

Applied Ethics, Jurisprudence, and Clinical Management

In the Treatment of Sex Offenders
November 19, 2015

Summary

- This workshop will compare ethical and legal considerations relative to various codes of ethics and jurisprudence compliance.
- The presentation will focus on applying clinical ethics and legal considerations in the treatment of sex offenders.

Summary

- Issues in compliance with ethical codes, mental health and sex offender laws, and federal regulations will be explored.
- Ethical decision making processes, documentation, confidentiality, and consent will be discussed.
- Components of ethical practice will be identified in relation to clinical management.

Learning Objectives

- Recognize essential ethical principals and legal considerations in managing cases.
- Apply clinical decision making processes using relevant ethical guidelines.
- Identify high risk issues in clinical practice with sex offenders.
- Identify multicultural issues related to ethical principals.

The Presenter

- **Mark W. Sigler, Ph.D., NCSP, NCP**
- Licensed Senior Psychological Examiner
- *Health Service Provider*
- Licensed Professional Counselor
- *Mental Health Service Provider*
- School Psychologist
- *Licensed Professional School Service Personnel*

The Presenter

- Nationally Certified in School and Clinical Psychology
 - National Association of School Psychologists
 - National School Psychology Certification Board
 - North American Association of Masters in Psychology
 - Professional Psychologist Certification Board
- Board Certified Clinical Psychotherapist
 - North American Association of Masters in Psychology
 - Professional Psychologist Certification Board
- Approved Sex Offender Treatment Provider
- Adult Psychosexual Evaluations
- Adult Sex Offender Treatment
- Juvenile Sex Offender Treatment
- Juvenile Psychosexual Evaluations
- Institutional (TDOC) Provider
- Pre/Post Sentence Clinical Evaluations
- Tennessee Sex Offender Treatment Board

Codes of Ethics

- Association for the Treatment of Sexual Abusers Professional Code of Ethics (2014 Revision)
- American Psychological Association Ethical Principles of Psychologists and Code of Conduct (with 2010 amendments)
- American Counseling Association Code of Ethics
- National Association of Social Workers Code of Ethics

Professional Conduct

- ATSA
- Personal feelings related to a client's crimes or behavior will not interfere with professional judgment and objectivity.
- *Stigma of sex offense is worse than that of mental health and murder.*
- APA: 3.01 Unfair Discrimination; 3.04 Avoiding Harm
- ACA: A.1.a The primary responsibility of counselors is to respect the dignity and to promote the welfare of clients.
- NASW: 1.12 Social workers should not use derogatory language about clients

Professional Conduct



- APA
- **3.01 Unfair Discrimination**
In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

Professional Conduct

- Discrimination
 - Good Moral Character
 - No harassing, exploitive or demeaning behavior
 - No Sexual Harassment
 - Familiar with statutes and ATSA Standards and Guidelines
 - Deviation from ATSA Standards when conflict with law or regulations
- APA: 3.02 Sexual Harassment; 3.03 Other Harassment; 3.08 Exploitive Relationships
 - ACA: A.4. Avoiding Harm and Imposing Values
 - NASW: 4.02 Discrimination; 6.04 Social and Political Action; 1.11 Sexual Harassment

- Any deviation from the ATSA Standards (published in the ATSA Standards and Guidelines document) shall be considered an ethical violation, except to the extent that a Standard conflicts with applicable law or professional regulations that pertain to a member's practice.

APA

- **1.03, Conflicts Between Ethics and Organizational Demands**
- If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

- **1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority**
- If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict. Under no circumstances may this standard be used to justify or defend violation human rights.
- **Underlined added in 2010**

Payment For Services

- Refrain from using Professional Relationships to further personal, religious, political or economic interests.
- Bartering is unethical
- Written notice for collection agency
- APA: 6.04 Fees and Financial Arrangements
- ACA: A.10. Fees and Bartering
- NASW: 1.13 Payment for Services, fair reasonable fees, avoid accepting goods or services

Payment For Services

- **ACA: A.10.e. Receiving Gifts**

Counselors understand the challenges of accepting gifts from clients and recognize that in some cultures, small gifts are a token of respect and showing gratitude. When determining whether or not to accept a gift from clients, counselors take into account the therapeutic relationship, the monetary value of the gift, a client's motivation for giving the gift, and the counselor's motivation for wanting or declining the gift.



Training and Expertise

- Continuing education and professional growth activities
 - Refrain from going outside boundaries of discipline or training.
 - Seek sufficient training and supervision for new competency areas
- APA: 2.01 Boundaries of Competence; 2.03 Maintaining Competence
 - ACA: C.2. Professional Competence
 - NASW: 1.04 Competence

Training and Expertise

8 Fold Path to Enlightenment



APA

- **2.01 Boundaries of Competence**
- b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard [2.02, Providing Services in Emergencies](#).

Board of Examiners

- **TENNESSEE BOARD OF PSYCHOLOGY BOARD MEMBERS**

- Pamela M. Auble, Ph.D. Member Practicing Psychologist 6/30/2014
- George Bercaw, SLPE Chair Psychological Examiner 6/30/2015
- Timothy A. Urbin Ph.D. Member Academic 6/30/2019
- J Trevor Milliron, Ph.D. Vice-Chair Academic/Practicing 6/30/2016
- Vacant Member Consumer
- Mark Loftis, SLPE Member Psychological Examiner 6/30/2016
- Janice Pazar, Ph.D. Member Practicing Psychologist 6/30/2018
- David C. Mathis, Ed.D. Member Practicing Psychologist 6/30/2015
- Rebecca Joslin, Ph.D. Member Licensed Psychologist 6/30/2015
- Annette Little, Ph.D. Ex Officio Member 6/30/2017
 - Applied Behavior Analyst

- **BOARD STAFF**

- Teddy Wilkins, Unit Director
- Charles Custer, Board Administrator
- Jennifer Putnam, Office of General Counsel

• **Review of Policy Statements (10/02/2014)**

- The Board reviewed the existing policy statements to decide if they need to update, keep, or delete them.
- Board Policy Statement: Dr. Loftis made a motion, seconded by Dr. Urbin, to remove this policy statement from the website. The motion carried.
- Criminal Background Check: The Board decided as a group to keep this policy.
- Ethics & Jurisprudence Policy: Dr. Auble made a motion, seconded by Dr. Loftis, to remove this policy statement from the website. The motion carried.
- Proof of Employment Eligibility: Dr. Loftis made a motion, seconded by Dr. Auble, to remove this policy statement from the website. The motion carried.
- Failure to Obtain Continuing Education: Dr. Loftis made a motion, seconded by Dr. Auble, to keep the policy statement, but clean it up to be in line with the actual processes in place. The motion carried.
- Working on an Expired License: The Board decided as a group to keep this policy.
- NPI Number: Dr. Loftis made a motion, seconded by Dr. Mathis, to remove this policy statement from the website. The motion carried.
- Active Military Duty Renewals: The Board decided to revisit this policy at a later meeting, in order to compare to the new statute.
- Application Deadline: The Board decided as a group to keep this policy.

BOE 06/12/2014

- The Professional Privilege Tax has been revised so that the Department of Revenue will notify the Board administrative offices of tax delinquency. The requirement would be that if there is a tax delinquency, the practitioner will be unable to renew their license. The Department of Revenue will provide ninety (90) days for payment before notifying the Health Related Boards of the delinquency.

BOE 06/12/2014

- Senate Bill 2479, which allows tele-psychology. It also adds forensic psychology and parent coordination to the Psychology Practice Act. As a side note, the World Health Association also allows tele-psychology to be billed to insurance companies. This went into effect on July 1, 2014. Ms. Putnam will present some rule ideas regarding tele-psychology at the next meeting.

BOE 06/12/2014

- A committee has been set up by law for Behavioral Analysts (BA), and it will be under the umbrella of the Psychology Board. There will be 5 committee members; 3 licensed BA's, 1 Assistant BA, and 1 consumer member. The elected chair of the committee, which would be a licensed BA, would be appointed as an ex-officio member of the Board of Examiners in Psychology, and have voting rights on the Board. This would also change the quorum and voting requirements, as there would now need to be 6 members present to constitute a quorum; and all 6 members would need to agree to have a motion passed. In addition, the size of the Board would increase from 9 members to 10 members.
- The Board expressed concerns regarding a BA being a voting member of the Board, especially when dealing with issuing licenses, file reviews, and other issues pertaining specifically to psychologists.

Continuing Education

- **Board of Examiners in Psychology**
- 40 hours in the 2 calendar years prior to renewing license:
- Type I: 9 hours of APA approved training
- Type II: Training by a psychological organization or university with a graduate psychology program
- 18 hours of Type I / Type II training

Continuing Education

- Nine (9) CE hours of the forty (40) hours required in subparagraph (b) must be received from a Type I CE program as provided by this rule. All continuing education hours obtained via the internet must be from a Type I CE program.

Continuing Education

- Type I CE is primarily psychological in nature or is relevant to the science and practice of psychology. Type I CE offerings must have a pre-assigned number of CE credit hours and provide documentation indicating the course was APA-approved. Type I CE may be fulfilled via internet. No more than twenty (20) hours shall be obtained from an internet source.

Continuing Education

- Nine (9) CE hours of the forty (40) hours required in subparagraph (b) must be received from Type I or Type II CE programs as provided by this rule.
- Twenty-two (22) CE hours of the forty (40) hours required in subparagraph (b) must be received from Type I, II, or III programs as provided by this rule.

Continuing Education

- Type II CE is primarily psychological in nature or is relevant to the science and practice of psychology.
- (b) Type II CE offerings must provide documentation of attendance and must have a preassigned number of CE credit hours under the auspices of any of the following:
 - 1. A regional psychological association

Continuing Education

- 2. A state psychological association
- 3. Any recognized and relevant credentialing national, regional or state professional body
- 4. An institution housing an APA-approved internship program.
- 5. A nationally recognized accredited college or university with a health-related professional training program.

Continuing Education

- 6. Graduate courses in an APA-approved graduate psychology program. (To be assigned fifteen [15] Type II CE units per semester hour)
- 7. Passing the ABPP exam. (To be assigned twenty [20] hours of Type II CE credit)
- 18 hours of Type I / Type II training

Continuing Education

- Type III: (22 hours may be Type I, II, or III)
- 1. clinical peer consultation groups; or
- 2. research presentations and convention workshops that incorporate multiple, brief presentations
- with many different learning objectives that are less amenable to a single evaluation; or
- 3. clinical supervision provided to students, interns, and post-doctoral fellows in accredited programs on a basis that is voluntary, uncompensated, and external to that program. A maximum of ten (10) CE hours per two (2) calendar years (January 1 - December 31) is allowed.

Continuing Education

- 1. Meetings - Registration and attendance at meetings of recognized professional psychology organizations (local, state, regional, national or international).
- 2. Teaching and presentations.
- 3. Publications
- 4. Workshops, seminars or courses - Relevant non-accredited psychology workshops, seminars or courses shall be assigned a maximum of ten (10) hours of Type III CE credit per year.

Continuing Education

- 5. Serving as a member of the Board shall be assigned a maximum of ten (10) hours of Type III CE credit per year.
- 6. Serving as a member of an oral examining committee for the Board shall be assigned one (1) hour of Type III CE credit per exam. **No longer applicable!**
- Multi-Media courses: (See LPC below)

Continuing Education

- (f) Experiences unacceptable as continuing education include, but are not limited to, administrative activities, psychotherapy, personal growth or enrichment.
- Three (3) CE hours of Type I or Type II shall pertain to:
 - 1. Tennessee Code Annotated, Title 63, Chapter 11; and
 - 2. Official Compilation, Rules and Regulations of the State of Tennessee, Chapters 1180-01, 1180-02, 1180-03 and 1180-04; and
 - 3. The current version of the “Ethical Standards” which are part of the “Ethical Principles of Psychologists and Code of Conduct” published by the American Psychological Association (A.P.A.).

Continuing Education

- Three (3) CE hours shall pertain to cultural diversity as specifically noted in the title, description of objectives, or curriculum of the presentation, symposium, workshop, seminar, course or activity. Cultural diversity includes aspects of identity stemming from age, disability, gender, race/ethnicity, religious/spiritual orientation, sexual orientation, socioeconomic status, and other cultural dimensions. The topic of the presentation, symposium, workshop, seminar, course or activity need not be on cultural diversity, but one of the objectives or descriptions of the topics covered, shall clearly indicate attention to cultural diversity. These hours shall be Type I or Type II.

Continuing Education

- Licensees with disabilities or other hardships severely restricting travel away from home may petition the Board in writing to request exceptions to the manner in which they accumulate CE credits.
- (6) Documentation. Each licensee shall maintain documentation of CE hours for five (5) years and should prepare a summary report with documentation yearly. Documentation of completed CE hours must be produced for inspection and verification if requested in writing by the Board. The Board shall not maintain CE files.

Continuing Education

- You must keep independent proof (e.g., a certificate) of all continuing education activities being claimed. If you are claiming Type I hours, APA approval of the activity must be documented. For Type II the documentation must meet those standards (e.g., provided by a psychological organization, etc.). Type III documentation may be more varied, for example minutes from a peer group meeting.

Continuing Education

- Non-compliant practitioners are subject to board discipline which includes a fine of \$100 and make up the delinquent hours. The action taken against the practitioner is reportable on the Department of Health website on the monthly disciplinary action report.

Continuing Education

- When it is discovered by Board or its staff that a licensee has failed to obtain Continuing Education credits in a timely manner, the licensee shall have three (3) months from the date that appears on the deficiency letter to obtain the required Continuing Education, and submit proof of completion to the Board staff.
- If the licensee fails to comply by obtaining the deficient Continuing Education hours within the three (3) month time period, the matter will be forwarded to the Tennessee Department of Health, Office of General Counsel, at which time the licensee will be assessed a one hundred dollar (\$100.00) civil penalty and have one year to obtain the appropriate hours.

Continuing Education

- The one hundred dollar (\$100.00) civil penalty and an agreement to obtain the appropriate number of hours will be contained in the form of an Agreed Citation which is an offer of settlement to pay the civil penalty and obtain the hours within one year. The licensee will have the option to accept the Agreed Citation, waiving the right to appear before the Board, or the licensee shall have the right to a contested case before the Board.

Continuing Education

- Should the licensee fail to pay the civil penalty and obtain the appropriate number of Continuing Education hours through an agreed citation, the Tennessee Department of Health, Office of General Counsel will file a formal disciplinary action against the licensee which will give the right to the licensee to appear before the Board and could result in additional penalties, costs, and disciplinary action against the license, up to, and including revocation.

- **TENNESSEE BOARD OF LICENSED PROFESSIONAL COUNSELORS, LICENSED MARITAL AND FAMILY THERAPISTS AND LICENSED PASTORAL THERAPISTS BOARD MEMBERS**

- Susan Hammonds-White LPC 6/30/2016
- Kimberly D. Speakman LPC 6/30/2018
- Bradley Bull, Ph,D, MFT 6/30/2017
- Howard E. Nelson CPT 6/30/2015
- Stephen Caldwell Citizen Member 6/30/2015

Continuing Education

- **Board of Professional Counselors and Marital & Family Therapists**
- 20 Clock hours every two calendar years
- Three (3) clock hours of the twenty (20) clock hours requirement shall, every two (2) years, pertain to the following subjects:
 - (i) Professional ethics; and/or
 - (ii) Tennessee Code Annotated, Title 63, Chapter 22; and/or
 - (iii) Official Compilation, Rules and Regulations of the State of Tennessee, Chapter 0450-1.

Continuing Education

- Those persons who hold two (2) certificates and/or licenses regulated by the Tennessee Board for Professional Counselors, Marital and Family Therapists and Clinical Pastoral Therapists shall complete thirty (30) clock hours of continuing education every two (2) calendar years. A person who holds three certificates and/or licenses shall complete forty (40) clock hours of continuing education every two (2) calendar years. In each case, at least ten (10) clock hours shall be directly related to the practice of each profession for which the person is licensed or certified.

- Those persons who hold two (2) certificates and/or licenses regulated by the Tennessee Board for Professional Counselors, Marital and Family Therapists and Clinical Pastoral Therapists shall have three (3) clock hours of the thirty (30) clock hour biennial requirement pertain to ethics and jurisprudence.
- Those persons who hold three (3) certificates and/or licenses shall have three (3) clock hours of the forty (40) clock hour biennial requirement pertain to ethics and jurisprudence.

Continuing Education

- Those persons supervising applicants for licensure under the provisions of 0450-01-.10 shall have three (3) clock hours of the twenty (20) clock hour biennial requirement pertain to counseling supervision or related supervision topics.
- A person is not required to complete continuing education for a profession in the calendar year that his or her license was initially approved.

Continuing Education

- Continuing Education Course Approval - Courses to be offered for credit toward the continuing education requirement must, unless otherwise provided, receive prior approval from the Board. Unless otherwise provided, all courses shall be offered within Tennessee.

Continuing Education

- Acceptable Continuing Education - Acceptable continuing education shall consist of master or doctoral level course work from a nationally or regionally accredited institution of higher education; attendance at educational events sponsored or approved by national, state, regional, or local professional associations in the field; or events related to the practice of the profession for which a nationally or regionally accredited institution of higher education grants CEUs.

Continuing Education

- (i) American Association for Marriage and Family Therapy;
- (ii) American Association of Pastoral Counselors;
- (iii) American Association of Sex Educators, Counselors, and Therapists;
- (iv) American Counseling Association;
- (v) American Psychiatric Association;
- (vi) American Psychological Association;
- (vii) National Association of Social Workers;
- (viii) Any state professional association affiliated with the national associations listed in subparts (i) through (vii);
- (ix) National Board for Certified Counselors;
- (x) Nationally or regionally accredited institutions of higher education, including graduate courses and continuing education courses; and
- (xi) Any state regulatory agency for professional counseling in the United States.

Continuing Education

- Course approval procedure for other course providers:
- (i) Unless pre-approved as provided in part (5) (a) 1, the course provider must have delivered to the Board's Administrative Office at least thirty (30) days prior to a regularly scheduled meeting of the Board that precedes the course, documentation which includes all of the following items which must be resubmitted if substantive changes are made after receipt of approval from the Board:

Continuing Education

- (I) course description or outline;
- (II) names of all lecturers;
- (III) brief resume of all lecturers;
- (IV) number of hours of educational credit requested;
- (V) date of course;
- (VI) copies of materials to be utilized in the course; and
- (VII) how verification of attendance is to be documented.

Continuing Education

- Multi-Media - Notwithstanding the provisions of paragraph (2) and part (5) (b) 3., continuing education courses may be presented in the traditional lecture and classroom formats or, with successful completion of a written post experience examination to evaluate material retention, in Multi-Media formats.

Continuing Education

- Multi-Media courses may include courses utilizing:
 - 1. The Internet
 - 2. Closed circuit television
 - 3. Satellite broadcasts
 - 4. Correspondence courses
 - 5. Videotapes
 - 6. CD-ROM
 - 7. DVD
 - 8. Teleconferencing
 - 9. Videoconferencing
 - 10. Distance learning

Continuing Education

- A maximum of ten (10) clock hours may be received for multi-media courses during the two (2) calendar year period. Those persons who hold two (2) certificates and/or licenses regulated by the Tennessee Board for Professional Counselors, Martial and Family Therapists and Clinical Pastoral Therapists may receive a maximum of fifteen (15) clock hours for multi-media courses during the two (2) calendar year period. Those persons who hold three (3) certificates and/or licenses may receive a maximum of twenty (20) clock hours for multi-media courses during the two (2) calendar year period.

Continuing Education

- Each person registered with the board must retain proof of attendance and completion of all continuing education requirements. This documentation must be retained for a period of four years from the end of the calendar year in which the continuing education was acquired. This documentation must be produced for inspection and verification, if requested in writing by the board during its verification process. The board will not maintain continuing education files.

Continuing Education

- The board will conduct a randomly selected audit of individual records to assure that the continuing education requirements have been met. An individual's records may be audited during consecutive renewal periods.
- (c) If audited, the individual must, within 15 working days of a request from the board, provide evidence of continuing education activities. Such evidence must be by submission of one or more of the following:

- 1. Certificates verifying the individual's attendance at the continuing education programs described above.
- 2. An individual submitting a program as evidence of attendance at a continuing education event will also be required to submit two or more of the following for each program submitted: registration receipt, signed program, cancelled check, hotel bill, name badge, or an original letter on official stationery signed by a professional associate who attended.
- 3. An original letter on official institution stationery from the instructor of the graduate level course verifying that the course was completed and listing the number of credit hours of attendance completed by the individual.
- 4. Official transcript verifying credit hours earned. One semester credit hour is equivalent to 10 clock hours for the purpose of certification renewal. Credit for auditing will be for the actual clock hours in attendance, not to exceed the academic credit.

Continuing Education

- Notwithstanding the provisions of the introductory language of this paragraph, any clinic, workshop, seminar or lecture at national, regional, state and local meetings of counselors will be recognized for continuing education credit by the Board if
 - (I) the course provider has complied with the provisions of subpart (5) (a) 2 (i); or
 - (II) the course provider is exempt from needing prior approval as provided in part (5) (a) 1.

Continuing Education

- Notwithstanding the provisions of subparagraph (3) (a), out-of-state continuing education providers may seek course approval if they are a professional counseling regulatory agency or association from a state that borders Tennessee; and
- (I) the course provider has complied with the provisions of subpart (5) (a) 2 (i); or
- (II) the course provider is exempt from needing prior approval as provided in part (5) (a) 1.

- Continuing education credit will not be allowed for the following:
- 1. Regular work activities, administrative staff meetings, case staffing/reporting, etc.
- 2. Membership in, holding office in, or participation on boards or committees, business meetings of professional organizations, or banquet speeches.
- 3. Independent unstructured or self-structured learning.
- 4. Training specifically related to policies and procedures of an agency may not be counted.
- 5. Non-counseling content courses - examples: finance or business management.

- The Board may grant a waiver of the need to attend and complete the required clock hours of continuing education or the Board may grant an extension of the deadline to complete the required clock hours of continuing education if it can be shown that compliance is beyond the physical or mental capabilities of the person seeking the waiver.
- (b) Waivers or extension of the deadline will be considered only on an individual basis and may be requested by submitting the following items to the Board's Administrative Office prior to the expiration of the calendar year (December 31) in which the continuing education is due:
 - 1. A written request for a waiver or deadline extension which specifies which requirements are sought to be waived or which deadline is sought to be extended, and a written and signed explanation of the reason for the request; and
 - 2. Any documentation which supports the reason(s) for the waiver or deadline extension requested or which is subsequently requested by the Board.
- (c) A waiver or deadline extension approved by the Board is effective only for the calendar year for which either is sought.

- Any licensee or certificate holder who falsely certifies attendance and completion of the required hours of continuing education requirements, or who does not or can not adequately substantiate completed continuing education hours with the required documentation, may be subject to disciplinary action.
- Prior to the institution of any disciplinary proceedings, a letter shall be issued to the last known address of the individual stating the facts or conduct which warrant the intended action.
- The licensee or certificate holder has thirty (30) days from the date of notification to show compliance with all lawful requirements for the retention of the license or certificate.
- Any licensee or certificate holder who fails to show compliance with the required continuing education hours in response to the notice contemplated by subparagraph (b) above may be subject to disciplinary action.
- Continuing education hours obtained as a result of compliance with the terms of a Board Order in any disciplinary action shall not be credited toward the continuing education hours required to be obtained in any renewal period.

Board of Social Workers

Board Members

Barrett Michelle Horton	Member	Licensed Advanced Practice Social Worker	07-31-2017
Tara L. Watson	Member	Licensed Clinical Social Worker	06-30-2019
Teresa C. Housteau	Member	Licensed Clinical Social Worker	06-30-2015
Robert Zylstra	Member	Licensed Clinical Social Worker	06-30-2019
Adrienne L. Newman	Chair	Licensed Advanced Practice Social Worker	07-31-2018
Ann-Marie Jones	Member	Licensed Master Social Worker	06-30-2019
Julia Axley	Secretary	Licensed Baccalaureate Social Worker	07-18-2018
Kenya S. Anderson	Member	Licensed Masters Social Worker	07-31-2018
Vicki Gardine Williams	Member	Licensed Advanced Practice Social Worker	07-31-2017
Amy Gasser-Smith	Member	Licensed Baccalaureate Social Worker	07-31-2017
Karen Armstrong	Member	Consumer	06-30-2016

Continuing Education

- **Board of Social Workers**
- Social Work Continuing Education is considered to be those preplanned/formalized activities with written learning objectives that are directed at developing and enhancing an individual's awareness of professional ethics and an individual's social work knowledge base and service delivery skills in the applicable areas of social work planning, administration, education, research or direct service with individuals, couples, families, and groups.

Continuing Education

- These activities may include short academic courses, courses audited at accredited colleges and universities, workshops, seminars, conferences, and lectures oriented toward enhancement of professional ethics awareness and of social work practice, values, skills and knowledge for the purpose of accomplishing specific written learning objectives.

Continuing Education

- Ten (10) hours of the fifteen (15) clock hour requirement shall regard social work.
- (b) Three (3) hours of the fifteen (15) clock hour requirement shall regard professional ethics.
- (c) Two (2) hours of the fifteen (15) clock hour requirement may regard social work or professional ethics.

Continuing Education

- Multi-Media courses may be taken for continuing education credit. Multi-media learning activities must have specific learning objectives, be presented by a qualified presenter, have a method to verify completion of the learning experience and include the issuance of verification of the completion of the continuing education.
- Multi-Media course may include courses utilizing The Internet, Closed circuit television, Satellite broadcast, Correspondence courses, Videotapes, CD-Rom, DVD, Teleconferencing, Videoconferencing or Distance learning.
- A maximum of two-thirds (2/3) of a licensee's credit hours may be taken via multi-media courses during a calendar year.

Continuing Education

- Clock Hour – A clock hour represents actual time in continuing education activity. (Providers who measure continuing education activities in “continuing education units” shall define CEU in clock hours.)
- Acceptable continuing education shall consist of seminars, workshops, or mini-courses oriented to the awareness of professional ethics and to the enhancement of social work practice, values, skills, and knowledge for the purpose of accomplishing specific written learning objectives.

Continuing Education

- 1. Cross-disciplinary offerings from medicine, law, administration, education and the behavioral sciences are acceptable, if they are clearly related to the awareness of professional ethics and to the enhancement of social work practices, values, skills, and knowledge.
- 2. In-service training can be provided by the employer using presenters from the staff or from outside agencies.
- 3. Attendance at educational events sponsored by national, state, regional, or local professional associations in the field or events related to the practice of the profession for which a nationally or regionally accredited institution of higher education grants CEUs is acceptable. Providers who measure continuing education activities in “continuing education units” (CEU’s) shall define CEU in clock hours.

Continuing Education

- (b) Master or doctoral level social work courses or social work related courses such as mental health, administration, health and social research, psychology, sociology, human growth and development, child and family development, counseling and guidance taken for credit or audited from a nationally or regionally accredited institution of higher education.
- (c) Presentation for the first time of an academic social work course, in-service training workshop or seminar, or other professional seminar.
- (d) Preparation for the first time of a professional social work paper published in a recognized professional journal or given for the first time at a statewide or national professional meeting.

Continuing Education

- Basic Requirements – Every licensed social worker is required to complete continuing education during each calendar year.
- Newly licensed baccalaureate social workers and licensed master social worker applicants shall be considered to have sufficient preparatory education to be substituted for the required hours of continuing education for the remainder of the calendar year in which the education requirements were completed.

- Requirements for licensed baccalaureate social worker: For each calendar year, nine (9) hours are required. Four (4) of the nine (9) hours shall be in social work. Three (3) of the nine (9) hours shall be in professional ethics. Two (2) of the nine (9) hours shall be in either social work or professional ethics. Those licensees who hold more than one (1) category of licensure to practice social work must separately satisfy the continuing education requirements for each level of licensure.

- Requirements for licensed master social worker: For each calendar year, twelve (12) hours are required. Seven (7) of the twelve (12) hours shall be in social work. Three (3) of the twelve (12) hours shall be in professional ethics. Two (2) of the twelve (12) hours shall be in either social work or professional ethics. Those licensees who hold more than one (1) category of licensure to practice social work must separately satisfy the continuing education requirements for each level of licensure.

- Requirements for licensed advanced practice social worker and licensed clinical social worker. For each calendar year, fifteen (15) hours are required. Ten (10) of the fifteen (15) hours shall be in social work. Three (3) of the fifteen (15) hours shall be in professional ethics. Two (2) of the fifteen (15) hours shall be in either social work or professional ethics. Those licensees who hold more than one (1) category of licensure to practice social work must separately satisfy the continuing education requirements for each level of licensure.

Scope of Practice

- The scope of practice of a Certified Psychological Assistant is prescribed and limited by Tennessee Code Annotated, Title 63, Chapter 11 and the rules set forth in this chapter and chapter 1180-1.
- **1180-4-.01 SCOPE OF PRACTICE.**

Scope of Practice

- Certified Psychological Assistants shall limit their practices to the use of those techniques, and to providing services to those populations, for which they have formal education, formal professional training and supervised experience, and for which they hold certification. Because no education, professional training, supervised experience and practicum in psychotherapy or other intervention activities is prescribed in the statute, the scope of practice for certified psychological assistants is specifically restricted to psychological assessment, psychological testing, and related activities, with no certified psychological assistant allowed to engage in psychotherapy or any other form of therapeutic intervention.

Scope of Practice

- Certified Psychological Assistants, who have had appropriate education, training and supervised practice experience, may render to individuals or to the public for remuneration any service involving the application of recognized principles, methods, and procedures of the science and profession of psychology as defined in paragraph three (3) above and only under the direct employment and qualified supervision of a Psychologist with HSP designation or a Senior Psychological Examiner; or the employment of a community mental health center or state governmental agency and the qualified supervision of a Psychologist with HSP designation or a Senior Psychological Examiner.

Scope of Practice

- The supervised practice of a Certified Psychological Assistant, may include, but is not limited to:
- (a) Participates in psychological evaluations and clinical assessments of patients/clients utilizing a wide variety of assessment techniques and instruments thereby providing psychological data;

Scope of Practice

- (b) Administers psychological testing, monitors mental status of patients and participates in treatment teams which evaluate, develop, implement, and document patient's treatment progress;
- (c) Assists with classification information on patients and recommendations on service needs, identification and recommendation of services for the handicapped, and crisis intervention;

Scope of Practice

- (d) Screens patients for appropriate treatments;
- (e) Provides educational/information services for patients;
- (f) Participates in both basic and applied research endeavors and contributes to the basic fund of psychological knowledge;
- (g) May assist in psychological screening of employees; and
- (h) May supervise/direct the work of clerical/related staff in the performance of their duties as assigned.

Supervision

- Supervision must meet minimum standards and a supervisor of record must be made known to the Board. Supervision conducted via face-to-face video conferencing equipment and/or technology is acceptable, assuming compliance with subparagraphs (4)(a) through (4)(g) of this rule. “Face-to-face” means (a) can see one’s face and (b) occurring in real time via video conferencing equipment and/or technology. No more than seventy-five (75) percent of supervision can be obtained through video conferencing.

Supervision

- 1. Before supervision of Certified Psychological Assistants may occur, a Board supplied form shall be submitted to the Board's administrative office. Such form shall be signed by both the supervisor and the supervisee, and shall list (i) those Certified Psychological Assistants whom the Psychologist or Senior Psychological Examiner supervises and for whom he or she is the supervisor of record; or (ii) a Certified Psychological Assistant must list his/her primary supervisor(s) if engaging in activities requiring supervision.

Supervision

- Qualified supervision requires that a licensed Psychologist or Senior Psychological Examiner, qualified by experience and training to practice the overall supervised activity or activities, provide supervision on a regular and frequent basis. The supervising Psychologist for Certified Psychological Assistants delivering health services must also be designated as a HSP.

Supervision

- (c) The supervising Psychologist or Senior Psychological Examiner shall limit the number of supervisees in order to assure an adequate ratio of supervision hours to practice hours consistent with professional standards and guidelines which insure the welfare of the supervisees and their clients.

Supervision



- Specific case monitoring and skill training requires significant supervisory contact and must be in addition to overall administrative supervision.

Supervision

- 1. Supervision is to be conducted primarily on a one-on-one basis and shall be in addition to any group seminar or group consultations which are also deemed appropriate. Thus, supervision will require considerable one-on-one contact and time with respect to each client. Records of the supervision process must be maintained by the supervisor covering the number of hours of supervision activities, the number and duration of one-on-one supervisory meetings and documentation of clients discussed at each supervisory session.

Supervision

Supervision

- 2. A supervisor, at the time of supervision, must not be in a dual relationship with the supervisee, e.g., be a spouse, other close relative or therapist.



Supervision

The supervising Psychologist or Senior Psychological Examiner has responsibility to require that the Certified Psychological Assistant complete continuing education to maintain continued competence.

In all cases the specific terms of the supervisory arrangement are the responsibility of the supervising Psychologist or Senior Psychological Examiner upon whom it is incumbent to assure supervisory time and service delivery. Likewise, it is the responsibility of the supervisee to obtain supervision. The supervisor must consider the education, training, experience, ongoing performance and level of licensure of the supervisee. The arrangements for supervision must be agreed to by both the supervisor and the supervisee. The supervising Psychologist or Senior Psychological Examiner of record must protect the welfare of the client and assure compliance with Tennessee law and professional ethics. (Requirements for Psychologists receiving supervision as part of the experience requirement for designation as a HSP are contained in Rule 1180-02-.02 (2)(d).)

Scope of Practice

- **TCA 63-11-202.**
- A person practices as a “psychological examiner” within the meaning of this chapter when the person claims to be a psychological examiner and/or renders to individuals or to the public health-related clinical activities or services involving the application of recognized principles, methods and procedures of the science and profession of psychology, such as interviewing or administering and interpreting tests of mental abilities, aptitudes, interests and personality characteristics, for such purposes as psychological evaluation or for educational or vocational selection, guidance or placement. The psychological examiner shall practice the following health-related clinical activities or services only under qualified supervision: overall personality appraisal or classification, personality counseling, psychotherapy, behavior analysis or personality readjustment techniques.

Supervision

- The standard for supervision of newly licensed individuals with a provisional license as a Psychologist with HSP designation and for Psychological Examiners is one (1) hour per week.
- The standard of supervision for experienced (supervised for at least five [5] years) Psychological Examiners is that it shall occur no less than monthly. If an experienced Psychological Examiner changes supervisors, the experienced Psychological Examiner may follow the monthly supervision standard if agreed to by the Senior Psychological Examiner supervisor and the experienced Psychological Examiner in question

Scope of Practice

- A person practices as a senior psychological examiner within the meaning of this chapter when the person claims to be a senior psychological examiner and/or renders to individuals or to the public for remuneration any service involving the application of recognized principles, methods and procedures of the science and profession of psychology. A senior psychological examiner, while possessing a different scope of practice than a psychologist, shall be considered a health service provider and thereby able to engage in these designated areas of health-related psychological practice without supervision:

Scope of Practice

- **(1) Interviewing or administering and interpreting tests of mental abilities, aptitudes, interests and personality characteristics for such purposes as psychological evaluation or for educational or vocational selection guidance or placement;**
 - (2) Overall personality appraisal or classification, psychological testing, projective testing, evaluations for disability or vocational purposes;**
 - (3) Diagnosis of nervous and mental disorders;**
 - (4) Personality counseling;**
 - (5) Psychotherapy;**
 - (6) Behavior analysis;**
 - (7) Personality readjustment techniques; or**
 - (8) Supervision of a Psychological Examiner and/or a Certified Psychological Assistant.**

Scope of Practice

- **TENNESSEE BOARD OF EXAMINERS IN PSYCHOLOGY**
- **POLICY ON NATIONAL PROVIDER IDENTIFICATION NUMBER (NPI)**
- The use of a National Provider Identification Number (NPI) under the category of “Psychologist” by a Senior Psychological Examiner or Psychological Examiner for purposes of insurance reimbursement will not constitute advertising or use of title in violation of the Board’s law or rules.
- Adopted by the Board of Examiners in Psychology the 29th day of August, 2007.

Scope of Practice

- **TCA 63-11-203**
- **Practice of psychologist” means the observation, description, evaluation, interpretation, and modification of human behavior by the application of psychological principles, methods, and procedures, for the purpose of preventing or eliminating symptomatic, maladaptive, or undesired behavior and of enhancing interpersonal relationships, work and life adjustment, personal effectiveness, behavioral health, and mental health. Practice of psychologist includes, but is not limited to, psychological testing and the evaluation or assessment of personal characteristics, such as intelligence, personality, abilities, interests, aptitudes, and neuropsychological functioning; counseling,**

Scope of Practice

- **psychoanalysis, psychotherapy, hypnosis, biofeedback, and behavior analysis and therapy; psychological diagnosis and treatment of mental, emotional and nervous disorders or disabilities, alcoholism and substance abuse, disorders of habit or conduct, as well as of the psychological aspects of physical illness, accident, injury, or disability; case management and utilization review of psychological services; and psychoeducational evaluation, therapy, remediation, and consultation. Psychological services may be rendered to individuals, families, groups, and the public. “Practice of psychologist” is construed within the meaning of this definition without regard to whether payment is received for services rendered.**

Scope of Practice

- **b)** A person represents that person to be a psychologist if that person uses any title or description of services incorporating the words “psychology,” “psychological,” or “psychologist,” or if such person possesses expert qualification in any area of psychology, or if that person offers to the public or renders to individuals or to groups of individuals services defined as the practice of psychology in this chapter.

Scope of Practice

- **63-11-205. Use of identifying terms.**
- **(2)** Persons licensed by the state board of education in areas of school psychology, school psychologist or school psychological services worker and employed as such in the department of education or in any public or nonpublic elementary or secondary school are not required to be licensed under this chapter while performing in the course of their employment. Nothing in this chapter shall be construed so as to apply to persons licensed by the state board of education in areas of school psychology, school psychologist or school psychological services worker who are employed as such in the department of education or in any public or nonpublic elementary or secondary school while performing in the course of their employment.

Scope of Practice

- **b)** Nothing in this section shall be construed as permitting such persons to offer their services to any other persons or organizations as consultants or to accept remuneration for any psychological services other than that of their institutional salaries unless they have been licensed or certified under this chapter.

Scope of Practice

- **63-22-150**
- **“Licensed professional counselor” means a person licensed under the provisions of this part, who is professionally trained in counseling and guidance services designed to facilitate normal human growth and development through individual, family or group counseling, educational procedures, assessment, consultation and research, and who assists individuals by the practice of counseling with their personal, social, career or educational development as they pass through life stages; and**

Scope of Practice

- **(4)** “Practice of counseling” means rendering or offering to render to individuals, groups, organizations or the general public any service involving the application of principles, techniques, methods or procedures of the counseling profession, including appraisal activities, counseling, consulting and referral activities. Nothing in this section shall be construed to permit the treatment of any mental, emotional or adjustment disorder other than marital problems, parent-child problems, child and adolescent antisocial behavior, adult antisocial behavior, other specified family circumstances, other interpersonal problems, phase of life problems, other life circumstance problems, occupational problems, and uncomplicated bereavement, except as provided in subdivision (5).

Scope of Practice

- **(5)** Practice of counseling as a mental health service provider means the application of mental health and human development principles in order to:
 - **(A)** Facilitate human development and adjustment throughout the life span;
 - **(B)** Prevent, diagnose, and treat mental, emotional or behavioral disorders and associated disorders that interfere with mental health;
 - **(C)** Conduct assessments and diagnoses for the purpose of establishing treatment goals and objectives within the limitations prescribed in § [63-22-150](#)(1); and

Scope of Practice

- **(D)** Plan, implement, and evaluate treatment plans using counseling treatment interventions. “Counseling treatment interventions” means the application of cognitive, affective, behavioral and systemic counseling strategies that include principles of development, wellness, and pathology that reflect a pluralistic society. Nothing in this definition shall be construed to permit the performance of any act that licensed professional counselors designated as mental health service providers are not educated and trained to perform, nor shall it be construed to permit the designation of testing reports as “psychological.”

Scope of Practice

- **(1)** “Appraisal activities” means selecting, administering, scoring, and interpreting instruments designed to assess an individual's aptitudes, achievements, or interests, which are used to understand, measure or facilitate such individual's normal human growth and development, but does not include the use of projective techniques in the assessment of personality, nor the use of psychological or clinical tests designed to identify or classify abnormal or pathological human behavior, nor the use of individually administered intelligence tests. Consistent with each counselor's formal education and training, licensed professional counselors may administer and utilize appropriate assessment instruments that measure and/or diagnose problems and/or dysfunctions within the context of human growth and development as part of the counseling process or in the development of a treatment plan;

Scope of Practice

- **63-22-117. Prohibited activities**
- Nothing in this part shall be construed as permitting any person licensed or certified as a professional counselor or designated as a mental health service provider under this chapter to engage in the practice of licensed psychological examiner, licensed senior psychological examiner, certified psychological assistant, licensed psychologist, licensed social worker, psychiatric nurse, law or medicine.

Scope of Practice

- **(a)** The practice of advanced master's or doctorate social work as a licensed clinical social worker is a specialty within the practice of social work that requires the application of social work theory, knowledge, methods, principles, values, ethics, and the professional use of self to restore or enhance social, psychosocial or biopsychosocial functioning of individuals, couples, families, groups or persons who are adversely affected by social or psychosocial stress or health impairment. The practice of clinical social work requires the application of specialized clinical knowledge and advanced clinical skills in the areas of assessment, diagnosis and treatment of mental, emotional and behavioral disorders, conditions and addictions, including severe mental illness in adults and serious emotional disturbances in children, case management, direct practice,

Scope of Practice

- information and referral, clinical and nonclinical supervision, and the development, implementation, and administration of policies, programs and activities. Treatment methods include the provision of individual, marital, couple, family, and group therapy, mediation, counseling, supportive counseling, advanced case management, direct practice and psychotherapy. Clinical social workers are qualified to use the Diagnostic and Statistical Manual of Mental Disorders (DSM), the International Classification of Diseases (ICD), and other diagnostic classification systems in assessment, diagnosis, treatment planning and other activities. The advanced practice of clinical social work may occur outside the jurisdiction of an agency or organizational setting in which the social worker assumes responsibility and accountability for the nature and quality of the

Scope of Practice

- services provided to clients, pro bono or in exchange for direct payment or third-party reimbursement. Practice at this level may include the provision of supervision for licensed or temporarily licensed master's social workers seeking advanced licensure as an advanced practice social worker or as a licensed clinical social worker. Licensed clinical social workers may engage in both independent clinical and agency-based, nonclinical, macro social work practice. A social worker may not prescribe medication or interpret psychological tests. The practice of advanced master's or doctorate social work as a licensed clinical social worker may include the practice activities of a licensed baccalaureate social worker, licensed master's social worker and/or licensed advanced practice social worker.

Scope of Practice

- **PSYCHOLOGICAL EVALUATION FOR SEX OFFENDERS**
- Recommend residential sex offender treatment
- Additional psychological evaluation should be conducted in six months to determine progress
- Joe Blow, M.Ed., NCC, LPC-MHSP

Personal Problems and Conflicts

- Recognize that personal problems and conflicts may interfere with effectiveness
- Be alert to adverse impact of personal difficulty, seek professional assistance, and limit work-related duties
- APA: 2.06 Personal Problems and Conflicts
- ACA: C.2.g. Impairment
- NASW: 1.06 Conflicts of Interest

Supervisory Relationships

- Delegate Professional Tasks to competent people and provide supervision
- Trainees and research assistants supervision shall be agreed upon in writing.
- APA: 2.05 Delegation of Work to Others
- ACA: F.1. Counselor Supervision and Client Welfare
- NASW: 3.01 Supervision and Consultation; 3.02 Education and Training

Client Relationships

- Shall not exaggerate the efficacy of services
- Address financial matters: Describe fees for services; make payment arrangements in beginning; inform of fee changes in advance; inform parent or legal guardian for juvenile.
- APA: 2.01
Boundaries of Competence
- ACA: C.2.a.
Boundaries of Competence
- NASW: 4.06
Misrepresentation

Client Relationships

- Informed Consent:
 - Types of services proposed
 - Reasonable expectation of outcome
 - Alternatives to service
 - Potential benefits and risks in services
 - Limits of privilege and Confidentiality
- APA: 3.10 Informed Consent
 - ACA: A.2. Informed Consent in the Counseling Relationship
 - NASW: 1.03 Informed Consent

Informed Consent

- Whose consent is required for the release of medical information, including mental health information and alcohol and substance abuse records?
- The authority to release records is the same regardless of the type of license held by the practitioner or facility. It is relevant as to what type of information is being released: Mental health; substance abuse; or medical.

Informed Consent

- For children, the consent of the child may be required depending on the type of information being released.
- If a parent has lost parental rights, they would not be entitled to access to the medical records; however, a non-custodial parent has the right to copies of records, if the child's consent is not required.

Informed Consent

- Tennessee follows the Rule of Sevens in determining whether a child has the capacity to consent to medical treatment:
- A child 7 years or younger has no capacity
- 7-14 rebuttable presumption of no capacity
- 14-21 rebuttable presumption of capacity
- Therefore, this applies to medical records

Informed Consent

- TCA 33-3-103: Release of mental health information requires to consent of an individual if 16 years of age or older.
- Tennessee does not require the consent of the parent or guardian to provide alcohol or substance abuse treatment, so consent of the individual is required.

Informed Consent

- Summary:
- Medical records: 14 years or older, patient must provide consent
- Mental health records: 16 years or older, patient must provide consent
- Substance Abuse records: If patient consented to treatment, then must provide consent to release records related to that treatment

Informed Consent

- Meaning of Informed?
- Informed consent requires that the client/subject understands the thing to which they are consenting.
- Limits of confidentiality
- Giving a “heads up”
- Readability of Client’s Rights
- HIPPA/FERPA

MARK W. SIGLER, PH.D., LSPE, LPC
161 INDIAN CREEK ROAD
HOHENWALD, TN 38462

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

RE: _____
(NAME) (DATE OF BIRTH) (SOCIAL SECURITY NO.)

(ADDRESS) (CITY, STATE, ZIP CODE)

I understand that this release of information is intended to allow me to provide my informed consent for an exception to my confidentiality and the protection of my privacy. I hereby authorize Mark W. Sigler, Ph.D., LSPE, LPC to RELEASE the following specific information between the dates of _____ & _____ and/or REQUEST the following specific information between the dates of _____ & _____:

- | RELEASE | REQUEST |
|---------|--|
| _____ | _____ 1) Medical history, examination, laboratory tests and treatment reports |
| _____ | _____ 2) Psychological test reports and/or self report scales |
| _____ | _____ 3) Psychiatric evaluation reports |
| _____ | _____ 4) Social history data including personal & family history, and psychosocial/initial assessment |
| _____ | _____ 5) Summary of previous mental health treatment |
| _____ | _____ 6) Periodic reports of current treatment progress, including follow-up session notes and discharge summary |
| _____ | _____ 7) Hospital admission & discharge summaries |
| _____ | _____ 8) Treatment plan and/or care plan |
| _____ | _____ 9) Medication review record |
| _____ | _____ 10) Special Education records |
| _____ | _____ 11) Psychosexual Evaluation reports and information related to sexual abuse/offense |
| _____ | _____ 12) Clinical progress notes |
| _____ | _____ 13) Specify: _____ |

From to Mark W. Sigler, Ph.D., LSPE, LPC from to:

(NAME OF INDIVIDUAL OR AGENCY)

(ADDRESS, CITY, STATE, ZIP CODE)

For the purpose of _____

- The designated information MAY MAY NOT be transmitted by fax.
The designated information MAY MAY NOT be discussed by phone.
The designated information MAY MAY NOT be transmitted by email.

This request and authorization to release information is based on my understanding of the content of my records, the use of the information once it is released, and my understanding that the source providing the information cannot be responsible for the protection of my privacy once the information is conveyed. I release the source of information from all liability arising from the release. I understand that the recipient of the requested information is prohibited by federal law from making any further disclosure of it without my specific written permission. This consent is subject to revocation at any time except to the extent that the party instructed to make the disclosure has already taken action in reliance on it. If not previously revoked, this consent will terminate on _____.

(CLIENT/SUBJECT) DATE _____ DATE _____

(WITNESS)

Client Relationships

- Supervisory or peer-based consultation when a Professional Relationship might be non-therapeutic
 - Sexual intimacy with clients or former clients is unethical.
 - Sexual intimacy with family members is also unethical.
- APA: 10.05 Sexual Intimacies With Current Therapy Clients/Patients
 - 10.06 Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients
 - 10.07 Therapy With Former Sexual Partners
 - 10.08 Sexual Intimacies With Former Therapy Clients/Patients
 - NASW: 1.09 Sexual Relationships; 1.10 Physical Contact; 1.11 Sexual Harassment

Client Relationships

- Shall not withdraw services in a precipitous manner
 - Minimize possible adverse effects on client
 - Notify client promptly and provide transfer or referral if possible
- APA: 10.9 Interruption of Therapy; 10.10 Terminating Therapy
 - ACA: A.11. Termination and Referral
 - NASW: 1.15 Interruption of Services; Termination of Services

- What about a scenario where a therapist-client relationship ends because the client turns age 18 years (when authorized services end)? The person who served the individual as therapist considers offering the individual residence in the person's home until the individual graduates from high school (for approximately one school year). The intended purpose of the offer is to provide a safe place in which the individual can reside until college acceptance. The therapy occurred in private practice with a third-party payer and the therapist had no contractual relationship with the school system where the individual is enrolled. Are there any ethical breaches for this consideration when the therapist-client relationship has been discontinued?

- **10.10 Terminating Therapy**

- (a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.
 - (b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.
 - (c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate. (APA)

Ethical Decision Making

- A male therapist was treating a female sex offender who had been diagnosed with Borderline Personality Disorder and had a history of suicidal gestures. She had already sexually propositioned the therapist several times when he told her he was going on vacation for two weeks to England. She refused his offer of contact with a colleague while he would be away, so he gave her his cell phone number.

Ethical Decision Making

- She called him 30 times during his two week vacation. After he returned, she began calling his home number and cell number in the evening while he was at home, often several times a day. After six months of this, he consulted another therapist who was a former supervisor. He was advised to terminate therapy.

Ethical Decision Making

- After struggling with the decision to terminate for a couple of weeks, he told the client that he had decided to terminate treatment with her, and he referred her to another SOTB approved provider. She went home and committed suicide. The family sued the therapist for malpractice and won. Why?

Multiple Relationships

- A relationship in one context (social or business) that conflicts with and or compromises the primary Professional Relationship
- Foreseeable non-professional contact after other options are exhausted.

- **APA: 3.05 Multiple Relationships**
- (a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

Multiple Relationships

- A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.
- Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

Multiple Relationships

- Refrain from professional obligations when pre-existing relationship may impair professional judgment or create risk of harm
- Resolve unforeseen circumstances quickly
- **ACA: A.5.c. Nonprofessional Interactions**
- **or Relationships (Other Than Sexual or Romantic Interactions or Relationships)**
- Counselor–client nonprofessional relationships with clients, former clients, their romantic partners, or their family members should be avoided, except when the interaction is potentially beneficial to the client.

Multiple Relationships

- At our high school we may refer students to an outside counselor for more therapeutic interventions and family support. This counselor is a Clinical Psychologist and meets with students in our school.
- Today in a meeting a parent made a comment about this psychologist being a friend with her son on Facebook. Her son sees this psychologist for counseling once a week. The psychologist sees what the student posts and discusses it with the student and his mother. I confirmed that this is true.
- So my question is what to do in this situation. I see it as a dual relationship, thus unethical. My thought is that I find a way to talk to the psychologist about this before considering reporting it to a board of any sort. Do others also see it as unethical? What do you suggest I do and how would I word this when speaking to the psychologist?

Kathy Secinaro
School Psychologist
NH

Multiple Relationship

- Before you assume that the situation is a dual relationship, talk to the psychologist and find out how s/he has framed and is using the Facebook interactions. If you don't have two-way consent to talk to the psychologist about this particular student, then you will need to get that consent or have a general discussion with the psychologist ("I've heard that you are friends on Facebook with some of our students that you see. How do you use that relationship?").

If the psychologist believes that the relationship is one thing, but you have heard from the student and parent that they believe it is something else, then the psychologist needs to know that. If this clarification does make it sound like a dual relationship, express your concerns to the psychologist and see if s/he will correct the situation.

Abby Royston NCSP
School Psychologist
Winward District Office
Honolulu HI

Multiple Relationship

- "Friend" on Facebook is not necessarily the same as friendship; really, it means level of access to a person's information. Therapists very frequently communicate with their clients outside of the therapy sessions via email or phone. People frequently share their journals with their therapists. Inviting a therapist to access a Facebook account could simply be a way to communicate important information that is difficult to approach verbally. It could be the equivalent of a school psychologist observing a student in the classroom or during recess rather than simply asking the student, parent or teacher what happens in those settings.

Abby Royston NCSP
School Psychologist
Winward District Office
Honolulu HI

Multiple Relationship

- Having access to a student's facebook would allow a unique window in to the student's social interactions. I wonder if the psychologist has a "work" facebook account in order to not be sharing their own personal details with students? One other consideration would be in the case of a student being cyberbullied. Someone needs to be monitoring and notifying authorities when appropriate if a student reports this occurring. I discuss with the student and parent about the parent's role in monitoring their child's social media and help them negotiate healthy and appropriate boundaries for supporting and supervising their child.

Molly Harrison, NCSP, LEP
School Psychologist
Nevada County Superintendent of
Schools, Charter Cooperative
Nevada City CA

SUD

- Seeming Unimportant Decisions
- Omission/Commission
- I decided to omit a seeming unimportant piece of information from **The Presenter** section of this presentation:
- I am a a Licensed Insurance Agent
- Insurance Producer for Life and Accident & Health

SUD

- If a client did not have health insurance coverage which would reimburse for my clinical services, I could sell him a policy which would cover his treatment!
- Ethical or Unethical?
- Why?

SUD

- If a client did not have health insurance coverage which would reimburse for my clinical services, I could sell him a policy which would cover his treatment!
- Ethical or Unethical?
- Why?
- What is the conflict of interest?

Decision Making

- Mike is a Licensed Psychologist in San Antonio Texas. He has been providing treatment to an elderly female client who has been diagnosed with cancer. His client has moved to Nashville, Tennessee to live with her daughter, and get treatment from Vanderbilt Hospital. Mike has continued to work with her via Skype. What are the legal/ethical issues?

Decision Making

I attended a meeting last week where ethical dilemmas [were] discussed and an incidence was used as an example. But I am still a bit confused even though there was an extensive discussion on this. I still wonder what I would do if I encountered such [a] situation.

Chidi Ndubueze

MHR, LPC, LADC/MH

Oklahoma City, OK

- A couple brought a 7 year old boy to a counselor and reported that about a year ago, the father caught his 17 year old son who has AUTISM SPECTRUM, and the seven year son (then six years old), in a bedroom with the seven year old's underwear down, and the seventeen year old hiding under a table without any underwear on.

Decision Making

- The little boy had told their dad that his big brother was begging to insert his "pee-pee" in the little one's "butt" but the little one was still saying no when dad walked in on them. Parents took both to the seventeen year old's psychologist and it was determined that nothing happened beyond begging and refusing. The psychologist did not report the incidence to child protective services, one of the reasons being that the seventeen year old was mentally ill, and another, that he did not touch his little brother. However the parents removed the seventeen year old from the home and he is not allowed into the house without the parents' supervision and he is not allowed near the seven year old at all.

Decision Making

- A year later, the parents took the seven year old to the counselor, because they had seen the little boy touching himself in his bedroom and they wouldn't want him to do that outside, or touch other kids at school. The counselor was caught in the ethical dilemma: Should he report the incidence that happened with the seventeen year old brother to child protective services, or not? What would child protective services do in this case, with the seventeen year old out of the home, and the little boy in no danger, and there is no possibility of such reoccurring? Is there a negligence in the part of the psychologist? If yes, what? Would the parents be held accountable in any way for what happened that day?

Confidentiality

- Inform clients of the limits of confidentiality
 - Inform clients of circumstances that may cause an exception to agreed confidentiality
 - Inform about mandatory reporting requirements
 - Clarify issues where multiple parties are involved
- APA: 4. Privacy and Confidentiality
 - ACA: Section B Confidentiality, Privileged Communication, and Privacy
 - NASW: 1.07 Privacy and Confidentiality

Confidentiality

- Clarify issues in a manner that a minor client is capable of understanding: Sharing information with parents, guardians, and/or agencies that may have custody of the minor
- APA: 10.02 Therapy Involving Couples or Families
- ACA: B.5.b. Responsibility to Parents and Legal Guardians
- NASW: 1.14 Clients Who Lack Decision Making Capacity

Confidentiality

- Clarify at the outset how confidentiality will apply among participants and to any external party when service to several persons who have a relationship is provided (couple, family, etc.)
- **ACA: B.4. Groups and Families**
- **B.4.a. Group Work**
- In group work, counselors clearly explain the importance and parameters of confidentiality for the specific group being entered.

Confidentiality

- **B.4.b. Couples and Family Counseling**
- In couples and family counseling, counselors clearly define who is considered “the client” and discuss expectations and limitations of confidentiality. Counselors seek agreement and document in writing such agreement among all involved parties having capacity to give consent concerning each individual’s right to confidentiality and any obligation to preserve the confidentiality of information known.

Confidentiality

- Compliance with mandated reporting laws and statutes
- Inform regarding the identity of supervisors and how this impacts confidentiality
- Unless reporting is mandated, written permission before information is divulged to anyone other than staff

NASW: 1.07(h) Social workers should not disclose confidential information to thirdparty payers unless clients have authorized such disclosure.

Confidentiality

- **ACA: B.2.a. Danger and Legal Requirements**
- The general requirement that counselors keep information confidential does not apply when disclosure is required to protect clients or identified others from serious and foreseeable harm or when legal requirements demand that confidential information must be revealed. Counselors consult with other professionals when in doubt as to the validity of an exception. Additional considerations apply when addressing end-of-life issues.

Confidentiality

- **B.2.b. Contagious, Life-Threatening**
- **Diseases**
- When clients disclose that they have a disease commonly known to be both communicable and life threatening, counselors may be justified in disclosing information to identifiable third parties, if they are known to be at demonstrable and high risk of contracting the disease. Prior to making a disclosure, counselors confirm that there is such a diagnosis and assess the intent of clients to inform the third parties about their disease or to engage in any behaviors that may be harmful to an identifiable third party.

Confidentiality

- **B.2.c. Court-Ordered Disclosure**
- When subpoenaed to release confidential or privileged information without a client's permission, counselors obtain written, informed consent from the client or take steps to prohibit the disclosure or have it limited as narrowly as possible due to potential harm to the client or counseling relationship.

Confidentiality

- **B.2.d. Minimal Disclosure**
- To the extent possible, clients are informed before confidential information is disclosed and are involved in the disclosure decision-making process. When circumstances require the disclosure of confidential information, only essential information is revealed.

Confidentiality

- We know it's tempting to ask for case consultations on ACA Connect, but due to the potential violation of both the ACA Code of Ethics and federal (HIPAA) law, this activity is not allowed on ACA Connect. It is not permissible to present aspects of a case on a counseling listserv or online forum even if the client's name is not given. Information shared by a client and clinical impressions must be afforded the same level of confidentiality as the name of the client. Describing a client's presenting problem, diagnosis, or clinical treatment approach through listservs or online forums – even if the client's name is not given – is a violation of confidentiality. It is perfectly fine to talk about issues (e.g. asking, “Does anyone have any resources on eating disorders in male wrestlers?” or, “Does anyone have a referral to a specialist in PTSD in the Boston area?”), but please ensure that you phrase your post in a manner that does not describe an actual client.

Confidentiality

- Subject: Breaking confidentiality for drug use

I have been informed by our school social worker that some new law restricts our ability to share information regarding drug use. So if a student informs me in counseling that they are using, even abusing, drugs, I cannot break confidentiality without their written permission.

Is this true?

Kathy Secinaro
School Psychologist
Prospect Mountain High School
Alton NH

Confidentiality

- This federal law has been on the books since 1992. See Center for Substance Abuse Treatment. Substance Abuse Treatment and Domestic Violence. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 1997. (Treatment Improvement Protocol (TIP) Series, No. 25.) Appendix B-Federal Confidentiality Regulations. <http://www.ncbi.nlm.nih.gov/books/NBK64435/>

Abby Royston, Ph.D., NCSP
Lead Psychologist
Windward District Office
Honolulu HI

Confidentiality

- The whole book is available online. Here is a brief excerpt:
- "Federal law (United States Code, Title 42, @ @290dd-2 [1992]) and the Federal regulations that implement it -- Title 42, Part 2, of the *Code of Federal Regulations* (42 C.F.R. Part 2) -- guarantee the strict confidentiality of information about all persons receiving substance abuse prevention and treatment services. They are designed to protect privacy rights and thereby attract individuals into treatment. The regulations are more restrictive of communications than are those governing the doctor-client relationship or the attorney-client privilege....
- "Any program that specializes, in whole or in part, in providing treatment, counseling and assessment, and referral services, or a combination thereof, for clients with alcohol or other drug problems must comply with the Federal confidentiality regulations (@2.12(e)). It is the kind of services provided, not the label, that determines whether a program must comply with the Federal law....

Abby Royston, Ph.D., NCSP
Lead Psychologist
Windward District Office
Honolulu HI

Confidentiality

- "The Federal confidentiality law and regulations protect any information about a client if the client has applied for or received any alcohol- or drug abuse-related services-including assessment, diagnosis, detoxification, counseling, group counseling, treatment, and referral for treatment -- from a covered program. The restrictions on disclosure apply to any information that would identify the client as a substance abuser, either directly or by implication. The rule applies from the moment the client makes an appointment. It applies to clients who are civilly or involuntarily committed, minors, clients who are mandated into treatment by the criminal justice system, and former clients."

Abby Royston, Ph.D., NCSP
Lead Psychologist
Windward District Office
Honolulu HI

Confidentiality

- Though there is room to debate what constitutes "risky" substance abuse, it does seem that unless a student comes to the school psychologist specifically to seek substance abuse treatment we would be fulfilling our legal and ethical obligations to protect our minor students' health and safety by informing parents about high-risk behavior.

Meaghan Guiney, Ph.D., NCSP
Clinical Assistant Professor
Fairleigh Dickinson University
Teaneck, NJ

Confidentiality

- Inform when working within criminal justice settings: level of confidentiality
- Consent from a legally authorized person or agency for providing services where persons are legally incapable of giving informed consent
- **ACA: B.5. Clients Lacking Capacity to Give Informed Consent**
- **B.5.a. Responsibility to Clients**
- When counseling minor clients or adult clients who lack the capacity to give voluntary, informed consent, counselors protect the confidentiality of information received in the counseling relationship as specified by federal and state laws, written policies, and applicable ethical standards.

Confidentiality

- Inform those clients about proposed assessments and/or interventions in a manner commensurate with psychological or developmental capabilities
- APA: 9.03 Informed Consent in Assessments
- ACA: Section E Evaluation, Assessment, and Interpretation
- NASW: 1.03(c)

Confidentiality

- Seek their help and participation in such interventions
 - Consider such persons' preferences and best interests
 - Demonstrations of treatment with clients only for educational benefits
- APA: 4.07 Use of Confidential Information for Didactic or Other Purposes
 - 8.02 Informed Consent to Research
 - 8.03 Informed Consent for Recording Voices and Images in Research

Confidentiality



- NASW: 1.02 SelfDetermination
- ACA: A.2.c. Developmental and Cultural Sensitivity; A.6.a. Advocacy; C.6.c. Media Presentations

Confidentiality

- Without written consent:
- A clear and immediate danger to self or others
- An obligation to comply with specific statutes or regulations requiring reporting

- **4.02 Discussing the Limits of Confidentiality**

(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard [3.10, Informed Consent.](#))

Confidentiality

- What are your thoughts and feelings about a Duty to Warn and Protect?
- A Duty to Report?
- What is the difference between confidential information and privileged information?

Confidentiality

- When consulting with colleagues do not share confidential information that might lead to the identification of a client unless first obtaining prior written and informed consent
- Limit information to that necessary to achieve the purpose of the consultation
- APA: 4.06 Consultations
- ACA: **C.2.e. Consultation on Ethical Obligations**
- Counselors take reasonable steps to consult with other counselors or related professionals when they have questions regarding their ethical obligations or professional practice.

Confidentiality

- While providing training or workshops do not share confidential information that might reasonably lead to the identification of a client.
 - Protect confidentiality when using audio or video tape or pictures
- **ACA: B.7.e. Agreement for Identification**
 - Identification of clients, students, or supervisees in a presentation or publication is permissible only when they have reviewed the material and agreed to its presentation or publication.

Confidentiality

- You are the Program Director of a residential treatment program for adolescent sex offenders. A serious incident has occurred in which an adolescent physically assaulted a female staff member, giving her a black eye. She filed Assault charges against the resident.

Confidentiality

- When facility staff are getting ready to transport the resident to court, he insists that he wants to take along another resident to testify on his behalf. The staff member who filed the charges has subpoenaed a recently discharged resident who volunteered to testify for her, but the accused resident's court appointed attorney has not subpoenaed anyone.

Confidentiality

- Do you let the other resident go to court to testify?
- What are the confidentiality issues?
- Is age of consent a factor in the decision?



Professional Relationships

- Refrain from offering services to a client who is in treatment with another professional without consultation between the professionals involved.
- Obtain a release to other service providers
- APA: Cooperation with Other Professionals
- ACA: Section D Relationships with Other Professionals
- NASW: 2. Social Workers' Ethical Responsibilities To Colleagues

Professional Relationships

- If client refuses a release discontinue the therapeutic relationship
- Apply above if discover that the client was in treatment with another service provider



Professional Relationships

- If service is at the request of a third party, clarify at the outset the nature of the relationship with each party
 - Include the potential use of the services and any information obtained, and limits to confidentiality
- **ACA:**
 - **D.1.d. Confidentiality**
 - When counselors are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, they clarify role expectations and the parameters of confidentiality with their colleagues.

Professional Relationships

- Avoid professional judgment being affected by:
- Financial business, property, or personal interests;
- Treatment of another client; or
- Commitment or relationships with third parties or entities.

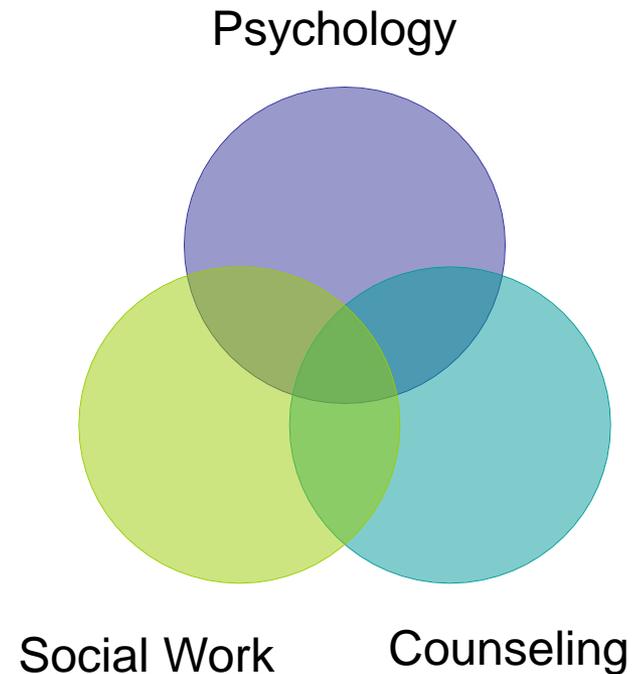
- **APA:**

- **3.06 Conflict of Interest**

Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

Professional Relationships

- Neither offer nor accept payment for referrals



Public Information and Advertising

- Professional presentations based upon accurate information and, whenever possible, supported by scientific literature
- Do not produce unrealistic expectations, bring about a lack of confidence in the profession, or harm the community
- APA: 5. Advertising and Other Public Statements
- ACA: C.3. Advertising and Soliciting Clients
- NASW: 4.06 Misrepresentation

Public Information and Advertising

- Advertising shall include:
- Office or agency identifiers;
- Professional degrees, licensure and/or professional certification;
- Specific experience and training in specialization and services offered
- Fee information, including methods of payment accepted.

- **A.12.h. Sites on the World Wide Web**
- Counselors maintaining sites on the World Wide Web (the Internet) do the following:
 - 1. Regularly check that electronic links are working and professionally appropriate.
 - 2. Establish ways clients can contact the counselor in case of technology failure.
 - 3. Provide electronic links to relevant state licensure and professional certification boards to protect consumer rights and facilitate addressing ethical concerns.

World Wide Web



- 4. Establish a method for verifying client identity.
- 5. Obtain the written consent of the legal guardian or other authorized legal representative prior to rendering services in the event the client is a minor child, an adult who is legally incompetent, or an adult incapable of giving informed consent.
- 6. Strive to provide a site that is accessible to persons with disabilities.

World Wide Web



- 7. Strive to provide translation capabilities for clients who have a different primary language while also addressing the imperfect nature of such translations.
- 8. Assist clients in determining the validity and reliability of information found on the World Wide Web and other technology applications.

Social Media

- Bob is a School Psychologist who has been working with a 13 year old male student in a middle school. The student's mother made a friend request on facebook, and Bob accepted it thinking it would be an easy way to communicate with the student's parents and keep up with the student's family and social life. Last week, Bob went out one night celebrating his birthday. He had a few drinks with friends and posted some pictures from the bar on facebook. The next day he posted that he did not sleep well, was tired, and a little hung over. That day, at school, he gave the above student an IQ test. The mother asked the school to pay for an additional independent evaluation. What are the legal/ethical issues?

Public Information and Advertising

- Refrain from use of name or credential that could mislead referral sources or the public
- Indicate limitations in practice, including supervision
- Do not represent affiliation as sponsorship or certification by an organization or agency

Informed Consent

- HIPPA
- **Permitted PHI Disclosures Without Authorization**
- The Privacy Rule permits a covered entity to use and disclose PHI, with certain limits and protections, for TPO activities [45 CFR § 164.506]. Certain other permitted uses and disclosures for which authorization is not required follow. Additional requirements and conditions apply to these disclosures. The Privacy Rule text and OCR guidance should be consulted for a full understanding of the following:

Informed Consent

- Required by law. Disclosures of PHI are permitted when required by other laws, whether federal, tribal, state, or local.
- Public health. PHI can be disclosed to public health authorities and their authorized agents for public health purposes including but not limited to public health surveillance, investigations, and interventions.
- Health research. A covered entity can use or disclose PHI for research without authorization under certain conditions, including 1) if it obtains documentation of a waiver from an institutional review board (IRB) or a privacy board, according to a series of considerations; 2) for activities preparatory to research; and 3) for research on a decedent's information.

Informed Consent

- Abuse, neglect, or domestic violence. PHI may be disclosed to report abuse, neglect, or domestic violence under specified circumstances.
- Law enforcement. Covered entities may, under specified conditions, disclose PHI to law enforcement officials pursuant to a court order, subpoena, or other legal order, to help identify and locate a suspect, fugitive, or missing person; to provide information related to a victim of a crime or a death that may have resulted from a crime, or to report a crime.
- Judicial and administrative proceedings. A covered entity may disclose PHI in the course of a judicial or administrative proceeding under specified circumstances.
- Cadaveric organ, eye, or tissue donation purposes. Organ-procurement agencies may use PHI for the purposes of facilitating transplant.

Informed Consent

- Oversight. Covered entities may usually disclose PHI to a health oversight agency for oversight activities authorized by law.
- Worker's compensation. The Privacy Rule permits disclosure of work-related health information as authorized by, and to the extent necessary to comply with, workers' compensation programs.

HIPPA INFORMATION STORAGE

- It's important to note that there is no such thing as compliant software or devices. Only Covered Entities and Business Associates can be compliant. They do so by following all of the requirements of HIPAA and HITECH, which are extensive when it comes to technology.

There are multiple pieces to establishing and maintaining compliance. With technology, you must establish administrative, technical, and physical safeguards that follow HIPAA/HITECH requirements. The short summary is that:

HIPPA INFORMATION STORAGE

- Administrative safeguards refer to doing a risk assessment/analysis and establishing policies and procedures regarding the creation, storage and transfer of PHI and ePHI (electronic PHI) (Policies can address who has passwords/access to PHI and much more)
- Technical safeguards mean you use technical means to secure the data (for example, encrypting the entire flash drive)
- Physical safeguards mean you use physical means to protect the data. (for example, keeping the flash drive in a secure container when not in use and restricting who has access).

HIPPA INFORMATION STORAGE

- There's a lot more to it. For example, while full drive encryption might not be your only possibility for maintaining compliance, there are additional advantages to doing so. The primary one being exemption from the Breach Notification rule.
- These are the things you/your organization must have in place to be compliant. Many people make the mistake of thinking they simply need to "purchase compliant solutions" and they are all set.

Psychological Records

- Content – All patient records, or summaries thereof, produced in the course of the practice of psychology for all patients shall include all information and documentation listed in T.C.A. § 63-2-101 (c) (2) [*Medical Records*] and such additional information that is necessary to insure that a subsequent reviewing or treating psychologist, senior psychological examiner or psychological examiner can both ascertain the basis for the diagnosis, treatment plan and outcomes, and provide continuity of care for the patient.

Psychological Records

- Patient records include, but are not limited to:
- (i) the name of the patient and other identifying information;
- (ii) the presenting problem(s) or purpose of diagnosis;
- (iii) the fee arrangement;
- (iv) the date and substance of each billed or service-count contact or service;
- (v) any test results or other evaluative results obtained and any basic test data from which they were derived (not including protocols);
- (vi) notation and results of formal consults with other providers;
- (vii) a copy of all test and other evaluative reports prepared as a component of the professional relationship; and
- (viii) any releases executed by the patient.

Psychological Records

- **OLD RULE (NOW DELETED)**
- 2. Not included in patient records are:
 - (i) test data – raw and scaled scores, client/patient responses to test questions or stimuli, and notes and recordings concerning client/patient statements and behavior during an examination.
 - (ii) test materials – manuals, instruments, protocols, and test questions or stimuli.
 - (iii) psychotherapy notes – notes recorded (in any medium) by a psychologist, senior psychological examiner or psychological examiner, who is designated as a health service provider as defined in Rule 1180-1-.01, that document or analyze the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's patient record.

Psychological Records

NEW RULE

2. Not included in patient records are test materials, such as manuals, instruments, protocols, and test questions or stimuli. Although not included in patient records, test materials such as manuals, instruments, protocols, and test questions or stimuli must be retained in accordance with the “Ethical Principles of Psychologists and Code of Conduct” published by the American Psychological Association.

Psychological Records

- (e) Retention of Patient Records – Patient records shall be retained for a period of not less than seven (7) years from the last clinical contact between the patient and the psychologist, senior psychological examiner or psychological examiner, or their professionally certified supervisees except for the following:
 - 1. Records for incompetent patients shall be retained indefinitely.
 - 2. Records of minors shall be retained for a period of not less than one (1) year after the minor reaches the age of majority or seven (7) years from the date of the last clinical contact with the patient, whichever is longer.
 - 3. Notwithstanding the foregoing, no patient record involving services which are currently under dispute shall be destroyed until the dispute is resolved.

Psychological Records

- **1180-01-.13 MANDATORY RELEASE OF PATIENT RECORDS.**
- (1) Within ten (10) working days of receipt of a written request from a patient or the patient's authorized representative, an individual licensed by this Board shall provide a complete copy of the patient's records, or summary of such records which were maintained by the provider.

Psychological Records

- Rule 1180-01-.13, July, 2014 (Revised) 28
- (2) A licensee shall be entitled to charge reasonable costs, as outlined by T.C.A. § 63-2-102, for the reproduction of records to a third party not to exceed twenty dollars (\$20.00) for reports or records five (5) pages or less in length and fifty cents (\$.50) per page for each page copied after the first five (5) pages for copying and mailing patient records.

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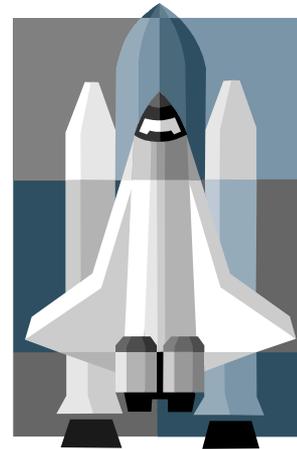
Cell: 931-209-6851

Fax: 931-796-1152



Risk Analysis in Decision Making

- We do not separate risk and emotion
- Catastrophes more feared than likely events
- We underestimate risks that do not produce consequences immediately



(Szalavitz 2008)

Risk Management



- Risks we believe we can control are preferred
- Control for one risk and we substitute another
- We ignore our gut feelings when we think it out
- We cannot separate our values from risk taking

(Szalavitz 2008)

The Presenter

- PROFESSIONAL ORGANIZATIONS:
-
- National Association of School Psychologists
- North American Association of Masters in Psychology
- American Counseling Association
- National Education Association
- Tennessee Association of School Psychologists
- (Past President, Chairperson - Professional Development Committee, Liaison to TPA)
- Tennessee Psychological Association
- (Past President of TAPE)
- Tennessee Counseling Association
- Tennessee Education Association
- Tennessee Licensed Professional Counselors Association

Professional Organizations

- Paul Fornell, ACA's Director of Ethics and Professional Standards
- Available for confidential, free consultations on ethical situations you are facing
- Will assist with consultations on professional standards issues

Professional Organizations

- “[Fornell] emphasizes that ACA members should not view the consultation services only as a last-ditch option. There is no shame, Fornell says, in counselors admitting that they don’t have all the answers and seeking help as part of regular practice. The real danger comes when counselors sequester themselves and rely solely on their own perspective, he says.”

Professional Organizations

- Fornell advises that if you are questioning your decision making as to how to handle a situation you should seek professional consultation.
- He says to consider this question: “What is your next step going to be?”
- “Ethics should flow naturally from your education, your training and your professional experience.”

Professional Organizations

- “If you know what your values are and apply those values consistently, that’s 90 percent of it.”
- “I also believe that continuing education and being a member (of your professional associations) should be part of your everyday ethics.”
- Drop the “I can do it all on my own” superhero facade.

Professional Organizations

- “Half of the (ethics) calls I receive would never be made if counselors were required to have lifelong consultation or a lifelong mentor,” Fornell says.
- “Professional competence really comes from reminding ourselves every day, ‘I don’t know everything.’”

Psychology Board Action

- **In a recent disciplinary case that came before the Board of Examiners in Psychology, the following requirements were required of a licensee:**
- **Obtain clinical supervision for a specified period of time;**
- **Take a specified number of training hours on Ethics and Jurisprudence beyond the 3 required; and**
- **Join a professional psychological organization.**

Summary

- **With education and repetition we can retrain our instincts**
- Continuing education on ethics and jurisprudence
- Professional Consultation/Supervision
- Professional Membership/Affiliation
- Risk awareness and decision making skills

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