

IAMFC Ethical Codes

Preamble

The IAMFC (The International Association of Marriage and Family Counselors) is an organization dedicated to advancing the practice, training, and research of marriage and family counselors. Members may specialize in areas such as: premarital counseling, intergenerational counseling, separation and divorce counseling, relocation counseling, custody assessment and implementation, single parenting, stepfamilies, nontraditional family and marriage life-styles, healthy and dysfunctional family systems, multicultural marriage and family concerns, displaced and homeless families, interfaith and interracial families, and dual career couples. In conducting the professional activities, members commit themselves to protect and advocate for the healthy growth and development of the family as a whole, even as they conscientiously recognize the integrity and diversity of each family and family member's unique needs, situations, status, and member's unique needs, situations, status, and condition. The IAMFC member recognizes that the relationship between provider and consumer services is characterized as an egalitarian process emphasizing co-participation, co-equality, co-authority, co-responsibility, and client empowerment.

This code of ethics promulgates a framework for ethical practice by IAMFC members and is divided into eight sections: client well-being, confidentiality, competence, assessment, private practice, research and publications, supervision, and media and public statements. The ideas presented within these eight areas are meant to supplement the ethical standards of the American Counseling Association (ACA), formerly the American Association for Counseling and Development (AACD), and all members should know and keep the standards of our parent organization. Although an ethical code cannot anticipate every possible situation or dilemma, the IAMFC ethical guidelines can aid members in ensuring the welfare and dignity of the couples and families they have contact with, as well as assisting in the implementation of the Hippocratic mandate for healers: Do no harm.

Section I: Client Well-being

- A. Members demonstrate a caring, empathic, respectful, fair and active concern for family well-being. They promote client safety, security, and a place-of-belonging in family, community, and society.
- B. Members recognize that each family is unique. They strive to respect the diversity of personal attributes and do not stereotype or force families into prescribed attitudes, roles, or behaviors. Family counselors respect the client's definitions of families, and recognize diversity of families, including two-parent, single parent, extended, multigenerational, same gender, etc.
- C. Members respect the autonomy and independent decision-making abilities of their clients. When working with families with children, counselors respect the parent's autonomy in child-rearing decisions.
- D. Members seek to develop working, collaborative relationships with clients which are egalitarian in nature. Counselors openly disclose information in sessions, including theoretical approach to understanding behavior, and processes for decision-making and problem-solving.
- E. Members assist clients to develop a philosophy on the meaning, purpose, and direction of life. Counselors promote positive regard of self, family, and others.

F. Members do not impose personal values on families or family members. Members recognize the influence of worldview and cultural factors (race, ethnicity, gender, social class, spirituality, sexual orientation, educational status) on the presenting problem, family functioning, and problem-solving skills. Counselors are aware of indigenous healing practices and incorporate them into treatment when necessary or feasible. Members are encouraged to follow the guidelines provided in Multicultural Competencies (cf. Arredondo, P., Toporek, F., Brown, S., Jones, J., Locke, D.C., Sanchez, J., & Stadler, H.(1996). Operationalization of the multicultural counseling competencies. Alexandria, VA: American Counseling Association).

G. Members do not discriminate on the basis of race, gender, social class, disability, spirituality, religion, age, sexual orientation, nationality, language, educational level, marital status, or political affiliation.

H. Members do not engage in dual relationships with clients. In cases where dual relationships are unavoidable, family counselors are obligated to discuss and provide informed consent of the ramifications of the counseling relationship.

I. Members do not harass, exploit, or coerce current or former clients. Members do not engage in sexual harassment. Members do not develop sexual relationships with current or former clients.

J. Members must determine and inform all persons involved that the primary client is the family. Members must be sure that family members have an understanding of the nature of relationships, and the nature of reports to third parties (schools, teachers, managed care companies, etc.).

K. When a conflict of interest exists between the needs of the clients and the counselor's employers, family counselors must clarify commitments to all parties. Counselors recognize that the acceptance of employment implies agreement with policies, and therefore monitor their place of employment to make sure that the environment is conducive to the positive growth and development of clients. If after utilizing appropriate institutional channels for change, the counselor finds that the agency is not working toward the well-being of clients, the counselor has an obligation to terminate institutional affiliation.

L. Members should pursue the development of clients' cognitive, moral, social, emotional, spiritual, physical, educational, and career needs, as well as parenting, marriage, and family living skills, in order to prevent future problems.

M. Members terminate relationships if the continuation of services is not in the best interest of the client or would result in an ethical violation. If a client feels that the counseling relationship is no longer productive, the member has an obligation to assist in finding alternative services.

N. Members inform clients (in writing if feasible) about the goals and purpose of counseling, qualifications of the counselor(s), scope and limits of confidentiality, potential risks and benefits of the counseling process and specific techniques and interventions, reasonable expectations for outcomes, duration of services, costs of services, and alternative approaches.

O. Members refrain from techniques, procedures, or interventions that place families or members at risk of harm. Counselors should refrain from using intrusive interventions without a sound theoretical rational and full consideration of the potential ramifications to families and members.

P. Members maintain accurate and up-to-date records. They make all file information available to clients unless the sharing of such information would be damaging to the status, goals, growth, and development of clients.

Q. Members are urged to consult with supervisors and consultants when facing an ethical dilemma. Counselors may contact the IAMFC executive director, president, executive board members, or chair of the ethics committee at any time for consultation or remedying ethical violations.

R. Members have the responsibility to confront unethical behavior conducted by other counselors. Counselors should attempt first informally to resolve the unethical behavior with the counselor. If the problem continues, the member should then use the procedures established by the employing institution. Counselors should also contact the appropriate licensing or certification board.

Section II: Confidentiality

A. Nature of confidentiality

1. Members recognize that the proper functioning of the counseling relationship requires that clients must be free to discuss secrets with the counselor, and counselors must be free to obtain pertinent information beyond that which is volunteered by the client. Absent exceptions, this protection of confidentiality applies to all situations, including initial contacts by a potential client, the fact that a counseling relationship exists, and to all communications made as part of the relationship between a counselor and clients.
2. Members protect the confidences and secrets of their clients. Counselors do not reveal information received from clients. Counselors do not use information received from a client to the disadvantage of the client. Counselors do not use information received from a client for the advantage of the counselor or of any other person.
3. Unless alternate arrangements have been agreed upon by all participants, statements made by a family member to the counselor during and individual counseling or consulting contact are to be treated as confidential and not disclosed to other family members without the individual's permission.

B. Integration for legal and ethical limits on confidentiality

1. Members make reasonable efforts to be knowledgeable about the legal status of confidentiality in their practice location.
2. Members recognize that ethical standards are not intended to require counselors to violate clearly defined legal standards in their practice location.
3. Members support professional activity to establish legal protection for confidentiality of communications between counselor and clients.

C. Exceptions to confidentiality

1. Members may reveal a client's confidences with the consent of that client, but a counselor first makes reasonable efforts to make the client aware of the ramifications of the disclosure.

2. Members may disclose confidences when required by a specific law such as a child abuse reporting statute.
3. Members may disclose confidences when required to do so by a court of competent jurisdiction.
4. Members may disclose an intention of a client to commit a crime, and may also disclose such other confidences as may be necessary to prevent the commission of the crime.
5. Members may disclose confidences in order to prevent clearly identified bodily harm to the client or to some other clearly identified person.
6. Members may reveal a client's confidences to the extent necessary to establish or collect a fee from that client.
7. Members may reveal a client's confidences to the extent necessary to defend the counselor and/or associates against a charge of wrongful conduct brought by the client.

D. Informed consent about confidentiality

1. Members inform clients about the nature and limitations of confidentiality, including the separate but related status of legal and ethical standards regarding confidentiality
2. Members use care not to explicitly or implicitly promise more protection of confidentiality than that which exists.
3. Members use care to get informed consent from each family member concerning limitations on confidentiality of communications made in the presence of a family or other group.
4. Members clearly define and communicate the boundaries of confidentiality agreed on by the counselor and family members prior to the beginning of a family counseling relationship. As changing conditions might necessitate a change in these boundaries, counselors get informed consent to the new conditions prior to proceeding with the counseling activities.
5. Members terminate the relationship and make an appropriate referral in cases where a client's refusal to give informed consent to the boundaries of confidentiality interferes with the agreed upon goals of counseling.

E. Practice management concerning confidentiality

1. Members assert the client's right to confidentiality when the counselor is asked to reveal client confidences.
2. Members notify the client when the counselor receives a subpoena which might lead to the counselor having to disclose the client's confidences.
3. When a member receives a subpoena to go to court, the counselor makes a reasonable effort to ask the court to recognize the value of the counseling relationship and the importance of confidentiality to that relationship, and consequently to excuse the counselor from disclosing confidential information.

4. When members are not excused from giving testimony, they exercise caution not to disclose information or relinquish records until directed to do so by the court.
5. Members exercise care in planning and monitoring their practices in order to assure that the counselors, their associates and staff, and the clients avoid any behavior that might be construed as a waiver of confidentiality.
6. Members make reasonable efforts to teach their clients to avoid and behaviors, such as disclosing secrets under conditions which do not lead to an expectation of confidentiality, which might be construed as a waiver of confidentiality.
7. Members exercise professional judgment and discretion in deciding whether an exception to confidentiality applies in particular cases. In cases where the decision is not apparent, counselors utilize advice from consultants and the professional literature in making a decision.
8. When members make a good faith decision to disclose confidence based on one of the exceptions listed above, the amount and kind of information disclosed, the person(s) to whom the disclosure is made, and the method of communication all are limited to what is necessary to discharge the duty created by the exception.
9. Members get informed consent from all clients prior to making an electronic recording of a counseling session.
10. Members recognize that the normal operation of a counseling practice exposes confidential information to certain other counselors and to non-counseling staff, but counselors exercise care to limit access only to that which is necessary.
11. Members use care in screening, training, and supervising all paid and volunteer staff in order to assure that the staff members protect confidentiality in their role as an extension of the counselor.
12. Members use care in creating and maintaining office practices which protect confidentiality. For example, client reception areas are separate from counseling offices and work stations where confidential files are handles, and clients are not allowed to have access to areas where they might hear or see other clients' secrets.
13. Members use care to assure that client records are produced, stored, and disposed of in a way that protects confidentiality. Written records should be kept in a locked and secure location, and computerized record systems should use appropriate safeguards to prevent unauthorized access.
14. Members create a system to protect the confidentiality of client records in the event of the death or incapacity of the counselor.
15. Members who disclose certain client information in order to get consultation from another counselor use care not to reveal the identity of the client or any other information beyond that which is necessary to get effective consultation. Members seek consultation only from other professional counselors who recognize their obligation to keep all shared information confidential.
16. Members who use client data for research, teaching, or publication purposes must use care to disguise the data in order to protect client's privacy rights and confidentiality rights.

Section III: Competence

A. Members have the responsibility to develop and maintain basic skills in marriage and family counseling through graduate work, supervision, and peer review. An outline of these skills is provided by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) Environmental and Specialty Standards for Marriage and Family counseling/Therapy. The minimal level of training shall be considered a master's degree in a helping profession.

B. Members recognize the need for keeping current with new developments in the field of marriage and family counseling. They pursue continuing education in forms such as books, journals, classes, workshops, conferences, and conventions.

C. Members accurately represent their education, areas of expertise, credentials, training and experience. They make concerted efforts to ensure that statements others make about them and/or their credentials are accurate.

D. Members do not attempt to diagnose or treat problems beyond the scope of their abilities and training. While developing new skills in specialty areas, marriage and family counselors take steps to ensure the quality of their work through training, supervision, and peer review.

E. Members do not undertake any professional activity in which their personal problems might impair their performance. They seek assistance for problems, and, if necessary, limit, suspend, or terminate their professional activities.

F. Members do not engage in actions that violate the "standards of practice" of their given professional counseling community.

G. Members are committed to gaining cultural competency, including awareness, knowledge, and skills to work with a diverse clientele. Members are aware of their own biases, values, and assumptions about human behavior. They employ techniques/assessment strategies that are appropriate for dealing with diverse cultural groups.

H. Members take care of their physical, mental, and emotional health in order to reduce the risk of burnout, and to prevent impairment and harm to clients.

Section IV: Assessment

A. Members have the responsibility of acquiring and maintaining skills related to assessment procedures and assessment instruments that promote the best interests and well being of the client in clarifying concerns, establishing treatment goals, evaluating therapeutic progress, and promoting objective decision making.

B. Members provide clients with assessment results, interpretation, and conclusions drawn from assessment interviews and instruments. Members inform clients of how assessment information will be used.

C. Members use assessment methods that are current, reliable, valid, and germane to the goals of the client, including computer-assisted assessment. Members do not use inventories and tests that have outdated test items or lack normative data.

D. Members use assessment methods that are within the scope of their qualifications, training, or statutory limitations. Members using tests or inventories have a thorough understanding of measurement concepts.

E. Members are familiar with any assessment instruments prior to its use, including the testing manual, purpose of the instrument, and relevant psychometric and normative data.

F. Members only use instruments that have demonstrated validity in custody evaluations and do not make recommendations based solely on test and inventory scores. Members conducting custody evaluations recognize the potential impact that their reports can have on family members and use instruments that have demonstrated validity in custody evaluations.

G. Members strive to maintain the guidelines in the *Standards for Educational and Psychological Testing*, written in collaboration by the American Educational Research Association, American Psychological Association, and National Council on Measurement in Evaluation, as well as the *Code of Fair Testing Practices*, published by the Joint Committee on Testing Procedures.

Section V: Private Practice

A. Members in private practice have a special obligation to adhere to ethical and legal standards, because of the independent nature of their work.

1. Members keep informed of current ethical codes and ethical issues of the profession.
2. Members maintain a working knowledge of legal standards in the geographical area and areas of specialty in which they work, abiding by these standards in their practice.
3. Members continue professional growth and knowledge through consultation and supervision.

B. Members practice within the scope of their training

1. Members promote themselves only within the areas of their professional training, supervision, and experience.
2. Members refer to other practitioner's clients who would benefit from services outside of their own areas of expertise.

C. Members in private practice are responsible and respectful of client needs in their setting and collection of fees for service.

1. Members provide a portion of their services at little or no cost as a service to the community.
2. Members appropriately refer clients who are unable to afford private services and cannot be seen pro bono by the private practitioner.
3. Members do not share or accept fees for offering or accepting referrals.
4. Bartering is discouraged because of the inherent potential for erosion of professional boundaries and introduction of dual relationships. If unavoidable and considered the standard of practice in the

community, fair value for services/items exchanged should be included in a contract and reported as income.

D. Members do not terminate counseling with established clients that would benefit from further counseling without referring them to an appropriate practitioner or agency.

E. Members enter into professional partnerships only with others that adhere to ethical standards of the profession. Implicit in this standard is that members should not share or accept fees for accepting or offering referrals.

Section VI: Research and Publications

A. Members shall be fully responsible for their choice of research topics and the methods used for investigation, analysis, and reporting. They must be particularly careful that findings do not appear misleading, that the research is planned to allow for the inclusion of alternative hypotheses, and that provision is made for discussion of the limitations of the study.

B. Members safeguard the privacy of their research participants. Data about an individual participant are not released unless the individual is informed about the exact nature of the information to be released and gives written permission for doing so.

C. Members safeguard the safety of their research participants. Members receive approval from, and follow guidelines of, any institutional research committee. Prospective participants are informed, in writing, about any potential risks associated with a study and are notified that they can withdraw at any time.

D. Members make their original data available to other researchers.

E. Members only take credit for research in which they make a substantial contribution, and give credit to all such contributors. Authors are listed from greatest to least amount of contribution.

F. Members do not plagiarize. Ideas or data that did not originate with the author(s) and are not common knowledge are clearly credited to the original source.

G. Members are aware of their obligation to be a role model for graduate students and other future researchers and so act in accordance with the highest standards possible while engaged in research.

H. Family counselors should be cautious when assessing culturally diverse clients. Family counselors include cultural factors when assessing behaviors, functioning, and presenting symptoms of clients. Counselors are careful to use assessment techniques that have been appropriately formed and standardized on diverse populations. Counselors are also careful to interpret results from standardized assessment instruments in light of cultural factors.

Section VII: Supervision

A. Members who provide supervision demonstrate advanced skills in marriage and family counseling, and receive appropriate training and supervision-of-supervision prior to providing supervisory services. Members provide supervision only within the limits of their professional competence.

Additionally, they accept supervisory responsibilities only for counselors they can appropriately and adequately oversee.

B. Members who provide supervision respect the inherent imbalance of power in supervisory relationships. Thus, they actively monitor and appropriately manage multiple relationships. They refrain from engaging in relationships or activities that increase risk of exploitation, or that may impair the professional judgment of supervisees. Sexual intimacy with students or supervisees is prohibited.

C. Members who provide supervision regard content of supervisory sessions as confidential. They provide the same level of security for documentation related to supervisees as they do for clients.

D. Members who are supervisors educate supervisees about professional ethics and standards of practice. Supervisors provide service to professional organizations and work to improve professional practices. They also encourage supervisees to participate in professional organizations.

E. Members who are supervisors provide accurate and complete information (e.g., areas of expertise, credentials, philosophy and approaches to supervision, procedures for evaluation, responses to client emergencies, ethical guidelines to which they adhere, etc.) to assure that potential supervisees engage in supervisory relationships with clear understanding of the supervisory arrangements. They articulate expectations surrounding skill building, knowledge acquisition, and the development of competencies. Members also provide ongoing and timely feedback to their supervisees.

F. Members who provide supervision are responsible for protecting the rights and well-being of their supervisees' clients. They monitor their supervisees' counseling on an ongoing basis, and create procedures to protect the confidentiality of clients whose sessions have been electronically recorded.

G. Members who provide supervision assure that supervisees' clients receive information about supervisees' level of training and credentials, parameters of supervision, the counseling processes and purposes, benefits and risks they may encounter, and limits of confidentiality prior to establishing contracts for counseling.

H. Members who provide supervision endorse for practice only those supervisees who demonstrate expectations for competency and professional judgment.

I. Supervisors assure that supervisees are knowledgeable about professional ethics and standards, and that they practice within those parameters.

J. Members who provide supervision strive to reach and maintain the guidelines provided in the Standards for Counseling Supervisors adopted by the ACA Governing Council and the Code of Ethics established by the Association for Counselor Education and Supervision.

K. Members understand the influence of cultural issues in the supervisory relationship, including issues of oppression and power structures within the relationship.

L. Members who provide supervision discuss cultural issues in the work of supervisees and clients, and promote cultural sensitivity and competence in the supervisees.

Section VIII: Advertising and Other Public Statements

A. Members accurately and objectively represent their education, training, professional qualifications, skills, and functions to the public. Members do not use membership in a professional organization to suggest endorsement of their competency.

B. Members ensure that all advertisements, announcements, or other public statements they make regarding their professional services are not false or misleading, either by commission or omission. Such public statements should focus on objective information that allows clients to make an informed decision about seeking services. Providing information such as highest relevant academic degree earned, training and experience, professional credentials, types of services offered, office hours, fee structure, and languages spoken can help clients decide if the advertised services are appropriate for their needs.

C. Members advertise themselves as specialists within marriage and family counseling only in those areas in which they can demonstrate evidence of training, education, and supervised experiences in the area of specialization.

D. Members who engage others to advertise or promote their professional services remain responsible for all forms of public statements made. Members strive to make certain that statements about their professional services made by other persons are accurate. In addition, members do not ask for or accept testimonials from current or former clients regarding the uniqueness, effectiveness, or efficiency of counseling services.

E. Members promoting counseling-related products for commercial sale make every effort to ensure that advertisements and announcements are presented in a professional and factual manner. In addition, announcements and advertisements about workshops or training events should never contain false or misleading statements. Members make certain that advertisements and announcements regarding products or training events provide accurate and adequate information for consumers to make informed choices.

F. Members have the responsibility to provide information to the public that enhances marriage and family life. Such statements should be based on sound, professionally accepted theories, techniques, and approaches. When presenting information to the public, members only address issues for which they are adequately qualified and prepared. Due to the inability to complete a comprehensive assessment or provide follow-up, members do not give specific advice to an individual through the media or other public venues.