

Ethics for Mental Health Professionals

Instructor: Dr. Samara C. Kezele Fritchman (LMHC, JD, PhD)

LEARNING OBJECTIVES:

Participants completing this program will be able to:

- 1) translate ethical codes from the intended purposes to clinical applications.
- 2) examine ethical obligations within the counseling profession.
- 3) identify commonly occurring ethical challenges and dilemmas in clinical practice.
- 4) interpret the necessary information/requirements for professional competence.
- 5) discuss the importance of diversity/cultural competence.
- 6) review the reasons for incorporating ethics into behavioral health practice.
- 7) define how ethics influences the decision-making process.
- 8) recognize the ability to apply useful and effective ethical-based interventions.
- 9) apply good judgment, sensitivity, and ethical guidelines to clinical practice.

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(Effective January 1, 2024)

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10. All letters of inquiry written to INR and its instructors must contain the full name, profession, physical/email address and a phone number.
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Disclaimer: These live interactive INR presentations provide continuing education for health care and mental health professionals with the understanding that each participant is responsible to utilize the information gained in an appropriate manner congruent with his/her/their scope of licenses. Furthermore, the contents of these presentations are relevant to graduate level counselors; The presenter teaching the program has an advanced degree in the mental health field.

WELCOME TO TODAY'S SEMINAR, *Samara*

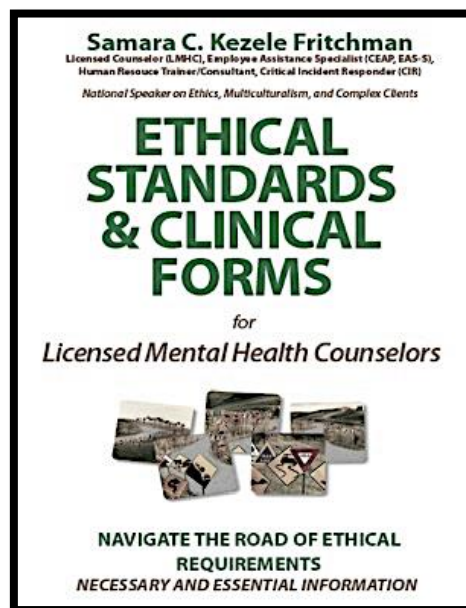
ETHICS for Mental Health/Healthcare Professionals

- ✓ Ethics are the defining quality that distinguishes individuals as professionals.
- ✓ Ethics is the process of using ethical principles in the real world of mental healthcare.
- ✓ Counselors must maintain and promote high ethical standards.

At THIS SEMINAR, even if it's your 15th ethics seminar, use the time to sort out facts from fiction, ethical issues from legal issues, and their application in your practice.

PRESENTER'S BOOK 4th edition

CONTACT INR [Bio-med] for the best price: Call 925-609-2820 Ext 219



The Presenter of the Ethics Seminar IMPARTS THE IMPORTANCE...that each attendee be guided by & knowledgeable of, your state's licensing regulations, ethical codes, state's statutes/laws, and other relevant laws that affect the counseling profession. [Always bearing in mind that these above items are periodically revised, amended or new laws passed] and knowledgeable as to how they apply to your specific licensing and clinical practices in order to make the most appropriate ethical (and legal) decisions. It is every counselor's responsibility to do due process [consult with colleagues, relevant agencies, and attorneys] to best assess any situation that requires, or is ambiguous, regarding appropriate actions.

ETHICS: TODAY'S SEMINAR - IMPORTANT INFORMATION - Please Review

- **The seminar *Ethics for Mental Health Professionals* is a graduate level required seminar for licensed professional counselors of all disciplines. This course follows the Codes of Ethics established by APA, MFT, CRCC, ACA, NBCC, AAMFT, and NASW, (List of associations is not exhaustive) allowing participants to examine how ethical principles apply to clinical practice.**
- **The following syllabus outlines the seminar and sets forth a timetable. It is possible, although not likely, that the instructor will amend the time spent on each slide and overall timetable during the seminar, in response to questions on a specific topic by the majority.**
- ***Presenter respectfully asks participants who work in specific, less common, situations to realize that ethics/laws relevant to the majority may not be relevant in their situation. The speaker recognizes this too. Please talk with the speaker to clarify your particular situational concerns, as the overall presentation needs to meet the majority relevancies and specifics.***
- This course will address professional, ethical and legal issues that affect the practice of counseling.
- The course is designed to review, discuss, and evaluate situational ethics and connecting the realities of the practice of counseling.

Please Note

The words “Counselor” or “Practitioner” are used in text, on Power Point slides, and verbally. These words respectfully refers to all licensed/certified professionals from all disciplines in the mental health/behavioral health fields attending today.

The words “Client” and “Patient” are used interchangeable to denote those we serve.

IF YOU HAVE a question, need clarification, have an ethical dilemma, or clinical practice concern contact Samara.

- GO TO MY WEBSITE: www.samdia.com and click on the **CONTACT** tab. Be brief in the description of your question; I will call you back for details and dialog.



Contact me at any time in the future.

WELCOME TO:
Ethics & Legal Issues for Mental Health Professionals



Presents a Live Interactive Webinar:

**Ethics For Mental
Health Professionals
– Essential Ethical & Legal Issues –**

WELCOME!

Thank you for
attending...
Samara C Kezele

Fritchman
CEAP, LMHC, CCTP, PhD, EJD

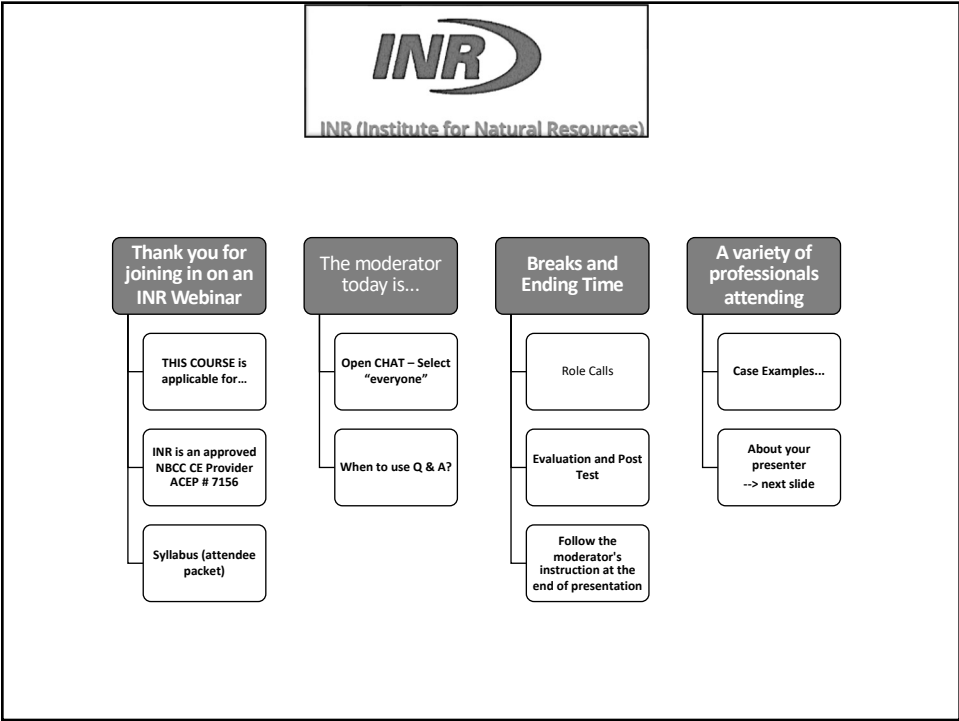
Disclaimer:

These live interactive INR presentations provide continuing education for health care and mental health professionals.

Students understand that each participant is responsible to know their practice limitations and utilize the information gained from the presentation in a responsible and appropriate manner congruent with his/her/their scope of licenses.

WELCOME TO:
Ethics & Legal Issues for Mental Health Professionals

- **Ethics is not based on whether we feel something is right or wrong.**
- **Ethics is also not solely the purview of a religion or religious beliefs.**
- **Being ethical does not always entail abiding by the letter of the law**
- **Ethics is about rules and regulations, values, moral principles, rules of conduct**



Fritchman Enterprises

www.samdia.com

Kyle Fritchman, Owner
Samara Claudia Kezele Fritchman

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Kyle Fritchman / Samara Claudia Kezele Fritchman

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-CE Seminars/Webinars: for Mental Health Counselors (LMHC, MFT, LSW, et al) & Healthcare Professionals (MT, OT, PT, ARNP, PA et al)

-EAP Services: Designed for Non-profits 501C Organizations

-Special Events: Keynotes and Motivational Speaker for companies, corporations, schools, colleges, places of worship, government agencies, conferences, trade shows, summits, community organizations, and similar environments/events.




KYLE J. FRITCHMAN


Owner, Fritchman Enterprises

Technology Trainer

Kyle has a Bachelor of Science (BS) in Computer Engineering and Systems and three Associate of Science degrees in Computer and Electrical Engineering, Physics, and Mechanical Engineering. He is proficient in numerous programming competencies.



For complete CAREER DETAILS for Kyle

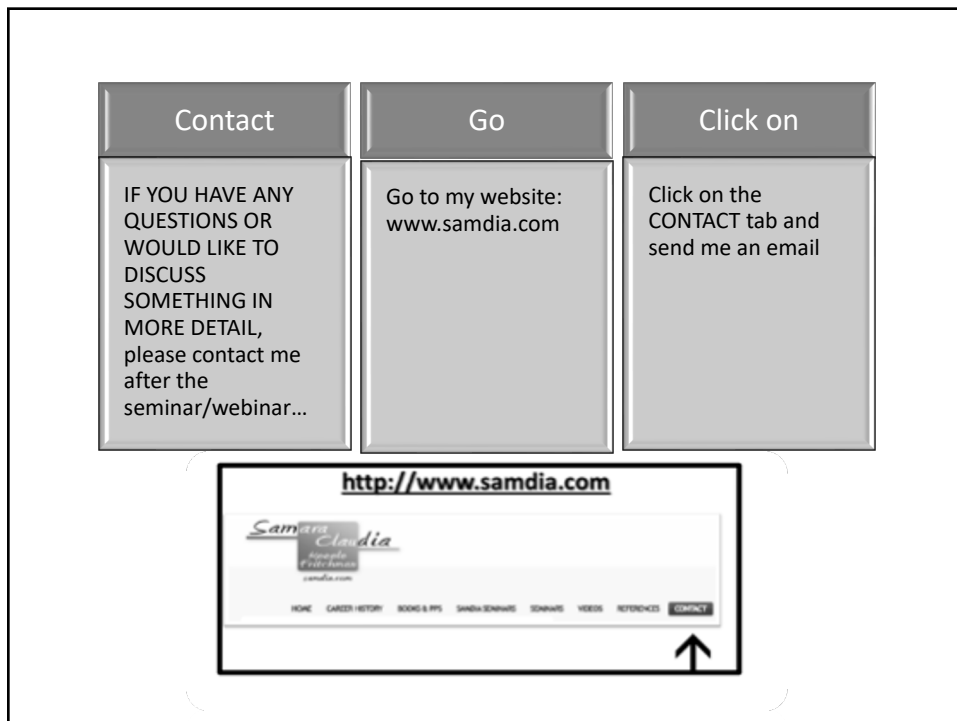


SAMARA CLAUDIA KEZELE FRITCHMAN

Licensed Therapist, HR Trainer/Consultant, EAP Specialist, Clinical Trauma Professional, CE/Clock Hour Training/National Presenter, Keynote & Motivational Speaker, Improv-Comedy-Musical Performer/Host

Samara has 40+ years of experience working with all levels of staff spanning a variety of job classifications, ethnic backgrounds, and educational levels within a wide variety of industries providing consulting, counseling and professional development training, continuing education presentation, keynote services. She has been a speaker and seminar presenter for years, Nationally since 2006.

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ETHICS – FOUNDATIONS

ETHICS CODES AND COMPETENCE

STATES HAVE A SPECIFIC LICENSING REQUIREMENT:

- Demonstrate Competence
(education/internship/pass exam)

COMPETENCY: A learned capability

SCOPE OF PRACTICE: School/Type of Therapy

STANDARD OF CARE: Staying within competency/scope

- *If your Standard of Care is called into question, your competency is determined by comparison – you will be compared to other “like” colleagues.*

ACA CODE of ETHICS: **C.1.** Knowledge of and Compliance With Standards:

C.2. Professional Competence; **C.2.a.** Boundaries of Competence

ETHICS – FOUNDATIONS

MORAL PRINCIPLES / CORNERSTONES OF ETHICS

1. **Autonomy** – *Promote/encourage independent decision-making; respect clients' self-determination*
2. **Fidelity** – *A trusting therapeutic environment*
3. **Doing "Good"** – *Fosters welfare/growth of clients*
4. **Do "No Harm"** – *Do not harm clients*
5. **Justice** – *Fairness in professional relationships*

The formal meaning of JUSTICE: *"Treating equals, equally, and treating unequals, unequally, but in proportion to their relevant differences"*

CORNERSTONES OF ETHICS

- 1) *Do NO Harm*
- 2) *Do NOT Exploit Clients*
- 3) *Do NOT Counsel if your JUDGMENT is IMPAIRED*

ETHICS – FOUNDATIONS

ETHICAL STANDARDS and CONFIDENTIALITY

CONFIDENTIALITY is BASED ON 4 Common Law PRINCIPLES

1. **Autonomy** = Client's self-determination **RE:** self-disclosure
 2. **Privacy** = Respect for client's intimate secrets
 3. **Pledge of Silence** = Protect client's secrets
 4. **Utility** = Confidentiality in therapy is useful to society and society relinquishes its right to certain information and accepts the risk of not knowing some problems in exchange for its members of society to improve their mental health.
- ✓ **Common law:** Unwritten law, based on custom or court decisions, as distinct from statute law. Court-made or Judge-made law.

****THIS APPLIES ONLY TO "MENTAL" HEALTHCARE PROFESSION****

DUTY TO THE CLIENTS

FIDUCIARY DUTY: A "Fiduciary Relationship" is a professional relationship that is based on trust.

- You act in the client's best interest
- The term: "**EXTRATHERAPEUTIC**" means **actions of self-interest** *[that are harmful, exploitive and judgement impairing]*

**ALWAYS RESPECT AND DO NOT MISUSE YOUR
"POWER DIFFERENTIATION or INFLUENTIAL POSITION"**

- Privacy:** A right to decide time, place, manner, and extent of self-disclosure.
- Confidentiality:** The bedrock of therapy (common law) owed to clients
- Privilege:** A legal concept

WEBSITE

www.samdia.com

VS.

WEB PAGE

A specific web PAGE that you can access. You will be given this "specific" web page address in a few slides, so you can access this page.

ETHICS, LAW AND ENFORCEMENT

MORAL DISENGAGEMENT...involves a process of cognitive restructuring or re-framing of destructive behavior as being morally acceptable.

In the theory of "morality" self-regulatory mechanisms are embedded in moral standards and self-sanctions and translate moral reasoning into actions, and, as a result, moral agency is exerted.

THREE PATHOGENIC REALMS SEEN IN PSYCHOPATHIC BEHAVIOR

- Persistent disregard for client's emotional needs
- There is an inability to delay gratification
- And a profound sense of entitlement

ETHICS, LAW AND ENFORCEMENT

STATE CODES SUMMARIZE PRINCIPLES & SOCIALIZES COUNSELORS TO THE PROFESSION

- If there is legal action against a counselor, they look at competence/incompetence: 1) Improper or inadequate assessments; 2) Treatment plans that are inconsistent with diagnosis; 3) Interventions used that are outside your scope or competence 4) Inadequate records

Codes are used as a measure of:

A complaint's validity / A professional's competence

Investigations (Administrative Due Process)

The appropriateness of regulatory board's actions

INFORMED CONSENT

THE ESSENCE OF INFORMED CONSENT is designed to anticipate questions of reasonable clients yielding a “CULTURE OF SAFETY”

- Consent must be given voluntarily.
- The client must be competent (legally as well as cognitively/emotionally) to give consent.
- We must actively ensure the client's understanding of what she or he is agreeing to.
- The information shared and all that is agreed to must be documented.

Reasonable = having sound judgment; fair and sensible. as much as is appropriate or fair; moderate.

FINANCIAL ARRANGEMENTS are a requirement of INFORMED CONSENT

CHECKING Validity of Informed Consent CONSENT: “CHECKING Client UNDERSTANDING”

This sample is on WEB PAGE

[Counselor's Name/Name of Practice] [Address] [Phone Number]

Checking keys points of INFORMED CONSENT

THIS IS A SAMPLE/LEGAL ADVICE IS NOT BEING GIVEN/THESE ARE SUGGESTIONS

You [client] have the right to privacy, a right to decide the time/place/extent of self-disclosure and to be a participant in the treatment/therapy process.

Your relationship with your counselor is professional in nature. It is your counselor's responsibility to ensure an atmosphere of safety for you. To protect your privacy when paths cross in the community, there will be no discussion(s) of the clinical relationship/work. Those discussions occur only in the therapeutic setting.

Counseling deals with private aspects of your life and with difficult and emotional issues. There may be a time when you feel confused or troubled by something that occurs during counseling. You are encouraged to talk about this with me [your counselor].

The approaches I generally use include: (IE: COGNITIVE- BEHAVIORAL THERAPY, AND FAMILY SYSTEMS).

Typically, therapy begins with an assessment that identifies your unique needs, your goals, as well as your strengths and resources.”

Counseling can be beneficial, but as with any treatment, there are risks. It may result in reduced feelings of emotional distress, and specific problem solving.

I cannot guarantee these benefits, of course, but it is my goal is to create a safe space where together we develop a treatment plan, and therapeutically work toward

There are several reasons why the counseling relationship can be brought to completion, to address a few: Client is not benefiting from counseling; Client needs a higher level of care; the Counseling is, or comes to be, outside the clinician's scope of work, Client requests another counseling intervention outside the clinician's scope of work.

You can bring counseling to completion by your own choice or I can bring counseling to a conclusion based my professional clinical judgement. If your treatment needs are outside my scope of practice, or to manage or prevent conflicts of interest, you may be referred to another provider(s).

PAGE 1 of 2: Checking keys points of INFORMED CONSENT

ON
WEB
PAGE

CONSENT: Checking Client Understanding
Key item to verbalize and discuss with client

✓ CONSENT-CHECKING UNDERSTANDING Sample

CONSENT: CHECKING Client UNDERSTANDING

Counselors should check on a client's understanding of "key elements" of informed consent by verbal discussion.

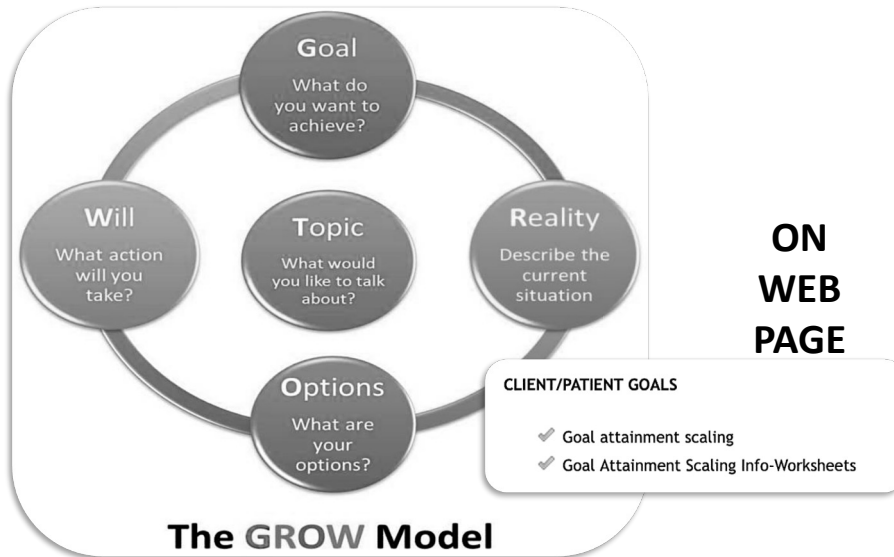
1. **PATIENT [CLIENT] RIGHTS:** *"You [client] have the right to privacy, a right to decide the time/place/extent of self-disclosure and to be a participant in the treatment/therapy process."*
2. **ETHICAL CONCERNS:** *"Your relationship with your counselor is professional in nature. It is your counselor's responsibility to ensure an atmosphere of safety for you. To protect your privacy when paths cross in the community, there will be no discussion(s) of the clinical relationship/work. Those discussions occur only in the therapeutic setting."*

CONSENT: CHECKING Client UNDERSTANDING

Counselors should check on a client's understanding of "key elements" of informed consent by verbal discussion.

3. **ABOUT COUNSELING:** *"The approaches I generally use include: (IE: COGNITIVE-BEHAVIORAL THERAPY, AND FAMILY SYSTEMS). "Typically, therapy begins with an assessment that identifies your unique needs, your goals, as well as your strengths and resources."*
4. **BENEFITS and RISKS/CHALLENGES OF COUNSELING:** *"There are risks; there are benefits, counseling may not provide what you're hoping for, but there are other options to try. I cannot guarantee benefits, of course, but it is my goal is to create a safe environment where together we develop a treatment plan, and therapeutically work toward your goals."*

GOAL ATTAINMENT SCALING



<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7907701/>

CONSENT: CHECKING Client UNDERSTANDING

Counselors should check on a client's understanding of "key elements" of informed consent by verbal discussion.

5. CONCLUSION/COMPLETION/REFERRAL (TERMINATION)

- "There are several reasons why the counseling relationship can be brought to completion, to address a few..."
- "You can bring counseling to completion by your own choice, or I can bring counseling to a conclusion based my professional clinical judgement. If your treatment needs are outside my scope of practice, or to manage or prevent conflicts of interest, you may be referred to another provider(s)."
- "If in my clinical judgement the counseling relationship or the culture of safety has been affected due to [conflict of interest, rural area issues, etc.], I will assist you with other counseling options; acting ethically in your best interests."

CONSENT: TERMINATION CONSIDERATIONS Additional Info for you

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TERMINATION (Conclusion/Completion/Referral/Abandonment)

- ✓ ETHICS AND ENDING SERVICES
- ✓ DISCONTINUING SERVICES
- ✓ REFERRING CLIENTS - ACA Guidelines
- ✓ TERMINATION AND PRE-TERMINATION COUNSELING
- ✓ TERMINATION DUE TO COUNSELOR VARIABLES
- ✓ TERMINATION-INTERRUPTIONS-TRANSFER
- ✓ TERMINATIONS AND ABANDONMENT CONCERNS
- ✓ TERMINATIONS AND REFERRALS
- ✓ TERMINATIONS SAMPLE LETTERS
- ✓ TREATMENT SETTING and LEVELS of CARE

CONSENT: CHECKING Client UNDERSTANDING

6. LIMITS OF CONFIDENTIALITY

“Your treatment is confidential. I enter information into your record that reflects relevant clinical interactions. The Privacy Practices Notice gives more detail about your rights to confidentiality. In most circumstances, information in your records can be released only if you specifically authorize it in writing.”

However, in the following situations your confidential information may be released to others without your consent:

- *“I am required by law to report information about child abuse/neglect or elder abuse/neglect, which includes vulnerable adults of all ages.”*

CONSENT: CHECKING Client UNDERSTANDING

6. LIMITS OF CONFIDENTIALITY

- *“If you threaten to harm yourself or someone else, and I believe your threat to be serious, I am required by law to take whatever actions necessary to protect you or others from harm.”*
- **OPTIONAL:** *“If you are involved in litigations, I may be required to disclose your health information if a court issues an appropriate order.”*

And verbalize any additional limits of confidentiality that are related to your work setting or client population.

FEES & FINANCIAL ARRANGEMENTS

FEES: Informed consent includes a signed “Financial Agreement”

Clarify in the financial arrangement:

1. Understand the requirements for the insurance panel you are on. Check for cash pay limitations.
2. Private pay practices have more freedom with less restrictions. **No Surprise Act of 2022**

BARTERING: Often relevant to certain communities, geographical areas and/or cultures, etc.

PRO BONO: ACA CODE of ETHICS: Section C – Counselors are encouraged to contribute to society by devoting a portion of their professional activity to services for which there is little or no financial return (*pro bono publico*).

PAYMENT METHODS and HIPAA COMPLIANCE

What Are HIPAA Compliant Payment Methods?

HIPAA compliant payment methods are those that meet HIPAA Privacy and Security Rule requirements.

There are two key factors to consider when determining whether a payment method is HIPAA compliant.

To be considered HIPAA compliant, payment methods and their software must:

1. Ensure the confidentiality, integrity, and availability of the electronically protected health information (ePHI) transmitted and stored in their software.
2. Sign a business associate agreement with their healthcare clients.

DOCUMENTATION /FEES / RECORDS?HIPAA

DOCUMENTATION / FEES / RECORDS

- ✓ APA Recordkeeping Guidelines
- ✓ ACCESS to Health Records FACTSHEET
- ✓ Credit Card on File SAMPLE
- ✓ Disclosure of Fees SAMPLE
- ✓ DOCUMENTATION CHECKLIST
- ✓ Documenting EMAIL-TEXTS from client
- ✓ FACEBOOK GROUP Clinical Documentation for Psychotherapists
- ✓ GOOD FAITH-NO SURPRISE ACT -Info and Forms 2022
- ✓ GOOD FAITH-NO SURPRISE ACT Overview 2022
- ✓ LEGALITIES Cash Pay Pricing When Still In Network
- ✓ PHONE-EMAIL-TEXT Contact FORM
- ✓ PROS and CONS of Accepting Insurance
- ✓ RECORD RETENTION for Medical Records
- ✓ QUESTIONS Insurance or Private Pay
- ✓ SQUARE PAYMENTS ARE HIPAA COMPLAINT
- ✓ Request for DCYF Children Records (WA SATE)
- ✓ Child Abuse and Neglect CAN History Checks (WA STATE)

HIPAA

- ✓ HIPAA-BUSINESS ASSOCIATE AGREEMENT Sample
- ✓ HIPAA-Compliance-Checklist
- ✓ HIPAA-PRIVACY PRACTICES NOTICE (HHS/HIPAA)
- ✓ HIPAA TPO (Treatment-Payment-Operations) Allowable Disclosures
- ✓ HIPAA-HITRUST (CSF) Electronic Compliance Certificate

HIPAA Answers to common questions

DOCUMENT SAMPLES mentioned in TODAY'S PRESENTATION

HIPAA-CONSENT-FEES

- ✓ HIPAA-BUSINESS ASSOCIATE AGREEMENT Sample
- ✓ HIPAA-Compliance-Checklist

ON
WEB
PAGE

TECHNOLOGY AND HIPAA

HIPAA's: Disclosures for Treatment, Payment, & healthcare Operations (TPO) do NOT require client/patient authorization (45 C.F.R. § 164.512).

→ See WEB PAGE for more info. ON HIPAA "TPO"/DISCLOSURES

HIPAA Security Rule mandates that there must be access controls, audit controls, and encryption securing protected health information (PHI). Generally, these are not available with traditional texting and emailing platforms.

"Health Information Technology for Economic and Clinical Health" = **HITECH** issues "HITRUST CSF Certification" on electronic programs, tools, storage that is certified HIPAA compliant.

TECHNOLOGY AND HEALTHCARE

"BUSINESS ASSOCIATE" (BA) is a person/entity that performs certain functions or activities that involve the use or disclosure of (PHI) Protected Health Information on behalf of, or provides services to, a covered entity.

An employee of a covered entity's workforce is NOT a BA.

→ See WEB PAGE for BUSINESS ASSOCIATE AGREEMENT

TECHNOLOGY and HIPAA COMPLIANCE

- CELL PHONE USE
- TEXTING
- EMAILS
- SOCIAL MEDIA

SOCIAL MEDIA INFO. - TECHNOLOGY - POLICY SAMPLES

- ✓ CHART-Social-Media
- ✓ Electronic Comm and Social Media Policy SAMPLE
- ✓ HIPAA complaint Email
- ✓ SPRUCE Secure HIPAA Complaint Call-Text-Fax-Message
- ✓ SOCIAL MEDIA

**ON
WEB
PAGE**

TECHNOLOGY AND HEALTHCARE

DISTANCE COUNSELING

Laws and Statutes which apply in YOUR STATE may not apply in another state. Check with your state's licensing board.

- Licensing Boards: They can provide guidance and direction as to your license and your ability to counsel online with clients outside the state you're licensed in.

Google → "HIPAA approved online/telehealth services"

ONLINE COUNSELING SESSIONS:

If you're doing ONLINE COUNSELING through your employment/employer it's their system and their responsibility for policy and procedures and security.

- If you are offering online counseling as a private practitioner, use a PLATFORM designed for online therapy.

TELEHEALTH

PSYPACT is an interstate legislation that contracts for a specific amount of time (like during COVID) or provides for cross-state-lines online therapy.

Cross-state licensing specifically refers to allowing professionals to provide telehealth care to a client in a neighboring state in which he or she is not licensed.

- *This would allow professionals to practice across state lines without obtaining a full license in each state where clients or patients are located.*

TELECOUNSELING

- ✓ TeleMental Health Laws
- ✓ CYBER or TELETHERAPY
- ✓ ONLINE COUNSELING
- ✓ ETherapy and Social Media
- ✓ Telemental Health Laws FREE APP
- ✓ PSYPACT to Counsel Across Statelines

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RECORDS

ACA CODE OF ETHICS: H.5. Records

→ Records should reflect clinician's competence:

- Decision-making ability, Capacity to weigh available options, Rational for treatment selection, Knowledge of clinically, ethically and legally relevant matters.

→ Document special occurrences

- Important telephone calls, Emergencies, Dangerousness, Mandated and other reporting, Consultations, Testing, Referrals, Contact with family members (*to name a few key ones*)

Keep records that are:

1. CLINICALLY RELEVANT
2. CONSISTENT FORMAT
3. CHRONOLOGICAL WITH CLIENT CONTACT

DOCUMENTATION / FEES / RECORDS

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DOCUMENTATION / FEES / RECORDS

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 - ✓ Child Abuse and Neglect CAN History Checks (WA STATE)

RECORDS: Documentation Checklist ON WEB PAGE

	YES.	No
<i>Documentation Policies</i>		
Does your organization have written policies that delineate documentation expectations for healthcare providers and staff members?	<input type="checkbox"/>	<input type="checkbox"/>
Do documentation policies:		
• Specify requirements related to documentation format, content, review, and signoff?	<input type="checkbox"/>	<input type="checkbox"/>
• Include information about accountability and responsibility for various types of documentation?	<input type="checkbox"/>	<input type="checkbox"/>
• Contain detailed guidance about alteration of patient health records, including how to appropriately amend a record and guidance for when alteration is prohibited?	<input type="checkbox"/>	<input type="checkbox"/>
• Strictly prohibit negative, judgmental, or subjective comments about patients and their families in health records and other forms of documentation?	<input type="checkbox"/>	<input type="checkbox"/>

RECORDS: PSYCHOTHERAPY NOTES

PSYCHOTHERAPY NOTES are your “Scratch notes” you take during a session, and they are the only Psychotherapy Notes that are protected from disclosure by HIPAA.

If you take **SCRATCH NOTES** during session and choose to keep them separate from the client’s chart... then the scratch notes “BECOME” Psychotherapy Notes.

EXCLUDED from the definition of “psychotherapy notes” are:

Documentation of counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, medication prescription and monitoring, and any summary of the following items:
Diagnosis, functional status, the treatment plan, symptoms, prognosis, progress to date.

ASSESSMENTS

ASSESSMENTS

- ✓ A LISTING OF ASSESSMENT TOOLS and SCALES
- ✓ APA-DSM5TR-WHODAS2 (Replace GAF)
- ✓ APA-WHODAS 2.0 PPs
- ✓ DSM-5-TR ASSESSMENT MEASURES-APA.ORG
- ✓ DSM5 (TR) CFI-CULTURAL INTERVIEW
- ✓ DSM5 (TR) CFI-CULTURAL INTERVIEW Informant Version
- ✓ DSM5 (TR) CFI Supplementary modules
- ✓ CULTURAL FORMULATION INTERVIEW Link
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- ✓ SUICIDE SAFETY PLAN – TEMPLATE
- ✓ SUICIDE SAFETY PLAN – TEMPLATE-1
- ✓ Therapy Aids DOWNLOADABLE FORMS A-Z
- ✓ WORKSHEET-Mental Health Maintenance Plan
- ✓ WORKSHEET-Identifying TRIGGERS

✓ Mental Health Assessment 75 Plus Scales

ASSESSMENTS: Misc. Info

- ✓ ASSESSMENT BIOGRAPHICAL QUESTIONNAIRE
- ✓ ASSESSMENT CULTURE
- ✓ ASSESSMENTS INCLUDE
- ✓ ASSESSMENTS INFORMATION
- ✓ ASSESSMENT INTERVIEWS CAN COVER
- ✓ ASSESSMENT Screening vs. Assessment
- ✓ ASSESSMENTS-RESOURCES for Mental Health

ON
WEB
PAGE

ASSESSMENTS

ACA CODE of ETHICS: E.3. Informed Consent in Assessment:
E.3.a. *Explanation to Clients Prior to assessment in terms and language that the client can understand. Counselors promote the well-being of individual clients or groups of clients by developing and **using appropriate** educational, mental health, psychological, testing, and career assessments.*

- **A MENTAL HEALTH ASSESSMENT is designed to diagnose** mental health conditions such as anxiety, depression, et al...
 - **SCREENING TOOLS** identify the possible presence of certain problems.
 - **ASSESSMENT TOOLS** tend to focus on determining the presence of a specific disorder, as well as its nature and severity.

SEE WEB PAGE: DSM5 and ICD-11 Assessment Tools

DSM-5-TR ASSESSMENT TOOLS

Link
ON
WEB
PAGE

✓ LINKS DSM5TR Assessments and Misc Info (PDF)

DSM-5-TR Online Assessment Measures

GOOGLE the words:
DSM Psychiatry
→ This search result
will come up

ONLINE at
www.psychiatry.org/dsm5



You are here: Psychiatrists → Practice → DSM → Educational Resources → DSM-5-TR Online Assessment Measures

Educational Resources

- DSM-5-TR Fact Sheets
- DSM-5-TR Online Assessment Measures**
 -
- DSM-5 Fact Sheets
- DSM-5 Online Assessment Measures

For further clinical evaluation and research, the APA is offering a number of "emerging measures" in Section III of DSM-5-TR. These patient assessment measures were developed to be administered at the initial patient interview and to monitor treatment progress, thus serving to advance the use of initial symptomatic status and patient reported outcome (PRO) information, as well as the use of "anchored" severity assessment instruments. Instructions, scoring information, and interpretation guidelines are included. Clinicians and researchers may provide APA with further data on the instruments' usefulness in characterizing patient status and improving patient care.

DIAGNOSIS

ACA CODE of ETHICS: E.5. Diagnosis of Mental Disorders: Counselors take special care to provide proper diagnosis of mental disorders. **E.5.c. Historical and Social Prejudices**
A definition of a mental health disorder suggests the defining features:

A behavioral or psychological syndrome or pattern that occurs in an individual; the consequences creating clinically significant distress or disability; not merely an expectable response to common stressors and losses; reflects an underlying psychobiological dysfunction; is not solely a result of social conflicts; has diagnostic validity using one or more sets of diagnostic validators; and has clinical utility.

- **DSM5-TR CONSIDERATIONS:** A diagnoses is respectful of cultural idiosyncratic behaviors; culturally sanctioned behavior.
- **DIAGNOSTIC ERRORS [IOM]:** "The failure to (a) establish an accurate and timely explanation of the patient's health problems or (b) communicate that explanation to the patient."

DIAGNOSIS

ON
WEB
PAGE

DIAGNOSIS: DSM5 [DSM5-TR] and ICD-11 CLINICAL TOOLS

- ✓ APA-Publishing-DSM-5-TR-RESOURCES
- ✓ FORM DSM5 (TR) Cultural Formulation Interview
- ✓ FORM DSM5 (TR) CFI Supplementary modules
- ✓ DSM-5-TR ASSESSMENT MEASURES-APA.ORG
- ✓ DSM-5-TR Changes and Additions FACT SHEETS
- ✓ Facts About DSM 5 TR
- ✓ FORMS DSM5 (TR) Assessment Tools
- ✓ FORMS Composite International Diagnostic Interviews ICD11

TREATMENT/INTERVENTIONS

ACA CODE of ETHICS: C.7. Treatment Modalities; C.7.a. Scientific:
Counselors need to have a rationale for treatments & procedures that are grounded in established theory, having a supporting research base.

ACA CODE of ETHICS: C.7. Treatment Modalities C.7.b. Development and Innovation: C.7.c. Harmful Practices: *Counselors do not use techniques/procedures/modalities when substantial evidence suggests harm, even if such services are requested.*

**ASSESSMENTS AND DIAGNOSIS SUPPORTS TREATMENT
THERAPY APPROACHES FALL INTO WHICH CATEGORIES
MODALITIES/TREATMENTS/INTERVENTIONS**

- 1. Majority and Common**
- 2. Respected and Accepted**
3. *Novel, Innovative or Developing in Nature (NEXT SLIDE)*

TREATMENT/INTERVENTIONS

3. Novel, Innovative and Developing in Nature

In this arena, counselors (in the consent form) must define techniques and/or procedures as novel, innovative, or developing in nature and explain such techniques and procedures and take steps to protect clients from possible harm.

CULTURE CAN BE AN EXCEPTION: Especially working with clients within their faith and belief system(s).

BEST APPROACH WHEN WORKING WITH CLIENTS WHO HOLD CULTURAL OR SPIRITUAL BELIEFS:

- Client-centered therapy is a counseling approach that requires the client to take an active role in their treatment with the therapist being nondirective and supportive.

CLINICAL RELATIONSHIPS: Self-disclosure

The “therapeutic relationship” is the unsung hero of growth and recovery.

SELF-DISCLOSURE: It can show authenticity, transparency and trust; but it isn’t always therapeutic.

- **Intentional inappropriate self-disclosures** is done for the benefit of the counselor and is clinically counter-indicated.

FOUR TYPES of SELF-DISCLOSURE:

1. **Deliberate** (You make the choice)
2. **Unavoidable/Incidental**
(How you dress, jewelry, décor in office, etc.)
3. **Accidental** (You run into a client)
4. **Digital Self-Disclosure** (Clients Google you)

CLINICAL RELATIONSHIPS: Conflicts of Interest

CONFLICTS OF INTEREST:

Counselors should always remain alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment.

A “**Conflict of Interest**” (COI) occurs when an individual/entity is involved in multiple interests, one of which could possibly corrupt their motivation to act appropriately for the other party and cause them to act in their own interests so that they benefit materially, sexually, personally, politically. etc.

REMEMBER THE CORNERSTONES OF ETHICS: *Do NOT continue counseling if your judgment is impaired, do NOT harm and exploit clients.*

WHAT TO DO IF A CONFLICT OF INTEREST GOES WRONG:

- Consult and monitor the situation
- Document adequately and honestly relevant information

DUAL/MULTIPLE RELATIONS

ACA F.1: *If multiple roles aren't reasonably expected to harm or exploit the client, or impair the counselor's judgment, then it's not necessarily unethical.*

DUAL or MULTIPLE RELATIONSHIP ARE NOT UNCOMMON...

Dual Relationships can be common, even unavoidable and standard in many settings: Rural and Small Communities, Common Activities in the community, Rehabilitation and Drug Programs (ex: AA), Sports Psychology, Spiritual/Faith Communities, Educational and Training Institutions, Military Bases, Hospital Settings, Prisons, Detention Facilities, Places of Employment, etc.

BEFORE ESTABLISHING A DUAL RELATIONSHIP

- Strongly consider the person/client and the situation

DUAL/MULTIPLE RELATIONS

REMEMBER: culture, geographical areas, and the type of therapy provided, the context of the therapy influences 1) clinical boundaries 2) contact with clients outside of therapy and 3) gifts and hugs and other socially acceptable forms of touch

CONSIDER THE CLINICAL APPROPRIATENESS OF:

Attendance at client's significant events

ACA CODE of ETHICS: Section A: The Counseling

Relationship: A.6.b. Extending Counseling Boundaries:

Attendance at a significant event in the client's life is permissible, lawful, and ethical – if handled appropriately. Counselors should thus feel free to respectfully decline an invitation.

DUAL/MULTIPLE RELATIONS

Gifts — from Clients

ACA CODE of ETHICS: Section A: The Counseling

Relationship: A.10.f. Receiving Gifts: Do not accept gift cards;

Giving a gift is an ancient and universal way to express gratitude and appreciation; A counselor's hesitation, uneasiness or refusal to accept appropriate gifts can be experienced negatively

Hugs

Don't imitate a hug; respond to it. If you have a strict "no hug" policy—please verbalize this with new clients.

"We are allowed to be human with our clients and do not have to treat them like they are so disordered as to not be able to engage in a common custom and practice."

BOUNDARY VIOLATIONS

Violations (Malpractice/Negligence) are any deviations from the standards of the profession that exploits, and/or harms the client, and impairs the counselor's judgement.

- Boundary violations can potentially follow clinical "boundary crossings/extending therapeutic boundaries" because of the gained increased familiarity.
- **Boundary violations involve a counselor's self-interest** at the expense of the client's best interest.

When it comes to **BOUNDARY VIOLATIONS**, the **client's ability to consent is always questioned** because of the respective roles, and the COUNSELOR'S INFLUENTIAL POSITION and positional POWER DIFFERENTIATION.

CHARTS-State by State

- ✓ Child Abuse Mandatory Reporting Statutes
- ✓ Child Abuse Reporting Numbers
- ✓ Child Abuse Reporting After Hrs & Weekends
- ✓ Consensual Sex
- ✓ Disclosure of PHI -Authorization
- ✓ Disclosure Laws
- ✓ DUTY TO WARN
- ✓ ELDER ABUSE
- ✓ Elder Abuse Mandatory Reporting Statutes
- ✓ Elder Abuse Resources
- ✓ Federal Sexing Laws
- ✓ MINORS and CONSENT-Guttmacher
- ✓ MINORS and RIGHTS to CONFIDENTIALITY
- ✓ COMMITMENT RULES
- ✓ Involuntary Commitment
- ✓ INVOLUNTARY COMMITMENT Standards
- ✓ TYPES of LICENSING for mental health
- ✓ Types of Licensure for Counselors
- ✓ Marriage Age Requirements
- ✓ Parity Laws
- ✓ Statutory Rape Laws
- ✓ TeleMental Health Laws

ON WEB PAGE

TESTIFYING

- ✓ Testifying in Court or at a Deposition
- ✓ Tips for Testifying in Court

SEARCH for LAWS-CODES-STATUTES by State

- ✓ CAMPUS SaVE Act—RE Sexual Assaults on Campus
- ✓ CASE-Volk v DeMeerleer-Duty to Warn
- ✓ CHART Womens Law
- ✓ Dept of Justice Archives
- ✓ Federal Sexting Laws
- ✓ HIPAA Security Risk Assessment MANUAL
- ✓ JUST LAWS by State
- ✓ LAWS-CODES-STATUTES Search by State
- ✓ Patients Rights Act -Written 1993
- ✓ Patient Rights Act-Medicare Rights Compared
- ✓ RESEARCH YOUR STATE for Laws-Regulations
- ✓ STATE LAWS DATABASE
- ✓ WEB SEARCHES-Key Word Suggestion

THERAPEUTIC WORK: Couples & Families

MORE THAN ONE PERSON IN SESSION

- Who is the client? What about confidentiality, records, and termination considerations?

Sample WORDING for CONSENT: *“The counselor remains the **ARBITRATOR** regarding whether information shared individually needs to be shared collectively”*

- Clinicians may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately

FORENSIC COUNSELOR is an **EXPERT WITNESS**

CLINICAL COUNSELOR is a **WITNESS OF FACT**

THERAPEUTIC WORK: Minors

ALL OF THESE COME INTO PLAY:

Legalities: Who has custody? Legal Sole/Joint Custody, Court Appointed Legal Representative, CPS Appointed

NOTE: Geriatric Population share many of the same legal concerns (Durable Power of atty; guardian ad Litem, etc.)

Parental rights to access records (often is limited; needs to be clarified in the consent form)

Minor consenting without parental involvement

When can a counselor treat or provide other services to a minor without the knowledge or consent of either parent?
It can be complex, and it is best to leave this to the agencies that assist minors.

WEB PAGE: Guttmacher.org [minors & consent]

GOOGLE: *[your state] minors and consent for mental healthcare*

PAST CRIMES

MANDATORY REPORTING vs UTILITY in CONFIDENTIALITY

Mandatory Reporting: applies to threats of future physical harm

(Child/Elder Abuse has to do with past/present/future harm—will discuss more on these in a bit)

Utility in Confidentiality applies to past crimes, whether intentional or accidental → they are NOT reportable.

The duty of confidentiality is critical to the effectiveness and acceptance of those in society who need mental health care & treatment and to effectivity work on issues clients reveal in therapy.

FIND AN ATTORNEY who practices mental health law (Check your local Bar Association), make an appt., introduce yourself, become their client.

MANDATORY REPORTING:

COUNSELORS ARE MANDATORY REPORTERS:

- They have an absolute duty to report. Do not have to be certain; suspicion is enough to establish a duty. Have a duty that is not discretionary. Are protected as “good faith reporting” is assumed.

1. Reasonable cause to believe means it is probable that an incident of abuse, abandonment, neglect, or financial exploitation happened.

2. Probable likelihood means that, based on evidence readily obtained from various sources, it is likely the incident occurred.

3. Reason to suspect means it is possible that an incident of sexual or physical assault occurred.

MANDATORY REPORTING:

Threats of “PHYSICAL” Harm to Others

DUTY TO WARN/PROTECT LAWS are distinct from elder abuse or vulnerable adult abuse reporting laws, in that the individuals to be protected are not limited to a specific class (IE: Child, Adult, Vulnerable)

COURT CASES since Tarasoff, affecting the Tarasoff decision, **REGARDING DUTY TO WARN/PROTECT:**

- The language of “Clear and Imminent” has broadened to ***“Substantial Likelihood of Serious & Foreseeable Harm”***
- The language of “*Identifiable third-party [potential/intended] victim*” has been broadened to ***“Third-party [potential] victim/victims”***

MANDATORY REPORTING: Harm to Others – CHILD ABUSE / NEGLECT

A PERSON IN A “POSITION OF TRUST –Any person who is a parent or acting in the place of a parent, and charged with any of a parent’s rights, duties, or responsibilities concerning a child.

ABUSE: Sexual, Physical, Trafficking, Exploitation

NEGLECT: Negligent failure of a person having the care or custody of a child to provide adequate food, shelter, clothing, medical care, or supervision

EMOTIONAL ABUSE (NEGLECT) is defined as: “*Persistent Disregard*” for child’s emotional needs, for a child’s stable attachment, AND disregard for harsh emotional/mental punishment, such as by using:

- Intimidation through yelling or threats
- Humiliation and ridicule
- Habitual blaming or scapegoating

And any resulting self-injury by the client (IE: cutting, banging head, etc.)

**MANDATORY REPORTING: Harm to Others
– ELDER & Vulnerable Adult ABUSE / NEGLECT**

A REPORT OF ELDER ABUSE is made if the counselor, while acting in their professional capacity or within the scope of their employment

(IE: hospital setting), has **observed or has knowledge of an incident that reasonably appears to be abusive.**

TYPES OF ELDER ABUSE (Similar to Child Abuse)

Physical Abuse / Sexual Abuse / Elder Neglect / Emotional Elder Abuse **and** *Financial Exploitation, Healthcare Fraud.*

Adult Protective Services (APS) assist vulnerable and elder adults to stop and prevent abuse, neglect, or exploitation. Anyone can make a report about suspected abuse to the Hotline.

**MANDATORY REPORTING:
Harm to Self – SUICIDE**

THE DUTY TO INTERVENE is judged according to the ***degree of suicidal risk exhibited*** by a client and the ***level of ability to control that risk.***

- Liability increases as the risk of suicide increases in relationship to their ability to control the risk.

THESE DOCUMENTS NEED TO BE DONE AND PUT IN CLIENT’S RECORD:

1. ASSESSMENT/EVALUATE SUICIDE RISK:

Past suicide attempts and their seriousness /

Communication of intent / Ability to carry the plan out

- *Discuss uses of **SOCIAL MEDIA** with client: Their use of, its impact on them, and their interpretation*

2. CREATE A “SUICIDE SAFETY PLAN” with the client

- *A Safety Plan is an Action Plan + Reason for Living Inventory*
- *INCLUDE: Crisis Response Plan*

SEE WEB PAGE: “Suicide Assessments & Suicide Safety Plan”

SUICIDE Related Documents (Also see ASSESSMENTS)

**ON
WEB
PAGE**

- ✓ Advice for Family and Friends
- ✓ DSM-5-TR Suicidal and Nonsuicidal Self-Injury
- ✓ National GUIDELINE-During MH Crisis Situations
- ✓ Nationwide-Suicide-Prevention-Lifeline 988
- ✓ SUICIDE ASSESSMENT Sample
- ✓ SUICIDE ASSESSMENT-SSF-version 4 CAMS
- ✓ SUICIDE ASSESSMENT-C-SSRS Suicide Scale
- ✓ SUICIDE Assessment in Multiple Languages
- ✓ SUICIDE SAFETY PLAN Sample
- ✓ SUICIDE SAFETY PLAN – TEMPLATE
- ✓ SUICIDE SAFETY PLAN – TEMPLATE-1
- ✓ Protective Factors-INVENTORY FOR LIVING - Checklist
- ✓ Protective Factors-INVENTORY for LIVING - Worksheet

ASSESSMENTS

**I'm going to
show you a few,
quickly, but
remember there
are MANY
available to you
on the WEB
PAGE under
ASSESSMENTS**

ASSESSMENTS

- ✓ A LISTING OF ASSESSMENT TOOLS and SCALES
- ✓ APA-DSM5TR-WHODAS2 (Replace GAF)
- ✓ APA-WHODAS 2.0 PPs
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- ✓ WORKSHEET-Mental Health Maintenance Plan
- ✓ WORKSHEET-Identifying TRIGGERS

**ON
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DANGEROUS CLIENTS

SITUATIONS OF "CREEPING DANGEROUSNESS" are far more common these days and require a broader view than the original Tarasoff Decision.

- *The art of counseling involves learning to discern what a client is really saying; rely on their clinical judgment in addition to assessment.*

In your clinical judgement if there a “Substantial Likelihood of Serious & Foreseeable Harm” to third party [potential] victim/victims” then report to 911.

What about: Counselor Safety—protect yourself!

- If a patient threatens his or her therapist with physical violence, the therapist is permitted to inform the police of the threat and to provide the name and home address of the patient. **SEE WEB PAGE: “Assault & Homicide Assessment Tool”**

DANGEROUS CLIENTS DANGER ASSESSMENT

Check with your own healthcare organization to see what tools they have in place.

THE FOLLOWING ARE ASSESSMENT TOOLS THAT HAVE BEEN DEVELOPED FOR THIS PURPOSE.

1. Triage Tool: to assess a patient's potential danger from others or to him/herself, which may spill over to become an issue in the healthcare setting.
2. Indicator for Violent Behavior: a quick list of five observable behaviors that indicate danger to others.
3. Danger Assessment Tool: to assess the risk to nurses and other healthcare personnel of an individual who is exhibiting signs of potentially dangerous behavior.

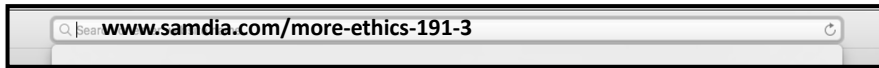
DANGER ASSESSMENT

- ✓ Assault and Danger ASSESSMENT Tool
- ✓ DANGER ASSESSMENT TRIAGE TOOL
- ✓ DANGER ASSESSMENT-INDICATORS of VIOLENCE
- ✓ Dangerous-Deceptive Clients POWERPOINT SLIDES
- ✓ DANGEROUS-CIA
- ✓ DANGEROUS-FBI
- ✓ DANGEROUS-Homeland Security

**ON
WEB
PAGE**

WEB PAGE

Needs a “specific” web page address!
You will be provided this address at the end of today



The web page address!

WRITE THIS DOWN...

www.samdia.com/more-ethics-191-3

CONCLUDING THOUGHTS: MAKING DECISIONS

ETHICAL DILEMMA = RIGHT vs RIGHT...

Step 1: Clarify: Describe the situation in value-neutral language

Step 2: Examine: Legal and Ethical Relevancies

Step 3: Creating Alternatives: Choices, Options

Step 4: Evaluating: Alternative(s)

THEN...Apply/Put into choice/action & DOCUMENT THE PROCESS

GETTING HELP WITH ETHICAL DILEMMAS

Colleagues or *Get a “Guidance interpretation from your professional association”*

GETTING HELP WITH LEGAL ISSUES ...Attorney

...Insurance company’s risk management department

DOCUMENT SAMPLES mentioned in TODAY’S PRESENTATION

ETHICAL DECISION MAKING PROCESS

- ✓ ETHICAL DECISION MAKING
- ✓ Glossary of MH Ethics Terms ACA
- ✓ ONLINE THERAPY ETHICAL-LEGAL APA

EXTRA SLIDES

WHICH I HAVE INCLUDED IN YOUR PACKET

Clinical Judgement
Duty to Colleagues
Boundary Crossings
Records: Professional Will
Termination/Abandonment
Reportable or Not?

ETHICS – FOUNDATIONS USE OF CLINICAL JUDGEMENT

CLINICAL JUDGMENT MEANS *an interpretation or conclusion about a client's needs, concerns, or health problems, and/or the decision to take action (or not), use or modify standard approaches, or improvise new ones as deemed.*

DSM-5-TR IS A CLASSIFICATION OF MENTAL DISORDERS that was developed for use in clinical, educational, and research settings.

- It is important that DSM-5 not be applied mechanically by individuals without clinical training.

DUTY TO COLLEAGUES

IMPAIRMENT OF COLLEAGUES

ACA CODE of ETHICS: 1.2.b. Reporting Ethical Violations

REGARDING UNETHICAL BEHAVIOR OF COLLEAGUES: If you have first hand knowledge then there are two steps you can take: 1) If what they HAVE done HAS CAUSED harm, exploitation, impairment their judgement then REPORT them to their licensing board 2) If what they had done COULD cause harm, exploitation, impairment their judgement then GO TO THEM, offer help – if they take you up on it (IE: had surgery, addicted to pain Rx, they get help) and their clients are covered and they remedy the impairment – then NO REPORT IS NEEDED to their licensing board

BOUNDARY CROSSINGS in Therapeutic Work

“BOUNDARY CROSSINGS” Also known as: “Extending Therapeutic Boundaries”

NOT ALL COUNSELING IS DONE IN AN OFFICE, ONE-ON-ONE. THE CLINICAL BOUNDARY (Place of delivery) IS CHANGED TO ASSIST THE CLIENT

- **Deviations are ALWAYS DONE FOR THE CLIENT’S BENEFIT.** These boundary crossings are directly related to the client’s diagnosis and treatment process.
- 1. They are** appropriate, ethical, clinically effective interventions/interactions.
- 2. They have** a clear clinical rationale and have the client’s welfare at heart.

RECORDS: Professional Wills When a Counselor (in private practice) Dies

PROFESSIONAL WILL (For counselors in private practice)

The prudent counselor should have a Professional Will, and in their personal last will and testament or trust, instruct the executor or trustee to contact the EXECUTOR of your PROFESSIONAL WILL.

- This person needs to be another LICENSED MH PROFESSIONAL (or an attorney)
- This person will handle the closing of your practice and get client charts (paper or electronic) over to your appointed record custodian.
So, provide details they'd need, passwords, keys, etc.

PHI RECORD CUSTODIANS → GOOGLE: "Store Scan Medical Records"

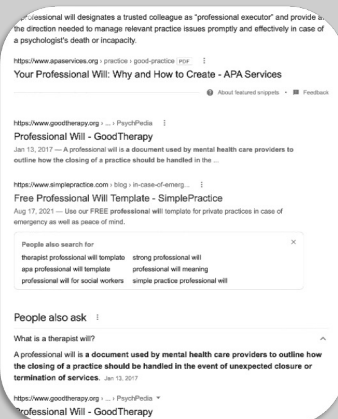
"EMPLOYED" MENTAL HEALTH COUNSELORS:

The company they work for is responsible for the CLINICAL RECORDS and RETENTION and transitions of clients to another counselor.

PROFESSIONAL WILL

If you work for yourself in private practice, you need to have a professional will.

- So, do take a look at that slide and also...many of the electronic health records for private practitioners in mental health, such as Good Therapy--they have professional wills built into the system, so if you have one of those systems, make sure you look for the section on professional wills.



CONSENT: TERMINATION CONSIDERATIONS

CONCLUSION/COMPLETION/REFERRAL (TERMINATION)

- **Client Stops Coming**: In many situations, clients drop out, affording therapists neither the luxury of planning and discussing termination with them or to go through a gradual and/or thorough termination process.
- **Interruption of Services**: Have a plan for continued client care if you become unavailable, with paramount consideration given to the welfare of the client/patient.
- **Terminating Counseling**: The client is not benefiting from therapy / The client may be harmed by the treatment / The client needs a higher level of care / Client's issues are outside of counselor's expertise / Client no longer needs therapy / There are unresolvable conflicts of interest / Counselor's objectivity has been compromised / The client has threatened the counselor / Inability to assist clients

CONSENT: TERMINATION CONSIDERATIONS

CONCLUSION/COMPLETION/REFERRAL (TERMINATION)

- **Client Variables**: unrealistic expectations, poor motivation, unconscious self sabotage, destructive personality, organic factors and poor capacity for insight.
- **Counselor Variables**: Outside area of expertise, limitations of treatment approach
- **Process Variables**: incompatible personalities, mismatch of interpersonal styles, transference issues, pace too slow or too fast, and inadequate alliance between counselor and client.
- **Extraneous Variables**: enmeshed family structures, sabotage by peers, lack of a support system, money issues, crisis events unrelated to counseling, and lack of time.

CONSENT: TERMINATION CONSIDERATIONS

CONCLUSION/COMPLETION/REFERRAL (TERMINATION)

- **Abandonment:** Refers to as ‘premature termination,’ occurs when a counselor is unavailable or precipitously discontinues service to a client who is in need.
- **Conflicts of Interest and Termination:** If a conflict of interest could harm a client, then refer.
- **Impaired Judgment:** What client is sharing affects your clinical judgement.
- **Referrals made to:** Community services, other counselors, ask client to google counselors; if they’d like you to contact them—get a HIPAA doc signed.

CHALLENGES: Reportable??

DOMESTIC VIOLENCE: Provide them local area resources. do they want to report? Otherwise respect the client’s confidentiality. However: *If a child is involved, either intentionally or unintentionally, directly or indirectly, as a result of domestic violence, it requires a report to child protective services.*

MINORS: CONSENSUAL SEX/STATUTORY RAPE: → see chart on web page

PREGNANCY of a MINOR: → see chart on web page

MINORS AND CONSENT: → see chart on web page (Guttmacher.org)

REGARDING “SEXING” This lacks physical contact [CPS requirement] for reporting to CPS. Call CPS for consult id uncertain. Does the client want to report? Explicit [sexual] sexting by adults to minors is illegal.

ADULT CLIENT: Who reports they were sexually abuse as a child, that information is confidential unless they share that their abuser still [currently] has access to minor children.

ANIMAL ABUSE: When client self-reports → Not [currently] reportable

SEXUAL ASSAULT: Do they want to report? Otherwise respect the client’s confidentiality; Law requires reporting in ALL educational settings.

THANK YOU FOR ATTENDING

**Contact me if you have questions,
comments, constructive
contributions.**



SUPPLEMENTAL PAGES

REGARDING THE WEB PAGE

NOTE: There is an abundance of supplemental information on the WEB PAGE available to seminar attendees

PLEASE NOTE: This web page is for attendees of my seminar (webinar). Please do not share the specific web page address, as I then get contacted by people who have not attended my seminar. If the web page address [provided] gets out to the general public due to over sharing, then I periodically change the address. If you, in the future, get a “page not found” message then CONTACT me through my website: www.samdia.com

- *I have a list of names of those individuals who have attended my seminars. Identify yourself and please state when and where you attended (including Webinars) and I will send you the new link (web page addresses).*

THANK YOU, Samara C Kezele Fritchman

GLOSSARY (from the American Counseling Association)

- **Abandonment** – the inappropriate ending or arbitrary termination of a counseling relationship that puts the client at risk.
- **Advocacy** – promotion of the well-being of individuals, groups, and the counseling profession within systems and organizations. Advocacy seeks to remove barriers and obstacles that inhibit access, growth, and development.
- **Assent** – to demonstrate agreement when a person is otherwise not capable or competent to give formal consent (e.g., informed consent) to a counseling service or plan.
- **Assessment** – the process of collecting in-depth information about a person in order to develop a comprehensive plan that will guide the collaborative counseling and service provision process.
- **Bartering** – accepting goods or services from clients in exchange for counseling services.
- **Client** – an individual seeking or referred to the professional services of a counselor.
- **Confidentiality** – the ethical duty of counselors to protect a client's identity, identifying characteristics, and private communications.
- **Consultation** – a professional relationship that may include, but is not limited to, seeking advice, information, and/or testimony.
- **Counseling** – a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.
- **Counselor Educator** – a professional counselor engaged primarily in developing, implementing, and supervising the educational preparation of professional counselors.
- **Counselor Supervisor** – a professional counselor who engages in a formal relationship with a practicing counselor or counselor-in-training for the purpose of overseeing that individual's counseling work or clinical skill development.
- **Culture** – membership in a socially constructed way of living, which incorporates collective values, beliefs, norms, boundaries, and lifestyles that are cocreated with others who share similar worldviews comprising biological, psychosocial, historical, psychological, and other factors.
- **Discrimination** – the prejudicial treatment of an individual or group based on their actual or perceived membership in a particular group, class, or category.
- **Distance Counseling** – The provision of counseling services by means other than face-to-face meetings, usually with the aid of technology.
- **Diversity** – the similarities and differences that occur within and across cultures, and the intersection of cultural and social identities.
- **Documents** – any written, digital, audio, visual, or artistic recording of the work within the counseling relationship between counselor and client.
- **Encryption** – process of encoding information in such a way that limits access to authorized users.
- **Examinee** – a recipient of any professional counseling service that includes educational, psychological, and career appraisal, using qualitative or quantitative techniques.

- **Exploitation** – actions and/or behaviors that take advantage of another for one’s own benefit or gain.
- **Fee Splitting** – the payment or acceptance of fees for client referrals (e.g., percentage of fee paid for rent, referral fees).
- **Forensic Evaluation** – the process of forming professional opinions for court or other legal proceedings, based on professional knowledge and expertise, and supported by appropriate data.
- **Gatekeeping** – the initial and ongoing academic, skill, and dispositional assessment of students’ competency for professional practice, including remediation and termination as appropriate.
- **Impairment** – a significantly diminished capacity to perform professional functions.
- **Incapacitation** – an inability to perform professional functions.
- **Informed Consent** – a process of information sharing associated with possible actions clients may choose to take, aimed at assisting clients in acquiring a full appreciation and understanding of the facts and implications of a given action or actions.
- **Instrument** – a tool, developed using accepted research practices, that measures the presence and strength of a specified construct or constructs.
- **Interdisciplinary Teams** – teams of professionals serving clients that may include individuals who may not share counselors’ responsibilities regarding confidentiality.
- **Minors** – generally, persons under the age of 18 years, unless otherwise designated by statute or regulation. In some jurisdictions, minors may have the right to consent to counseling without consent of the parent or guardian.
- **Multicultural/Diversity Competence** – counselors’ cultural and diversity awareness and knowledge about self and others, and how this awareness and knowledge are applied effectively in practice with clients and client groups.
- **Multicultural/Diversity Counseling** – counseling that recognizes diversity and embraces approaches that support the worth, dignity, potential, and uniqueness of individuals within their historical, cultural, economic, political, and psychosocial contexts.
- **Personal Virtual Relationship** – engaging in a relationship via technology and/or social media that blurs the professional boundary (e.g., friending on social networking sites); using personal accounts as the connection point for the virtual relationship.
- **Privacy** – the right of an individual to keep oneself and one’s personal information free from unauthorized disclosure.
- **Privilege** – a legal term denoting the protection of confidential information in a legal proceeding (e.g., subpoena, deposition, testimony).
- **Pro bono publico** – contributing to society by devoting a portion of professional activities for little or no financial return (e.g., speaking to groups, sharing professional information, offering reduced fees).
- **Professional Virtual Relationship** – using technology and/or social media in a professional manner and maintaining appropriate professional boundaries; using business accounts that cannot be linked back to personal accounts as the connection point for the virtual relationship (e.g., a business page versus a personal profile).

- **Records** – all information or documents, in any medium, that the counselor keeps about the client, excluding personal and psychotherapy notes.
- **Records of an Artistic Nature** – products created by the client as part of the counseling process.
- **Records Custodian** – a professional colleague or HIPAA Approved business who agrees to serve as the caretaker of client records for another mental health professional.
- **Self-Growth** – a process of self-examination and challenging of a counselor's assumptions to enhance professional effectiveness.
- **Serious and Foreseeable** – when a reasonable counselor can anticipate significant and harmful possible consequences.
- **Sexual Harassment** – sexual solicitation, physical advances, or verbal/nonverbal conduct that is sexual in nature; occurs in connection with professional activities or roles; is unwelcome, offensive, or creates a hostile workplace or learning environment; and/or is sufficiently severe or intense to be perceived as harassment by a reasonable person.
- **Social Justice** – the promotion of equity for all people and groups for the purpose of ending oppression and injustice affecting clients, students, counselors, families, communities, schools, workplaces, governments, and other social and institutional systems.
- **Social Media** – technology-based forms of communication of ideas, beliefs, personal histories, etc. (e.g., social networking sites, blogs).
- **Student** – an individual engaged in formal graduate-level counselor education.
- **Supervisee** – a professional counselor or counselor-in-training whose counseling work or clinical skill development is being overseen in a formal supervisory relationship by a qualified trained professional.
- **Supervision** – a process in which one individual, usually a senior member of a given profession designated as the supervisor, engages in a collaborative relationship with another individual or group, usually a junior member(s) of a given profession designated as the supervisee(s) in order to (a) promote the growth and development of the supervisee(s), (b) protect the welfare of the clients seen by the supervisee(s), and (c) evaluate the performance of the supervisee(s).
- **Supervisor** – counselors who are trained to oversee the professional clinical work of counselors and counselors-in-training.
- **Teaching** – all activities engaged in as part of a formal educational program that is designed to lead to a graduate degree in counseling.
- **Training** – the instruction and practice of skills related to the counseling profession. Training contributes to the ongoing proficiency of students and professional counselors.
- **Virtual Relationship** – a non-face-to-face relationship (e.g., through social media).

Healthcare-Mental Healthcare Associations LIST with LINKS

- American Association for Marriage and Family Therapy, www.aamft.org
- American Association for Nurse Practitioners <https://www.aanp.org>
- American Alternative Medicine Association <https://joinaama.com>
- American Counseling Association, www.counseling.org
- American Chiropractors Association <https://www.acatoday.org>
- American Dental Association <https://www.ada.org/en>
- Association for LGBTQ issues in counseling, www.algbtic.org
- American Massage Therapist Association <https://www.amtamassage.org>
- American Medical Association www.ama-assn.org
- American Nurses Associations <https://www.nursingworld.org/ana/>
- Association for Multi-Cultural Counseling/Development
www.multiculturalcounseling.org
- American Mental Health Counselors Association, www.amhca.org
- American Pharmacists Association <https://www.pharmacist.com>
- American Physical Therapy Association <https://www.apta.org>
- American Psychiatric Associations <https://www.psychiatry.org>
- American Psychological Association, www.apa.org
- American Psychological Association Ethics Office www.apa.org/ethics
- Commission on Rehabilitation Counseling Organization,
www.crcertification.com
- International Association of Marriage/Family Counselors
www.iamfconline.org
- National Association for LPNs <https://nalpn.org>
- National Association of Mental Health Counselors www.namch.org
- National Association of Social Workers, www.socialworkers.org
- National Board of Certified Counselors, www.nbcc.org
- National Center for Cultural Competence <https://nccc.georgetown.edu>

Ethics – Concluding Thoughts

A to Z: Questions to ask yourself...

A – Advertising. What disclosures should a pre-licensed person make in advertisements? What disclosures must be made? Who should pay for such advertising – the pre-licensed person or the employer? Whose business is being advertised? Avoid using testimonials – or be very careful – they may send the wrong message. Although testimonials are generally not prohibited by law or ethical standards, they do present some problems and do require caution.

B – Barter. What are the legal and ethical limitations upon bartering with clients? May the mental health practitioner lawfully initiate the idea of barter? Break confidentiality without the patient's written authorization only when required or permitted by law. Generally, this will occur in cases involving the mandated or permissive reporting. Business – Running a therapy or counseling practice not only means that you are practicing your profession, but also that you are conducting a business. Are you a solo practitioner – a sole proprietor? Are you in a partnership? Are you in a loose group? Why haven't you incorporated as a professional corporation?

C – Confidentiality. What is the right of an individual participant in group therapy to confidentiality? Should (or must) practitioners ask group participants to sign a form where they each promise to keep as confidential the content of group member communications? Crimes – Are the past criminal acts committed by your adult patient or client to be kept confidential? One or more of these questions concerning crime and confidentiality are often answered incorrectly – so be careful – the consequences for the practitioner and the patient can be great.

D – Dual relationships. Do you know the difference between an ethical dual relationship and an unethical dual relationship? Does your licensing board know the difference? Are all dual relationships unethical? Are some dual relationships unavoidable?

E – Exploitation – One way that a counselor might be found “guilty” of exploiting a client is by treating the client when it should be reasonably clear to the prudent practitioner that the client is no longer benefiting from the treatment. Executor. Is the executor of a deceased patient's will the holder of the psychotherapist- patient privilege? Does the executor have the right to access the deceased patient's records?

E–Therapy becomes problematic when you practice across state lines. It is unlawful to practice in a state where you do not hold a license, and arguably, it is where the patient resides that determines where the services are being performed.

F – Fees. Under what circumstances is it appropriate to raise a patient’s fee during the course of therapy? Does raising one’s fee during the course of therapy raise the issue of exploitation? Is there a limit to the size of the increase? Is a twenty-five percent increase ethically permissible?

G – Guardian ad litem. If the court appoints a guardian ad litem to represent the interests of a minor in litigation, is the guardian ad litem the holder of the privilege? Does the guardian ad litem have access to the minor’s psychotherapy records? Gifts to and from clients can be problematic. Although not unlawful or unethical, the giving or receiving of gifts may be misinterpreted by the patient. Of course, everything depends upon the facts and circumstances of each case.

H- HIPAA. What agency of government investigates patient complaints for a violation of HIPAA’s Privacy Rule? Is it a complete defense to such a complaint that the practitioner is and was not a “covered entity?”

I – Immunity from liability. What are the various statutes in your state that provide mental health practitioners of your licensure with immune 20ity from liability in different situations?

J – Joint holders of the privilege. What does the law provide with respect to whether two or more persons may be joint holders of the therapist-patient privilege? Are members of group therapy considered to be joint holders of the privilege? Does the answer to the prior question depend upon the nature and purpose of the group? Informed consent is often misunderstood. It is both a legal and an ethical principle and may mean different things in different states. I like to ask, what are the risks of ordinary therapy or counseling? If there are any, must they be disclosed in writing prior to the performance of services?

K – Kids. What right, if any, does a minor patient have to amend or addend their own records? How old must the minor be in order to enjoy such a right? Keep going to workshops and seminars in excess of what is required by state law or regulation if not unduly burdensome, because it may come in handy. Keeping records – What if a patient requests in writing that you destroy your records of the patient’s treatment (prior to the time frame dictated by law) because he or she is concerned about privacy and confidentiality? Does state law provide you with the option to comply with the patient’s request if you deem it reasonable and if the patient is willing to absolve you from liability for early destruction of the records?

L – Lost records. Under state law, what is the duty of a counselor who discovers that a patient's records have been lost? Would the answer be different if you were a "covered entity" under HIPAA?

M – Missed appointment. May you lawfully charge a patient for a missed appointment if you have not first disclosed your intent to do so in a written disclosure statement? Is it unlawful or unethical for the amount charged for a missed appointment to be greater than the amount charged for an actual session? May you provide a receipt for a missed session indicating that an hour of individual psychotherapy was performed?

N – Neglect. Is there a difference between general neglect and severe neglect in your state's child abuse reporting law? Is a report required if there is a reasonable suspicion of general neglect?

O – Online therapy or counseling. Is it appropriate to practice therapy or counseling online with a patient who resides in another state? May you do so if you describe your services as life coaching?

P – Psychological testing. If competent by reason of the practitioner's education, training, or experience, are marriage and family counselors or professional clinical counselors permitted to perform psychological testing in your state and to call it psychological testing? Are there any limitations to this right?

Q – Quitting employment. If a mental health practitioner leaves his or her place of employment, may he or she ethically and lawfully inform patients of the impending departure and the willingness to see patients at a new location? Do patients have the right to choose where they will be treated?

R – Reporting child abuse. Are you required to report child abuse when the sixteen year-old who was abused has previously been declared by the court to be an emancipated minor? Does it make a difference whether the abuse is physical in nature or involves consensual sexual intercourse?

S – Statute of limitations. Is there a statute of limitations applicable to disciplinary or enforcement actions by your licensing board? May the Board pursue a complaint if the event complained about occurred more than ten years earlier?

T – Telemedicine or telehealth. Is it lawful to provide psychotherapy or professional clinical counseling via the Internet with a patient who resides in your state of licensure, but is temporarily out of state? Are there any special requirements, such as written informed consent, that you must comply with under such circumstances?

U – Unprofessional conduct – each state’s licensing laws for the various mental health professions contain a section of law that defines “unprofessional conduct” (or a similar term). Practitioners should be aware of all of the reasons why a license may be revoked or suspended by the State. One such reason usually involves the conviction of a crime (such as driving under the influence or petty theft), which could lead to action by the regulatory board.

V – Violence toward patient. Is it ever permissible for a mental health practitioner to be physical or violent with a patient, such as pushing, slapping, or striking the patient?

W – Warning others. Are you under a duty to protect anyone other than your patient? If so, under what circumstance (s) does that duty arise? Are you permitted to break confidentiality in order to protect someone other than your patient? If you warn a third party of your patient’s dangerousness, what information is permitted to be shared? him (clinically or legally), consult and document your records. While not a panacea, it can make you look good (prudent) when your actions are being picked apart by the opposing attorney at trial or at a deposition.

X – Exemption from licensing. May a person in your state practice your profession without a license if the services are performed while properly employed by a non-profit and charitable corporation? May that person lawfully diagnose and treat a mental disorder if competent to do so? Are you permitted by law to supervise that person’s work, or would you be aiding and abetting unlicensed practice?

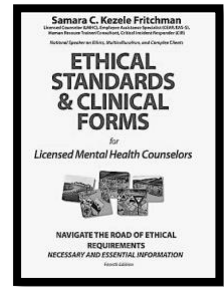
Y – Yelling at a client. Does it constitute unprofessional or unethical conduct to yell at a patient? If you admitted to a licensing/regulatory board that you yelled at a patient, would they consider the reasons and the circumstances – or would they believe that yelling at a patient is never justified?

Z – Zoo trip with patient. Does it constitute a violation of any law or ethical principle for a counselor or counselor to accompany a patient to the local zoo if this is done for therapeutic reasons or treatment purposes? In such a circumstance, may (or should) the practitioner charge his or her usual and customary fee for the time spent at the zoo? Who should pay for the peanuts?

REFERENCES

THE FOLLOWING [Seminar Presenter's] BOOK is available through INR, or ONLINE (Amazon/Kindle)

- ✓ Fritchman, Samara C Kezele (2019), *Ethical Standards and Clinical Forms for Licensed Mental Health Counselors*, ISBN-13: 978-1492-1330-7-0, Publisher: Samdia Books, Library of Congress #2013912758. www.samdia.com



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- American Dental Association <https://www.ada.org/en>
- Association for LGBTQ issues in counseling, www.algbtic.org
- American Massage Therapist Association <https://www.amtamassage.org>
- American Medical Association www.ama-assn.org
- American Nurses Associations <https://www.nursingworld.org/ana/>
- Association for Multi-Cultural Counseling/Development www.multiculturalcounseling.org
- American Mental Health Counselors Association, www.amhca.org
- American Pharmacists Association <https://www.pharmacist.com>
- American Physical Therapy Association <https://www.apta.org>
- American Psychiatric Associations <https://www.psychiatry.org>
- American Psychological Association, www.apa.org
- American Psychological Association Ethics Office www.apa.org/ethics
- Commission on Rehabilitation Counseling Organization, www.crcertification.com
- International Association of Marriage/Family Counselors www.iamfconline.org
- National Association for LPNs <https://nalpn.org>
- National Association of Mental Health Counselors www.namch.org
- National Association of Social Workers, www.socialworkers.org
- National Board of Certified Counselors, www.nbcc.org
- National Center for Cultural Competence <https://nccc.georgetown.edu>

American Counseling Association Code of Ethics

<https://www.counseling.org/resources/aca-code-of-ethics.pdf>

Preamble

- **The American Counseling Association (ACA)** is an educational, scientific, and professional organization whose members work in a variety of settings and serve in multiple capacities.
- Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.
- Professional values are an important way of living out an ethical commitment.
- The following are core professional values of the counseling profession:
enhancing human development throughout the life span; honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts; promoting social justice; safeguarding the integrity of the counselor–client relationship; and practicing in a competent and ethical manner.

Additional Ethical Resources

- Applied Ethics Resources www.ethicsweb.ca/resources
- Avoiding Liability/CPH and Associates <https://www.cphins.com/blog/>
- Center for the Study of Ethics in the Professions www.ethics.tit.edu
- Ethics Resource Center www.ethics.org
- Ethics Updates www.ethics.sandiego.edu
- HIPPA Privacy Rule www.hhs.gov/ocr/hippa
- Pope <https://kspope.com/ethics/>
- Zur Institute <https://www.zurinstitute.com>

AMAZON (2022-2023)

Applied Ethics and Decision Making in Mental Health covers ACA, APA, and AAMFT codes of ethics in an easy-to-read format that applies ethical standards to real-life scenarios. Authors Michael Moyer and Charles Crews not only focus on the various aspects of legal issues and codes of ethics, but also include ethical decision-making models and exploration into the philosophy behind ethical decision making. By challenging readers to understand their own morals, values, and beliefs, this in-depth guide encourages critical thinking, real world application, and classroom discussion using case illustrations, exercises, and examples of real dialogue in every chapter. BY: Michael S. (Shufelt) Moyer (Author), Charles R. Crews (Author)

Therapist Burnout: Your Guide to Recovery and a Joyful, Sustainable Private Practice: You can reignite your love and energy for the work, but it won't happen through bubble baths and vacations. This book digs into the systemic issues that put therapists at risk for burnout. It discusses how therapists replicate broken systems in their private practices, inadvertently perpetuating burnout. Most importantly, it helps therapists recover from burnout and create a joyful, sustainable practice that truly helps their communities. BY: Kelly Higdon (Author), Miranda Palmer (Author)

Legal Issues in Social Work, Counseling, and Mental Health: Guidelines for Clinical Practice in Psychotherapy: his book covers a broad range of topics, including providing testimony, responding to subpoenas, dealing with an attorney, influencing the legal system, and understanding the legal side of the business of psychotherapy. This book will help demystify the North American legal system, thereby empowering psychotherapists to work with it and within it. BY: Robert G. Madden (Author)

Ethics and Decision Making in Counseling and Psychotherapy: The fifth edition of this text is unparalleled in helping counselors-in-training use ethical decision-making processes as a foundation for approaching ethical and legal dilemmas in clinical practice. Newly organized and streamlined to eliminate redundancies, this textbook presents multiple new chapters that reflect the latest developments in counseling specialty areas. This new edition also features an overview of ethical decision-making models, principles, and standards. Abundant instructor resources, reflecting changes to the fifth edition, include an Instructor's Manual, Power Points, Sample Syllabi, and a Test Bank. BY: Robert Cottone PhD LPC (Author), Vilia M. Tarvydas PhD CRC (Author)

Ethics in Psychotherapy and Counseling: A Practical Guide: In the newly revised Sixth Edition of *Ethics in Psychotherapy and Counseling: A Practical Guide*, a distinguished team of psychologists deliver a compilation of practical and creative approaches to the responsibilities, challenges, and opportunities encountered by therapists and counselors in their work. The book covers the many changes and difficulties created by new technologies like electronic health records, videoconferencing, texting, and practicing across state and provincial boundaries. BY: Kenneth S. Pope (Author), Melba J. T. Vasquez (Author)

Telemental Health: The Essential Guide to Providing Successful Online Therapy: Virtual care is the new normal. Are you prepared? In this comprehensive guide, therapist and certified telemental health trainer Joni Gilbertson discusses the entire virtual treatment process, from intake to termination (and beyond). Drawing from her own successful online practice, in addition to training thousands of professionals on telemental health, Gilbertson's straightforward, conversation style allows clinicians to see themselves in her case examples and clinical decision making. BY: Joni Gilbertson (Author)

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NOTES:

NOTES:

Examination

Course Title: Ethics for Mental Health Professionals

NAME _____
(please print)
DATE _____
PROFESSION _____
SEMINAR LOCATION: _____
INSTRUCTOR: _____

For each item below please circle the correct response. Circle only one response per item.

1. Ethics is about:
 - a) Whether we feel something is right or wrong
 - b) The purview of a religion or religious beliefs
 - c) Entails abiding by the letter of the law
 - d) Rules and regulations, values, moral principles, rules of conduct
2. States have specific licensing requirements:
 - a) Demonstrate competence (education/internship/pass exam)
 - b) Scope of practice (school/type of therapy)
 - c) Standard of care (staying within competency/scope of practice)
 - d) Aspirational competence (future goals for practice)
3. The FIVE key moral principles that underpin ethical codes are:
 - a) Integrity, honesty, promise-keeping, loyalty, fairness
 - b) Caring, respect for others, law abiding, excellence, leadership
 - c) Autonomy, fidelity, doing good, do no harm, justice
 - d) Reputation, honesty, justice, caring
4. The formal meaning of JUSTICE is:
 - a) Treating equals, equally and unequals, unequally but in proportion to their relevant differences
 - b) Treating unequals, equally and equals, unequally but not in proportion to their relevant differences
 - c) Treating equals, equally and unequals, unequally but not in proportion to their relevant differences
 - d) Treating unequals, unequally and equals, unequally but in proportion to their relevant differences
5. The cornerstones of ethics are:
 - a) Do no harm, do not exploit, and do not continue counseling if there is a conflict of interest and they are foundational to our codes of ethics
 - b) Do no harm, do not exploit, and do not continue counseling if your judgment is impaired and they are foundational to our code of ethics
 - c) Do no harm, do not exploit, and do not continue counseling if your judgment is impaired and they are somewhat relevant to our codes of ethics
 - d) Do no harm, do not exploit, and do not continue counseling if justice is impaired and they are foundational to our codes of ethics
6. Utility, one of the four principles of confidentiality, is defined as:
 - a) Confidentiality in therapy is useful to society and society relinquishes its right to certain information and accepts the risk of not knowing some problems in exchange for its members of society to improve their mental health.
 - b) Confidentiality in therapy is useful to the individual and society relinquishes its right to certain information and accepts the risk of not knowing some problems in exchange for its members of society to improve their mental health.
 - c) Confidentiality in therapy is useful to society and the individual relinquishes its right to certain information and accepts the risk of not knowing some problems in exchange for its members of society to improve their mental health.
 - d) Confidentiality in therapy is useful to society and society relinquishes its right to certain information and does not accept the risk of not knowing some problems in exchange for its members of society to improve their mental health.
7. Extratherapeutic refers to:
 - a) Extra therapeutic work outside office
 - b) Being respectful of your influential position
 - c) Engaging in behavior that is actions of self-interest
 - d) Contact with clients outside counseling sessions
8. Competent therapy is:
 - a) Making promises to encourage growth and recovery
 - b) Recognizing that a client may not be ready for therapy
 - c) Staying within the standards of our profession (codes/laws)
 - d) A standard of perfection
9. Regarding consent, which statement is NOT accurate?
 - a) A consent is good for 1 year (industry standard)
 - b) States have specific requirements for disclosure of information
 - c) The essence of informed consent is to create a culture of safety
 - d) Financial arrangements are not part of informed consent
10. Which list was suggested as key elements of informed consent to verbally discuss with clients?
 - a) Patient (Client) rights, ethical concerns about counseling, benefits and risks, termination, client's part, limits of confidentiality
 - b) Ethical concerns about counseling, rural issues, benefits and risks, termination, client's part, limits of confidentiality
 - c) About counseling, financial agreement, benefits and risks, termination, client's part, limits of confidentiality
 - d) Benefits and risks, termination (conclusion/completion/referral), client's part, limits of confidentiality

Examination

Course Title: Ethics for Mental Health Professionals

NAME _____
(please print)
DATE _____
PROFESSION _____
SEMINAR LOCATION: _____
INSTRUCTOR: _____

For each item below please circle the correct response. Circle only one response per item.

11. HIPAA, modified by HITECH, regulates electronic compliance. HITECH stands for:
 - a) Health Information Teaching for Economic and Clinical Health
 - b) Health Information Technology for Economic and Clinical Health
 - c) Health Information Technology for Electronic and Clinical Health
 - d) Health Information Technology for Economic and Caring Health
12. You should keep records that are:
 - a) Clinically subjective, consistent format, and chronological with client contact
 - b) Clinically relevant, inconsistent format, and chronological with client contact
 - c) Clinically relevant, consistent format, and as chronological with client contact as possible
 - d) Clinically relevant, consistent format, and chronological with client contact
13. Psychotherapy notes are...(select accurate statement):
 - a) Kept in the client's file but under a separate heading
 - b) Are your scratch notes taken during session kept separate from client's chart
 - c) Are also referred to as "shadow notes"
 - d) HIPAA does not provide any protection for psychotherapy notes
14. Interventions can be placed in one of three categories, which are:
 - a) Majority and common, Respected and accepted, Novel, innovative and developing in nature
 - b) Majority, Respected, and Novel
 - c) Majority and primary, Respected and accepted, Novel, innovative and developing in nature
 - d) Majority and common, Respected and Accomplished, Novel, innovative and developing in nature
15. Self-disclosure can show authenticity and transparency but it is not always therapeutic. Select the correct four types of self-disclosure discussed.
 - a) Deliberate, Unavoidable/Incidental, Accidental, Digital
 - b) Clinical, non-clinical, clinically appropriate, clinically sound
 - c) Personal discretion, professional discretion, inappropriate, harmful
 - d) Positive sharing, negative sharing, co-sharing, digital sharing
16. Which statement is NOT true regarding counselor impairment?
 - a) We are not to continue counseling if our judgment is impaired
 - b) Impairment has no relationship to clinical boundaries
 - c) Compassion fatigue and burnout can cause impairment
 - d) Impairment affects competency levels
17. In couples and family therapy, the counselor should:
 - a) Remain the arbitrator regarding if information shared individually should be shared collectively
 - b) Always see the partners separately at some point in the therapy process
 - c) Only have the individual who scheduled the appointment sign the consent form
 - d) Shift from clinical counselor to forensic counselor if needed
18. With a suicidal client, you should *always* do the following EXCEPT:
 - a) Do a standardized assessment periodically
 - b) Develop a safety plan
 - c) Discuss their use of social media and its impact
 - d) Involuntarily commit them
19. Regarding Duty to Warn, which is NOT a correct statement:
 - a) The language of "Clear and Imminent" has broadened to "Substantial Likelihood of Serious & Foreseeable Harm"
 - b) Several court cases since Tarasoff have had little effect on the original interpretations for duty to warn
 - c) The language of "Identifiable third party (intended) victim" has been broadened to "third party (potential) victim/victims"
 - d) It is impossible to predict with 100% accuracy dangerousness
20. Which of these does NOT belong in the four steps for resolving an ethical dilemma?
 - a) Step 1: Clarify: Describe the situation in value-neutral language
 - b) Step 2: Examine: Legal and Ethical Relevancies
 - c) Step 3: Creating Alternatives: Choices, Options
 - d) Step 4: Apply your choice/options

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Continuing Education Seminar
INR Corporation

NAME _____

(please print)

DATE _____

PROFESSION _____

SEMINAR LOCATION: _____

INSTRUCTOR: _____

Questionnaire

Course Title: Ethics For Mental Health Professionals

I. Please circle the appropriate number indicating the extent to which you agree or disagree with the following statements. The rating scale ranges from 1 to 5, where 1 = disagree and 5 = agree.

	Strongly Disagree			Strongly Agree	
A. The course content was consistent with stated learning objectives.	1	2	3	4	5
B. The course content was appropriate for the intended audience.	1	2	3	4	5
C. To what extent did you achieve each of the course's major objectives?					
1) translate ethical codes from the intended purposes to clinical applications.	1	2	3	4	5
2) examine ethical obligations within the counseling profession.	1	2	3	4	5
3) identify commonly occurring ethical challenges and dilemmas in clinical practice.	1	2	3	4	5
4) interpret the necessary information/requirements for professional competence.	1	2	3	4	5
5) discuss the importance of diversity/cultural competence.	1	2	3	4	5
6) review the reasons for incorporating ethics into behavioral health practice.	1	2	3	4	5
7) define how ethics influences the decision-making process.	1	2	3	4	5
8) recognize the ability to apply useful and effective ethical-based interventions.	1	2	3	4	5
9) apply good judgment, sensitivity, and ethical guidelines to clinical practice.	1	2	3	4	5
D. The length of time to complete this course matches the number of CE credits approved.	1	2	3	4	5
E. The instructor's ability to use course-appropriate technology to support participant learning, including active learning strategies, were appropriate.	1	2	3	4	5
F. The instructor was knowledgeable of the subject and was well qualified.	1	2	3	4	5
G. The learning assessment activities, including the post-test, were appropriate.	1	2	3	4	5
H. Overall, the seminar met my educational needs, and the educational materials were useful.	1	2	3	4	5
I. Useful, new knowledge was presented at this program.	1	2	3	4	5
J. The Zoom webinar technology was user friendly.	1	2	3	4	5

II. I would recommend this course to a professional colleague.

Yes _____ Not sure _____

No _____

III. I would recommend this instructor to a professional colleague.

Yes _____ Not sure _____

No _____

IV. Did this course provide you with helpful and useful information to change your practice?

Yes _____

No _____

If yes, how do you intend to change your practice?

Please note Registered Dietitians and DTRs registered with CDR can share feedback about this activity directly with CDR at QualityCPE@eatright.org

V. The presentation was balanced and free of commercial influence or bias.

Yes _____ No _____

If no, please explain:

VI. How much did you learn as a result of this CE program?

Very Little Great Deal

1 2 3 4 5

VII. How useful was the content of this CE program for your practice or other professional development?

Not Useful A Little Useful Some what Useful A Good Deal Useful Extremely Useful

VIII. Please use this space for additional comments.