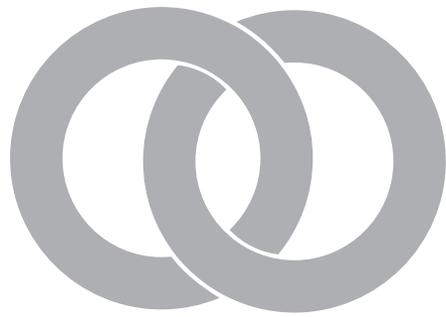




California Association of Marriage and Family Therapists

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# Code of Ethics



# CAMFT Code of Ethics

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# Part I—The Standards

## INTRODUCTION

The Board of Directors of CAMFT hereby publishes pursuant to the Association Bylaws, a revised *CAMFT Code of Ethics*. The *CAMFT Code of Ethics* is binding on all Members, Membership classes and Membership categories. Members of CAMFT are expected to abide by these standards and by applicable California laws and regulations governing the conduct of licensed marriage and family therapists, supervisors, educators, registered associate marriage and family therapists, applicants, students, and trainees. Members are expected to be familiar with the *Code of Ethics*. A lack of understanding or knowledge of the *Code of Ethics* does not justify or excuse a violation. The effective date of these revised standards is December 7, 2019.

The practice of marriage and family therapy<sup>1</sup> is varied in its approach, technique, modality, and method of service delivery. These standards 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 one's 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.

## ETHICAL DECISION-MAKING

Marriage and family therapists<sup>2</sup> recognize that ethical decision-making principles may be based on higher standards for their conduct than legal requirements and that they must comply with the higher standard. Marriage and family therapists act with integrity and truthfulness, ensure fairness and non-discrimination, and promote the well-being of their clients/patients within the larger society. Marriage and family therapists avoid actions that cause harm and recognize that their clients/patients control their own life choices.

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

### 1. RESPONSIBILITY TO CLIENTS/PATIENTS<sup>3</sup>

Marriage and family therapists advance the welfare of families and individuals, respect the rights of those persons seeking their assistance, and make reasonable efforts to ensure that their services are used appropriately.

- 1.1 **NON-DISCRIMINATION:** Marriage and family therapists do not condone or engage in discrimination, or refuse professional service to anyone on the basis of race, ethnicity, national origin, indigenous heritage, immigration status, gender, gender identity, gender expression, sexual orientation, religion, age, disability, socioeconomic status, or marital/relationship status. Marriage and family therapists make reasonable efforts to accommodate clients/patients who have physical disabilities. *(See also sections 3.2 Therapist Disclosures, 3.7 Therapist Professional Background, and 5.11 Scope of Competence.)*
- 1.2 **HISTORICAL AND SOCIAL PREJUDICE:** Marriage and family therapists are aware of and do not perpetuate historical and/or social prejudices when diagnosing and treating clients/patients because such conduct may lead to misdiagnosing and pathologizing clients/patients.

- 1.3 **TREATMENT DISRUPTION:** Marriage and family therapists are aware of their professional and clinical responsibilities to provide consistent care to clients/patients and to maintain practices and procedures that are intended to provide 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.
- 1.4 **TERMINATION:** Marriage and family therapists use sound clinical judgment when terminating therapeutic relationships. Reasons for termination may include, but are not limited to, the client/patient is not benefiting from treatment, continuing treatment is not clinically appropriate, the therapist is unable to provide treatment due to the therapist's incapacity or extended absence, or due to an otherwise unresolvable ethical conflict or issue. *(See also sections 3.8 Client/Patient Benefit and 5.11 Scope of Competence.)*
- 1.5 **NON-PAYMENT OF FEES:** When terminating client/patient relationships due to non-payment of fees, marriage and family therapists do so in a clinically appropriate manner.
- 1.6 **EMPLOYMENT AND CONTRACTUAL TERMINATIONS:** When terminating employment or contractual relationships, marriage and family therapists primarily consider the best interests of the client/patient when resolving issues of continued responsibility for client/patient care.
- 1.7 **ABANDONMENT:** Marriage and family therapists do not abandon or neglect clients/patients in treatment. If a therapist is unable or unwilling to continue to provide professional services, the therapist will assist the client/patient in making clinically appropriate arrangements for continuation of treatment.
- 1.8 **FINANCIAL GAIN:** Marriage and family therapists do not maintain therapeutic relationships solely for financial gain.
- 1.9 **CLIENT/PATIENT AUTONOMY:** Marriage and family therapists respect client/patient choices, the right of the client/patient to make decisions, and help them to understand the consequences of their decisions. When clinically appropriate, marriage and family therapists advise their client/patient that decisions on the status of their personal relationships, including separation and/or divorce, are the responsibilities of the client/patient.
- 1.10 **TREATMENT PLANNING:** Marriage and family therapists work with clients/patients to develop and review treatment plans that are consistent with client/patient goals and that offer a reasonable likelihood of client/patient benefit.

## 2. CONFIDENTIALITY

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

- 2.1 **DISCLOSURES OF CONFIDENTIAL INFORMATION:** Marriage and family therapists do not disclose client/patient confidences, (including the names or identities of their clients/patients), to anyone except as mandated by law, as permitted by law, when the marriage and family therapist is a defendant in a civil, criminal, or disciplinary action arising from the therapy (in which case client/patient confidences may only be disclosed in the course of that action), or if there is an authorization previously obtained in writing. Such information may only then be revealed in accordance with the terms of the authorization.
- 2.2 **SIGNED AUTHORIZATIONS— RELEASE OF INFORMATION:** When there is a request for information related to any aspect of psychotherapy or treatment, each member of the unit receiving such therapeutic treatment must sign an authorization before a marriage and family therapist will disclose information received from any member of the treatment unit.
- 2.3 **MAINTENANCE OF CLIENT/PATIENT RECORDS—CONFIDENTIALITY:** Marriage and family therapists store, transfer, transmit, and/or dispose of client/patient records in ways that protect confidentiality.
- 2.4 **EMPLOYEES—CONFIDENTIALITY:** Marriage and family therapists take appropriate steps to ensure, insofar as possible, that the confidentiality of clients/patients is maintained by their employees, supervisees<sup>4</sup>, assistants, volunteers, and business associates.
- 2.5 **USE OF CLINICAL MATERIALS—CONFIDENTIALITY:** Marriage and family therapists use clinical materials in teaching, writing, and public presentations only if a written authorization has been previously obtained in accordance with 2.1, or when appropriate steps have been taken to protect patient identity.

- 2.6 **GROUPS—CONFIDENTIALITY:** Marriage and family therapists, when working with a group, educate the group regarding the importance of maintaining confidentiality, and are encouraged to obtain written agreement from group participants to respect the confidentiality of other members of the group.
- 2.7 **THIRD-PARTY PAYER DISCLOSURES:** Marriage and family therapists advise clients/patients of the information that will likely be disclosed (such as dates of treatment, diagnosis, prognosis, progress, and treatment plans) when submitting claims to managed care companies, insurers, or other third-party payers.

### 3. INFORMED CONSENT AND DISCLOSURE

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

- 3.1 **INFORMED DECISION-MAKING:** Marriage and family therapists respect the rights of clients/patients to choose whether to enter into, to remain in, or to leave the therapeutic relationship. When significant decisions need to be made, marriage and family therapists provide adequate information to clients/patients in clear and understandable language so that clients/patients can make meaningful decisions about their therapy.
- 3.2 **THERAPIST DISCLOSURE:** When a marriage and family therapist's personal values, attitudes, and/or beliefs are a prejudicial factor in diagnosing or limiting treatment provided to a client/patient, the marriage and family therapist shall disclose such information to the client/patient or facilitate an appropriate referral in order to ensure continuity of care.
- 3.3 **RISKS AND BENEFITS:** Marriage and family therapists inform clients/patients of the potential risks and benefits of therapy when utilizing novel or experimental techniques or when there is a risk of harm that could result from the utilization of any technique.
- 3.4 **EMERGENCIES/CONTACT BETWEEN SESSIONS:** Marriage and family therapists inform clients/patients of the extent of their availability for emergency care between sessions.
- 3.5 **CONSENT FOR RECORDING/OBSERVATION:** Marriage and family therapists obtain written informed consent from clients/patients before recording, or permitting third party observation of treatment.
- 3.6 **LIMITS OF CONFIDENTIALITY:** Marriage and family therapists are encouraged to inform clients/patients of significant exceptions to confidentiality such as child abuse reporting, elder and dependent adult abuse reporting, and clients/patients dangerous to themselves or others.
- 3.7 **THERAPIST PROFESSIONAL BACKGROUND:** Marriage and family therapists are encouraged to disclose to clients/patients, at an appropriate time and within the context of the psychotherapeutic relationship, their experience, education, specialties, and theoretical orientation.
- 3.8 **CLIENT/PATIENT BENEFIT:** Marriage and family therapists continually monitor their effectiveness when working with clients/patients and continue therapeutic relationships only so long as it is reasonably clear that clients/patients are benefiting from treatment.
- 3.9 **FAMILY UNIT/CONFLICTS:** When treating a family unit(s), marriage and family therapists carefully consider the potential conflict that may arise between the family unit and each individual member. At the commencement of treatment and throughout treatment, marriage and family therapists clarify, which person or persons are clients/patients and the nature of the relationship(s) the therapist will have with each person participating in the treatment.
- 3.10 **POTENTIAL CONFLICTS:** Marriage and family therapists carefully consider potential conflicts when providing concurrent or sequential individual, couple, family, and group treatment, and take reasonable care to avoid or minimize such conflicts.
- 3.11 **TREATMENT ALTERNATIVES:** Marriage and family therapists discuss appropriate treatment alternatives with clients/patients. When appropriate, marriage and family therapists advocate for the mental health care they believe will benefit their clients/patients. Marriage and family therapists do not limit their discussions of treatment alternatives to what is covered by third-party payers.

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

## 4. DUAL/MULTIPLE RELATIONSHIPS

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

- 4.1 DUAL/MULTIPLE RELATIONSHIPS: Dual /multiple relationships occur when a therapist and his/her client/patient concurrently engage in one or more separate and distinct relationships. Not all dual/multiple relationships are unethical, and some need not be avoided, including those that are due to geographic proximity, diverse communities, recognized marriage and family therapy treatment models, community activities, or that fall within the context of culturally congruent relationships. Marriage and family therapists are aware of their influential position with respect to clients/patients, and avoid relationships that are reasonably likely to exploit the trust and/or dependence of clients/patients, or which may impair the therapist's professional judgment.
- 4.2 ASSESSMENT REGARDING DUAL/MULTIPLE RELATIONSHIPS: Prior to engaging in a dual/multiple relationship, marriage and family therapists take appropriate professional precautions which may include, but are not limited to the following: obtaining the informed consent of the client/patient, consultation or supervision, documentation of relevant factors, appraisal of the benefits and risks involved in the context of the specific situation, determination of the feasibility of alternatives, and the setting of clear and appropriate therapeutic boundaries to avoid exploitation or harm.
- 4.3 UNETHICAL DUAL/MULTIPLE RELATIONSHIPS: Acts that could result in unethical dual relationships include, but are not limited to, borrowing money from a client/patient, hiring a client/patient, or engaging in a business venture with a patient, or engaging in a close personal relationship with a client/patient. Such acts with a client's/patient's spouse, partner or immediate family member are likely to be considered unethical dual relationships.
- 4.4 NON-PROFESSIONAL RELATIONSHIPS WITH FORMER CLIENTS/PATIENTS: Prior to engaging in a non-sexual relationship with former clients/patients, marriage and family therapists take care to avoid engaging in interactions which may be exploitive or harmful to the former client/patient. Marriage and family therapists consider factors which include, but are not limited to, the potential continued emotional vulnerability of the former client/patient, the anticipated consequences of involvement with that person, and the elimination of the possibility that the former client/patient resumes therapy in the future with that therapist.
- 4.5 SEXUAL CONTACT: Sexual contact includes, but is not limited to sexual intercourse, sexual intimacy, and sexually explicit communications without a sound clinical basis and rationale for treatment. Sexual contact with a client/patient, or a client's/patient's spouse or partner, or a client's/patient's immediate family member, during the therapeutic relationship, or during the two years following the termination of the therapeutic relationship, is unethical. Prior to engaging in sexual contact with a former client/patient or a client's/patient's spouse or partner, or a client's/patient's immediate family member, following the two years after termination or last professional contact, the therapist shall consider factors which include, but are not limited to, the potential harm to or exploitation of the former client/patient or to the client's/patient's family, the potential continued emotional vulnerability of the former client/patient, and the anticipated consequences of involvement with that person. *(See also section 7.2 Sexual Contact with Supervisees and Students.)*
- 4.6 PRIOR SEXUAL RELATIONSHIP: A marriage and family therapist does not enter into a therapeutic relationship with a person with whom the therapist has had a sexual relationship or knowingly enter into a therapeutic relationship with a partner or immediate family member of a person with whom the therapist has had a sexual relationship.
- 4.7 EXPLOITATION: Marriage and family therapists do not use their professional relationships with clients/patients to further their own interests and do not exert undue influence on patients.
- 4.8 NON-THERAPIST ROLES: Marriage and family therapists when engaged in professional roles other than treatment or supervision (including, but not limited to, managed care utilization review, consultation, coaching, adoption service, child custody evaluation, or behavior analysis), act solely within that role and clarify as necessary, in order to avoid confusion with consumers and employers, how that role is distinguished from the practice of marriage and family therapy.

## 5. PROFESSIONAL COMPETENCE AND INTEGRITY

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

- 5.1 **CONVICTION OF CRIME:** Marriage and family therapists are in violation of this Code and subject to termination of membership, or other appropriate action, if they: are convicted of a crime substantially related to their professional qualifications or functions, are expelled from or disciplined by other professional organizations, or have licenses or certificates that are lapsed, suspended, or revoked or are otherwise disciplined by regulatory bodies.
- 5.2 **FINANCIAL INCENTIVES:** Marriage and family therapists avoid contractual arrangements that provide financial incentives to withhold or limit medically/psychologically necessary care.
- 5.3 **CLIENT/PATIENT RECORDS:** Marriage and family therapists create and maintain client/patient records consistent with sound clinical judgment, standards of the profession, and the nature of the services being rendered.
- 5.4 **PROFESSIONAL ASSISTANCE:** Marriage and family therapists seek appropriate professional assistance for their personal problems or conflicts that impair work performance or clinical judgment.
- 5.5 **PRACTICING WHILE IMPAIRED:** Marriage and family therapists do not practice when their competence is impaired due to physical or psychological causes or to the use of alcohol or other substances.
- 5.6 **STAYING CURRENT:** Marriage and family therapists remain current with developments in their field through educational activities or clinical experiences. Marriage and family therapists, when acting as teachers, supervisors, and researchers, stay informed about changes in the field, maintain relevant standards of scholarship, and present accurate information.
- 5.7 **SENSITIVITY TO DIVERSITY:** Marriage and family therapists actively strive to identify and understand the diverse backgrounds of their clients/patients by obtaining knowledge, gaining personal awareness, and developing sensitivity and skills pertinent to working with a diverse client/patient population.
- 5.8 **GIFTS:** Marriage and family therapists carefully consider the clinical and cultural implications of giving and receiving gifts or tokens of appreciation. Marriage and family therapists take into account the value of the gift, the effect on the therapeutic relationship, and the client/patient and the psychotherapist's motivation for giving, receiving, or declining, the gift.
- 5.9 **IMPACT OF THERAPIST VALUES ON TREATMENT:** Marriage and family therapists make continuous efforts to be aware of how their cultural/racial/ethnic identities, values, and beliefs affect the process of therapy. Marriage and family therapists do not exert undue influence on the choice of treatment or outcomes based on such identities, values, and beliefs.
- 5.10 **HARASSMENT OR EXPLOITATION:** Marriage and family therapists do not engage in sexual harassment or other forms of harassment or exploitation of clients/patients, students, supervisees, employees, or colleagues.
- 5.11 **SCOPE OF COMPETENCE:** Marriage and family therapists take care to provide proper diagnoses of psychological disorders or conditions and do not assess, test, diagnose, treat, or advise on issues beyond the level of their competence as determined by their education, training, and experience. While developing new areas of practice, marriage and family therapists take steps to ensure the competence of their work through education, training, consultation, and/or supervision.
- 5.12 **DUPLICATION OF THERAPY:** Marriage and family therapists do not generally duplicate professional services to a prospective client/patient receiving treatment from another psychotherapist. When making a determination to provide services, marriage and family therapists carefully consider the client's/patient's needs, presenting treatment issues, and the welfare of the client/patient to minimize potential confusion and/or conflict. Prior to rendering services, marriage and family therapists discuss these issues with the prospective client/patient, including the nature of the client's/patient's current relationship with the other treating psychotherapist and whether consultation with the other psychotherapist is appropriate.
- 5.13 **PUBLIC STATEMENTS:** Marriage and family therapists, because of their ability to influence and alter the lives of others, exercise caution when making public their professional recommendations or their professional opinions through testimony, social media and Internet content, or other public statements.
- 5.14 **LIMITS OF PROFESSIONAL OPINIONS:** Marriage and family therapists do not express professional opinions about an individual's psychological condition unless they have treated or conducted an examination and

assessment of the individual, or unless they reveal the limits of the information upon which their professional opinions are based, with appropriate cautions as to the effects of such limited information upon their opinions. (See also section 10.7 Professional Opinions in Court-Involved Cases.)

- 5.15 CONSULTATION: When appropriate, marriage and family therapists consult, collaborate with, and refer to physicians, other health care professionals, and community resources in order to improve and protect the health and welfare of the client/patient.

## 6. TELEHEALTH

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

- 6.1 TELEHEALTH: Marriage and family therapists take precautions to meet their responsibilities to clients/patients who are not physically present during the provision of therapy. Prior to utilizing Telehealth, marriage and family therapists consider the appropriateness and suitability of this therapeutic modality in meeting the client's/patient's needs and do so competently. The suitability and appropriateness of Telehealth includes consideration of multiple factors such as the client's/patient's familiarity with the modality, the issues to be addressed, the therapeutic orientation, and other pertinent factors.
- 6.2 COMPLIANCE WITH TELEHEALTH LAWS: Marriage and family therapists, prior to engaging in Telehealth, are familiar with the state and federal laws governing Telehealth and ensure compliance with all relevant laws.
- 6.3 DISCLOSURES: Marriage and family therapists inform clients/patients of the potential risks, consequences, and benefits of the Telehealth modality, including but not limited to issues of confidentiality, clinical limitations, and transmission/technical difficulties.
- 6.4 ELECTRONIC MEDIA: Marriage and family therapists are aware of the possible adverse effects of technological changes with respect to the dissemination of client/patient information, and take care when disclosing such information. Marriage and family therapists are also aware of the limitations regarding confidential transmission by Internet or electronic media and take care when transmitting or receiving such information via these mediums.

## 7. SUPERVISOR, SUPERVISEE, EDUCATOR, AND STUDENT RESPONSIBILITIES

Marriage and family therapists, supervisees and students employ effective and respectful communication when fulfilling their professional responsibilities. Marriage and family therapists, when acting as supervisors and educators, are cognizant of their impact on the professional development of supervisees and students; they do not exploit the trust and dependence of students and supervisees and whenever possible they appropriately safeguard the best interests of the clients/patients of supervisees.

- 7.1 MAINTAINING PROFESSIONAL BOUNDARIES WITH SUPERVISEES AND STUDENTS: Marriage and family therapists are aware of their influential position with respect to their students and supervisees, and they avoid exploiting the trust and dependency of such persons. Marriage and family therapists therefore avoid engaging in relationships with supervisees and students (over whom they exercise professional authority) that are reasonably likely to impair professional judgment or lead to exploitation. Provision of therapy to students or supervisees over whom the supervisor or educator exercise professional authority is unethical and provision of marriage and family therapy supervision to clients/patients is also unethical. Other acts which are likely to be unethical 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 or student. Such acts with a supervisee's spouse, partner or immediate family member may also be considered unethical dual relationships.
- 7.2 SEXUAL CONTACT WITH SUPERVISEES AND STUDENTS: Marriage and family therapists do not engage in sexual contact with supervisees or students with whom they exercise professional authority. Sexual contact includes, but is not limited to, sexual intercourse, sexual intimacy, and sexually explicit communications without a sound clinical, supervisory, or educational basis. Such acts with the spouse, partner, or immediate family member of a supervisee or student are likely to be unethical and exploitive. (See also section 4.5 Sexual Contact.)

- 7.3 **SEXUAL HARASSMENT OF SUPERVISEES OR STUDENTS:** Marriage and family therapists do not engage in sexual harassment of supervisees or students.
- 7.4 **COMPETENCE OF SUPERVISEES:** Marriage and family therapists assure that the extent, quality and kind of supervision provided is consistent with the education, training, and experience level of the supervisee. Marriage and family therapists do not permit their students, employees, or supervisees to perform or to hold themselves out beyond their pre-licensed status or to perform professional services beyond their scope of competence.
- 7.5 **MAINTAINING SUPERVISION SKILLS:** Marriage and family therapists who act as supervisors are responsible for maintaining the quality of their supervision skills and for obtaining consultation or supervision for their work as supervisors whenever appropriate.
- 7.6 **KNOWLEDGE OF LAWS AND REGULATIONS:** Supervisors and supervisees have a responsibility to be knowledgeable about relevant laws and regulations pertaining to the practice of marriage and family therapy.
- 7.7 **CHANGES IN LEGAL REQUIREMENTS AND ETHICAL STANDARDS:** Supervisors maintain awareness of and stay current with changes in professional and ethical standards and legal requirements. Supervisors ensure that their supervisees are aware of professional and ethical standards and legal responsibilities.
- 7.8 **CULTURE AND DIVERSITY:** Supervisors and educators are aware of and address the role that culture and diversity issues play in their supervisory and educational relationships, including, but not limited to, evaluating, terminating, disciplining, or making decisions regarding supervisees or students.
- 7.9 **POLICIES AND PROCEDURES:** Supervisors and educators create and implement policies and procedures that are clear and that are disclosed to supervisees and students at the commencement of and throughout supervision or education.
- 7.10 **PERFORMANCE APPRAISALS:** Supervisors provide supervisees with periodic performance appraisals and evaluative feedback throughout the supervisory relationship and identify and address the limitations of supervisees that might impede performance.
- 7.11 **BUSINESS PRACTICES:** When acting as employers and/or supervisors, marriage and family therapists follow lawful business practices.
- 7.12 **BARTERING WITH SUPERVISEES:** Marriage and family therapists ordinarily refrain from accepting goods or services from supervisees in return for services rendered due to the potential for conflicts, exploitation, and/or distortion of the professional relationship. Bartering should only be considered and conducted if the supervisee requests it, the bartering is not otherwise exploitive or detrimental to the supervisory relationship, and it is negotiated without coercion. Marriage and family therapists are responsible to ensure that such arrangements are not exploitive and that a clear written agreement is created. Marriage and family therapists are encouraged to consider relevant social and/or cultural implications of bartering including whether it is an accepted practice among professionals within the community. (*For bartering with clients/patients, see also section 12.5 Bartering.*)
- 7.13 **PERFORMANCE ASSISTANCE:** Supervisors guide supervisees in securing assistance when needed for the supervisee to maintain or improve performance, such as personal psychotherapy, additional education, training, or consultation. Supervisees have the responsibility to seek information and to ask for supervisorial guidance when necessary.
- 7.14 **DISMISSAL:** Supervisors shall document their decisions to dismiss supervisees.
- 7.15 **REVIEW OF TRAINEE AGREEMENTS:** Supervisors are aware of and review any trainee agreements with qualified educational institutions.
- 7.16 **CLIENTS/PATIENTS ARE PATIENTS OF EMPLOYER:** Supervisees understand that the clients/patients seen by them are the clients/patients of their employers.
- 7.17 **SUPERVISOR QUALIFICATIONS:** Supervisors maintain licensure and meet/satisfy the qualifications, laws and regulations pertaining to supervision.
- 7.18 **SUPERVISEE REGISTRATION AND LIMITED ROLE:** 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.

## 8. RESPONSIBILITY TO COLLEAGUES

To promote the welfare and best interest of clients/patients, marriage and family therapists collaborate with other professionals, communicate with and about colleagues in a respectful manner, and strive to maintain constructive working relationships with colleagues.

- 8.1 RESPECT CONFIDENCE OF COLLEAGUES: Marriage and family therapists respect the confidences of colleagues that are shared in the course of their professional relationships.
- 8.2 IMPAIRED COLLEAGUES: Marriage and family therapists are encouraged to provide consultation or assistance to colleagues who are impaired due to substance use or mental disorders.
- 8.3 ETHICAL COMPLAINTS AGAINST COLLEAGUES: Marriage and family therapists are encouraged to take reasonable actions to resolve disputes with colleagues before filing an ethics complaint against a colleague. Reasonable measures may include, addressing the matter with the colleague, consultation, and/or mediation. 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.
- 8.4 SOLICITING OTHER CLIENTS/PATIENTS: Marriage and family therapists do not solicit or encourage clients/patients to leave other therapists, where the client/patient, because of their circumstances, may be vulnerable due to undue influence.

## 9. RESPONSIBILITY TO THE PROFESSION

Marriage and family therapists respect the rights and responsibilities of colleagues. Marriage and family therapists cooperate with colleagues to act in the best interest of the profession. Marriage and family therapists participate in activities that advance the goals of the profession.

- 9.1 ACCOUNTABILITY TO THE STANDARDS OF THE PROFESSION: Marriage and family therapists remain accountable to the standards of the profession when acting as members or employees of organizations. If an organization with whom a marriage and family therapist is employed or affiliated has policies, procedures, or demands that conflict with the *CAMFT Code of Ethics*, the marriage and family therapist shall make known their ethical obligations as set forth in the *Code of Ethics* and take reasonable steps to resolve such conflicts.
- 9.2 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 the customary standards of professional publication.
- 9.3 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 any original ideas are due.
- 9.4 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.
- 9.5 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.
- 9.6 EMERGING PUBLIC POLICY: Marriage and family therapists are encouraged to be aware of current and emerging laws and regulations pertaining to marriage and family therapy that serve the public interest, and with the revisions of such laws and regulations that are not in the public interest.
- 9.7 FAILURE TO COOPERATE WITH THE ETHICS COMMITTEE: Marriage and family therapists cooperate with the Ethics Committee or its designee and truthfully represent facts to the Ethics Committee or its designee at any point from the inception of an ethical complaint through the completion of proceedings regarding a complaint. Failure to cooperate with the Ethics Committee is itself a violation of these standards.

## 10. RESPONSIBILITY TO THE LEGAL SYSTEM

Marriage and family therapists recognize their duty to remain objective and truthful. Marriage and family therapists recognize that court cases involving therapeutic services introduce factors and dynamics into the delivery of treatment services that are likely to impact their working alliance with the clients/patients; they are cognizant of the tendency of clients/patients to equate their own best interests with prevailing in a legal dispute. Marriage and family therapists understand that their role is not to produce a pre-determined outcome in the legal process; they should not align with the client's/patient's legal position as this might distort information received, or impair their ability to support the client/patient in dealing with the stresses of the process and potential outcomes.

- 10.1 **TESTIMONY:** Marriage and family therapists who give testimony in legal proceedings testify truthfully and avoid making misleading statements. Marriage and family therapists inform the court of any conflicts between the expectations of the court and their ethical obligations or role limitations. Marriage and family therapists should anticipate that clients, attorneys, or the court, might ask them to offer opinions or information beyond the limits of their knowledge base or expert role. In such circumstances, marriage and family therapists safeguard their professional objectivity by clarifying these issues with the court and respectfully declining to offer such testimony.
- 10.2 **EXPERT WITNESSES:** Marriage and family therapists who act as expert or who provide expert opinions in any context, orally or in writing, clarify their expert role to their clients/patients, fellow professionals, attorneys, and the court as necessary. Marriage and family therapists base their opinions and conclusions on appropriate data and are careful to acknowledge the limits of their training, data, recommendations or conclusions, in order to avoid providing unsubstantiated, misleading, distorted, or biased testimony or reports. Marriage and family therapists carefully distinguish between the roles of "treating therapist" and "forensic expert." Treating therapists primarily provide opinions on the assessment, diagnosis, treatment progress and recommendations, and prognosis of their clients/patients. A treating expert's testimony should be limited to the therapist's particular area of expertise and issues directly relevant to the treatment role. They understand that their role is to facilitate successful psychological functioning, and not to promote a predetermined legal outcome. Forensic experts are retained to offer opinions and make recommendations in a variety of legal contexts, including specific parenting and custody plans or decision-making authority in legal proceedings.
- 10.3 **CONFLICTING ROLES:** Whenever possible, marriage and family therapists avoid performing conflicting roles in legal proceedings and disclose any potential conflicts to prospective clients/patients, to the courts, or to others as appropriate. At the outset of the service to be provided and as changes occur, marriage and family therapists clarify role expectations, limitations, conflicts, and the extent of confidentiality to pre-existing or prospective clients, to the courts, or to others as appropriate.
- 10.4 **DUAL ROLES:** Marriage and family therapists avoid providing both court evaluations and treatment concurrently or sequentially for the same clients/patients 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. When pre-existing clients/patients become involved in a legal proceeding and the marriage and family therapist continues to provide treatment, they should discuss the potential effects of legal involvement with their clients/patients, including clarifying the potential role conflicts, clients'/patients' expectations, and possible requests to release treatment information.
- 10.5 **IMPARTIALITY:** Marriage and family therapists, regardless of their role in a legal proceeding, remain impartial and do not compromise their professional judgment or integrity. Marriage and family therapists understand that their testimony and opinions are impactful on legal outcomes. Marriage and family therapists use particular caution when drawing conclusions or forming or expressing opinions from limited observations or sources of information.
- 10.6 **MINORS AND PRIVILEGE:** Marriage and family therapists determine who holds the psychotherapist-patient privilege on behalf of minor clients/patients prior to releasing information or testifying. Marriage and family therapists determine who are the legal recipients of privileged information and the extent of the information to be released. When legally permitted, Marriage and family therapists are encouraged to inform parents/legal guardians about whether, how, and what they will communicate to the court.
- 10.7 **PROFESSIONAL OPINIONS IN COURT-INVOLVED CASES:** Marriage and family therapists shall only express professional opinions about clients/patients 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 conditions, emotional conditions, or parenting abilities. *(See also section 5.14 Limits of Professional Opinions.)*

- 10.8 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 relevant ethical standards, guidelines, laws, regulations, and rules of court.
- 10.9 CONSEQUENCES OF CHANGES IN THERAPIST ROLES: Marriage and family therapists inform the client/patient or the treatment unit of any potential consequences of therapist-client/patient role changes. Such role changes include, but are not limited to: child's therapist, family's therapist, couple's therapist, individual's therapist, mediator, and special master. Marriage and family therapists are encouraged to obtain consultation before changing roles to consider how the role change might create a conflict of interest or affect the therapeutic alliance, and to explore whether appropriate alternatives exist that would reduce such risks.
- 10.10 FAMILIARITY WITH JUDICIAL AND ADMINISTRATIVE RULES: Marriage and family therapists, when assuming treatment or forensic expert roles, are or become familiar with the judicial, jurisdictional, and administrative rules governing their roles.
- 10.11 CUSTODY DISPUTES: When treating families and minors who are involved in a custody determination or dispute, marriage and family therapists obtain information about how the decision to enter therapy was made, who was involved in the decision, and the outcomes expected by the parents, other parties, or the court. Marriage and family therapists take care to clarify and determine who has the legal authority to provide consent and treatment for the minor and avoid initiating treatment of the minor until such determination is made. Marriage and family therapists are encouraged to request copies of any court judgments or orders and determine who has the legal authority to make decisions about entering or continuing treatment, or access to or release of confidential information.

When providing legally permitted disclosures of confidential information or professional opinions about minor clients/patients in court-involved cases, marriage and family therapists generally limit the scope of such information to issues which concern the minor's psychotherapeutic treatment. In order to avoid an inaccurate or incomplete assessment of the minor's needs, marriage and family therapists use caution in the interpretation of a minor's pictures, writings, or other materials produced in the course of treatment as well as behaviors or statements when the minor expresses a position on disputed adult issues.

- 10.12 PROFESSIONAL COMMUNICATIONS: Marriage and family therapists are aware of the potential impact of the adversarial nature of legal disputes on their actions, observations, and opinions. When communicating with clients/patients, parents, counsel, the court, or other parties, marriage and family therapists ensure that their communications are properly authorized, unbiased, and accurate. Marriage and family therapists decline to communicate when there is insufficient data to form a reliable opinion or where the opinion is inconsistent with their role.

## 11. RESPONSIBILITY TO RESEARCH PARTICIPANTS

Researchers respect the dignity and welfare of participants in research and are aware of federal and state laws and regulations and professional standards governing the conduct of research.

- 11.1 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.
- 11.2 CLIENT/PATIENT PARTICIPATION IN RESEARCH: 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.
- 11.3 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/multiple relationships with research participants that could impair professional judgment or increase the risk of exploitation.

- 11.4 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.
- 11.5 RESEARCH FINDINGS: Marriage and family therapists take reasonable steps to prevent the distortion or misuse of their clinical and research findings.

## 12. FINANCIAL ARRANGEMENTS

Marriage and family therapists make financial arrangements with clients/patients and supervisees that are understandable, and conform to accepted professional practices and legal requirements.

- 12.1 PAYMENT FOR REFERRALS: Marriage and family therapists do not offer or accept payment for referrals, whether in the form of money or otherwise.
- 12.2 FINANCIAL EXPLOITATION: Marriage and family therapists do not financially exploit their clients/patients.
- 12.3 DISCLOSURE OF FEES: Prior to the commencement of treatment, marriage and family therapists disclose 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, and give reasonable notice of any changes in fees or other charges.
- 12.4 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, marriage and family therapists will avoid disclosure of clinical information. Whenever unpaid balances are referred to collection agencies, marriage and family therapists will exercise care in selecting collection agencies and will avoid disclosure of clinical information.
- 12.5 BARTERING: Marriage and family therapists ordinarily refrain from accepting goods or services from clients/patients in return for services rendered due to the potential for conflicts, exploitation, and/or distortion of the professional relationship. Bartering should only be considered and conducted if the client/patient requests it, the bartering is not otherwise exploitive or detrimental to the therapeutic relationship, and it is negotiated without coercion. Marriage and family therapists are responsible to ensure that such arrangements are not exploitive and that a clear written agreement is created. Marriage and family therapists are encouraged to consider relevant social and/or cultural implications of bartering including whether it is an accepted practice among professionals within the community. *(For bartering with supervisees, see also section 7.12 Bartering with Supervisees.)*
- 12.6 THIRD-PARTY PAYERS: Marriage and family therapists represent facts regarding services rendered and payment for services fully and truthfully to third-party payers and/or guarantors of payment. When appropriate, marriage and family therapists make reasonable efforts to assist their clients/patients in obtaining reimbursement for services rendered.
- 12.7 WITHHOLDING RECORDS FOR 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.

## 13. ADVERTISING

Marriage and family therapists who advertise do so appropriately and recognize that advertising in all of its forms, enables consumers to choose professional services based upon accurate information.

- 13.1 ACCURACY REGARDING QUALIFICATIONS: Marriage and family therapists accurately represent their education, training, and experience relevant to their professional practice to clients/patients and others.
- 13.2 ASSURING ACCURACY: Marriage and family therapists take reasonable steps to assure that advertisements and publications, whether in directories, business cards, newspapers, radio, television, websites, email, social media, or any other media, are formulated to convey accurate information to the public.

- 13.3 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.
- 13.4 FALSE, MISLEADING, OR DECEPTIVE ADVERTISING: Marriage and family therapists do not use any means of professional identification, including but not limited to: a business card, office sign, letterhead, telephone, email address, association directory listing, Internet, social media 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 contains a material misrepresentation of fact, omits any material fact necessary to make the statement, in light of all circumstances, not misleading, or is intended to or is likely to create an unjustified expectation.
- 13.5 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.
- 13.6 SOLICITATION OF TESTIMONIALS: Marriage and family therapists do not solicit testimonials from those clients/patients who, due to their particular circumstances, are vulnerable to undue influence.
- 13.7 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.
- 13.8 SPECIALIZATIONS: Marriage and family therapists may represent themselves as either specializing in 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.
- 13.9 ADVERTISING OF CAMFT MEMBERSHIP: CAMFT members may identify their membership in CAMFT in public information or advertising materials, but they must clearly and accurately represent their membership status. Marriage and family therapists may use the CAMFT logo only after receiving written permission from the Association.

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.

## Endnotes

<sup>1</sup> The terms “psychotherapy,” “therapy” and “counseling” are used interchangeably throughout the *Code of Ethics*.

<sup>2</sup> 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 associate marriage and family therapists and trainees performing marriage and family therapy services under supervision and is meant to apply to all other mental health providers in all membership categories of the Association

<sup>3</sup> The term “client/patient,” as used herein, is synonymous with such words as “consumer,” and “counselee.”

<sup>4</sup> The term “supervisee,” as used herein, includes registrants, trainees, and applicants for the license.

All known dates of ethical standards revisions: 12/19, 6/11, 1/11, 9/09, 7/08, 5/02, 4/97, 4/92, 10/87, 9/78, and 3/66.

*CAMFT Code of Ethics PART I (THE STANDARDS) AND PART II (THE PROCEDURES)* is a publication of the California Association of Marriage and Family Therapists, headquartered in San Diego, California.

# Part II—The Procedures

## PREAMBLE

When accepting membership in the Association, each member agrees to abide by the *CAMFT Code of Ethics*. It is the ethical responsibility of each member to safeguard the standards of ethical practice and to see that violations of the *CAMFT Code of Ethics* 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, truthfully, and completely.

## I. SCOPE OF AUTHORITY OF THE ETHICS COMMITTEE

- A. The Bylaws of the Association (Article IV, Section A) provide for three categories of membership in CAMFT:
1. Clinical member
  2. Pre-licensed member
  3. Associate member

- B. The Association has authority only over these members. This authority is derived from Article IV Section C of the Bylaws.

Except as otherwise provided in these Bylaws, membership in any category shall be upon a majority vote of the Board of Directors. The Board of Directors may refer an application for membership to the Ethics Committee when it has reasonable cause to believe that the applicant may have violated the *CAMFT Code of Ethics*. The Ethics Committee, after investigating the referral, shall make its recommendation to the Board of Directors. All members shall pay dues in accordance with the dues schedule of the Association and shall abide by the Bylaws and the *CAMFT Code of Ethics* of the Association.

The Executive Director shall make reports to licensing board(s) of membership denials, pursuant to Section 805(c) of the Business and Professions Code.

- C. Article VII, Section B.3. of the Bylaws of the Association authorizes the various functions of the Ethics Committee.

The Ethics Committee maintains and reviews the *CAMFT Code of Ethics*, interprets the *Code of Ethics* to the membership and the public, conducts investigations of alleged ethics violations, makes recommendations to the Board of Directors regarding members alleged to have violated the *Code of Ethics*, makes recommendations to the Board of Directors regarding acceptance or rejection of prospective members who may have violated the *CAMFT Code of Ethics*, and from time to time proposes revisions, deletions, and additions to the *Code of Ethics* to the Board of Directors for its approval.

- D. The Bylaws of the Association, in Article IV, Section E3 provides for the expulsion or suspension of members.

Expulsion or suspension: any member who violates the *CAMFT Code of Ethics* 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 vote 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 therefore, 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, registered, or certified mail sent to the last address of the member as shown on the Association's records. The *CAMFT Code of Ethics* shall spell out further details of the procedures for investigation and hearing of alleged violations not inconsistent with these Bylaw provisions.

## II. MEMBERSHIP AND MEETINGS OF THE COMMITTEE

- A. Article VII, Section B3 of the Bylaws defines the composition and terms of office of the Ethics Committee.

The Ethics Committee 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 as members. The term of office shall be two (2) years with a maximum of four terms.

- B. Article VII, Section E of the Bylaws, defines when the Ethics Committee may meet and the required notice for such meetings.
1. Meetings: Committees shall meet at such times as determined either by resolution of the Board of Directors, by resolution of the Committee with the approval of the President, or by a Committee Chair with the prior approval of the President. Meetings of Committees shall be held at the principal office of the Association or at any other place that is designated from time to time by the Board, the Committee, or the Committee Chair.
  2. Notice: Meetings of the committees 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 an approval of 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.
  3. Quorum: A majority of the committee members of each committee shall constitute a quorum of the committee for the transaction of business.
  4. Minutes: Minutes shall be kept of each meeting of any committee and shall be filed with the corporate records. The Board of Directors may adopt rules for the governance of any committee consistent with the provisions of these Bylaws.

## III. INITIATION OF COMPLAINTS

- A. The Ethics Committee shall recognize and accept written complaints received from members of the Association or non-members, or the Ethics Committee may proceed on its own initiative, as specified in Section III. D.
- B. All complaints must be in writing. Anonymous complaints shall neither be recognized nor accepted.
- C. Complaints must be signed by the complainant and accompanied by the complainant's address and other contact information.
- D. Notwithstanding the provisions specified, the Ethics Committee may proceed on its own initiative when it has been presented with sufficient information, which, if proven, would constitute a violation of the *CAMFT Code of Ethics*. For example, the Committee could proceed on information received from the CAMFT Board of Directors, another professional organization, a state licensing board, or a peer review committee. The Ethics Committee shall proceed with an investigation if directed to do so by the CAMFT Board of Directors.
- E. The Ethics Committee may, in its discretion, determine that a complaint should not be acted upon because the events complained about occurred too far in the past.

## IV. INITIAL ACTION BY EXECUTIVE DIRECTOR

Upon receipt of a complaint, the Executive Director, or his/her designee (hereafter "Executive Director"), shall determine whether the person who is the subject of the complaint is a member or applicant for membership in the Association.

- A. If the person is not a member or an 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.
- B. If the person is a member of the Association or an applicant for membership in the Association, the Executive Director shall forward a copy of the complaint to the Chair of the Ethics Committee. A letter shall be sent by the

Executive Director to the complainant acknowledging receipt of the complaint and informing the complainant that the person complained against is a member. A copy of the *CAMFT Code of Ethics* shall be included with the letter.

## V. PRELIMINARY DETERMINATION BY CHAIR OF ETHICS COMMITTEE

- A. The Chair of the Ethics Committee, or his/her designee (hereafter Chair), with the advice of Legal Counsel for the Association, shall review the complaint and determine whether it states allegations which, if proven, would constitute one or more violations of the *CAMFT Code of Ethics*. 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. When the Chair determines the complaint should not be closed, the complaint shall be referred to the full Ethics Committee. To aid in making such determinations, the Chair, with the advice of Legal Counsel for the Association, may request, in writing, clarification from the complainant.
- B. When a complaint has been referred to the Ethics Committee, the Chair shall request the complainant's permission to disclose his/her name and/or to use any evidence provided by the complainant, for the purpose of the investigation. The Chair or his or her designee shall request that the complainant agree, in writing, to waive his/her rights of confidentiality and/or psychotherapist/patient privilege in order to permit the Ethics Committee to obtain information related to the investigation from the member and/or 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 close the matter and notify the complainant in writing or refer the matter to the full Ethics Committee for its action in accordance with III (F).
- D. All correspondence to the complainant and to the member shall be marked "Confidential" or "Personal and Confidential."
- E. All actions of the Chair shall be reported to the full Ethics Committee at the next regularly scheduled meeting.

## VI. INVESTIGATION BY ETHICS COMMITTEE

- A. The Ethics Committee shall review complaints and supporting documentation/evidence to determine whether or not to investigate complaints. When the complaint warrants investigation, copies of the complaint and supporting documentation/evidence shall be sent to all members of the Ethics Committee. Investigations may be carried out by the Chair of the Committee in consultation with Legal Counsel, by the Chair's designee(s), or by the Committee. The Chair, in consultation with Legal Counsel, may act on behalf of the Committee between meetings of the Committee, to pursue investigations, and shall report such actions to the full Committee.
- B. The Chair of the Ethics Committee, in consultation with Legal Counsel, shall prepare and send a letter to the member, specifying those sections of the *CAMFT Code of Ethics* that may have been violated by the member. The letter shall inform the member of the ethical duty to cooperate with the Ethics Committee in its effort to investigate the circumstances that led to the allegations, and to provide on his/her behalf, a written statement in response to the allegations made in the complaint. The member shall be sent a copy of the *CAMFT Code of Ethics*.
- C. Investigations may be pursued by corresponding with the member and other persons involved in the dispute, or by interviewing such persons, personally or by telephone, electronic transmissions, or by any other lawful means.
- D. During the investigation stage of the proceedings, the 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.

## VII. ACTION BY THE ETHICS COMMITTEE

- A. After reviewing the complaint, the response of the member, and any other pertinent information, the Ethics Committee may make findings of a violation of the *CAMFT Code of Ethics*, close the case without a finding of a violation of the *CAMFT Code of Ethics*, hold the case in abeyance pending other action, continue the investigation, attempt to settle the case by mutual agreement, send a letter with cautions or recommendations, or recommend to the Board of Directors that the individual's membership be terminated, suspended, placed on probation, or

that other action be taken. The Ethics Committee may appropriately impose more stringent requirements upon members previously found to have violated the *CAMFT Code of Ethics*, or any other relevant professional or state code of professional conduct. 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.

- B. If the Ethics Committee decides to attempt to settle the case by mutual agreement:
1. The Committee may recommend to the member that he/she agree to the terms of a Settlement by Mutual Agreement. The terms and conditions of the Settlement by Mutual Agreement may include requiring the member to: cease and desist from specified actions, accept censure, be placed on probation and/or rehabilitation, be under supervision or monitored practice, complete education or therapy or both, agree to suspension or termination of membership in the Association, or any other terms and conditions that the Committee deems appropriate.
  2. The Settlement by Mutual Agreement shall be in writing and shall detail the specific sections of the *CAMFT Code of Ethics* that have been violated and the manner in which the agreement is to be implemented.
  3. The Committee shall supervise and oversee compliance with the Settlement by Mutual Agreement. The Committee has the final authority over the Settlement by Mutual Agreement and the meaning of the terms of the Settlement by Mutual Agreement. The Committee may alter such terms and conditions when requested by the member or as deemed necessary by the Committee with the written agreement of the member.
  4. The Agreement shall become effective and is binding as soon as it is signed by the member and the Chair of the Ethics Committee or at any other time designated in the Agreement. The Agreement shall be maintained in the Association's records.
  5. The Committee, in its sole discretion, may make a finding that the member has not complied with the terms or conditions of the Settlement by Mutual Agreement. In the event of the member's non-compliance with the Settlement by Mutual Agreement, the Committee may proceed in accordance with the provisions of the Settlement by Mutual Agreement that relate to non-compliance, or in accordance with Section D, or in any other manner not inconsistent with Section D.
  6. If no Settlement by Mutual Agreement occurs, because a settlement is offered but ultimately rejected by the member, the Ethics Committee may recommend that action be taken against the member by the Board of Directors as a result of one or more violations of the *CAMFT Code of Ethics*.
- C. When the Ethics Committee recommends that action be taken by the Board of Directors, the Ethics Committee shall give the member written notice as specified below. Notice shall be given by personal delivery or certified mail sent to the last address of the member as shown on the Association's records. The written notice shall include, at a minimum, all of the following information: 1) the findings of the Ethics Committee, 2) the final proposed action of the Ethics Committee, 3) whether such action, if adopted by the Board of Directors, would require a report pursuant to Section 805 of the Business and Professions Code, 4) that the member has a right to request a hearing on the final proposed action, and 5) that the time limit within which a hearing must be requested is thirty (30) days from receipt of notification of the final proposed action.
- D. If a hearing is not requested within forty (40) days from mailing of notification of the final proposed action, then the Committee's final proposed action shall be adopted, and the Ethics Committee Chair shall thereafter forward the final determination to the Executive Director for such further action as may be appropriate.
- E. If a hearing is requested on a timely basis, the Ethics Committee shall give the member written notice. Notice shall be given by personal delivery or certified mail sent to the last address of the member as shown on the Association's records. The written notice shall include, at a minimum, all of the following information: 1) the reasons for the final proposed action recommended, including the acts or omissions with which the member is charged, and 2) the place, time, and date of the hearing. The hearing shall be commenced within sixty (60) days after receipt of the request for a hearing.

## VIII. PROCEDURES FOR HEARINGS BEFORE BOARD OF DIRECTORS

- A. The hearing shall be conducted in accordance with the provisions of these Procedures. Should these Procedures be inconsistent with the Peer Review Fair Hearing Procedures commencing with Section 809 of the Business and Professions Code, the provisions of the Business and Profession Code shall prevail.

- B. The hearing shall be held before the Board of Directors.
- C. The Board of Directors may designate a hearing officer to preside at such hearing. If the charged member is a current member of the Board of Directors, or a Board of Directors member-elect, the Board of Directors shall designate a hearing officer who is not a current member of the Board of Directors to preside at such hearing. The hearing officer shall be a person who will gain no direct financial benefit from the outcome, shall not act as a prosecuting officer or advocate, and shall not be entitled to vote.
- D. The member shall have the option of being represented by counsel, and if counsel is desired, notice shall be given by the member at the time the hearing is requested. The costs of such attorney shall be at the member's expense.
- E. All costs of attendance for the charged member at the hearing shall be borne by the charged member.
- F. The charged member shall have the right to a reasonable opportunity to voir dire the Board of Directors and any hearing officer, if selected, and the right to challenge the impartiality of any Board Member or hearing officer.
- G. The Ethics Committee, through its Chair or his/her designee, shall present the case against the member.
- H. Continuances shall be granted upon agreement of the parties on a showing of good cause by the hearing officer or if there is no hearing officer, the President or his/her designee (hereafter President).
- I. The charged member and the Ethics Committee shall have the right to inspect and copy documentary information relevant to the charges in each other's possession or under their control. Both parties shall provide access to this information at least thirty (30) days before the hearing.
- J. The parties shall exchange lists of witnesses expected to testify and copies of all documents expected to be introduced at the hearing at least thirty (30) days before the hearing.
- K. The charged member and the Ethics Committee have the following rights:
  - 1. To be provided with all of the information made available to the Board of Directors.
  - 2. To have a record made of the proceedings at the Member's cost.
  - 3. To make opening and closing statements.
  - 4. To call, examine and cross-examine witnesses. Members of the Association have a duty to testify as to relevant information, if requested to do so by the Ethics Committee pursuant to Section 9.7 of the *Code of Ethics*.
  - 5. To present and rebut evidence determined by the President.
  - 6. To submit a written statement at the close of the hearing.
- L. All evidence, which is relevant and reliable, as determined by the President shall be admissible. The formal rules of evidence shall not apply.
- M. The Ethics Committee shall have the burden of proving the charges by a preponderance of the evidence.
- N. The decision of the Board shall be by majority vote of the Board of Directors present. Pursuant to the Bylaws, if the decision is to expel or suspend, a two-thirds (2/3) majority vote of the Board of Directors present is required.
- O. Upon completion of a hearing concerning a final proposed action, the member and the Ethics Committee shall receive a written decision of the Board of Directors within a reasonable time. Said decision shall include findings of fact and a conclusion articulating the connection between the evidence produced at the hearing and the decision reached. The written decision shall be delivered by personal delivery or certified mail sent to the last address of the member as shown on the Association's records.
- P. If no violation of the *CAMFT Code of Ethics* is found, the Board of Directors shall order that the member be cleared of all charges.
- Q. If a violation or violations of the *CAMFT Code of Ethics* is/are found, the Board shall either adopt the final proposed action recommended by the Ethics Committee or take any other action that the Board deems

appropriate, including, but not limited to, requiring him/her to cease and desist from specific actions; accept censure; probation and/or rehabilitation; supervision or monitored practice; education, therapy, or both; and/or suspension or termination of membership.

- R. There shall be no appeals from decisions of the Board of Directors, but the Board, in its discretion, may reconsider its decision upon the written request of the member.
- S. Any terms or conditions ordered by the Board shall be monitored by the Ethics Committee. Any request by the member for modification of terms or conditions shall be directed to the Ethics Committee, which shall consider and act upon the requested modifications in a reasonable time.

## IX. RESIGNATIONS AND NON-RENEWALS

If a member resigns from membership in the Association during the investigation of the complaint or at any other time during the consideration of the complaint, the Ethics Committee, at its discretion, may continue its investigation. The Executive Director shall make reports to licensing board(s) of resignations and withdrawal or abandonment of applications, pursuant to Section 805(c) of the Business and Professions Code.

## X. RECORDS AND DISCLOSURE OF INFORMATION

- A. The permanent files of the Ethics Committee shall be maintained in the principal office of the Association.
- B. All information obtained by the Ethics Committee, including Settlements by Mutual Agreement, any investigating subcommittee or designee, and all proceedings of the Ethics Committee, shall be confidential except as follows:
  1. Information may be disclosed by those investigating the complaint, or the investigating subcommittee or designee, as is necessary in order to pursue a thorough investigation.
  2. The complainant may be informed of the status and progress of the complaint and shall be notified of the conclusion of the case.
  3. The Ethics Committee may, in its discretion, authorize the Executive Director to publicize summaries of Settlements by Mutual Agreement without disclosing the name of the complainant or the charged member.
  4. When an accused member resigns his/her CAMFT membership during the course of an Ethics Committee investigation, and where the Committee determines that there has been a violation of the *CAMFT Code of Ethics*, the Association may publish the fact and circumstances of the member's resignation.
  5. Whenever the Board of Directors finds, after a hearing, that a member has not violated the *CAMFT Code of Ethics*, that fact shall be disclosed to the membership of the Association by publication in *The Therapist* only upon the written request of the cleared member.
  6. If, after a hearing, the Board of Directors finds that a member has violated the *CAMFT Code of Ethics*, the Board of Directors may do any of the following:
    - a. Disclose the ethics violation and disciplinary action to the membership of the Association.
    - b. Inform state regulatory agencies and other professional organizations, including chapters of CAMFT.
  7. The Board of Directors shall order the publication of a member's expulsion or suspension if, after a hearing by the Board of Directors, the member has been found to have violated the *CAMFT Code of Ethics*.
  8. If there is to be publication of the Board of Directors' findings and actions, it will be in *The Therapist* and shall include the member's full name, any earned degree, his/her geographical location, and the section or section(s) of the *CAMFT Code of Ethics* that was/were violated.

*Part II, The Procedures, was revised, effective December 2019. The previous revision was effective March 2011.*

*CAMFT Code of Ethics PART I (THE STANDARDS) AND PART II (THE PROCEDURES) is a publication of the California Association of Marriage and Family Therapists, headquartered in San Diego, California.*



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