

## CODE OF ETHICS

The Texas Certification Board of Addiction Professionals and the Texas Association of Addiction Professionals is comprised of professional alcoholism and drug abuse counselors and clinical supervisors who, as responsible health professionals, believe in the dignity and worth of human beings. In the practice of their profession they assert the ethical principles of autonomy, beneficence and justice must guide their professional and societal expectations, obligations and conduct. As professionals dedicated to the treatment of chemical dependency clients and their families, they believe that they can effectively treat its individual and familial manifestations. Clinical supervisors dedicate themselves to promote the best interests of their society, of their clients, of their profession and of their colleagues.

### **Specific Principles**

#### **Principle 1. Non-discrimination**

The clinical supervisor must not discriminate against clients or professionals based on race, religion, age, sex, handicaps, national origin, sexual orientation or economic condition.

#### **Principle 2. Responsibility**

The clinical supervisor must espouse objectivity and integrity, and maintain the highest standards in the services the clinical supervisor offers.

- a. The clinical supervisor, as teacher, must recognize the counselor's primary obligation to help others acquire knowledge and skill in dealing with the disease of chemical dependency.
- b. The clinical supervisor, as practitioner, must accept the professional challenge and responsibility deriving from the supervisor's work.

#### **Principle 3. Competence**

The clinical supervisor must recognize that the profession is founded on national standards of competency which promote the best interests of society, of the client, of the counselor and of the profession as a whole. The supervisor must recognize the need for ongoing education as a component of professional competency.

- a. The clinical supervisor must prevent the practice of chemical dependency counseling by unqualified and/or authorized persons.
- b. The clinical supervisor who is aware of unethical conduct or of unprofessional modes of practice must report such violations to the appropriate certifying authority.
- c. The clinical supervisor must recognize boundaries and limitations of a supervisor's competencies and not offer services or use techniques outside of these professional competencies.
- d. The clinical supervisor must be willing to seek appropriate treatment for oneself or for a colleague. The supervisor must support peer assistance programs in this respect.

#### **Principle 4. Legal Standards and Moral Standards**

The clinical supervisor must uphold the legal and accepted moral codes which pertain to professional conduct, legal and accepted moral codes of our society.

- a. The clinical supervisor must not claim either directly or by implication, professional qualifications/affiliations that the supervisor does not possess.
- b. The clinical supervisor must not use the affiliation with the Texas Certification Board of Addiction Professionals and/or the Texas Association of Addiction Professionals for purposes that are not consistent with the stated purposes of the association.
- c. The clinical supervisor must not associate with or permit the supervisor's name to be used in connection with any services or products in a way that is incorrect or misleading.
- d. The clinical supervisor associated with the development or promotion of books or other products offered for commercial sale must be responsible for ensuring that such books or products are presented in a professional and factual way.
- e. The clinical supervisor must obey civil and criminal laws, and commit no act involving moral turpitude of which would bring discredit to the profession.

#### **Principle 5. Public Statements**

The clinical supervisor must respect the limits of present knowledge in public statements concerning chemical dependency.

- a. The clinical supervisor who represents the field of chemical dependency counseling to clients, other professionals, or to the general public must report fairly and accurately the appropriate information.
- b. The clinical supervisor must acknowledge and document materials and techniques used.
- c. The clinical supervisor who conducts training in chemical dependency counseling skills or techniques must indicate to the audience the requisite training/qualification required to properly perform those skills and techniques.

#### **Principle 6. Publication Credit**

The clinical supervisor must assign credit to all who have contributed to the published material and for the work upon which the publication is based.

- a. The clinical supervisor must recognize joint authorship, major contributions of professional character made by several persons to a common project. The author who has made the principle contribution to a publication must be identified as a first listed.
- b. The clinical supervisor must acknowledge in footnotes or an introductory statement minor contributions of a professional character, extensive clerical or similar assistance and other minor contributions.
- c. The clinical supervisor must acknowledge, through specific citations, unpublished, as well as published, materials that have directly influenced the research or writing.
- d. The clinical supervisor who compiles and edits for publication the contributions of others must list oneself as editor, along with the names of those others who have contributed.

### **Principle 7. Client Welfare**

The clinical supervisor must respect the integrity and protect the welfare of the person or group with whom the supervisor is working.

- a. The clinical supervisor must define for self and others the nature and direction of loyalties and responsibilities and keep all parties concerned informed of these commitments.
- b. The clinical supervisor, in the presence of professional conflict, must be concerned primarily with the welfare of the client.
- c. The clinical supervisor must terminate a counseling or consulting relationship when it is reasonably clear to the supervisor that the client is not benefiting from it.
- d. The clinical supervisor, in referral cases, must assume the responsibility for the client's welfare either by mutual agreement and/or by the client becoming engaged with another professional. In situations when a client refuses treatment, referral or recommendations, the clinical supervisor must carefully consider the welfare of the client by weighing the benefits of continued treatment or termination and must act in the best interest of the client.
- e. The clinical supervisor who asks a client to reveal personal information from other professionals or allows information to be divulged must inform the client of the nature of such transaction. The information released or obtained with informed consent must be used for expressed purposes only.
- f. The clinical supervisor must not use a client in a demonstration role in a workshop setting where such participation would potentially harm the client.
- g. The clinical supervisor must ensure the presence of an appropriate setting for clinical work to protect the client from harm, and the counselor and the profession from censure.
- h. The clinical supervisor must collaborate with other health professionals in providing a supportive environment for the client who is receiving prescribed medications.

### **Principle 8. Confidentiality**

The clinical supervisor must embrace, as primary obligation, the duty of protecting the privacy of clients and must not disclose confidential information acquired in teaching, practice or investigation.

- a. The clinical supervisor must inform the client and obtain agreement in areas likely to affect the client's participation including the recording of an interview, the use of interview material for training purposes and the observation of an interview by another person.
- b. The clinical supervisor must make provisions for the maintenance of confidentiality and the ultimate disposition of confidential records.
- c. The clinical supervisor must reveal information received in confidence only when there is a clear and imminent danger to the client or to other persons, and then only to appropriate professional workers or public authorities.
- d. The clinical supervisor must discuss the information obtained in clinical or consulting relationships only in appropriate settings, and only for professional purposes clearly concerned with the case. Written and oral reports must present only data germane to the purpose of the evaluation and every effort must be made to avoid invasion of privacy,
- e. The clinical supervisor must use clinical and other material in classroom teaching and writing only when the identity of the persons involved is adequately disguised.

### **Principle 9. Client Relationships**

The clinical supervisor must inform the prospective client of the important aspects of a potential relationship.

- a. The clinical supervisor must inform the client and obtain the client's agreement in areas likely to affect the client's participation including the recording of an interview, the use of the interview material for training purposes and/or observation of an interview by another counselor.
- b. The clinical supervisor must inform the designated guardian or responsible person of circumstances which may influence the relationship, when the client is a minor or incompetent.
- c. The clinical supervisor must not enter into a professional relationship with members of one's own family, intimate friends or close associates, or others whose welfare might be jeopardized by such a dual relationship.
- d. The clinical supervisor must not engage in any type of sexual activity with a client.

### **Principle 10. Responsibility to Students, Employees, and Supervisors**

The clinical supervisor must not exploit the trust and dependency of students, employees, and supervisors.

- a. The clinical supervisor are aware of their influential position with respect to students, employees, and supervises, and they must avoid exploiting the trust and dependency of such persons. Clinical supervisors, therefore make every effort to avoid dual relationships that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, clinical supervisors take appropriate professional precautions to ensure judgment is not impaired and no exploitation occurs. Examples of such dual relationships include, but are not limited to, business or close personal relationships with students, employees, or supervisors. Provision of counseling to students, employees, or supervisors s prohibited.
- b. The clinical supervisor must not engage in sexual intimacy with students or supervisors.
- c. The clinical supervisor must not permit students, employees, supervisors o perform or to hold themselves out as competent to perform professional services beyond their training, level of experience, and competence.
- d. The clinical supervisor must not disclose a supervisors confidences except:
  1. as mandated by law;
  2. 2. to prevent clear and immediate danger to a person or persons;

- 3. where the clinical supervisor is a defendant in a civil, criminal, or disciplinary action arising from the supervision (in which case supervisors confidences may be disclosed only in the course of that action);
- 4. in educational or training settings where they are multiple supervisors, and then only to other professional colleagues who share responsibility for the training of the supervisors; or
- 5. if there is a waiver previously obtained in writing, and then such information may be revealed only in accordance with the terms of the waiver.

**Principle 11. Interprofessional Relationships**

The clinical supervisor must treat colleagues with respect, courtesy and fairness, and must afford the same professional courtesy to other professionals.

- a. The clinical supervisor must not offer professional services to a client in counseling with another professional except with the knowledge of the other professional or after the termination of the client's relationship with the other professionals.
- b. The clinical supervisor must cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.

**Principle 12. Remuneration**

The clinical supervisor must establish financial arrangements in professional practice and in accord with the professional standards that safeguard the best interests of the client, of the counselor, and of the profession.

- a. The clinical supervisor must consider carefully the ability of the client to meet the financial cost in establishing rates for professional services.
- b. The clinical supervisor must not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services. The counselor must not engage in fee splitting.
- c. The clinical supervisor in clinical or counseling practice must not use one's relationship with clients to promote personal gains or the profit of an agency or commercial enterprise of any kind.
- d. The clinical supervisor must not accept a private fee or any gift or gratuity for professional work with a person who is entitled to such services through an institution or agency. The policy of a particular agency may make explicit provisions for private work with its clients by members of its staff, and in such instances the client must be fully apprised of all policies affecting the client.

**Principle 13. Societal Obligations**

The clinical supervisor must advocate changes in public and legislation to afford opportunity and choice for all persons whose lives are impaired by the disease of chemical dependency. The supervisor must inform the public through active civic and professional participation in community affairs of the effects of chemical dependency and must act to guarantee that all persons especially the needy and disadvantaged, have access to the necessary resources and services. The clinical supervisor must adopt a personal and professional stance which promotes the well-being of all human beings.

**I have read, understand and commit to the preceding Ethical Standards.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**ASSURANCES AND RELEASES**

TCBAP may request further information from all persons listed on the application form, in order to verify training, employment, etc. This information is not available to others outside the certification process without the written consent of the applicant.

“I give my permission for the TCBAP and staff to investigate my background as it relates to information contained in this application for certification. I understand that intentionally false or misleading statements, or intentional omissions, shall result in denial or revocation of certification.”

“I consent to the release of information contained in my application file, and other pertinent data submitted to, or collected by the TCBAP, to officers, members, and staff of the aforementioned board.”

“I further agree to hold the TCBAP, its officers, board members, employees, and examiners free from civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with this application and subsequent examinations, and/or the failure of TCBAP to issue certification.”

“I hereby affirm that the information provided on this form is correct and that I believe I am qualified for the certification for which I am applying.”

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**Applicant Signature**

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**Credentials**

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**Date**

## **PROCEDURE FOR CODE OF ETHICS COMPLAINTS**

*TCBAP has a process established to provide an avenue through which persons can file complaints about the ethical conduct of a TCBAP CCS or an applicant to the certification system. This provides a procedure and a forum by which such a professional or applicant may make a good-faith dispute and respond to such complaints. This system is used to adjudicate complaints, which, have been found to be irresolvable through other means. Prior to employing the process, persons are encouraged to attempt to resolve the situation through other means, i.e., personally with the CCS professional or through the CCS professional's supervisor/employing agency. If this means fail or do not satisfactorily resolve the circumstances, the disciplinary review process may be the appropriate vehicle to address the complaint.*

*Ethic complaints must be submitted in writing and mailed to TCBAP Headquarters at 401 Ranch Road 620 South, Ste. 310, Austin, Texas 78734*