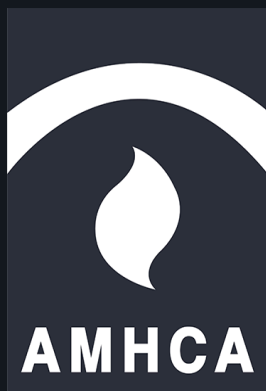


# AMHCA Code of Ethics

*Revised 2015, 2020*



**AMERICAN MENTAL HEALTH  
COUNSELORS ASSOCIATION**

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The only organization working exclusively for the  
mental health counseling profession

# *AMHCA CODE OF ETHICS*

Ethical Priorities  
for Clinical Mental Health Counseling

## How is the *AMHCA Code of Ethics* distinctive for the profession?

Created by the American Mental Health Counselors Association (AMHCA), the *AMHCA Code of Ethics* focuses on the specific requirements for the ethical practice of Clinical Mental Health Counselors (CMHCs). All recognized professions have codes of ethics to guide the conduct of practice in order to ensure the safety of those served.

As noted throughout “Essentials of the Clinical Mental Health Counseling Profession,” the acronym LCMHC is used to refer to all categories of clinical mental health counselors. These categories include Clinical Mental Health Counseling Students (CMHC Students) in supervised internships, postgraduate Supervised Clinical Mental Health Counselors (Supervised CMHCs), and fully Licensed Clinical Mental Health Counselors (LCMHCs).

However, in the *AMHCA Code of Ethics*, the acronym CMHC is used in lieu of LCMHC. CMHC Students, Supervised CMHCs, and LCMHCs all provide mental health counseling services, including the diagnosis and treatment of mental disorders. The *AMHCA Code of Ethics* clarifies that these documents apply to all CMHC Students, Supervised CMHCs, and LCMHCs. Regardless of graduate-degree program title or state license title, *AMHCA Code of Ethics* provides ethical guidelines for each of the clinical mental health counselor categories.

Continuously updated to meet the needs of changing circumstances, the *AMHCA Code of Ethics* addresses the crucial concerns of CMHCs. The association’s Ethics Committee, a standing committee, reviews, revises, and adds to the *AMHCA Code of Ethics* in keeping with current standards of practice and applicable ethical standards. This committee serves as a conduit for ethical questions. In this never-ending process, the committee members solicit feedback from CMHCs. They also refer to the codes of ethics in order to be in harmony with the other mental health professions (psychology, social work, and marriage and family therapy). Nevertheless, *AMHCA Code of Ethics* reflects the unique needs of the clinical mental health counseling profession.

With frequent updates, the *Code of Ethics* is often at the forefront of articulating developments in counseling and psychotherapy. For example, technology advances in tele-health (distance counseling) prompted an addition to the *Code of Ethics* to address the concerns of the public and the profession.

*AMHCA Code of Ethics* has been compared favorably in doctoral research to the codes of ethics of the other mental health professions. It is the most singular discourse regarding ethics for CMHCs.

All members of AMHCA are required to comply with *AMHCA Code of Ethics*, which has been adopted by some states as the standard of ethical practice for CMHCs. Whether or not a CMHC is bound by this *Code of Ethics*, all CMHCs ethically should understand and act in accordance with it. *AMHCA Code of Ethics* is an essential component of practicing clinical mental health counseling with professionalism and integrity. It is required study for AMHCA qualifications and certifications.

In summation, *AMHCA Code of Ethics* offers guidelines for value-directed conduct. While ethical guidance for the practice of clinical mental health counseling is its primary purpose, it is also intended to prompt pondering about ethical thinking and practice. To be an ethical mental health counselor is to practice thinking ethically in an ongoing self-deliberation and in discussions with other mental health professionals.

Using the most frequently asked ethics questions that mental health counselors have submitted, AMHCA’s Ethics Committee has compiled the questions and the Committee’s answers into an online resource for counselors. Anyone (whether or not a member of AMHCA) can submit a question for consideration. To review the questions and answers, go to “Frequently Asked Questions on Ethics” at [www.ambca.org/publications/ethics/ethicsfaq](http://www.ambca.org/publications/ethics/ethicsfaq).

The unabridged version of *AMHCA Code of Ethics* appears in Appendix C of “Essentials of the Clinical Mental Health Counseling Profession,” and is also available at no cost from [www.ambca.org/publications/ethics](http://www.ambca.org/publications/ethics).

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## Preamble of the *AMHCA Code of Ethics*

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

*AMHCA Code of Ethics* is intended to establish ethical standards for all CMHCs, regardless of AMHCA membership status. The code is a document intended as a guide to assist CMHCs to make sound ethical decisions; to define ethical behaviors and best practices for CMHCs; to support the mission of the association; and to educate members, students and the public at large regarding the ethical standards of CMHCs. CMHCs are expected to utilize carefully considered ethical-decision making processes when faced with ethical dilemmas.

CMHCs are responsible for being aware of federal and state laws, as well as administrative rules and regulations, affecting and governing their practice. In their professional duties, CMHCs may encounter conflicts between the *AMHCA Code of Ethics* and the law, or between local regulatory statute and state law. CMHCs attempt to resolve these conflicts when they occur. When dealing with such conflicts, CMHCs always consider the client's best interest, including continuity of care. When conflicts are unresolvable, CMHCs may adhere to the requirements of the law.

## I. Commitment to Clients

### A. Counselor-Client Relationship

#### 1. Primary Responsibility

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

- a. A primary ethical principle of all CMHCs is to ensure client autonomy and self-determination. Therefore, barring cases of imminent harm to self or others, any therapeutic approach that impedes an individual's right to make informed choices is not in accordance with the *AMHCA Code of Ethics*. For specific information regarding conversion therapy, see Appendix D, *AMHCA Statement on Reparative or Conversion Therapy*, in "Essentials of the Clinical Mental Health Counseling Profession."
- b. CMHCs communicate clearly with clients about the parameters of the counseling relationship. In a professional disclosure statement, they may provide information about expectations and responsibilities of both counselor and client in the counseling process, their professional orientation and values regarding the counseling process, emergency procedures, supervision (as applicable), and business practices.

#### 2. Confidentiality

CMHCs have an obligation to safeguard information about individuals obtained in the course of practice, teaching, and research. Personal information is communicated to others only with the client's consent, preferably written, or in circumstances dictated by state and federal laws. Disclosure of counseling information is restricted to what is necessary and relevant.

- a. Confidentiality is a right granted to all clients of mental health counseling services. From the onset of the counseling relationship, CMHCs inform clients of these rights, including legal limitations and exceptions.
- b. The information in client records belongs to the client and shall not be shared without permission granted through a formal release of information. In the event that a client requests that information in client records be shared, CMHCs educate clients to the implications of sharing the materials.
- c. The release of information without the consent of the client may only take place under the most extreme circumstances: the protection of life (suicidality or homicidality), child abuse, abuse of persons legally determined as incompetent, and elder abuse. CMHCs are required to comply with state and federal statutes concerning mandated reporting.
- d. CMHCs (and their staff members) do not release information by request unless accompanied by a specific release of information or a valid court order. CMHCs make every attempt to release only the information necessary to comply with the request or valid court order. CMHCs are advised to seek legal advice upon receiving a subpoena in order to respond appropriately.
- e. The anonymity of clients served in public and other agencies is preserved, if at all possible, by withholding names and personal identifying data. If external conditions require reporting such information, the client shall be so informed.
- f. Information received about a client by another agency or person should not be forwarded to another person or agency without the client's written permission.
- g. CMHCs have the responsibility to report the validity of data shared with other parties.



- h. Case reports presented in classes, professional meetings, and publications shall be disguised so that no identification of the client is possible. Permission must be obtained from clients prior to disclosing their identity.
  - i. Counseling reports and records are maintained under conditions of security, and provisions are made for their destruction as specified by state regulations. CMHCs ensure that all persons in their employ, as well as volunteers, supervisees and interns, maintain the confidentiality of client information.
  - j. Sessions with clients may be taped or otherwise recorded only with written permission of the client or guardian. Even with a guardian's written consent, CMHCs should not record a session against the expressed wishes of a client. Such tapes should be destroyed after the timeframe specified by state regulations.
  - k. The primary client owns the rights to confidentiality. When the primary client is a minor or adult who has been legally determined to be incompetent, parents and guardians have legal access to client information. When appropriate, parent(s) or guardian(s) may be included in the counseling process; however, CMHCs take measures to safeguard client confidentiality within legal limits.
  - l. In working with families or groups, the rights to confidentiality of each member should be safeguarded. CMHCs make clear that each member of the group has individual rights to confidentiality. CMHCs discuss the limitations to confidentiality.
  - m. When using a computer to store confidential information, CMHCs control access to such information. As specified by state regulations, the information may be deleted from the system.
  - n. CMHCs take necessary precautions to ensure client confidentiality of information transmitted electronically through the use of a computer, e-mail, fax, telephone, voice mail, answering machines, or any other electronic means as described in the Telehealth section of this document.
  - o. CMHCs protect the confidentiality of deceased clients in accordance with legal requirements and agency or organizational policy.
  - p. CMHCs may disclose information to third-party payers only after clients have authorized such disclosure or as permitted by federal and/or state statute.
3. Dual/Multiple Relationships

CMHCs are aware of their influential position with respect to their clients. CMHCs do not exploit the trust of their clients, nor do they foster client dependency.

- a. CMHCs make every effort to avoid dual/multiple relationships with clients that could impair professional judgment or increase the risk of harm. Examples of such relationships may include, but are not limited to, familial, social, financial, business, or close personal relationships with the clients.
- b. When deciding whether to enter a dual/multiple relationship with a client, former client, or close relationship to the client, CMHCs will seek consultation and adhere to a credible decision-making process prior to entering this relationship.
- c. When a dual/multiple relationship cannot be avoided, CMHCs take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and that exploitation has not occurred.
- d. CMHCs do not accept as clients any individual with whom they are involved in an administrative, supervisory, or other relationship of an evaluative nature.

4. Exploitive Relationships

CMHCs are aware of the intimacy and responsibilities inherent in the counseling relationship. They maintain respect for the client and avoid actions that seek to meet their personal needs at the expense of the client.

- a. Romantic or sexual relationships with clients and their immediate family members (i.e., parents, children, and partners) are strictly prohibited. CMHCs do not counsel persons with whom they have had a previous sexual relationship.
- b. CMHCs should not knowingly enter into a romantic or sexual relationship with a former client. If a CMHC chooses to enter into such a relationship, the burden to demonstrate that neither coercion nor harm to the client has transpired is on the CMHC and not the former client.
- c. Determining the risk of exploitive relationships includes, but is not limited to, factors such as duration of counseling, amount of time since counseling, termination circumstances, the client's personal history and mental status, and the potential adverse impact on the former client.
- d. CMHCs are aware of their own values, attitudes, beliefs and behaviors, as well as how these apply in a society with clients from diverse ethnic, social, cultural, religious, and economic backgrounds. CMHCs do not impose their personal values on clients.

5. Counseling Environments

CMHCs will attempt to provide an accessible counseling environment to individuals with disabilities.

- a. To the extent possible, counseling environments should be accessible to all clients, including those with disabilities.
- b. Counseling environments should allow for private and confidential conversations.

**B. Counseling Process**

1. Treatment Plans

CMHCs may use treatment plans to direct their work with clients.

- a. CMHCs and their clients work jointly to devise integrated, individual treatment plans that offer reasonable promise of success and are consistent with the abilities; ethnic, social, cultural, and values backgrounds; and circumstances of the clients.

2. Informed Consent

Clients have the right to understand what to expect in counseling and the freedom to choose whether and with whom they enter a counseling relationship.

- a. CMHCs provide information that allows clients to make an informed decision about selecting a provider. Such information typically includes counselor credentials, confidentiality protections and limits, the use of tests and inventories, diagnoses, reporting, billing, and therapeutic process. Restrictions that limit clients' autonomy are explained.
- b. When a client is unable to provide consent, CMHCs act in the client's best interest. Parents and legal guardians are informed about the confidential nature of the counseling relationship. CMHCs embrace the diversity of family systems and the inherent rights and responsibilities parents/guardians have for the welfare of their children. CMHCs strive to establish collaborative relationships with parents/guardians to best serve their minor clients.
- c. Informed consent is ongoing and needs to be reassessed throughout the counseling relationship.

- d. CMHCs inform the client of specific limitations, potential risks, and/or potential benefits relevant to the client's anticipated use of online counseling services.

### 3. Multiple Clients

When working with multiple clients, CMHCs respect individual client rights and maintain objectivity.

- a. When CMHCs agree to provide counseling services to two or more persons who have a relationship (such as spouses, or parents and children), CMHCs clarify at the outset the nature of the relationship they will have with each involved person.
- b. If it becomes apparent that CMHCs are unable to maintain objectivity, resulting in conflicting roles, they must appropriately clarify, adjust, or withdraw from roles.
- c. Rules of confidentiality extend to all clients who receive services, not just those identified as primary clients.
- d. When working in groups, CMHCs make every effort to screen prospective group counseling participants. Every effort is made to select members whose needs and goals are compatible with goals of the group, who will not impede the group process, and whose well-being will not be jeopardized by the group experience.
- e. In the group counseling setting, CMHCs take reasonable precautions to protect clients from physical, emotional, and psychological harm or trauma.

### 4. Clients Served by Others

It is highly recommended that CMHCs should not knowingly enter into counseling relationships with a person being served by another mental health professional, unless all parties have been informed and agree.

- a. When clients choose to change professionals but have not terminated services with the former professional, it is important, if appropriate, to encourage the individual to first deal with that termination prior to entering into a new therapeutic relationship.
- b. When clients work with multiple providers, when appropriate, it is important to secure permission to work collaboratively with the other professional involved.

### 5. Termination and Referral

CMHCs do not abandon or neglect their counseling clients.

- a. Assistance is given in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions such as vacation and following termination.
- b. CMHCs may terminate a counseling relationship when it is reasonably clear that the client is no longer benefiting, when services are no longer required, when counseling no longer serves the needs and/or interests of the client, or when agency or institution limits do not allow provision of further counseling services.
- c. CMHCs may terminate a counseling relationship when clients do not pay fees charged or when insurance denies treatment. In such cases, appropriate referrals are offered to the clients.
- d. If CMHCs determine that services are not beneficial to the client, they avoid immediately terminating the counseling relationship. Instead, appropriate referrals are made. If clients decline the suggested referral, CMHCs may discontinue the relationship.
- e. When CMHCs refer clients to other professionals, they will be collaborative.
- f. CMHCs take steps to develop a safety plan if clients are at risk of being harmed or are suicidal. If necessary, they refer to appropriate resources and contact appropriate support.

6. The Use of Technology Supported Counseling and Communications (TSCC)

CMHCs recognize that technology has become culturally normative worldwide and may employ modern technology communications judiciously, attentive to both the benefits and risks to clients and to the therapeutic process of using technologies to arrange, deliver, or support counseling.

- a. CMHCs understand that the uses of TSCC in counseling may be considered to fall under the following categories:
  - i. The use of TSCC as the medium for counseling, also called “telehealth” or “distance counseling,” which includes but is not limited to the delivery of counseling by video call (e.g., internet, video chat), by voice (e.g., telephone), by synchronous text (e.g., chat or SMS), or by asynchronous text (e.g., email)
  - ii. The use of TSCC as an adjunct to counseling (i.e., for arranging, coordinating, or paying for counseling services), including the use of payment processing services that are integrated with TSCC (e.g. PayPal, Stripe, Zelle) for receipt of payment for counseling services
  - iii. The use of online “cloud-based” services for the storage of counseling records
  - iv. Marketing, educational forums, and other TSCC to include blogs, webpages, chatroom, etc.
- b. CMHCs recognize that federal, state, and local laws prevail and that the standard of care for TSCC is expected in the same manner as face-to-face and in-office counseling. Continuity of care is crucial and, at times, may conflict with local laws and regulations. CMHCs should employ a solid ethical decision-making model to secure continuity of care.
- c. CMHCs are not required to provide services via TSCC or may decide not to offer services based on appropriateness.
- d. CMHCs only provide telehealth or distance counseling when they have had sufficient training which can be gained through education, supervision, or other appropriate activities (see the TSCC section of *AMHCA Standards for the Practice of Clinical Mental Health Counseling* in Appendix B of the “Essentials of the Clinical Mental Health Counseling Profession” text or online at [www.ambca.org/publications/standards](http://www.ambca.org/publications/standards)).
- e. CMHCs need to be familiar with state laws and regulations in both the state in which the CMHC is licensed and the state in which the client is presently located.
- f. At the beginning of a course of distance counseling, CMHCs acquire the contact information for emergency services in the location of the client and develop a procedure to follow in the event of a psychiatric or health emergency.
- g. In states where there is a legal requirement that CMHCs must include in the client record client communications through TSCC, CMHCs inform the client of that fact.
- h. Unless email and text messages are encrypted or otherwise secured or confidential, the client should be informed of the risks and discouraged from using as a means to disclose personal information.
- i. Chat Rooms: Typically, unsecured, open chat rooms are discouraged as a platform for communicating with clients.
- j. CMHCs may maintain professional profiles that are kept separate from personal profiles. CMHCs need to be aware of their impact on clients should personal information or opinions be disclosed in a public platform. When applicable, CMHCs educate clients on confidentiality, implications for client activity on these pages, and appropriate channels for contacting CMHCs.

- k. CMHCs only seek information about their clients through internet searches for the purpose of determining their own or their client's safety, as necessary to conduct a forensic evaluation, or at the client's request.

#### 7. Clients' Rights

Clients have the right to be treated with dignity, consideration, and respect at all times. Clients have the right to:

- a. Quality services provided by concerned, trained professionals and competent staff.
- b. Confidentiality within the limits of both federal and state law, to be informed about the exceptions to confidentiality, and to expect that no information will be released without the client's knowledge and written consent.
- c. Information such as time of sessions, payment plans/fees, absences, access, emergency procedures, third-party reimbursement procedures, termination and referral procedures, and advanced notice of the use of collection agencies.
- d. Clear information about the purposes and goals of counseling.
- e. Appropriate information regarding the CMHC's education, training, and practice limitations.
- f. Full, knowledgeable, and responsible participation in the ongoing treatment plan to the maximum extent feasible.
- g. Obtain information about their case record and to have this information explained clearly and directly.
- h. Request information and/or consultation regarding the progress of their therapy.
- i. Refuse any recommended services, techniques, or approaches and to be advised of the consequences of this action.
- j. A safe environment for counseling free of emotional, physical, or sexual abuse.
- k. A clearly defined termination process, and to discontinue therapy at any time.

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

- a. CMHCs ensure that clients receive quality end-of-life care for their physical, emotional, social, and spiritual needs. This includes providing clients with an opportunity to participate in informed decision-making regarding their end-of-life care, and a thorough assessment from a qualified professional of clients' ability to make competent decisions on their behalf.
- b. CMHCs are aware of their own competency as it relates to end-of-life decisions. When CMHCs assess that they are unable to work with clients on the exploration of end-of-life options, they make appropriate referrals to ensure clients receive appropriate help.
- c. Depending on the applicable state laws, the circumstances of the situation, and after seeking consultation and supervision from competent professional and legal entities, CMHCs have the option to respect the confidentiality of terminally ill clients who plan to end their lives.

### **C. Counselor Responsibility and Integrity**

#### 1. Competence

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

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

- b. Provide only those services and use only those techniques for which they are qualified by education, training, or experience.
  - c. Maintain knowledge of relevant scientific and professional information related to the services rendered and recognize the need for ongoing education.
  - d. Represent accurately their competence, education, training, and experience including licenses and certifications.
  - e. Perform their duties as teaching professionals based on careful preparation, so that their instruction is accurate and educational.
  - f. Recognize the importance of continuing education and remain open to new counseling approaches and procedures documented by peer-reviewed scientific and professional literature.
  - g. Recognize the important need to be competent with respect to cultural diversity; CMHCs are sensitive to the diversity of different populations and to changes in cultural expectations and values over time.
  - h. Recognize that their effectiveness is dependent on their own mental and physical health. Should their professional judgment or competency be compromised for any reason, they seek capable professional assistance to determine whether to limit, suspend, or terminate services to their clients.
  - i. Have a responsibility to maintain high standards of professional conduct at all times.
  - j. Take appropriate steps to informally resolve ethical issues with colleagues, when appropriate, by bringing concerns to their attention. When informal resolution is inappropriate, CMHCs may pursue more formal options, such as state licensing boards.
  - k. Have a responsibility to empower clients, when appropriate.
  - l. Are aware of the intimacy of the counseling relationship, maintain a healthy respect for the integrity of the client, and avoid engaging in activities that seek to meet the CMHC's personal needs at the expense of the client.
  - m. Actively attempt to understand the diverse cultural backgrounds of the clients with whom they work. This includes learning how the CMHC's own cultural/ethical/racial/religious identities impact their own values and beliefs about the counseling process.
  - n. Are responsible for continuing education and remaining abreast of current trends and changes in the field, including the professional literature on best practices.
  - o. Develop a plan for termination of practice, death, or incapacitation by assigning a colleague or records custodian to handle transfer of clients and files.
  - p. Make an effort to avoid using language that may be offensive to individuals.
2. Non-Discrimination
- a. CMHCs do not condone or engage in discrimination based on ability status, age, culture, ethnicity, sex, gender identity, race, religion, national origin, political beliefs, sexual orientation, relationship status, or socioeconomic status.
  - b. CMHCs do not condone or engage in sexual harassment.
  - c. CMHCs have a responsibility to educate themselves about their own biases toward those of different races, creeds, identities, orientations, cultures, and physical and mental abilities, and then to seek consultation, supervision, and/or counseling in order to prevent those biases from interfering with the counseling process.

3. Conflict of Interest

- a. CMHCs are aware of possible conflicts of interest that may arise among counselors, employers, consultants, and other professionals.
- b. CMHCs may choose to consult with any other professionally competent person about a client, assuring that no conflict of interest exists. When conflicts occur, CMHCs clarify the nature of the conflict, inform all parties of the nature of their loyalties and responsibilities, and keep all parties informed of their commitments.

**D. Assessment and Diagnosis**

1. Selection and Administration

CMHCs utilize educational, psychological, diagnostic, and career assessment instruments (herein referenced as “tests”), interviews, and other assessment techniques and diagnostic tools in the counseling process for the purpose of determining the client’s particular needs.

- a. CMHCs choose assessment methods that are reliable, valid, and appropriate based on their client’s age, gender, race, ability status, etc. If tests must be used in the absence of information regarding the aforementioned factors, the limitations of generalizability should be duly noted.
- b. In selecting assessment tools, CMHCs justify the logic of their choices in relation to the client’s needs and the clinical context in which the assessment occurs.
- c. CMHCs avoid using outdated or obsolete tests and remain current regarding test publications and revisions.
- d. CMHCs use assessments only in the context of professional, academic, or training relationships.
- e. CMHCs provide the client with appropriate information regarding the reason for the assessment and to whom the report will be distributed.
- f. CMHCs provide an appropriate assessment environment.

2. Interpretation and Reporting

CMHCs respects the rights and dignity of the client in assessment, interpretation, and diagnosis of mental disorders and make every effort to assure that the client receives appropriate treatment.

- a. CMHCs base their diagnoses and other assessment summaries on multiple sources of data whenever possible.
- b. CMHCs consider multicultural factors in test interpretation, diagnosis, and the formulation of prognosis and treatment recommendations.
- c. CMHCs are responsible for evaluating the quality of computer software interpretations of test data. CMHCs should obtain information regarding the validity of computerized test interpretation before utilizing such an approach.
- d. CMHCs clearly explain test results in their summaries and reports.
- e. CMHCs write reports in a style that is clear, concise, and understandable for the lay reader.
- f. CMHCs provide test results in a neutral and nonjudgmental manner.
- g. CMHCs are responsible for ensuring the confidentiality and security of assessment reports, test data, and test materials regardless of how the material is maintained or transmitted.
- h. CMHCs train their staff to respect the confidentiality of test reports.

- i. CMHCs and their staff members do not release an assessment or evaluation report by request unless accompanied by a specific release of information or a valid court order. By itself, a subpoena may be an insufficient reason to release a report. In such a case, the counselor should inform the client of the situation. If the client refuses release, the CMHC coordinates between the client's attorney and the requesting attorney to protect client confidentiality and the counselor's legal welfare.

3. Competence

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

- a. CMHCs seek appropriate workshops, supervision, and training to familiarize themselves with assessment techniques and the use of specific assessment instruments.
- b. CMHC supervisors ensure that their supervisees have adequate training in interpretation before allowing them to evaluate tests independently.

4. Forensic Activity

CMHCs who are requested or required to perform forensic functions such as assessments, interviews, consultations, report writing, responding to subpoenas, or offering expert testimony comply with the provisions of the *AMHCA Code of Ethics* and act in accordance with applicable state and federal law.

- a. CMHCs who engage in forensic activity are expected to possess appropriate knowledge and competence.
- b. When conducting interviews, writing reports, or offering testimony, CMHCs objectively offer their findings without bias or investment in the ultimate outcome.
- c. CMHCs inform clients involved in a forensic evaluation about the limits of confidentiality, the role of the CMHC, and the purpose of the assessment.
- d. CMHCs' written forensic reports and recommendations are based on information and techniques appropriate to the evaluation.
- e. CMHCs do not provide written conclusions or forensic testimony regarding any individual without assessment of that individual adequate to support statements and conclusions offered in the forensic setting.
- f. When testifying, CMHCs clearly present their qualifications and specialized training. They accurately describe the basis for their professional judgment, conclusions, and testimony.
- g. CMHCs do not typically provide forensic evaluations for individuals whom they are currently counseling or have counseled in the past. Conversely, CMHCs do not typically counsel individuals they are currently evaluating, or have evaluated in the past, for forensic purposes.
- h. Forensic CMHCs do not act as an advocate for the legal system, perpetrators, or victims of criminal activity.

## **E. Record-Keeping, Fee Arrangements, and Bartering**

1. Recordkeeping

CMHCs create and maintain accurate and adequate clinical and financial records.

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



- b. CMHCs establish a plan for the transfer, storage, and disposal of client records in the event of withdrawal from practice or death of the counselor in a manner that maintains confidentiality and protects the welfare of the client.
- c. When CMHCs choose to exceed state minimum requirements for maintaining records, they must notify clients in their informed consent.
- d. All communication regarding mental health treatment, including emails and texts, should be kept.

2. Fee Arrangements, Bartering, and Gifts

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

- a. CMHCs usually refrain from accepting goods or services from clients in return for counseling services, because such arrangements may create the potential for conflicts, exploitation, and distortion of the professional relationship. However, bartering may occur if the client requests it, there is no exploitation, and the cultural implications and other concerns of such practice are discussed with the client and agreed on in writing.
- b. CMHCs are encouraged to contribute to society by providing pro bono, volunteer, or reduced rate/sliding scale services when feasible.
- c. When accepting gifts, CMHCs take into consideration the therapeutic relationship, motivation of giving, the counselor's motivation for receiving or declining, cultural norms, and the value of the gift.

**F. Other Roles**

1. Consultant

CMHCs, when in a consulting role, have a high degree of self-awareness of their own values, knowledge, skills, and needs in entering a helping relationship that involves human and/or organizational change.

- a. The focus of the consulting relationship is on the issues to be resolved and not on the personal characteristics of those presenting the consulting issues.
- b. CMHCs develop an understanding of the problem presented by the client and secure an agreement with the client, specifying the terms and nature of the consulting relationship.
- c. CMHCs ensure, whenever feasible, that they and their clients have the competencies and resources necessary to follow the consultation plan.
- d. CMHCs encourage adaptability and growth toward self-direction.
- e. CMHCs keep all proprietary and client information confidential.
- f. CMHCs avoid conflicts of interest in selecting consultation clients.

2. Advocate

CMHCs are encouraged to advocate at the individual, institutional, professional, and societal level to foster sociopolitical change that advances client and community welfare.

- a. CMHCs are aware of and make every effort to avoid pitfalls of advocacy including conflicts of interest, inappropriate relationships, and other negative consequences. CMHCs remain sensitive to the potential personal and cultural impact on clients of their advocacy efforts.

- b. CMHCs may encourage clients to challenge familial, institutional, and societal obstacles to their growth and development and they may advocate on the clients' behalf. CMHCs remain aware of the potential dangers of becoming overly involved as an advocate.
- c. CMHCs generally speak only on their own behalf. When authorized to speak on the behalf of a counseling organization, they make every effort to be clear and cautious in their communication, accurately portraying the position of the authorizing organization.
- d. CMHCs endeavor to speak factually and discern facts from opinions.

## **II. Commitment to Other Professionals**

### **A. Relationship with Colleagues**

1. CMHCs treat colleagues and other professionals with respect.
2. CMHCs understand how related professions complement their work and make full use of other professional, technical, and administrative resources that best serve the interests of clients.
3. CMHCs treat professional colleagues with dignity and respect. Professional discourse should be free of personal attacks. CMHC recognize and respect professional cultural differences.
4. CMHCs respect the viability, reputation, and proprietary rights of organizations that they serve.
5. Credit is assigned to those who have contributed to a publication in proportion to their contribution.
6. CMHCs do not accept or offer referral fees from other professionals.
7. When CMHCs have knowledge of the impairment, incompetence, or unethical conduct of a mental health professional, they are expected to attempt to rectify the situation. Failing an informal resolution, CMHCs should bring such unethical activities to the attention of the appropriate state licensing board and/or the ethics committee of the professional association.

### **B. Clinical Consultation**

CMHCs may offer or seek clinical consultation from other mental health professionals. In clinical consultation, CMHCs provide critical and supportive feedback. Clinical consultation does not imply hierarchy or responsibility for client outcome.

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

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

CMHCs respect the integrity and welfare of supervisees, students, and employees. These relationships typically include an evaluative component and therefore need to be maintained on a professional and confidential basis. For more information about supervision disclosure, please see Appendix E, *Clinical Supervision Disclosure Template*, in “Essentials of the Clinical Mental Health Counseling Profession.”

1. CMHCs recognize the influential position they have with regard to both current and former supervisees, students, and employees and avoid exploiting their trust and dependency.
2. CMHCs do not engage in ongoing counseling relationships with current supervisees, students, and employees.
3. Sexual behavior with supervisees, students, and employees is unethical.
4. CMHCs do not engage in harassment of supervisees, students, employees, or colleagues.
5. CMHC supervisors ensure that their supervisees, students, and employees accurately represent their training, experience, and credentials.
6. In the informed consent statement, students and supervisees notify the client that they are in supervision and provide their clients with the name and credentials of their supervisor.
7. Students and supervisees have the same ethical obligations to clients as those required of CMHCs.
8. Supervisors should provide written informed consent prior to beginning a supervision relationship.

#### B. Commitment for Clinical Supervision

Clinical supervision is an important component of the counseling process. Supervision assists the supervisee to provide the best treatment possible to counseling clients and to provide training to the supervisee, which is an integral part of counselor education. Supervision also serves a gatekeeping process to ensure safety to the client, the profession, and to the supervisee.

##### 1. Confidentiality of Clinical Supervision

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

- a. To prevent clear and imminent danger to a person or persons
- b. As mandated by law for child or senior abuse reporting
- c. When there is a written waiver of confidentiality obtained prior to such a release of information
- d. When the release of records or information is permitted by state or federal law
- e. In educational or training settings when information has effectively been deidentified or when written permission has been obtained from the client

## IV. Commitment to the Profession

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

### A. Teaching

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

### B. Research and Publications

As researchers, CMHCs conduct investigations and publish findings with respect for the dignity and welfare of the participants and integrity of the profession.

1. The ethical researcher seeks advice from other professionals if any plan of research suggests a deviation from any ethical principle of research with human participants. Such deviation protects the dignity and welfare of the client and places on the researcher a special burden to act in the participant's interest.
2. The ethical researcher is open and honest in the relationship with research participants.
3. The ethical researcher protects participants from physical and mental discomfort, harm, and danger. If the risks of such consequences exist, the investigator is required to inform participants of that fact, secure consent before proceeding, and take all possible measures to minimize the distress.
4. The ethical researcher instructs research participants that they are free to withdraw from participation at any time.
5. The ethical researcher understands that information obtained about research participants during the course of an investigation is confidential. When the possibility exists that others may obtain access to such information, participants are made aware of the possibility and the plan for protecting confidentiality and for storage and disposal of research records.
6. The ethical researcher gives sponsoring agencies, host institutions, and publication channels the same respect and opportunity for informed consent that they accord to individual research participants.
7. The ethical researcher is aware of the obligation to future research and ensures that host institutions are given feedback and proper acknowledgement.

### C. Service on Public or Private Boards and Other Organizations

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

## **V. Commitment to the Public**

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

### **A. Public Statements**

In their professional roles, CMHCs may be expected or required to make public statements providing counseling information or professional opinions, or supply information about the availability of counseling products and services. CMHCs accurately represent their education, professional qualifications, licenses, and credentials. Public statements serve the purpose of providing information to aid the public in making informed judgments and choices. Public statements will be consistent with this *AMHCA Code of Ethics*.

### **B. Marketing**

When advertising or promoting their professional services, CMHCs include only information that is accurate.

## VI. Resolution of Ethical Problems

AMHCA members are encouraged to consult with the AMHCA Ethics Committee regarding processes to resolve ethical dilemmas that may arise in clinical practice. Members are also encouraged to use commonly recognized procedures for ethical decision-making to resolve ethical conflicts. For an example of an ethical decision-making model, see Appendix F, *The AMHCA Ethical Decision-Making Model*, in “Essentials of the Clinical Mental Health Counseling Profession.”

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

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

In “Essentials of the Clinical Mental Health Counseling Profession,” see these related appendixes for supporting documentation regarding the following topics:

- AMHCA Statement on Reparative or Conversion Therapy* (Appendix D)
- AMHCA Clinical Supervision Disclosure Template* (Appendix E)
- The AMHCA Ethical Decision-Making Model* (Appendix F)
- Other relevant position papers (Appendixes G and H)

For more information, please review the “Essentials of the Clinical Mental Health Counseling Profession” and the AMHCA website at [www.ambca.org](http://www.ambca.org).

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