

EASNA CODE OF ETHICS

Competence

EAP practitioners are responsible for recognizing the limitations of their competence and for making certain that all work is performed within those limitations. Then providing services or using procedures in which he[she] is not fully trained and experienced, the practitioner works only under the supervision of a qualified person who is recognized as competent in those services and procedures. It is evidence of poor judgement, and may be unethical, for a practitioner to offer services or use procedures that are not generally acceptable to professional colleagues as representing the prevailing standard of practice.

Misrepresentation

The EAP practitioner does not misrepresent his[her] own qualifications, affiliations, competence and purposes. Moreover, he[she] does not misrepresent the qualifications, affiliations, competence and purposes of his[her] colleagues or the institutions, agencies or organizations with which he is associated. The practitioner is responsible for correcting any other person who misrepresents his [her] qualifications, affiliations, competence and purposes.

It is unethical to use one's membership in or affiliation with the Employee Assistance Society of North America or any other association or organization to represent or imply competence when such membership or affiliation is not contingent on the passing of an examination or other criteria designed to assess competence as an EAP practitioner.

Public Statements

When an EAP practitioner is called upon to interpret, demonstrate or explain knowledge of specific EAP procedures or their application to clients, the general public or the media, he[she] does so accurately, objectively and fairly and within the limits of his [her] personal competence. Public statements made by an EAP practitioner who is part of a larger organization or agency are formulated with consideration of the impact on the parent organization.

Announcements or advertisements of services offered or available to the public conform to professional standards and avoid the inclusion of statements or promises which are inaccurate, incomplete, or misleading.

Client's Informed Consent

A primary concern of an EAP practitioner is to protect the client's rights as a consumer of EAP services and to support the client's right to consent in matters related to assessment and implementation of a treatment plan. The practitioner assumes responsibility for the client's understanding of all important aspects of the potential or existing assessment or treatment relationship and any factor which might affect the client's decision to enter into such a relationship.

When a client is misinformed or misunderstands any element of the professional relationship, the practitioner is willing to be held accountable and responsible for failure to correct the mis-information, misunderstanding, or misperception of the client. These elements include the limits of confidentiality, whether interviews will be recorded, and if information obtained will be used for training or research purposes, the type of intervention(s) contemplated, and whether the client is being treated by a procedure which is experimental in nature or as part of a research study.

Relation With Client

Integrity is the fundamental quality of any relationship. The essential element is that the client is free from doubt about the EAP practitioner's trustworthiness and capacity for ethical practice. The following are guidelines for the establishment and preservation of an ethical practitioner-client relationship:

- A. The practitioner constantly maintains a professional manner in his[her] personal contact with the client, the client's family and associates.
- B. The practitioner constantly safeguards the welfare of his [her] clients within the bounds of his responsibility. It is an essential responsibility of EAP service that the practitioner ensures continuity of care by following up on the progress of referrals made to other agencies or practitioners after his [her] direct contact with the client has ended.

- C. The practitioner does not allow any personal obligation or gain or other conflict of interest to enter into the professional relationship with the client.
- D. An ethical relationship with a client is free from behavior on the part of a practitioner which is, or has the appearance of being, abusive or damaging to the client or which exploits the relationship for satisfaction of the needs or desires of the practitioner.
- E. The practitioner always terminates a clinical relationship immediately upon evidence that the client cannot be reasonably expected to benefit from a continuation of it.
- F. The practitioner ensures and provides for an appropriate setting for all clinical work, both for the protection of himself [herself] and the client.
- G. Any dual relationship between a practitioner and client may raise questions of poor judgement and questionable ethical behavior. A practitioner who has a pre-existing social relationship with someone seeking service carefully evaluates his capacity to engage with that person. Except in unusual and special circumstances such situations are best handled by an appropriate referral.
- H. Any form of romantic involvement or sexual activity between a practitioner and client is unethical.
- I. The practitioner conscientiously seeks peer or supervisory consultations in client management, especially when he [she] encounters difficulties or has reason to question the appropriateness of his [her] client relationship.
- J. The ethical practitioner serves his [her] clients in a conscientious and efficient manner. He [she] is obliged to provide services promptly. When it can be foreseen that there will be a delay in the initiation of such service, the practitioner informs the client and offers to make an appropriate referral.

Confidentiality and Anonymity

The EAP practitioner protects the client's right to privacy with reference both to confidentiality and anonymity. Anonymity refers to non-disclosure of the ***identity*** of a client. Confidentiality refers to the private non-disclosable nature

of **information** obtained in the communication between a client and practitioner.

A practitioner provides effective professional services only when there is complete and unreserved communication between himself and his client. The client has the right to feel completely secure in the choice to use EAP services and is entitled to assume that matters discussed with or information disclosed to the practitioner will be held in strictest confidence.

Whenever any limitation or exception exists to complete confidentiality (e.g. The obligation to report child abuse, etc.) the ethical practitioner declares and explains these limits of confidentiality before continuing in a professional relationship with the client.

The ethical practitioner does not use a naïve understanding or interpretation of a confidentiality principle as an excuse to avoid his [her] responsibility, under the law or otherwise, to make appropriate disclosure when the life, health, or safety of either the client or others is in peril. Ethical practice demands the seeking of consultation whenever questions arise in this vital area of EAP service.

Client Records

The requirement of confidentiality applies to all written records maintained as a consequence of providing professional EAP service. The practitioner gives careful consideration to the following issues when deciding what information is to be collected from clients and recorded in files:

- A. Every item of information in the record is related to the stated purpose of the individual or agency providing the service
- B. Records maintained for clinical purposes contain only such information as is necessary to optimal clinical service and avoid references to events or client behavior which have no direct relevance.
- C. Personal values and judgements of the practitioner are not appropriate in EAP records and are avoided when describing client history or behavior.

- D. Every entry in a client's record is as complete as possible and contains factual information necessary to give an adequate representation of the presenting problem, services rendered and progress to date. The practitioner establishes procedures to review entries, correct errors and otherwise assure the accuracy of information contained.
- E. Information intended to be current is subject to review and updating. Information which is no longer relevant and/or no longer accurate is deleted.
- F. It is good practice for the practitioner to assume when making entries in the patient record that the entry may be subject upon judicial order to be read publicly in open court in the presence of the client.

The practitioner gives careful consideration to the following items when deciding upon the proper use of information collected and stored in patient records.

- A. Information stored in the client's record is the property of the client. The client retains the right to know the existence of recorded information and to prevent the unauthorized use of that information for purposes other than that for which it was obtained.
- B. The practitioner obtains permission in writing from the client before any use or disclosure is made of information contained in the client's record.
- C. Client information is used for instructional purposes only when the identity of the individual client has been appropriately and completely diagnosed.
- D. Written reports or discussions about a client are limited to only those persons who have a clear involvement with the client's case and a legitimate need to have the information involved.

Withdrawal of Services

When a professional relationship has been established, the practitioner continues to provide those services to the best of his [her] ability unless there is a clearly justifiable cause for terminating the relationship. In such instances the practitioner informs the client of the reasons for termination and assumes responsibility for making a referral to another practitioner or agency if a continuation of the services consistent with the client's welfare. A practitioner

does not threaten withdrawal of services as a means of obtaining cooperation from the client.

Referrals

Efficiency and effectiveness of the referral process is the cornerstone of ethical EAP service. The practitioner is responsible for making himself thoroughly familiar with the private and public service providers available in his area before attempting to offer EAP services to the public.

Referrals are made to resources appropriate to the client's needs as quickly as possible after adequate evaluation and assessment has been completed. Any delay in making or implementing a referral is explained thoroughly to the client.

An agency or individual practitioner providing EAP service is ethically obligated to clients to avoid any appearance of conflict of interest in the referral process. It is unethical behavior for the EAP practitioner to make or fail to make a referral to a service provider for purely personal or organizational gain.

Practitioners who perform initial evaluation and assessment may retain clients for therapeutic interventions or transfer them to other departments within their own organization or agency **only** after careful and thorough determination that such disposition can be justified on the grounds of the best interest of the client and not those of the practitioner or agency. In such cases, the EAP practitioner providing services on contract to the client's employer informs that employer and obtains concurrence with a plan to retain that client for treatment rather than to refer to another appropriate service provider.

Relationships With Other Practitioners and Professionals

Independent assessments, second opinions and case monitoring contracts are at the heart of EAP activity and may generate treatment recommendations that displace previous clinical arrangements made by the client. When establishing a professional relationship with a client, a practitioner determines to the best of his ability that all previous professional service providers have withdrawn or have been discharged by the client or will be coordinated into the treatment plan that follows the assessment.

When it is necessary to engage professionally with a client in an emergency situation, that practitioner limits his [her] service only to that which is necessary to respond to the emergency and immediately advises other professional personas responsible for the client of his actions.

Personal Relationships and Activities

An EAP practitioner is cognizant of his [her] obligation to safeguard both his [her] reputation and that of professional colleagues and clients. Therefore he [she] is aware of and maintains constant consideration of the social codes and moral expectations of the community in which he [she] works. A practitioner avoids any behavior, activities or associations which may adversely impact his [her] capacity to be perceived as an ethical provider of EAP services. A practitioner does not allow his [her] involvement with any activity, personas or interests to interfere with the quality of service provided or his [her] professional judgement or performance on behalf of his [her] clients.

Ethics Committee

Gerald A. Glueck, Ph.D.

Richard K. McGee, Ph.D.

Fr. Robert P. Taylor, A.C.S.W., C.A. C.

Sandford M. Weinberg, M.A. , C.E.A. P.

As of January 1, 1988, James T. Wrich , as immediate past President of EASNA assumed the position of Chairman of the Ethics Committee