and legal requirements.

9.1 PAYMENT FOR REFERRALS: Marriage and family therapists do not offer or accept payment for referrals, whether in the form of money or otherwise.

9.2 FINANCIAL EXPLOITATION: Marriage and family therapists do not financially exploit their patients.

9.3 DISCLOSURE OF FEES: Marriage and family therapists disclose, in advance, their fees and the basis upon which they are computed, including, but not limited to, charges for canceled or missed appointments and any interest to be charged on unpaid balances, at the beginning of treatment and give reasonable notice of any changes in fees or other charges.

9.4 COLLECTING ON UNPAID BALANCES: Marriage and family therapists give reasonable notice to patients with unpaid balances of their intent to sue or to refer for collection. Whenever legal action is taken, therapists will avoid disclosure of clinical information. Whenever unpaid balances are referred to collection agencies, therapists will exercise care in selecting collection agencies and will avoid disclosure of clinical information.

9.5 BARTER: Marriage and family therapists ordinarily refrain from accepting goods, services, or other non-monetary remuneration from patients in return for professional services. Such arrangements often create conflicts and may lead to exploitation or distortion of the professional relationship.

9.6 THIRD-PARTY PAYERS: Marriage and family therapists represent facts regarding services rendered and payment for services fully and truthfully to third-party payers and others.

**10. ADVERTISING** Marriage and family therapists who advertise do so appropriately. Their advertising enables consumers to choose professional services based upon accurate information.

10.1 ACCURACY AND HONESTY: Marriage and family therapists accurately represent their competence, education, training, and experience relevant to their professional practice to patients and others.

10.2 THIRD PARTY ACCURACY: Marriage and family therapists take reasonable steps to assure that advertisements and publications, whether in directories, announcement cards, newspapers, radio, television, Internet or any other media, are formulated to accurately convey information to the public.

10.3 FICTITIOUS/OTHER NAMES: Marriage and family therapists do not use a name that could mislead the public concerning the identity, responsibility, source, and status of those practicing under that name, and do not hold themselves out as being partners or associates of a firm if they are not.

10.4 FALSE, MISLEADING, OR DECEPTIVE: Marriage and family therapists do not use any professional identification, including but not limited to: a business card, office sign, letterhead, telephone, or association directory listing, Internet, or any other media, if it includes a statement or claim that is false, fraudulent, misleading, or deceptive. A statement is false, fraudulent, misleading, or deceptive if it a) contains a material misrepresentation of fact; b) fails to state any material fact necessary to make the statement, in light of all circumstances, not misleading; or c) is intended to or is likely to create an unjustified expectation.

10.5 CORRECTIONS: Marriage and family therapists correct, wherever possible, false, misleading, or inaccurate information and representations made by others concerning the therapist's qualifications, services, or products.

10.6 SOLICITATION OF TESTIMONIALS: Marriage and family therapists do not solicit testimonials from patients.

10.7 EMPLOYEE—ACCURACY: Marriage and family therapists make certain that the qualifications of persons in their employ are represented in a manner that is not false, misleading, or deceptive.

10.8 SPECIALIZATIONS: Marriage and family therapists may represent themselves as either specializing or having expertise within a limited area of marriage and family therapy, but only if they have the education, training, and experience that meets recognized professional standards to practice in that specialty area.

10.9 ADVERTISING OF CAMFT MEMBERSHIP: CAMFT clinical, associate, and prelicensed members may identify such membership in CAMFT in public information or advertising materials, but they must clearly and accurately represent whether they are clinical, associate, or prelicensed members.

10.10 USE OF “CAMFT”: Marriage and family therapists may not use the initials CAMFT following their name in the manner of an academic degree.

10.11 USE OF CAMFT LOGO: Marriage and family therapists may use the CAMFT logo only after receiving permission in writing from the Association. Permission will be granted by the Association to CAMFT members in good standing in accordance with Association policy on the use of CAMFT logo. The Association (which is the sole owner of its name, logo, and the abbreviated initials CAMFT) may grant permission to CAMFT committees and chartered chapters in good standing, operating as such, to use the CAMFT logo. Such permission will be granted in accordance with Association policy on use of the CAMFT logo.

10.12 CAMFT MEMBERSHIP: Marriage and family therapists, when publicizing their membership in CAMFT do not do so in a manner that implies organizational endorsement of their activities.

Violations of these standards may be brought to the attention of the CAMFT Ethics Committee, in writing, mailed to CAMFT's administrative office at 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.

#### 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: 7/08, 5/02, 4/97, 4/92, 10/87, 9/78, and 3/66.*

*Code of Ethics for Marriage and Family Therapists - Part II (Procedures for Handling Complaints of Violations of the Ethical Standards for Marriage and Family Therapists)* is a publication of the California Association of Marriage and Family Therapists, headquartered in San Diego, California



## **PART II – CODE OF ETHICS FOR MARRIAGE AND FAMILY THERAPISTS**

### **PREAMBLE**

In accepting membership in the Association, each member binds himself/herself to abide by the *CAMFT Code of Ethics for Marriage and Family Therapists*. It is the ethical responsibility of each member to safeguard the standards of ethical practice and to see that violations of the *Ethical Standards for Marriage and Family Therapists* are addressed. Members of the Association cooperate with duly constituted bodies of the California Association of Marriage and Family Therapists, and in particular, with the Ethics Committee, by responding to inquiries promptly and completely.

- I. Basics and Scope of Authority of the Ethics Committee
- II. Membership and Meetings of the Committee
- III. Institution of Complaints
- IV. Initial Action by Executive Director
- V. Preliminary Determination by Chair of Ethics Committee with the Advice of Legal Counsel for the Association
- VI. Investigation by Ethics Committee or Designees
- VII. Action by the Full Ethics Committee
- VIII. Procedures for Hearings Before Board of Directors
- IX. Records and Disclosure of Information

### **I. Basics and Scope of Authority of the Ethics Committee**

**A.** The Bylaws of the Association (Article IV, Section A) provide for three categories of membership, as follows:

- 1.
2. clinical member - voting
3. student member - voting for one director only
4. associate member - nonvoting

**B.** The Association has authority only over these members. This authority is derived from Article IV, Section C of the Bylaws of the Association which requires that:

All members shall pay dues in accordance with the dues schedule of the Association and shall abide by the Bylaws and the ethical standards of the Association.

**C.** The Bylaws of the Association authorize the Ethics Committee to:

Maintain and review the ethical standards of the Association, interpret the ethical standards to the membership and the public, conduct investigations of alleged ethics violations, make recommendations to the Board of Directors regarding members alleged to have violated the ethical standards, and from time to time propose revisions, deletions and additions to the ethical standards to the Board of Directors for its approval. (Article VII, Section B3.)

D. The Bylaws of the Association, in Article IV, Section E3, also provide that:

Anyone in any class of membership who violates the ethical standards of the Association may be expelled or suspended from membership in the Association following an investigation and report by the Ethics Committee and a hearing before the Board of Directors. A two thirds (2/3) majority of those Directors present at the hearing shall be necessary in order to expel or suspend a member. The member accused of the violation shall be given a reasonable opportunity to defend against the charge and shall be entitled to be represented at all stages of the proceedings. Any member to be expelled or suspended shall be entitled to at least fifteen (15) days prior notice of the expulsion or suspension and the reasons therefor, and shall be entitled to be heard, orally or in writing, not less than five (5) days before the effective date of expulsion or suspension by the Board of Directors. Notice may be given by any method reasonably calculated to provide actual notice. Any notice given by mail shall be given by first-class or registered mail sent to the last address of the member as shown on the Association's records. The ethical standards of the Association shall spell out further details of the procedures for investigation and hearing of alleged violations not inconsistent with these bylaw provisions.

E. One role of the Ethics Committee, therefore, is to investigate complaints of violations of the Code of *Ethical Standards for Marriage and Family Therapists*.

#### Outline

---

## **II. Membership and Meetings of The Committee**

A. Pursuant to Article VII, Section B3 of the Bylaws, the Ethics Committee is designated as a standing committee of CAMFT, and shall consist of not less than five (5) nor more than seven (7) members, all of whom shall be clinical members of the Association for at least two (2) years prior to appointment. The Committee shall not contain any directors on its membership. The term of office shall be two (2) years.

B. Pursuant to Article VII, Section E of the Bylaws, committees shall meet at such times as determined either by resolution of the Board of Directors, by resolution of the committee, or by a committee chair with the prior approval of the president of the Association.

C. Meetings of the committee shall be held upon not less than ten (10) days written notice. Notice of a meeting need not be given to any committee member who signed a waiver of notice or a written consent to holding the meeting or as approved by the minutes thereof, whether before or after the meeting, or who attends the meeting without protesting, prior thereto or at its commencement, the lack of notice to such committee member.

D. A majority of the committee members of each committee shall constitute a quorum of the committee for the transaction of business.

#### Outline

---

## **III. Initiation of Complaints**

A. The Ethics Committee shall recognize and accept written complaints received from both members and non-members of the Association.

- B. All complaints must be in writing.
- C. Complaints must be signed by the complainant and accompanied by the complainant's address. In addition, the Committee will only act on the basis of a complaint that specifically names the person alleged to have been affected by the member's conduct, and only if the affected person agrees to be identified to the member.
- D. Any member who knows of a violation of the *CAMFT Code of Ethics for Marriage and Family Therapists* should bring this fact to the attention of the Committee in the form of a complaint.
- E. Anonymous complaints shall not be recognized as a basis for action.
- F. The Ethics Committee may proceed on its own initiative when it has been presented with enough facts which, if proven, would constitute a violation of the *Ethical Standards for Marriage and Family Therapists*. For example, the Committee could proceed on information received from another professional organization or a state licensing board or committee. If the Committee decides to proceed on its own initiative, it shall prepare a written statement concerning factual allegations of a violation or violations of the Code.
- G. The Ethics Committee may determine, in its discretion, that a complaint cannot be acted upon because the events complained about occurred too far in the past.

#### Outline

---

#### **IV. Initial Action by Executive Director**

- A. Upon receipt of a complaint, the Executive Director, or his/her designee (hereafter "Executive Director") shall determine whether the person about whom the complaint has been made is a member or applicant for membership in the Association.
  1. If the person is not a member or applicant for membership in the Association, the Executive Director shall so inform the complainant in writing and shall explain that the Association has no authority to proceed against the person.
  2. If the person is an applicant for membership in the Association, the complaint shall be immediately referred to the Chair of the Membership Committee.
- B. If the person is a member of the Association, the Executive Director shall forward a copy of the complaint to the Chair of the Ethics Committee. A letter shall be sent to the complainant acknowledging receipt of the complaint and informing the complainant that the person complained against is a member. A copy of the *Ethical Standards (Part I)* will be included with the letter.

#### Outline

---

#### **V. Preliminary Determination by Chair of Ethics Committee with the Advice of Legal Counsel for the Association**

- A. The Chair of the Ethics Committee, with the advice of Legal Counsel for the Association, shall review the complaint and shall determine whether the complaint warrants further action by the Committee or whether the matter shall be closed without further action. In the event the Chair determines that the complaint shall be closed without further action, the complainant shall be notified of such decision and the reason for such decision. To aid in making such a determination, the Chair of the Ethics Committee may request a written response to the letter of complaint from the member.

**B.** If the Chair of the Ethics Committee requests a written response from the member to aid in making the determination referred to in paragraph (A) above, or if the Chair determines that the complaint warrants further action by the Committee, the Chair shall request the complainant's permission for the use of his/her name in the investigation and disclosure of his/ her name and all written or other matter or evidence provided by the complainant. The Chair shall also request that the complainant agree in writing to waive confidentiality and/or psychotherapist/patient privilege available to him/her so that the Ethics Committee may obtain information from the member and others.

**C.** If the complainant refuses permission for the use of his/her name in the investigation or refuses permission for the disclosure of his/her name or any of the written or other matter or evidence provided by the complainant, or if the complainant refuses to sign a waiver of confidentiality and/or psychotherapist/patient privilege, then the Chair of the Ethics Committee, with the advice of Legal Counsel, may do any of the following:

- 1.
2. close the matter and notify the complainant
3. refer the matter to the full Committee for their action, or
4. decide whether the Committee may proceed with the complaint with an investigation on the Committees' own initiative pursuant to III (F).

**D.** All correspondence to the complainant and to the member shall be marked "Confidential" or "Personal and Confidential."

### Outline

---

## **VI. Investigation by Ethics Committee or Designees**

**A.** When the Chair of the Ethics Committee has decided that the complaint warrants further investigation, copies of the complaint and any supporting documentation/evidence shall be sent to all members of the Ethics Committee. Any written response from the member shall also be sent to all members of the Ethics Committee.

**B.** The Chair of the Ethics Committee shall cause an investigation of the complaint to take place. This investigation may be carried out by the Chair of the Committee in consultation with legal counsel, or by two or more members of the Ethics Committee in consultation with legal counsel or the Chair, or by the entire Committee.

**C.** The Chair of the Ethics Committee, in consultation with legal counsel, shall prepare and send a letter to the accused member, prior to commencing the investigation, specifying those sections of the *Ethical Standards for Marriage and Family Therapists* which may have been violated by the member. The letter shall contain a request that the member cooperate with the Ethics Committee in their effort to obtain a full picture of the circumstances which led to the allegations, and to provide in his/her behalf a written statement outlining his/her response to the allegations or accusations made by the complainant.

**D.** Investigations may be pursued by corresponding with the parties involved in the dispute, or by interviewing, personally or by telephone, such parties.

**E.** During the investigation stage of the proceedings, the accused member shall have the right to consult with his/her attorney and shall have the right to have his/her attorney present at any investigatory meeting with the member.

**F.** If an accused member resigns from membership in the Association at any stage of the investigation of the complaint, the Ethics Committee, in its discretion, may continue its investigation. If inability to pay

dues is cited as a reason for voluntary resignation by a member under ethics investigation, the Ethics Committee may suspend dues obligations until the ethics investigation is completed.

**G.** After the investigation is completed, a full report shall be made to the Ethics Committee detailing the findings.

**H.** The Ethics Committee, after receiving the report of the investigation, may take such action as is authorized by Section VII of these procedures.

**I.** The accused member and the complainant shall be notified when the case has been submitted to the full Ethics Committee.

**J.** The accused member shall be sent a copy of these procedures (Part II of the *CAMFT Code of Ethics for Marriage and Family Therapists*) upon first being contacted by the Ethics Committee.

## Outline

---

### **VII. Action by the Full Ethics Committee**

**A.** After reviewing the complaint, the response of the member, and the report of the investigation, the Ethics Committee may attempt to settle the case by mutual agreement with the member. While settlement by mutual agreement is favored, the Ethics Committee is not required to attempt such a settlement.

1.

2. In making such a settlement, the Committee may recommend to the member that he/she agree to the Committee's request that the member cease and desist, accept censure, be placed on probation and/or rehabilitation, be given supervision, education, and/or therapy, termination of membership in the Association, or any other action which the Committee deems appropriate. The Ethics Committee may appropriately impose more stringent requirements upon members previously found to have violated the *CAMFT Code of Ethics for Marriage and Family Therapists*, or any other relevant professional or state code of professional conduct.

3. The mutual agreement shall be reduced to writing and shall detail the facts upon which it is based and the manner in which it is to be instituted and/or supervised.

4. The agreement shall be instituted and/or supervised by the Ethics Committee and/or any member of the Association so designated in the agreement.

5. The agreement shall become final as soon as it is reduced to writing and agreed to by the member and the Ethics Committee or at any other time designated in the agreement. The Board of Directors shall be notified of the agreement without disclosing the name of the member. The agreement shall be filed in the membership file of the member.

**B.** If the Ethics Committee does not attempt settling by mutual agreement, it will either drop the charges and close the case, or make a formal recommendation to the Board of Directors that action should be taken. If the Committee recommends formal action, it shall: (a) recommend action to be taken, including a request to cease and desist, provide censure, probation, supervision, therapy, education, or rehabilitation, or to terminate or suspend membership in the Association, or any other action which the Association is authorized to take against a member; (b) recommend the manner in which the action will be instituted and/or supervised; (c) notify the member of the recommendation; (d) send the member a copy of the report of the investigation and recommendations of the Ethics Committee; and (e) inform the member, by certified mail, return receipt requested, that he/she has a right to a hearing before the Board of Directors of the Association, and that if he/she does not request a hearing before the Board of Directors within thirty (30) days from receipt of notification, no hearing will be held and the Ethics Committee recommendation for action will become final. The Ethics Committee may appropriately impose more stringent sanctions upon members previously found to have violated the *CAMFT Code of Ethics for Marriage and Family Therapists*, or any other relevant professional or state code of professional conduct.

- C.** In the event that the Committee's recommendation for action becomes final because the member does not request a hearing within thirty (30) days, the Ethics Committee Chair shall thereafter forward a determination of the matter to the executive director for execution.
- D.** If the member requests a hearing before the Board of Directors, then the Ethics Committee shall prepare and transmit to the Board of Directors, through the president of the Association, the statement of charges against the member and the action which the Ethics Committee recommends.
- E.** In any hearing before the Board of Directors of the Association, the Ethics Committee, through its Chair or his/her designee, shall present the case against the member.
- F.** If additional evidence of unethical conduct is brought to the attention of the Committee after a matter has been closed, the case may be reopened and acted upon under these procedures.

## Outline

---

### **VIII. Procedures for Hearings Before Board of Directors**

- A.** Upon receipt of the statement of charges and recommended action from the Ethics Committee, the President of the Association<sup>2</sup> shall inform the charged member by certified mail, return receipt requested, that his/her request for a hearing has been received and enclose a copy of the charges, the report of the investigation, and the recommended action. The member shall be informed about these procedures for hearings before the Board of Directors.
- B.** A hearing shall be scheduled at the next regularly scheduled meeting of the Board of Directors or as soon thereafter as possible. The complainant and charged member shall be notified promptly of the hearing date, time and place. All costs of attendance at the hearing shall be borne by the complainant and the charged member, respectively.
- C.** At least thirty (30) days before the hearing, the Ethics Committee shall furnish the charged member and the Board of Directors with copies of all documents and the names of witnesses who will appear in support of the charges.
- D.** The Ethics Committee, through the Chair of the Committee or his/her designee, shall present the charges against the member and shall have the right to:
- 1.
  2. be represented by counsel for the Association
  3. present witnesses and evidence to support the charge
  4. cross-examine witnesses who appear for the charged member
  5. offer rebuttal evidence
  6. make opening and closing statements.
- E.** The charged member shall have the right to:
- 1.
  2. be represented by counsel
  3. present witnesses and evidence
  4. cross-examine witnesses against him/her
  5. appear on his/her own behalf
  6. make opening and closing statements.
- F.** All evidence which is relevant and reliable, as determined by the President of the Association, shall be admissible. The formal rules of evidence shall not apply.

**G.** A tape recording of the hearing shall be made if requested by the Board or the accused member. If the accused member makes the request, he/ she shall pay the expense of recording the hearing.

**H.** The Ethics Committee shall have the burden of proving the charges by a preponderance of the evidence.

**I.** The Board of Directors shall issue its decision within thirty (30) days after the hearing.

**J.** The decision shall state:

- 1.
2. the Board's findings of fact
3. whether a violation of the code was found and, if so, the section of the code violated; and
4. the Board's decision:
  - a. if no violation of the code is found, the Board of Directors shall order that the member be cleared of all charges
  - b. if a violation or violations of the Code are found, the Board shall order action to be taken, including an order to cease and desist, censure, therapy, probation, rehabilitation, supervision, education, revocation or suspension of membership, or any other action which the board deems appropriate. The decision shall also specify the manner in which the action is to be instituted and/or supervised.

**K.** The President of the Association shall inform the complainant and the Chair of the Ethics Committee of the decision. Notice of the decision to the member shall be by certified mail, return receipt requested.

**L.** There shall be no appeals from decisions of the Board of Directors, but the Board, in its discretion, may reconsider its decision upon request of the accused member. Any request for reconsideration shall be made in writing and within thirty (30) days of receipt of the Board's decision.

## Outline

---

### **IX. Records and Disclosure of Information**

**A.** The permanent files of the Ethics Committee shall be maintained in the central office of the Association.

**B.** All information obtained by the Ethics Committee, including any investigating subcommittee, and all proceedings of the Ethics Committee, shall be confidential except as follows:

- 1.
2. Information may be disclosed by those investigating the complaint as is necessary in order to pursue a thorough investigation.
3. The Ethics Committee may, in its discretion, authorize the Executive Director to publicize settlements by mutual agreement without disclosing the name of the complainant or the charged member.
4. In situations in which an accused member resigned from CAMFT membership in the face of an Ethics Committee investigation, and a violation of the code is subsequently proven, any publication shall include the fact of the member's resignation.
5. Whenever the Board of Directors finds, after hearing, that a member has violated the Code, and orders disciplinary action, the Board of Directors or its designee is authorized to disclose the ethics violation and disciplinary action to the membership of the Association. Publication shall be made of all terminations or suspensions of membership. Publication may also be made of other sanctions in the

discretion of the Board of Directors. Publication of the Board of Directors' findings and actions will be made in *The California Therapist* and will include the member's full name, any earned degree, his/her geographical location, and the violation of the section of the Code proven.

6. Whenever the Board of Directors finds, after hearing, that a member is not guilty of the Code violations charged, that fact shall be disclosed to the membership of the Association only upon the written request of the accused member.
7. The complainant shall be informed of the status and progress of the complaint in a timely manner and shall be notified of the conclusion of the case.
8. The Board of Directors may inform state regulatory agencies and other professional organizations, including chapters of CAMFT, of any disciplinary action taken against a member for violating the *CAMFT Code of Ethics for Marriage and Family Therapists*.

*Ethical Standards for Marriage and Family Therapists - Part II* (Procedures for Handling Complaints of Violations of the code of *Ethical Standards for Marriage and Family Therapists*) is a publication of the California Association of Marriage and Family Therapists, headquartered in San Diego, California.

11/92