Behavioral Health and Wellness Practitioner Code of Professional Conduct

(1) General Purpose and Scope.

(a) This Code of Professional Conduct ("Code") constitutes the standards against which the professional conduct of behavioral health and wellness practitioners is measured, and applies to all licensees and applicants of the Board (collectively, "practitioners").

(b) This Code applies to the professional activities of practitioners across all settings, including but not limited to schools, community-based organizations, health care settings, and other environments in which behavioral health promotion, prevention, and brief intervention services are delivered. This Code also applies to all professional activities, including but not limited to in person, telehealth, and other modalities of service delivery.

(c) Violation of the provisions of this Code will be considered unprofessional conduct and is sufficient reason for disciplinary action, including, but not limited to, revocation or denial of licensure. Lack of awareness or misunderstanding of any provision of this Code is not itself a defense.

(2) Code Construction.

(a) The Preamble and Ethical Principles are aspirational standards, intended to guide licensees and applicants toward the highest ideals of the profession and to inform ethical decision-making and the practical application of the Ethical Standards.

(b) The Ethical Standards are enforceable expectations for professional conduct, and are written broadly to apply to practitioners across the range of settings and modalities in which they serve clients. The development of a sound ethical foundation requires a personal commitment and ongoing effort to act ethically, to seek supervision and consultation in matters of ethical uncertainty, and to encourage ethical conduct among colleagues and peers.

(c) In evaluating compliance with this Code, the Board's primary mandate is the protection of the public. The Code shall be construed in a manner that maximizes client protection, safety, and well-being.

(d) In applying this Code to their professional work, practitioners should also consider applicable state and federal laws, the rules and guidance of the regulatory or credentialing bodies, the policies of their employing organizations, and the dictates of their own conscience. When this Code establishes a higher standard of conduct than is required by other authorities, practitioners should strive to meet the higher ethical standard. If ethical responsibilities conflict with law, regulations, or organizational demands, practitioners make known their commitment to this Code, consult with their supervisor(s), and take steps to resolve the conflict in a responsible manner consistent with basic principles of human rights and client welfare.

(3) Preamble.

(a) Practitioners are committed to advancing the behavioral health and well-being of individuals through evidence-based promotion, prevention, and brief intervention services.

(b) Licensed behavioral health and wellness practitioners are bachelor's-level licensed professionals who work under the direct supervision of a qualified licensed clinician to provide early identification of behavioral health concerns through screening, psychoeducation, skills training and skills support, brief evidence-based behavioral health interventions and prevention services, risk identification and referral, and collaboration, consultation, and care coordination with other behavioral health providers.

(c) Practitioners practice within a defined scope that is distinct from that of independently licensed mental health clinicians.

(d) Practitioners serve a vital role in expanding access to behavioral health support by delivering preventive and early intervention services, and by bridging gaps between individuals, families, and the broader behavioral health care system.

(e) Practitioners respect and protect the rights and dignity of the individuals and families they serve.

(f) Practitioners strive to promote equal access to behavioral health services and to deliver services that are accessible, responsive, and trauma-informed.

(g) Practitioners recognize the importance of understanding barriers in access to services among youth and families with differing circumstances.

(4) Ethical Principles.

(a) Principle A: Beneficence and Nonmaleficence. Practitioners strive to benefit the individuals with whom they work and take care to do no harm. In their professional actions, practitioners seek to safeguard the welfare and rights of those they serve. Because the professional judgments and actions of practitioners can affect the lives of others, they remain alert to and guard against personal, social, organizational, or other factors that could lead to the misuse of their influence.

Practitioners are aware of the possible effect of their own physical and mental health on their ability to help those with whom they work and make efforts to minimize detrimental impacts on others. Practitioners seek to resolve conflicts in a manner that minimizes harm to the individuals and families they serve, with particular attention to the vulnerability of those with diminished autonomy, including minors and other at-risk populations. They seek supervision or referral when client needs exceed their role or scope of practice.

(b) Principle B: Fidelity and Responsibility. Practitioners establish and maintain relationships of trust with the individuals they serve, as well as with supervisors, colleagues, and the communities in which they work. Practitioners are aware of their professional responsibilities and uphold the standards of professional conduct expected

of them. They clarify their professional roles and obligations and seek to manage conflicts of interest that could lead to exploitation or harm. They accept responsibility for their professional actions, maintain appropriate supervision, and collaborate with other providers in the client's best interest.

Practitioners actively monitor and address ethical concerns and support an environment of integrity within their organizations and teams and take appropriate action when they become aware of ethical concerns. Practitioners strive to contribute to the well-being of the communities they serve, including efforts to expand access to behavioral health support for individuals and families across the lifespan.

(c) Principle C: Integrity. Practitioners are accurate, honest, and truthful in the practice of behavioral health promotion, prevention, and brief intervention. They accurately represent their qualifications, credentials, and scope of practice to clients, families, supervisors, colleagues, and the public. They avoid making misleading claims about programming, outcomes, or interventions, and maintain clear, ethical boundaries in person and online. When mistakes occur, Practitioners acknowledge them, seek supervision, and take steps to correct any resulting issues. Practitioners are mindful of the trust placed in them by the individuals and families they serve and conduct themselves in a manner that upholds confidence in the profession.

(d) Principle D: Justice. Practitioners recognize that fairness and justice entitle all persons to access and benefit from evidence-based behavioral health services, and to equal quality in the services provided. Practitioners are committed to understanding differences in behavioral health outcomes and addressing barriers in access to behavioral health services. Practitioners strive to ensure that their services reach and appropriately serve individuals and families who experience barriers in access to services. Practitioners exercise reasonable judgment and take precautions to minimize the effects of their own potential biases, and do not condone unjust practices.

(e) Principle E: Respect for People's Rights and Dignity. Practitioners honor the inherent dignity, autonomy, and rights of every person. They safeguard privacy and confidentiality, using the minimum necessary information for documentation or disclosure and communicating its limits with clarity and transparency. Practitioners respect individuals' values, experiences, and preferences and support client participation in decision-making to the fullest extent possible and strive to protect the rights and welfare of vulnerable persons. Practitioners engage in accessible and responsive practices in all domains of professional activity, recognizing that the individuals and families they serve bring unique strengths and lived experiences to the professional relationship.

(5) Ethical Standards.

(a) Professional Competence and Responsibility.

(A) Practitioners practice within the boundaries of their education, training, and experience, providing services only for which they are qualified. Practitioners seek consultation when a situation might exceed their scope of practice and refer clients to qualified professionals when needed. Practitioners accurately represent their qualifications and clarify how their role differs from that of independently licensed clinicians.

(B) Practitioners maintain a relationship with a professional supervisor as part of professional practice. Practitioners seek ongoing professional development, supervision, and training to maintain and enhance skills.

(C) Practitioners use the best available scientific knowledge and evidence-based approaches to guide interventions, ensuring that professional judgments are grounded in established research and evidence-based practices.

(D) Practitioners accept responsibility for professional work, carefully monitor the outcomes of services, and take corrective action if an intervention is not achieving its intended effect or is causing unintended negative consequences.

(E) Practitioners monitor their own personal biases and physical, mental, and emotional wellbeing to ensure personal problems do not impair their ability to help others. If personal issues or stressors interfere with their professional role, practitioners take appropriate action in order to reduce harm, including taking a leave from practice when necessary.

(F) With client consent, practitioners work cooperatively with other professionals, respecting each person’s expertise and coordinating care in the clients’ best interests.

(G) Practitioners address conflicts with colleagues in a respectful and constructive manner and take further action if necessary.

(H) Practitioners strive to eliminate personal prejudices in service delivery; and avoid discrimination of all kinds.

(I) Practitioners demonstrate respect in all communications and interactions, avoiding demeaning language or behavior towards or in front of clients or their family members or guardians.

(J) When working with minors, practitioners engage with parents, guardians, and family members in partnership with the minor, in a respectful and collaborative manner, involving them in planning, decision-making, and provision of services as appropriate.

(K) Practitioners prioritize the welfare and rights of minors in their care, making decisions with the minor's best interests as the foremost consideration. Practitioners fulfill legal and ethical obligations to protect the welfare of minors, including by reporting abuse or threats of harm.

(b) Integrity in Professional Relationships.

(A) Practitioners conduct themselves with integrity and honesty in all professional relationships.

(B) Practitioners maintain appropriate professional boundaries with clients, clients' families, and the guardians of minor clients. Practitioners avoid multiple relationships with these persons in which their professional competence, objectivity, or effectiveness could be compromised, or someone could be exploited. If a multiple relationship is unavoidable, practitioners set and enforce clear boundaries and protect the client's welfare. A multiple relationship is one in which a practitioner is simultaneously in a professional role with a person and also in another relationship with a person or promises to entire into another relationship with the person in the future.

(C) Practitioners are prohibited from engaging in any type of nonprofessional relationship, including personal friendship or romantic or sexual relationship, with a current client or the parent or guardian of a current minor client. For a period of five (5) years from the last date of professional service provided to the client, practitioners are also prohibited from engaging in such relationships with former clients or with the parent or guardian of a former minor client.

(D) Practitioners refrain from all social media or online communications with clients and disclose this boundary to clients at the start of professional services. Practitioners avoid conflicts of interest that could impair their professional competence, objectivity, or effectiveness; practitioners refrain from accepting gifts, favors, or other incentives that could influence service decisions.

(E) Practitioners disclose any potential conflict (such as a personal connection to a client or client's family member) to supervisors or relevant parties and seek guidance on how to proceed ethically.

(c) Informed Consent and Confidentiality.

(A) Practitioners obtain informed consent from clients or their legal guardians before providing services, ensuring the individual understands the nature of the services and their right to refuse or withdraw. When serving minor clients or others unable to legally consent, practitioners obtain consent from a parent or legal guardian as required by law, and also seek the assent of the client.

(B) Practitioners engage in communication that is developmentally appropriate and accessible. Practitioners clearly explain the nature, purpose, and limits of services provided. Practitioners tailor explanations of services, choices, and confidentiality to the

client's developmental level, language, experiences, and communication needs (e.g., using plain language, visual aids, interpreters, or supported decision-making approaches when appropriate).

(C) Practitioners protect the confidentiality of all client information unless disclosure is required by law, authorized by a valid release, or necessary to prevent serious and foreseeable harm. Practitioners explain confidentiality and its limits at the outset of services and as needed throughout care, including what information may be shared with caregivers and under what circumstances.

(D) Practitioners take steps to safeguard client privacy in all forms of communication, recordkeeping, and electronic systems, including using the minimum necessary information for any disclosure.

(E) When working with minors, practitioners balance the minor's rights and welfare with the legal rights and responsibilities of parents or guardians. Practitioners include minors in discussions about their care to the extent appropriate for their age, development, and context.

(F) When serving minors or individuals with diminished or fluctuating decision-making capacity, practitioners assess the client's ability to understand and participate in decisions based on age, cognitive level, developmental stage, and context. When working with minors, practitioners establish a clear, developmentally appropriate plan for shared decision-making, including what information will be shared with caregivers, what will remain private, and how safety concerns will be handled.

(d) Practice Standards and Service Delivery.

(A) Practitioners obtain informed consent for all screenings and interventions and ensure the client (or legal guardian) understands the purpose and nature of the service.

(B) Practitioners use evidence-based, effective practices for screening and intervention and continually evaluate their practice to ensure a high quality of service for clients.

(C) Practitioners select and administer evidence-based screenings that are valid, reliable, and appropriate for the client's age, language, and specific needs.

(D) Practitioners interpret and communicate screening results accurately and in an understandable manner, including discussing the results with clients or their guardians.

(E) Practitioners conduct ongoing progress monitoring using standardized assessments to track a client's symptoms and progress in the context of ongoing interventions; practitioners use progress monitoring for data-driven decision-making about a client's mental health care and make intervention adjustments as needed.

(F) Practitioners only administer screenings and progress monitoring measures within one's area of competence; practitioners do not independently administer or interpret individually administered intelligence, achievement, or neuropsychological tests.

(G) Practitioners plan for the appropriate conclusion or transition of services when they are no longer needed, no longer serve the client's best interests, or when the presenting concerns exceed the practitioner's scope of practice or could be served by a better resource. When services end, practitioners communicate clearly with clients and support continuity of care through referral or handoff when concerns remain. Practitioners do not terminate services for inappropriate reasons, including but not limited to pursuing a personal relationship with a client or a client's family member.

(H) Practitioners adhere to established professional guidelines and organizational policies.

(e) Records, Technology, and Confidentiality in Practice.

(A) Practitioners create and maintain timely, accurate, and factual records of services provided as required by organizational policy, and treat the creation and maintenance of these records as an essential professional responsibility, necessary for the continuity of professional care and the assessment of client progress.

(B) Practitioners store and dispose of client records in a secure manner, protecting them from unauthorized access and preserving confidentiality.

(C) Practitioners implement appropriate safeguards when using technology (e.g., encrypted communications and secure databases) to ensure client information remains private.

(D) Practitioners refrain from sharing or posting any client-identifying information on social media or other public forums and be aware of professional boundaries in all electronic communications.

(E) Practitioners follow all applicable laws and regulations regarding record-keeping, confidentiality, and the use of electronic communication in practice.

(f) Supervision.

(A) Practitioners engage in supervision on a regular and ongoing basis, maintaining scheduled contact with their licensed supervisor(s).

(B) Practitioners accurately represent client care and services during supervision and provide timely documentation to their supervisor(s).

(C) Practitioners follow supervisory directives consistent with ethical practice, while raising concerns when directives may conflict with client welfare or professional standards.

(D) Practitioners seek supervision promptly when facing ethical uncertainty, questions about the scope of their practice or competence, or situations involving risk or competing obligations. Practitioners document their consultation with their supervisor(s) in all such cases in the appropriate client record.

(g) Ethical Decision-Making and Resolving Issues.

(A) Practitioners recognize and challenge their own biases to ensure equitable and fair treatment for all clients. Practitioners prioritize client welfare and ethical principles if conflicts occur between ethical duties and legal or organizational demands.

(B) Practitioners take reasonable steps to resolve ethical conflicts which can include seeking supervision, consulting an ethics committee or professional board, or obtaining legal advice if necessary to navigate the tension between ethics and the law; practitioners document their decision-making process and communications in the appropriate client record.

(C) Practitioners confront and report unethical practices or misconduct. Practitioners address issues with colleagues directly when possible and escalate to appropriate authorities if necessary to protect clients and uphold ethical standards.

(D) Practitioners document ethical concerns, consultations, and decisions in accordance with organizational policy to support transparency and accountability, including documenting any potential risks to clients and the rationale for their final decision or course of action.

(E) Practitioners raise concerns about unethical conduct through supervision or established organizational reporting pathways and escalate their concerns as needed to protect clients.

(h) Accuracy/Honesty in Advertising or Public Statements.

(A) Practitioners accurately represent degrees, licenses, or credentials, qualifications, and services in all communications, including advertising, social media, or public communications.

(B) Practitioners avoid making false, exaggerated, or misleading claims about services, results, or fees, and do not mispresent credentials or professional competence.

(C) Practitioners do not solicit or use testimonials from current clients or others who may be vulnerable to undue influence.

(D) Practitioners clearly distinguish personal opinions from professional advice when speaking or posting in public forums, and refrain from disclosing any confidential information in all public communications.

(E) Practitioners ensure that all communication including public statements, outreach and social media posts reflect evidence-based practices and ethical standards.