

CHAPTER 36

Department of Labor, Licensing and Regulation— Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors and Psycho- Educational Specialists

(Statutory Authority: 1976 Code §§ 40–1–40, 40–1–70, and 40–75–60)

ARTICLE 1 DEFINITIONS

Editor's Note

The following regulations were added by State Register Volume 25, Issue No. 5, Part II, eff May 25, 2001. They replace previous regulations effective June 26, 1987, as amended.

36–01. Definitions.

Definitions found in Section 40–75–20 apply to this chapter.

(1) “Supervision” means direct contact between a supervisor and an associate or other person requiring supervision under this chapter. Supervision may be conducted either in person or via a HIPAA-compliant technological medium. During this time, the person supervised apprises the supervisor of the diagnosis and treatment of each client seen during the supervisory process. The supervisor provides the supervised person with oversight and guidance in diagnosing, treating, and dealing with clients, and the supervisor evaluates the supervised person’s performance. The focus of a supervision session is on raw data from clinical work which is made directly available to the supervisor through such means as written clinical materials, direct (live) observation, co-therapy, audio and video recordings, and live supervision. Supervision is a process clearly distinguishable from personal psychotherapy and is contrasted in order to serve professional goals. The major focus in supervision of supervisors is on the development of supervisory abilities as opposed to an exclusive focus on clinical skills.

(2) “Group supervision” means a regularly scheduled meeting of not more than six (6) supervisees, and an approved supervisor, for a minimum of two (2) hours.

(3) “Individual/triadic supervision” means a meeting of one (1) or two (2) supervisees with a supervisor for a period of at least a one (1) hour session.

(4) “Associate licensure” means an authorization to engage in a distinctly defined, post-degree, supervised experience intended to enable and to refine and enhance basic skills, develop more advanced therapy skills, and integrate professional knowledge and skills appropriate to the individual’s initial professional placement. Associate licensure status provides an opportunity, under supervision, for the individual to perform all the activities that a regularly employed staff member in the setting would be expected to perform.

(5) “Continuing education” means an organized educational program designed to expand a licensee’s knowledge base beyond the basic entry-level educational requirements for professional counselors, marriage and family therapists, addiction counselors, and psycho-educational specialists.

(6) “Contact hour” means a minimum of fifty (50) minutes of instruction.

(7) “Clinical contact hour” means a minimum of fifty (50) minutes of direct client contact.

(8) “Impairment” means impairment of mental and/or physical ability to practice according to acceptable and prevailing standards of care including, but not limited to, habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice. Impairment includes inability to practice in accordance with such standards, and treatment, monitoring, and supervision.

(9) “Relapse” means any use of alcohol or of a drug or substance that may impair ability to practice during or after any approved treatment program, except pursuant to the directions of a treating physician who has knowledge of the patient’s history and the disease of addiction, or pursuant to the direction of a physician in a medical emergency.

(10) “Approved treatment provider” means a treatment provider approved by the Board.

(11) “Sobriety” means abstinence from alcohol, and from drugs or substances that may impair ability to practice, except pursuant to the directions of a treating physician who has knowledge of the patient’s history and the disease of addiction, or pursuant to the direction of a physician in a medical emergency.

(12) “Qualified licensed mental health practitioner” means a person licensed as a Professional Counselor Supervisor, Marriage and Family Therapy Supervisor, Addiction Counselor Supervisor, Psychologist, or Medical Doctor, and approved by the Board, who possesses the knowledge and expertise necessary to provide a supervised person with guidance and direction, in a structured program, to gain knowledge and skills associated with the diagnosis and treatment of serious problems as categorized in standard diagnostic nomenclature.

(13) “DSM” means the current edition of the Diagnostic and Statistical Manual of Mental Disorders.

(14) “Serious Problems” are those disorders as categorized in standard diagnostic nomenclature such as the DSM with the exception of codes assigned to normal lifecycle transitional conflicts.

(15) “Specific training to diagnose, assess and treat serious problems” - Any Licensed Professional set forth in Sections 36–04 and 36–05, Sections 36–07 and 36–08, and Sections 36–10 and 36–11, respectively, is deemed to have the requisite training to diagnose, assess and treat serious problems. If a client presents with a problem which is beyond the licensee’s training and competence, the licensee must refer the problem to a licensed professional who has been specifically trained to diagnose, assess and treat the presenting problem.

(16) “National Educational Accrediting Body” - the following are approved national educational accrediting bodies: For professional counselors, the Council for Accreditation of Counseling & Related Educational Programs (CACREP); for marriage and family therapists, the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) and CACREP with regard to its accredited marriage, couple and family counseling specialty program; and for addiction counselors, National Addictions Studies Accreditation Commission (NASAC) and CACREP. The Board may approve other national educational accrediting bodies which, in the Board’s determination, follow similar educational standards.

HISTORY: Added by State Register Volume 25, Issue No. 5, Part 2, eff May 25, 2001. Amended by State Register Volume 30, Issue No. 5, eff May 26, 2006; SCSR 42–5 Doc. No. 4795, eff May 25, 2018; SCSR 43–5 Doc. No. 4850, eff May 24, 2019; SCSR 46–5 Doc. No. 5075, eff May 27, 2022.

ARTICLE 2

OFFICERS OF BOARD; MEETINGS

36–02. Officers of Board.

At the first meeting of each calendar year, the Board shall elect from among its professional members a president, vice-president, and other officers as the Board determines necessary.

HISTORY: Added by State Register Volume 25, Issue No. 5, Part 2, eff May 25, 2001. Amended by SCSR 42–5 Doc. No. 4795, eff May 25, 2018; SCSR 43–5 Doc. No. 4850, eff May 24, 2019; SCSR 46–5 Doc. No. 5075, eff May 27, 2022.

36–03. Meetings.

(1) The Board shall meet at least two (2) times a year and at other times upon the call of the president or a majority of the Board members.

(2) A majority of the members of the Board constitutes a quorum; however, if there is a vacancy on the Board, a majority of the members serving constitutes a quorum.

(3) Board members are required to attend meetings or to provide proper notice and justification of inability to attend. Unexcused absences from meetings may result in removal from the Board as provided in Section 1–3–240. Affirmative action by the Board is required to approve an excused absence, and the status of an absence as excused or unexcused is entirely within the Board's discretion.

HISTORY: Added by State Register Volume 25, Issue No. 5, Part 2, eff May 25, 2001. Amended by State Register Volume 37, Issue No. 6, eff June 28, 2013; SCSR 42–5 Doc. No. 4795, eff May 25, 2018; SCSR 43–5 Doc. No. 4850, eff May 24, 2019; SCSR 46–5 Doc. No. 5075, eff May 27, 2022.

ARTICLE 3

LICENSING PROVISIONS

36–04. Licensing Provisions for Professional Counselor Associate.

An applicant for initial licensure as a professional counselor associate must:

- (1) submit an application on forms approved by the Board, along with the required fee; and
- (2) show evidence of graduation from a Clinical Mental Health counseling program accredited by the CACREP at the time of graduation; or
- (3) submit evidence of successful completion of a master's degree, specialist's degree or doctoral degree with a minimum of sixty (60) graduate semester hours primarily in counseling from a program accredited by a national educational accrediting body such as CACREP or one that requires and follows substantially similar educational standards, and from a college or university accredited by the Commission on the Colleges of the Southern Association of Colleges and Schools, one of its transferring regional associations, the Association of Theological Schools in the United States and Canada, or a regionally-accredited institution of higher learning subsequent to receiving the graduate degree. A school may submit a program to the Board for review and determination as to whether it meets substantially similar education standards;
- (4) submit evidence of a passing score on examinations approved by the Board; and
- (5) submit a supervision plan, satisfactory to the Board, designed to take effect after notice of licensure as a Licensed Professional Counselor Associate. The supervision plan can be submitted with the application, or after the applicant obtains employment; however, an associate cannot begin providing counselor services until a completed supervision plan is submitted to and received by the Board; and
- (6) The provisions in Reg. 36–04(3) regarding education requirements take effect two years from May 24, 2019. Students who have graduated from or are enrolled in a degree program prior to that effective date can meet the education licensing requirements pursuant to the education licensing provisions in effect prior to that date.

HISTORY: Added by State Register Volume 25, Issue No. 5, Part 2, eff May 25, 2001. Amended by State Register Volume 30, Issue No. 5, eff May 26, 2006; State Register Volume 37, Issue No. 6, eff June 28, 2013; SCSR 42–5 Doc. No. 4795, eff May 25, 2018; SCSR 43–5 Doc. No. 4850, eff May 24, 2019; SCSR 46–5 Doc. No. 5075, eff May 27, 2022.

36–04.1. [Deleted]

HISTORY: Former Regulation, titled *Specific Training Required for Interns to Assess and Treat Serious Problems as Categorized in Standard Diagnostic Nomenclature*, had the following history: Added by State Register Volume 25, Issue No. 5, Part 2, eff May 25, 2001. Amended by State Register Volume 30, Issue No. 5, eff May 26, 2006; State Register Volume 37, Issue No. 6, eff June 28, 2013; deleted by SCSR 42–5 Doc. No. 4795, eff May 25, 2018.

36–05. Licensing Provisions for Licensed Professional Counselors.

An applicant for licensure as a professional counselor must:

- (1) submit an application on forms approved by the Board, along with the required fee; and
- (2) hold a current, active, and unrestricted professional counselor associate license; and

(3) submit, on forms approved by the Board, documentation of completion of a minimum of one thousand five hundred (1500) hours of post-master's clinical experience and post master's clinical supervision in the practice of professional counseling performed over a period of not fewer than two (2) years. Of the one thousand five hundred (1500) hours, there must be a minimum of one thousand three hundred eighty (1,380) hours of documented direct client contact and a minimum of one hundred twenty (120) hours of documented supervision by a licensed professional counselor supervisor or other qualified licensed mental health practitioner approved by the Board prior to beginning supervision, that included experience assessing and treating clients with the more serious problems as categorized in standard diagnostic nomenclature. A minimum of sixty (60) hours of the supervision hours must be individual/triadic, and the remaining sixty (60) hours may be individual/triadic or group.

HISTORY: Added by State Register Volume 25, Issue No. 5, Part 2, eff May 25, 2001. Amended by State Register Volume 30, Issue No. 5, eff May 26, 2006; State Register Volume 37, Issue No. 6, eff June 28, 2013; SCSR 42-5 Doc. No. 4795, eff May 25, 2018; SCSR 43-5 Doc. No. 4850, eff May 24, 2019; SCSR 46-5 Doc. No. 5075, eff May 27, 2022.

36-05.1. [Deleted]

HISTORY: Former Regulation, titled Specific Training Required for Persons Licensed as Professional Counselors to Assess and Treat Serious Problems as Categorized in Standard Diagnostic Nomenclature, had the following history: Added by State Register Volume 25, Issue No. 5, Part 2, eff May 25, 2001. Amended by State Register Volume 30, Issue No. 5, eff May 26, 2006; deleted by SCSR 42-5 Doc. No. 4795, eff May 25, 2018.

36-06. Licensing Provisions for Licensed Professional Counselor Supervisors.

An applicant for licensure as a professional counselor supervisor must:

- (1) submit an application on forms approved by the Board, along with the required fee; and
- (2) hold a current, active, and unrestricted South Carolina Professional Counselor License; and
- (3) either (a) or (b):
 - (a) hold a doctoral degree in Counselor Education and Supervision, or
 - (b) provide:
 - (i) evidence acceptable to the Board of at least five (5) years of continuous clinical experience immediately preceding the application; and
 - (ii) evidence of a minimum of thirty-six (36) hours of individual/triadic supervision over no less than a two-year period, by a Board licensed professional counselor supervisor, or other qualified mental health practitioner approved by the Board prior to beginning supervision, of the applicant's supervision of at least two (2) and no more than six (6) licensed professional counselor associates; and
 - (iii) evidence of a minimum of three (3) semester hours of graduate study in supervision oriented to their discipline or training approved by the Board.

HISTORY: Added by State Register Volume 25, Issue No. 5, Part 2, eff May 25, 2001. Amended by State Register Volume 30, Issue No. 5, eff May 26, 2006; SCSR 42-5 Doc. No. 4795, eff May 25, 2018; SCSR 43-5 Doc. No. 4850, eff May 24, 2019; SCSR 46-5 Doc. No. 5075, eff May 27, 2022.

36-07. Licensing Provisions for Marriage and Family Therapy Associates.

An applicant for initial licensure as a marriage and family therapy associate must:

- (1) submit an application on forms approved by the Board, along with the required fee; and
- (2) submit proof of graduating from a program accredited by COAMFTE or from a marriage, couple and family counseling specialty program accredited by CACREP; or
- (3) submit evidence of successful completion of a master's degree, specialist's degree or doctoral degree with a minimum of sixty (60) graduate semester hours in marriage and family therapy from a program accredited by a national educational accrediting body such as COAMFTE or one that requires or follows substantially similar educational standards, or from a marriage, couple and family counseling specialty program accredited by CACREP; or a post-degree program accredited by COAMFTE or one that requires or follows substantially similar educational standards, or from a marriage, couple and family counseling specialty program accredited by CACREP; and from a

college or university accredited by the Commission on the Colleges of the Southern Association of Colleges and Schools, one of its transferring regional associations, the Association of Theological Schools in the United States and Canada, or a regionally accredited institution of higher learning subsequent to receiving the graduate degree. A school may submit a program to the Board for review and determination as to whether it meets substantially similar education standards.

(4) submit evidence of a passing score on examinations approved by the Board; and

(5) submit a supervision plan, satisfactory to the Board, designed to take effect after notice of licensure as a Licensed Marriage and Family Therapy Associate. The supervision plan can be submitted with the application, or after the applicant obtains employment; however, an associate cannot begin providing marriage and family therapy services until a completed supervision plan is submitted to and received by the Board.

(6) The provisions in Reg. 36–07(3) regarding education requirements take effect two years from May 24, 2019. Students who have graduated from or are enrolled in a degree program prior to that effective date can meet the education licensing requirements pursuant to the education licensing provisions in effect prior to that date.

HISTORY: Added by State Register Volume 25, Issue No. 5, Part 2, eff May 25, 2001. Amended by State Register Volume 30, Issue No. 5, eff May 26, 2006; SCSR 42–5 Doc. No. 4795, eff May 25, 2018; SCSR 43–5 Doc. No. 4850, eff May 24, 2019; SCSR 46–5 Doc. No. 5075, eff May 27, 2022.

36–07.1. [Deleted]

HISTORY: Former Regulation, titled *Specific Training Required for Licensed Marriage and Family Therapy Interns to Assess and Treat Serious Problems as Categorized in Standard Diagnostic Nomenclature*, had the following history: Added by State Register Volume 30, Issue No. 5, eff May 26, 2006; deleted by SCSR 42–5 Doc. No. 4795, eff May 25, 2018.

36–08. Licensing Provisions for Marriage and Family Therapists.

An applicant for licensure as a Marriage and Family Therapist must:

(1) submit an application on forms approved by the Board, along with the required fee; and

(2) hold a current, active, and unrestricted Marriage and Family Therapy Associate license unless applying under the provisions of Section 36–11; and

(3) submit, on forms approved by the Board documentation of completion of a minimum of one thousand five hundred (1500) hours of post-master's clinical experience and post-master's clinical supervision in marriage and family therapy performed over a period of no fewer than two (2) years. Of the one thousand five hundred (1500) hours, there must be a minimum of one thousand three hundred eighty (1,380) documented direct client contact hours and a minimum of one hundred twenty (120) documented hours of supervision by a licensed marriage and family therapy supervisor or other qualified licensed mental health practitioner approved by the Board prior to beginning supervision, that includes experience assessing and treating clients with the more serious problems as categorized in standard diagnostic nomenclature. At least sixty (60) of the supervision hours must be individual/triadic, and the remaining sixty (60) hours can be individual/triadic or group.

HISTORY: Added by State Register Volume 25, Issue No. 5, Part 2, eff May 25, 2001. Amended by State Register Volume 30, Issue No. 5, eff May 26, 2006; State Register Volume 37, Issue No. 6, eff June 28, 2013; SCSR 42–5 Doc. No. 4795, eff May 25, 2018; SCSR 43–5 Doc. No. 4850, eff May 24, 2019; SCSR 46–5 Doc. No. 5075, eff May 27, 2022.

36–08.1. [Deleted]

HISTORY: Former Regulation, titled *Specific Training Required for Persons Licensed as Marriage and Family Therapists to Assess and Treat Serious Problems as Categorized in Standard Diagnostic Nomenclature*, had the following history: Added by State Register Volume 30, Issue No. 5, eff May 26, 2006. Amended by State Register Volume 37, Issue No. 6, eff June 28, 2013; deleted by SCSR 42–5 Doc. No. 4795, eff May 25, 2018.

36–09. Licensing Provisions for Licensed Marriage and Family Therapy Supervisors.

An applicant for licensure as a marriage and family therapy supervisor must:

(1) submit an application on forms approved by the Board, along with the required fee; and

(2) hold a current, active, and unrestricted South Carolina Marriage and Family Therapy License; and

(3) submit evidence acceptable to the Board of at least five (5) years of continuous clinical experience immediately preceding the application; and

(4) submit evidence of a minimum of thirty-six (36) hours of individual/triadic supervision, over a period of no less than two (2) years, by a Board licensed marriage and family therapy supervisor or other qualified mental health practitioner approved by the Board prior to beginning supervision, of the applicant's supervision of at least two (2) and no more than six (6) marriage and family therapy associates; and

(5) submit evidence of a minimum of three (3) semester hours of graduate study in supervision or training approved by the Board.

HISTORY: Added by State Register Volume 25, Issue No. 5, Part 2, eff May 25, 2001. Amended by State Register Volume 30, Issue No. 5, eff May 26, 2006; SCSR 42-5 Doc. No. 4795, eff May 25, 2018; SCSR 43-5 Doc. No. 4850, eff May 24, 2019; SCSR 46-5 Doc. No. 5075, eff May 27, 2022.

36-10. Licensing Provisions for Addiction Counselor Associates.

An applicant for initial licensure as an addiction counselor associate must:

(1) submit an application on forms approved by the Board, along with the required fee; and

(2) show evidence of graduation from an addiction counseling program accredited by CACREP at the time of graduation; or

(3) submit evidence of successful completion of a master's degree, specialist's degree or doctoral degree with a minimum of forty-eight (48) graduate semester hours primarily in counseling or related field from a program accredited by NASAC, CACREP, or one that follows similar educational standards, and from a college or university accredited by the Commission on the Colleges of the Southern Association of Colleges and Schools, one of its transferring regional associations, the Association of Theological Schools in the United States and Canada, or a regionally-accredited institution of higher learning subsequent to receiving the graduate degree. On one's graduate transcript(s) the applicant must demonstrate successful completion of 27 of the 48 hours consisting of courses in the following areas:

(a) Human growth and development course; and/or

(b) Social and cultural foundations course; and/or

(c) Counseling Theory Course; and/or

(d) Family System Theory Course; and/or

(e) Career Theory; and/or

(f) Group Dynamics; and/or

(g) Screening, Assessment and Clinical Diagnosis within behavioral health; and/or

(h) Research and evaluation; and/or

(i) Professional orientation: coursework content providing an understanding of professional roles and functions, professional goals and objectives, professional organizations and associations, professional history and trends, ethical and legal standards, professional preparation standards, and professional credentialing; and

(j) 6 hours of Substance Use Disorder/ Addiction Specific Coursework; and

(k) Practicum: a minimum of one (1) supervised one hundred (100) hour counseling practicum; and

(l) Internship: completed an internship, as part of a degree program, of at least six hundred (600) hours, of which three hundred (300) hours must be working primarily with the substance use disordered population with a minimum of one hundred twenty (120) hours of direct client contact; however, if the 300/120 specific hours requirement is not met within the 600 hour internship, a post-graduate experience may be served to meet this requirement; and

(4) submit evidence of a passing score on examinations approved by the Board; and

(5) submit a supervision plan, satisfactory to the Board, designed to take effect after notice of licensure as a Licensed Addiction Counselor Associate. The supervision plan can be submitted with the application, or after the applicant obtains employment; however, an associate cannot begin providing addiction counselor services until a completed satisfactory supervision plan is submitted to and received by the Board.

HISTORY: Added by SCSR 43–5 Doc. No. 4850, eff May 24, 2019. Amended by SCSR 46–5 Doc. No. 5075, eff May 27, 2022.

Editor’s Note

Former R. 36–10 was titled **Licensing Provisions for Psycho-educational Specialists** and had the following history: Added by State Register Volume 25, Issue No. 5, Part 2, eff May 25, 2001. Amended by SCSR42–5 Doc. No. 4795, eff May 25, 2018. Transferred by SCSR43–5 Doc. No. 4850, eff May 24, 2019. See now S.C. CODE REGS. 36–13.

36–10.1. [Deleted]

HISTORY: Former Regulation, titled **Specific Training Required for Persons Licensed as Psycho-educational Specialist to Assess and Treat Serious Problems as Categorized in Standard Diagnostic Nomenclature**, had the following history: Added by State Register Volume 30, Issue No. 5, eff May 26, 2006; deleted by SCSR 42–5 Doc. No. 4795, eff May 25, 2018.

36–11. Licensing Provisions for Addiction Counselors.

An applicant for licensure as an addiction counselor must:

- (1) submit an application on forms approved by the Board, along with the required fee; and
- (2) hold a current, active, and unrestricted addiction counselor associate license; and
- (3) submit, on forms approved by the Board, documentation of completion of a minimum of one thousand one hundred twenty (1120) hours of post-master’s clinical experience and post master’s supervision in addiction counseling performed over a period of not fewer than two (2) years. Of the one thousand one hundred twenty (1120) hours, there must be a minimum of one (1,000) hours of documented direct client contact with clients presenting with addiction issues, and a minimum of one hundred-twenty (120) hours of documented supervision by a licensed addiction counselor supervisor or other qualified licensed mental health practitioner approved by the Board prior to beginning supervision. At least sixty (60) hours of the supervision hours must be individual/triadic, and the remaining sixty (60) hours may be individual/triadic or group. The Board may consider accepting supervised experience hours required pursuant to Reg. 36–11 that were obtained within a reasonable time prior to May 24, 2019, where the supervision was with an appropriately qualified supervisor, as determined by the Board. However, no more than 50% of the required hours may be obtained under this carryover provision.

HISTORY: Added by SCSR 43–5 Doc. No. 4850, eff May 24, 2019. Amended by SCSR 46–5 Doc. No. 5075, eff May 27, 2022.

Editor’s Note

Former R. 36–11 was titled **Licensure by Endorsement** and had the following history: Added by State Register Volume 25, Issue No. 5, Part 2, eff May 25, 2001. Amended by SCSR42–5 Doc. No. 4795, eff May 25, 2018. Transferred by SCSR43–5 Doc. No. 4850, eff May 24, 2019. See now S.C. CODE REGS. 36–14.

36–12. Licensing Provisions for Licensed Addiction Counselor Supervisors.

An applicant for licensure as an addiction counselor supervisor must:

- (1) submit an application on forms approved by the Board, along with the required fee; and
- (2) hold a current, active, and unrestricted South Carolina Addiction Counselor License; and
- (3) submit evidence acceptable to the Board of at least three (3) years of being in the practice of addiction counseling immediately preceding the application; and
- (4) either (a) or (b) and (c):
 - (a) currently hold a LPC-S, LMFT-S or CCS by SCAADAC; or
 - (b) submit evidence of a minimum of thirty-six (36) hours of individual/triadic supervision over a period of no less than two years, by a licensed addiction counselor supervisor or supervisor

approved by the Board, of the applicant's supervision of at least two (2) and maximum of six (6) licensed addiction counselor associates; and

(c) evidence of a minimum of three (3) semester hours of graduate study in supervision oriented to their discipline or training approved by the Board.

HISTORY: Added by SCSR 43–5 Doc. No. 4850, eff May 24, 2019. Amended by SCSR 46–5 Doc. No. 5075, eff May 27, 2022.

Editor's Note

Former R. 36–12 was titled **Reactivation of Expired Licenses** and had the following history: Added by State Register Volume 25, Issue No. 5, Part 2, eff May 25, 2001. Amended by State Register Volume 30, Issue No. 5, eff May 26, 2006; State Register Volume 37, Issue No. 6, eff June 28, 2013; SCSR42–5 Doc. No. 4795, eff May 25, 2018. Transferred by SCSR43–5 Doc. No. 4850, eff May 24, 2019. See now S.C. CODE REGS. 36–15.

36–13. Licensing Provisions for Psycho-educational Specialists.

An applicant for initial licensure as a psycho-educational specialist must:

(1) submit an application on forms approved by the Board, along with the required fee; and

(2) submit evidence of successful completion of an earned master's degree plus thirty (30) graduate semester hours, or an earned sixty (60) graduate semester hour master's degree, or a sixty (60) graduate semester hour specialist's degree, or a doctoral degree in school psychology from an institution of higher education whose program is approved by the National Association of School Psychologists or the American Psychological Association or a program which the Board finds to be substantially equivalent. A substantially equivalent program must include an earned master's, specialist's, or doctoral degree in an applied area of psychology, education, or behavioral sciences from a regionally accredited institution, completion of at least sixty (60) graduate semester hours, and substantial preparation, including coursework, in the following areas:

(a) psychological foundations, including biological bases of behavior; human learning; child and adolescent development; social/cultural bases of behavior; and individual differences (exceptionalities/psychopathology of children and youth); and

(b) educational foundations, including organization and operation of schools; and instructional/remedial design; and

(c) assessment and intervention, including diverse methods of individual assessment that can be linked to intervention; direct intervention including counseling and behavior analysis/intervention; and indirect intervention including a consultation with school personnel and families; and

(d) statistics and research methodologies; and

(e) professional school psychology, including history and foundations of school psychology; legal and ethical issues; professional issues and standards; alternative models of service delivery; emergent technologies; and roles and functions of school psychologists; and

(f) a one-year twelve hundred (1200) hour internship, at least one-half (1/2) of which must be in an approved school setting. The internship shall include a full range of psycho-educational services supervised by a licensed psycho-educational specialist or certified or licensed school psychologist. If a portion of the internship is completed in a non-school setting, supervision may be provided by a psychologist appropriately credentialed for that setting as approved by the Board. The possession of a National Certified School Psychologist (NCSP) credential issued after January 1, 1988 shall be evidence of completion of a satisfactory program as provided above; and

(g) has completed, within three (3) years after the effective date of these regulations, a minimum of three (3) graduate semester hours in Psychopathology in academic training from a college or university approved by the Board. This course must provide the practitioner with an understanding of psychopathology, abnormal psychology, abnormal behavior, etiology dynamics, and treatment of abnormal behavior; and

(h) has completed, within three (3) years after the effective date of these regulations, a minimum of three (3) graduate semester hours in Diagnostics in academic training from a college or university approved by the Board. This course must provide the practitioner with an understanding of the diagnostics of psychopathology; and

(3) provide evidence satisfactory to the Board of certification by the South Carolina Department of Education in school psychology level II or III; and

(4) provide evidence satisfactory to the Board that the applicant has successfully served as a certified school psychologist for at least two (2) years in a school or comparable setting. After January 1, 2000, one (1) year must have been under the supervision of a licensed psycho-educational specialist that included experience assessing and treating clients with the more serious problems as categorized in standard diagnostic nomenclature. One (1) year of experience is defined as full-time employment for one (1) contract year of at least one hundred ninety (190) work days. Two (2) consecutive years of half-time work may, at the discretion of the Board, be deemed to be equivalent to one (1) full year of experience. The experience must include provision of a full range of services to children, youth, and families. Experience acquired under a provisional or temporary certificate in school psychology, or in a pre-degree practicum or internship, may not count toward this experience requirement; and

(5) submit evidence of a passing score on examinations approved by the Board.

HISTORY: Added by State Register Volume 25, Issue No. 5, Part 2, eff May 25, 2001. Amended by SCSR 42-5 Doc. No. 4795, eff May 25, 2018. Renumbered from 36-10 and amended by SCSR 43-5 Doc. No. 4850, eff May 24, 2019. Amended by SCSR 46-5 Doc. No. 5075, eff May 27, 2022.

Editor's Note

Former R. 36-13 was titled **Continuing Education Requirements for Professional Counselors and Marriage and Family Therapists** and had the following history: Added by State Register Volume 25, Issue No. 5, Part 2, eff May 25, 2001. Amended by State Register Volume 30, Issue No. 5, eff May 26, 2006; SCSR42-5 Doc. No. 4795, eff May 25, 2018. Transferred by SCSR43-5 Doc. No. 4850, eff May 24, 2019. See now S.C. CODE REGS. 36-16.

36-14. Licensure by Endorsement.

(A) An applicant for licensure as a professional counselor, marriage and family therapist, addiction counselor, or psycho-educational specialist by endorsement must:

(1) hold a current, active, and unrestricted license in good standing under the laws of another state, and

(2) not have any current or pending investigations in the state where they are currently licensed; and

(3) submit an application on a form approved by the Board, in which the applicant certifies that they have read and understand the Board's statutes, regulations, and the Code of Ethics specific to the professional license(s) being sought, along with the required fee; and

(4) provide other documentation, as required by the Board.

(5) An applicant is only eligible for endorsement licensure in this state at an equivalent credential level.

(B) An applicant for licensure as a professional counselor supervisor, addiction counselor supervisor, or marriage and family therapist supervisor, by endorsement, must:

(1) hold a current, active, and unrestricted supervisor license in good standing under the laws of another state; and

(2) not have any current or pending investigations in the state where they are currently licensed; and

(3) submit an application on a form approved by the Board in which the applicant certifies that they have read and understand the Board's statutes, regulations, and the Code of Ethics and Standards specific to supervision, along with the required fee; and

(4) provide other documentation as required by the Board.

(5) An applicant is only eligible for endorsement licensure in this state at an equivalent credential level.

HISTORY: Added by State Register Volume 25, Issue No. 5, Part 2, eff May 25, 2001. Amended by SCSR 42-5 Doc. No. 4795, eff May 25, 2018. Renumbered from 36-11 and amended by SCSR 43-5 Doc. No. 4850, eff May 24, 2019. Amended by SCSR 46-5 Doc. No. 5075, eff May 27, 2022.

Editor's Note

Former R. 36-14 was titled **Continuing Education Requirements for Psycho-educational Specialists** and had the following history: Added by State Register Volume 25, Issue No. 5, Part 2, eff May 25, 2001. Amended by State Register Volume 30, Issue No. 5, eff May 26, 2006; SCSR42-5 Doc. No. 4795, eff May 25, 2018. Transferred by SCSR43-5 Doc. No. 4850, eff May 24, 2019. See now S.C. CODE REGS. 36-17.

36-15. Reinstatement of Lapsed Licenses.

(1) A licensed professional counselor, marriage and family therapist, addiction counselor, psycho-educational specialist, professional counselor supervisor, marriage and family therapist supervisor whose license has been lapsed for at least three (3) months, but fewer than five (5) years, may reinstate the license upon submitting an application, payment of fees for each licensing period during which the license was lapsed, along with the required reinstatement fee, and providing proof satisfactory to the Board on a form approved by the Board of completion of the requisite continuing education hours for each year during which the license was lapsed. The Board for good cause may waive any part of this continuing education requirement upon appropriate conditions.

(2) A licensed professional counselor, marriage and family therapist, addiction counselor, psycho-educational specialist, professional counselor supervisor, marriage and family therapist supervisor, or addiction counselor supervisor whose license has been lapsed for more than five (5) years must submit an application for reinstatement, pay the required reinstatement fee, and appear before the Board to determine if the license should be reinstated and the terms under which the reinstatement is to be made.

(3) Any applicant for reinstatement shall submit a notarized affidavit certifying that they have not been engaged in the practice of counseling, marriage and family therapy, addiction counseling, or psycho-education specialty outside of the school setting, professional counselor supervising, marriage and family therapy or addiction counseling supervising during the period their license was not in an active status.

HISTORY: Added by State Register Volume 25, Issue No. 5, Part 2, eff May 25, 2001. Amended by State Register Volume 30, Issue No. 5, eff May 26, 2006; State Register Volume 37, Issue No. 6, eff June 28, 2013; SCSR 42-5 Doc. No. 4795, eff May 25, 2018. Renumbered from 36-12 and amended by SCSR 43-5 Doc. No. 4850, eff May 24, 2019. Amended by SCSR 46-5 Doc. No. 5075, eff May 27, 2022.

Editor's Note

Former R. 36-15 was titled **Fees** and had the following history: Added by State Register Volume 20, Issue No. 5, Part 2, eff May 25, 2001. Amended by State Register Volume 30, Issue No. 5, eff May 26, 2006; State Register Volume 37, Issue No. 6, eff June 28, 2013; State Register Volume 39, Issue No. 6, Doc. No. 4514, eff June 26, 2015; SCSR42-5 Doc. No. 4795, eff May 25, 2018. Transferred by SCSR43-5 Doc. No. 4850, eff May 24, 2019. See now S.C. CODE REGS. 36-18.

ARTICLE 4 CONTINUING EDUCATION

Editor's Note

The following regulations were added by State Register Volume 25, Issue No. 5, Part II, eff May 25, 2001. They replace previous regulations effective June 26, 1987, as amended.

36-16. Continuing Education Requirements for Professional Counselors, Addiction Counselors and Marriage and Family Therapists.

(1) Persons licensed as professional counselors, addiction counselors, or marriage and family therapists shall complete forty (40) hours of Board-approved continuing education, of which thirty-four (34) hours must be related to their respective professional license and six (6) hours must be specific to ethical standards related to their respective professional license during every two-year licensure period. A first-time licensee is not required to obtain continuing education for the licensing period in which the initial license was obtained. After this first renewal, the continuing education requirements shall apply. Persons holding more than one license must complete fifty (50) hours of continuing education during every two-year licensure period as a condition of renewal of their licenses. Of the fifty (50) hours, six (6) hours must be specific to ethical standards, and the remaining forty-four (44) hours divided as equally as possible among the related disciplines. Persons licensed as professional counselor supervisors, addiction counselor supervisors, or marriage and family therapy supervisors must complete ten (10) hours of continuing education in supervision of their discipline during every

two-year licensure period as a condition of renewal of their license. Persons holding multiple supervision licenses must complete ten (10) hours of continuing education in supervision, dividing the hours as equally as possible among each discipline.

(2) Any continuing education program sponsored by a professional counselor certifying body, addiction counselor certifying body, marriage and family therapy certifying body, or body approved by the Board as a continuing education sponsoring body, or one of its regional or state divisions, is automatically approved.

(3) Unapproved sponsoring organizations must request advance approval on Board-approved forms ninety (90) days prior to each continuing education event. In order to request approval, the sponsoring organization must submit an agenda of the session, the curriculum vitae of all presenters and a copy of the evaluation documents.

(4) Continuing education hours may be obtained through continuing education programs and activities provided by Board-approved continuing education providers, or licensees may obtain up to twenty (20) hours of the required continuing education per two-year licensure period by completing one or more of the following:

(a) a first time presentation of a paper, workshop, or seminar for a national, regional, statewide, or other professional meeting may be approved for a maximum of five (5) continuing education hours; and

(b) a published paper in a referred journal may be approved for a maximum of five (5) continuing education hours and may be used only once; and

(c) preparation of a new or related course for an educational institution or organization may be approved for a maximum of five (5) continuing education hours; and

(5) No hours may be carried forward from the renewal period in which they were earned.

(6) Continuing education credit may be obtained in person or obtained online.

HISTORY: Added by State Register Volume 25, Issue No. 5, Part 2, eff May 25, 2001. Amended by State Register Volume 30, Issue No. 5, eff May 26, 2006; SCSR 42–5 Doc. No. 4795, eff May 25, 2018. Renumbered from 36–13 and amended by SCSR 43–5 Doc. No. 4850, eff May 24, 2019. Amended by SCSR 46–5 Doc. No. 5075, eff May 27, 2022.

Editor's Note

Former R. 36–16 was titled **Identification of Impaired Practitioners** and had the following history: Added by State Register Volume 25, Issue No. 5, Part 2, eff May 25, 2001. Amended by SCSR42–5 Doc. No. 4795, eff May 25, 2018. Transferred by SCSR43–5 Doc. No. 4850, eff May 24, 2019. See now S.C. CODE REGS. 36–19.

36–17. Continuing Education Requirements for Psycho-educational Specialists.

(1) Persons licensed as psycho-educational specialists shall complete forty (40) hours of continuing education of which thirty-four (34) hours must be related to their respective professional license and six (6) hours must be specific to ethical standards related to their respective professional license during every two-year licensure period. Persons licensed as a psycho-educational specialist and a professional counselor, marriage and family therapist and/or an addiction counselor must complete at least fifty (50) hours of formal continuing education during every two-year licensure period as a condition of renewal of their licenses. Of the fifty (50) hours, six (6) hours must be specific to ethical standards related to their respective professional license and the remaining forty-four (44) hours should be divided as equally as possible among the related disciplines.

(2) Continuing education credit may be obtained in person or online.

(3) Continuing education credit for psycho-educational specialists may be awarded for documented completion of the following activities:

(a) a minimum of twenty (20) continuing education hours in workshops, conferences, formal in-service training, college or university courses, and teaching and training activities. A maximum of ten (10) hours may be awarded for attendance at workshops, conferences, or in-service training. For teaching and training activities, credit may be awarded only for the first time the content is taught and limited to a maximum of ten (10) hours; or

(b) a maximum of twenty (20) continuing education hours in research and publications, supervision of associates, post-graduate supervised experiences, program planning/evaluation, self-study,

and professional organizational leadership. A maximum of ten (10) hours may be awarded for unpublished research. A maximum of twenty (20) hours may be awarded for research and publication or presentation. A maximum of ten (10) hours may be awarded for articles published or posters presented. Each project may be claimed only once. A maximum of twenty (20) hours may be awarded for supervision of associates. No more than one (1) post-graduate supervised experience may be claimed in any renewal period. A maximum of fifteen (15) hours may be awarded for program planning/evaluation. A maximum of twenty (20) hours may be awarded for self-study. No more than one (1) activity may be counted per organization per year and a maximum of ten (10) hours may be awarded in professional organization leadership.

HISTORY: Added by State Register Volume 25, Issue No. 5, Part 2, eff May 25, 2001. Amended by State Register Volume 30, Issue No. 5, eff May 26, 2006; SCSR 42-5 Doc. No. 4795, eff May 25, 2018. Renumbered from 36-14 and amended by SCSR 43-5 Doc. No. 4850, eff May 24, 2019. Amended by SCSR 46-5 Doc. No. 5075, eff May 27, 2022.

Editor's Note

Former R. 36-17 was titled **Treatment of Complaints Pertaining to Impaired Practitioners** and had the following history: Added by State Register Volume 25, Issue No. 5, Part 2, eff May 25, 2001. Amended by SCSR42-5 Doc. No. 4795, eff May 25, 2018. Transferred by SCSR43-5 Doc. No. 4850, eff May 24, 2019. See now S.C. CODE REGS. 36-20.

ARTICLE 5 FEES

Editor's Note

The following regulations were added by State Register Volume 25, Issue No. 5, Part II, eff May 25, 2001. They replace previous regulations effective June 26, 1987, as amended.

36-18. Fees.

(A) The Board may charge fees as shown in South Carolina Code of Regulations Chapter 10-33 and on the South Carolina Board of Examiners for the Licensure of Professional Counselors, Addiction Counselors, Marriage and Family Therapists, and Psycho-Educational Specialists at <http://llr.sc.gov/POL/Counselors/>.

(B) All fees are nonrefundable.

HISTORY: Added by State Register Volume 20, Issue No. 5, Part 2, eff May 25, 2001. Amended by State Register Volume 30, Issue No. 5, eff May 26, 2006; State Register Volume 37, Issue No. 6, eff June 28, 2013; State Register Volume 39, Issue No. 6, Doc. No. 4514, eff June 26, 2015; SCSR 42-5 Doc. No. 4795, eff May 25, 2018. Renumbered from 36-15 and amended by SCSR 43-5 Doc. No. 4850, eff May 24, 2019. Amended by SCSR 46-5 Doc. No. 5075, eff May 27, 2022.

Editor's Note

Former R. 36-18 was titled **Impaired Practitioner Treatment Programs** and had the following history: Added by State Register Volume 25, Issue No. 5, Part 2, eff May 25, 2001. Amended by SCSR42-5 Doc. No. 4795, eff May 25, 2018. Transferred by SCSR43-5 Doc. No. 4850, eff May 24, 2019. See now S.C. CODE REGS. 36-21.

ARTICLE 6 TREATMENT FOR IMPAIRED PRACTITIONERS

Editor's Note

The following regulations were added by State Register Volume 25, Issue No. 5, Part II, eff May 25, 2001. They replace previous regulations effective June 26, 1987, as amended.

36-19. Identification of Impaired Practitioners.

(A) Any person licensed under Title 40, Chapter 75 of the Code of Laws of South Carolina shall report to the Board any belief that a practitioner suffers from an impairment that does presently or in the future may affect the ability of the practitioner to competently practice, unless:

(1) the individual, or the organization of which the individual is a part, is a treatment provider approved by the Board; and

(a) the practitioner maintains participation in treatment or aftercare; and

(b) the practitioner, if currently undergoing an inpatient treatment program, is not practicing and is following the guidelines set forth by the treatment program. If the practitioner is an out-patient, is maintaining sobriety and is enrolled in an approved aftercare program; or

(2) the individual is a member of an impaired practitioner committee, or the equivalent, established by a hospital or similar institution or its staff, or is a representative or agent of a committee or program sponsored by a professional association of individuals licensed under Title 40, Chapter 75 of the Code of Laws to provide peer assistance to practitioners with substance abuse problems; and

(a) the practitioner has been referred for examination to an approved treatment program; and

(b) the practitioner cooperates with the referral for examination and any determination that he should enter treatment; and

(c) the practitioner's ability to practice competently has not been affected; or

(3) the individual maintains a good faith belief that:

(a) the practitioner has been referred for examination to an approved treatment program; and

(b) the practitioner cooperates with the referral for examination and any determination that he should enter treatment; and

(c) the practitioner's ability to practice competently has not been affected; or

(4) the individual is otherwise prohibited from reporting to the Board by state or federal law.

(B) For purposes of this section, a reason to believe or a belief does not require absolute certainty or complete unquestioning acceptance; but only an opinion that an impairment exists based upon firsthand knowledge, or reliable information.

(C) Any report required by this section shall be made to the Board within forty-eight (48) hours.

HISTORY: Added by State Register Volume 25, Issue No. 5, Part 2, eff May 25, 2001. Amended by SCSR 42-5 Doc. No. 4795, eff May 25, 2018. Renumbered from 36-16 and amended by SCSR 43-5 Doc. No. 4850, eff May 24, 2019. Amended by SCSR 46-5 Doc. No. 5075, eff May 27, 2022.

Editor's Note

Former R. 36-19 was titled **Code of Ethics for Professional Counselors** and had the following history: Added by State Register Volume 25, Issue No. 5, Part 2, eff May 25, 2001. Amended by SCSR42-5 Doc. No. 4795, eff May 25, 2018. Transferred by SCSR43-5 Doc. No. 4850, eff May 24, 2019. See now S.C. CODE REGS. 36-22.

36-20. Treatment of Complaints Pertaining to Impaired Practitioners.

(A) An individual who accepts the privilege of practicing under Title 40, Chapter 75 of the South Carolina Code of Laws in this State is subject to oversight by the Board. By filing an application or being licensed by the Board, the individual shall be deemed to give consent to submit to a mental or physical examination when ordered to do so by the Board in writing, and to have waived all objections to the admissibility of testimony or examination of reports that constitute privileged communications. Failure of the individual to submit to a mental or physical examination order by the Board constitutes an admission of the allegations against the individual licensee unless the failure is due to circumstances beyond the individual's control.

(B) When the Board receives information by the filing of a complaint, or upon its own information, that a licensee's ability to practice has fallen below the acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances and other physical or mental impairments that affect the ability to practice, the Board may order the licensee to submit to a mental or physical examination conducted by a designee of the Board for the purpose of determining if there is an impairment that poses a threat to the licensee's well-being or the treatment of a client whom the licensee serves.

(C) If the Board determines that the individual's ability to practice is impaired, the Board shall suspend or place restrictions on the individual's license to practice, or deny the individual's application, and require the individual to submit to treatment, as a condition for initial, continued, reinstated, or renewed licensure to practice.

(D) In cases where the Board has not initiated disciplinary action, the following general pattern of action shall be followed:

(1) upon identification by the Board of reason to believe that a licensee or applicant is impaired it may compel an examination or examinations; and

(2) if the examination or examinations fail to disclose impairment, no action shall be initiated unless other investigation produces reliable, substantial, and probative evidence demonstrating impairment; and

(3) if the examination discloses impairment, or if the Board has other reliable, substantial, and probative evidence demonstrating impairment, including, but not limited to, evidence of relapse after the completion of inpatient or outpatient treatment, the Board shall initiate proceedings to suspend the license or deny licensure of the applicant; and

(4) before being eligible to apply for reinstatement of a license suspended under this section, the practitioner must demonstrate to the Board that a resumption of practice may be made in compliance with acceptable and prevailing standards of care under the provisions of an unrestricted license. Such demonstrations shall include, but shall not be limited to, the following:

(a) certification from a treatment provider approved by the Board that the practitioner has successfully completed any required inpatient treatment; and

(b) evidence of continuing full compliance with an aftercare contract or consent agreement; and

(c) two (2) written reports indicating that the individual's ability to practice has been assessed and that he has been found capable of practicing according to acceptable and prevailing standards of care. The reports shall be made by individuals or providers approved by the Board for making such assessments and shall describe the basis for this determination; and

(5) when the impaired practitioner resumes practice after reinstatement of his license, the Board shall require continued monitoring of the practitioner. This monitoring shall include, but not be limited to, compliance with any written consent agreement entered into before reinstatement or compliance with conditions imposed by the Board order after a hearing, and, upon termination of the consent agreement, submission by the practitioner to the Board, for at least two (2) years, of annual written progress reports made under penalty of perjury stating whether the license holder has maintained sobriety.

(E) In cases where the Board has initiated a disciplinary action, the general pattern of action described above shall be followed, except that:

(1) if the Board imposes a period of ineligibility for licensure, the individual shall not be eligible for a license reinstatement until the period has lapsed; or

(2) if the Board imposes an indefinite period of ineligibility, licensure, or license reinstatement shall depend upon successful completion of the requirements and determination by the Board that the period of suspension or ineligibility served is commensurate with the violations found.

HISTORY: Added by State Register Volume 25, Issue No. 5, Part 2, eff May 25, 2001. Amended by SCSR 42-5 Doc. No. 4795, eff May 25, 2018. Renumbered from 36-17 and amended by SCSR 43-5 Doc. No. 4850, eff May 24, 2019. Amended by SCSR 46-5 Doc. No. 5075, eff May 27, 2022.

Editor's Note

Former R. 36-20 was titled **Code of Ethics for Marriage and Family Therapists** and had the following history: Added by State Register Volume 25, Issue No. 5, Part 2, eff May 25, 2001. Amended by SCSR42-5 Doc. No. 4795, eff May 25, 2018. Transferred by SCSR43-5 Doc. No. 4850, eff May 24, 2019. See now S.C. CODE REGS. 36-24.

36-21. Impaired Practitioner Treatment Programs.

(A) The Board may contract with providers of impaired treatment programs, or refer practitioners to Board-approved programs, receive and evaluate reports of suspected impairment from any source, intervene in cases of verified impairment, monitor treatment and rehabilitation of the impairment, provide post-treatment monitoring, and support and provide other functions as necessary to carry out the provisions of this regulation.

(B) The Board-approved treatment programs shall be provided with all relevant information from the Board and other sources regarding a practitioner referred to the program, including but not limited to, the potential impairment. The program shall report in a timely fashion any impaired professional counselor, marriage and family therapist, or psycho-educational specialist who refuses to cooperate with an evaluation or investigation, or who refuses to submit to treatment or rehabilitation,

or whose impairment is not substantially alleviated through treatment or who, in the opinion of the evaluators, is unable to practice professional counseling, marriage and family therapy, or psycho-education with reasonable skill and safety.

(C) All Board-approved programs must:

(1) report to the Board the name of any impaired practitioner who fails to enter treatment within forty-eight (48) hours following the provider's determination that the practitioner needs treatment; and

(2) require every practitioner who enters treatment to agree to a treatment contract establishing the terms of treatment and aftercare, including any required supervision or restrictions of practice during treatment or aftercare; and

(3) require a practitioner to suspend practice upon entry into any required inpatient treatment; and

(4) report to the Board any failure by an impaired practitioner to comply with the terms of the treatment contract during inpatient or outpatient treatment or aftercare; and

(5) report to the Board the resumption of practice of any impaired practitioner before the treatment provider has made a clear determination that the practitioner is capable of practicing according to acceptable and prevailing standards of care; and

(6) require a practitioner who resumes practice after completion of treatment to comply with an aftercare contract that meets the requirements of rules adopted by the Board for approval of treatment providers.

HISTORY: Added by State Register Volume 25, Issue No. 5, Part 2, eff May 25, 2001. Amended by SCSR 42-5 Doc. No. 4795, eff May 25, 2018. Renumbered from 36-18 and amended by SCSR 43-5 Doc. No. 4850, eff May 24, 2019. Amended by SCSR 46-5 Doc. No. 5075, eff May 27, 2022.

Editor's Note

Former R. 36-21 was titled **Code of Ethics for Psycho-educational Specialists** and had the following history: Added by State Register Volume 25, Issue No. 5, Part 2, eff May 25, 2001. Amended by SCSR42-5 Doc. No. 4795, eff May 25, 2018. Transferred by SCSR43-5 Doc. No. 4850, eff May 24, 2019. See now S.C. CODE REGS. 36-25.

ARTICLE 7

CODES OF ETHICS

Editor's Note

The following regulations were added by State Register Volume 25, Issue No. 5, Part II, eff May 25, 2001. They replace previous regulations effective June 26, 1987, as amended.

36-22. Code of Ethics for Professional Counselors.

(A) General.

(1) Professional Counselors shall engage in continuous efforts to improve professional practices, services, and research and shall be guided in their work by evidence of the best professional practices.

(2) Professional Counselors shall recognize their responsibility to the clients they serve and the institutions in which the services are performed and shall strive to assist the respective agency, organization, or institution in providing competent and ethical professional services. The acceptance of employment in an institution shall mean that the Professional Counselor is in agreement with the general policies and principles of the institution and that the professional activities of the Professional Counselor are in accord with the objectives of the institution. If the Professional Counselor and the employer do not agree and cannot reach agreement on policies that are consistent with appropriate counselor ethical practice that is conducive to client growth and development, the Professional Counselor shall terminate his employment and strive to change the unethical practice through appropriate professional organizations.

(3) Professional Counselors shall engage in ethical behavior at all times and shall take immediate action to report unethical behavior by professional interns to the Board or other appropriate authority.

(4) Professional Counselors must refuse remuneration for consultation or counseling with persons who are entitled to these services through the counselor's employing institution or agency and shall not divert to their private practices, without the mutual consent of the institution and the client, legitimate clients in their primary agencies, or the institutions with which they are affiliated.

(5) In establishing fees, Professional Counselors shall consider the financial status of clients, and if the established fee is inappropriate, must provide assistance to the client in finding comparable services at an acceptable cost. Professional Counselors shall not enter into any agreement wherein counseling services are exchanged as barter.

(6) Professional Counselors shall offer only professional services for which they are trained or have supervised experience. No diagnosis, assessment, or treatment shall be performed without prior training or supervision. Professional Counselors shall correct any misrepresentation of their qualifications by others.

(7) Professional Counselors shall recognize their limitations and provide services or use techniques for which they are qualified by training and/or supervision. Professional Counselors shall recognize the need for and seek continuing education to assure competent services.

(8) Professional Counselors must be aware of the intimacy in the counseling relationship and maintain respect for the client and must not engage in activities that seek to meet their personal or professional needs at the expense of the client.

(9) Professional Counselors shall not engage in personal, social, organizational, financial, or political activities which might lead to a misuse of their influence.

(10) Professional Counselors shall not engage in sexual intimacy with clients and shall not be sexually, physically, or romantically intimate with clients, nor engage in sexual, physical, or romantic intimacy with clients within two (2) years after terminating the counseling relationship.

(11) Professional Counselors shall not engage in sexual harassment or other unwelcome comments, gestures, or physical contact of a sexual nature, nor shall they condone such conduct in others.

(12) Professional Counselors shall guard the individual rights and personal dignity of their clients in the counseling relationship through an awareness of the impact of stereotyping and unwarranted discrimination.

(13) Professional Counselors shall be accountable at all times for their behavior and must be aware that all actions and behaviors reflect on professional integrity and, when inappropriate, can damage the public trust in the counseling profession. To protect public confidence in the counseling profession, Professional Counselors shall avoid behavior that is clearly in violation of accepted moral and legal standards.

(14) Professional Counselors shall observe this Code of Ethics in all products and services offered, including but not limited to classroom instruction, public lectures, demonstrations, written articles, radio, and television programs.

(15) Professional Counselors must withdraw from the practice of counseling if the mental or physical condition of the Counselor renders it unlikely that a professional relationship can be maintained.

(B) Counseling Relationship.

(1) Professional Counselors shall respect the integrity and promote the welfare of clients, whether they are assisted individually, in family units, or in group counseling. In group settings, the Professional Counselor shall be responsible for taking reasonable precautions to protect individuals from physical and/or psychological trauma resulting from interaction within the group.

(2) Professional Counselors shall take into account the traditions and practices of other professional disciplines with whom they work and cooperate fully with them. If a person is receiving similar services from another professional, Professional Counselors shall not offer their own services directly to such a person. If a Professional Counselor is contacted by a person who is already receiving similar services from another professional, the Professional Counselor must carefully consider that professional relationship and the client's welfare and proceed with caution and sensitivity to the therapeutic needs of the client. When Professional Counselors learn that their clients are in a professional relationship with another mental health professional, the Professional Counselor must

request release from the client to inform the other mental health professional of their relationship with the client and strive to establish positive and collaborative professional relationships that are in the best interest of the client. Professional Counselors shall discuss these issues with the client and the mental health professional so as to minimize the risk of confusion and conflict and encourage clients to inform other professionals of the new professional relationship.

(3) Professional Counselors may consult with any other professionally competent person about a client and shall inform the client of this possibility. Professional Counselors must avoid placing a consultant in a conflict-of-interest situation that would preclude the consultant serving as a proper party to the efforts to assist the client.

(4) Professional Counselors may share confidential information when there is a clear and imminent danger to the client and others, as provided by law.

(5) Professional Counselors shall maintain records of the counseling relationship which may include interview notes, test data, correspondence, audio or visual tape recordings, electronic data storage, and other documents. Records shall contain accurate factual data, and the physical record are the property of the Professional Counselor or their employers. Professional Counselors shall maintain records in accordance with the policy of the Board.

(6) Professional Counselors shall ensure that all data maintained in electronic storage are secure. Stored data shall be limited to information that is appropriate and necessary for the services provided and accessible only to appropriate staff members involved in the provision of services. Professional Counselors shall ensure that the electronically stored data are destroyed when the information is no longer of value in providing services or required as part of the client's record.

(7) Professional Counselors shall disguise identifying information derived from a client relationship when that information is used in training or research. Any data which cannot be disguised may be used only as expressly authorized by the client's informed consent.

(8) Professional Counselors shall inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed, and clearly indicate limitations that may affect the relationship as well as any other pertinent information. Professional Counselors must take reasonable steps to ensure that clients understand the implications of any diagnosis, the intended use of tests and reports, methods of treatment, and safety precautions that must be taken in their use, fees, and billing arrangements.

(9) Professional Counselors who have an administrative, supervisory, and/or evaluative relationship with individuals seeking counseling services shall not serve as the counselor and shall refer the individual to other professionals. Exceptions may be made only in instances where an individual's situation warrants counseling intervention and another alternative is not available. Dual relationships that might impair the counselor's objectivity and professional judgment must be avoided and/or the counseling relationship terminated through referral to a competent professional.

(10) When a Professional Counselor determines an inability to be of professional assistance to a potential or existing client, the counselor must, respectively, not initiate the counseling relationship or immediately terminate the relationship. In either event, the counselor must suggest appropriate alternatives and be knowledgeable about referral resources so that a satisfactory referral can be initiated. If the client declines the referral, the counselor shall not be obligated to continue the relationship.

(11) When engaging in intensive, short-term counseling, a Professional Counselor shall ensure that professional assistance is available at normal costs to clients during and following the short-term counseling.

(12) Professional Counselors who employ electronic means in which the counselor and client are not in immediate proximity must present clients with local sources of care before establishing a continued short or long-term relationship.

(13) Professional Counselors shall obtain legal authorization to practice in any jurisdiction in which they maintain an electronic presence via the internet or other electronic means.

(14) Professional Counselors shall ensure that clients are intellectually, emotionally, and physically compatible with computer applications used by the counselor and understand their purpose and operation.

(15) Professional Counselors shall maintain client confidentiality as provided by law.

(16) Professional Counselors shall screen prospective group counseling participants to ensure compatibility with group objectives.

(C) Measurement and Evaluation.

(1) Professional Counselors shall recognize the limits of their competence and perform only those assessment functions for which they have received appropriate training or supervision.

(2) Professional Counselors who utilize assessment instruments to assist them with diagnoses must have appropriate training and skills in educational and mental measurement, validation criteria, test research, and guidelines for test development and use.

(3) Professional Counselors shall provide instrument specific orientation or information to an examinee prior to and following the administration of assessment instruments or techniques so that the results may be placed in proper perspective with other relevant factors. The purpose of testing and the explicit use of the results must be disclosed to an examinee prior to testing.

(4) Professional Counselors shall carefully evaluate the specific theoretical bases and characteristics, validity, reliability, and appropriateness of an instrument in selecting the instrument or techniques for use in a given situation or with a particular client.

(5) Professional Counselors must provide accurate information and avoid false claims or misconceptions concerning the meaning of an instrument's reliability and validity terms when making statements to the public about assessment instruments or techniques.

(6) Professional Counselors shall follow the directions and researched procedures for selection, administration, and interpretation of all evaluation instruments and use them only within proper contexts.

(7) Professional Counselors shall be cautious when interpreting the results of instruments that possess insufficient technical data, and must explicitly state to examinees the specific limitations and purposes for the use of such instruments.

(8) Professional Counselors shall proceed cautiously when attempting to evaluate and interpret performance of any person who cannot be appropriately compared to the norms for the instruments.

(9) Professional Counselors shall maintain test security.

(10) Professional Counselors shall consider psychometric limitations when selecting and using an instrument, and must be cognizant of the limitations when interpreting the results.

(11) Professional Counselors shall ensure that appropriate interpretation accompanies any release of individual or group test data and shall obtain explicit prior understanding and consent when releasing results.

(12) Professional Counselors shall ensure that computer-generated test administration and scoring programs function properly thereby providing clients with accurate test results.

(13) Professional Counselors who develop computer-based test interpretations to support the assessment process shall ensure that the validity of the interpretations is established prior to the commercial distribution of the computer application.

(14) Professional Counselors shall recognize that test results may become obsolete and avoid the misuse of obsolete data.

(D) Research and Publication.

(1) Professional Counselors shall adhere to applicable legal and professional guidelines on research with human subjects.

(2) In planning research activities involving human subjects, Professional Counselors shall be aware of and responsive to all pertinent ethical principles and ensure that the research problem, design, and execution are in full compliance with any pertinent institutional or governmental regulations.

(3) The ultimate responsibility for ethical research lies with the principal researcher, although others involved in the research activities are ethically obligated and responsible for their own actions.

(4) Professional Counselors who conduct research with human subjects are responsible for the welfare of the subjects throughout the experiment and must take all reasonable precautions to avoid causing injurious psychological, physical, or social effects on their subjects.

(5) Professional Counselors who conduct research shall abide by the basic elements of informed consent:

(a) a fair explanation of the procedures to be followed, including an identification of those which are experimental; and

(b) a description of the attendant discomforts and risks; and

(c) a description of the benefits to be expected; and

(d) disclosure of appropriate alternative procedures that would be advantageous for subjects with an offer to answer any inquiries concerning the procedures; and

(e) an instruction that subjects are free to withdraw their consent and to discontinue participation in the project or activity at any time.

(6) When reporting research results, explicit mention shall be made of all the variables and conditions known to the investigator that may have affected the outcome of the study or the interpretation of the data.

(7) Professional Counselors who conduct and report research investigations shall do so in a manner that minimizes the possibility that the results will be misleading.

(8) Professional Counselors shall give credit through joint authorship, acknowledgment, footnote statements, or other appropriate means to those who have contributed to the research and/or publication, in accordance with such contributions.

(9) Professional Counselors shall communicate to other counselors the results of any research judged to be of professional value.

(E) Consulting.

(1) Professional Counselors, acting as consultants, must have a high degree of self awareness of their own values, knowledge, skills, limitations, and needs in entering a helping relationship that involves human and/or organizational change. The focus of the consulting relationship must be on the issues to be resolved and not on the persons presenting the problem.

(2) In the consulting relationship, the Professional Counselor and the client must understand and agree upon the problem definition, subsequent goals, and predicted consequences of interventions selected.

(3) Professional Counselors acting as consultants must be reasonably certain that they, or the organization represented, have the necessary competencies and resources for giving the kind of help that is needed or that may develop later, and that appropriate referral resources are available.

(4) Professional Counselors in a consulting relationship must encourage and cultivate client adaptability and growth toward self-direction. Professional Counselors must maintain this role consistently and not become a decision maker for clients or create a future dependency on the consultant.

(F) Private Practice.

(1) In advertising services as a private practitioner, Professional Counselors must advertise in a manner that accurately informs the public of the professional services, expertise, and techniques of counseling available.

(2) Professional Counselors who assume an executive leadership role in a private practice organization shall not permit their names to be used in professional notices during periods of time when they are not actively engaged in the private practice of counseling unless their executive roles are clearly stated.

(3) Professional Counselors shall make available their highest degree (described by discipline), type and level of certification, and/or license, address, telephone number, office hours, type and/or description of services, and other relevant information. Listed information must not contain false, inaccurate, misleading, partial, out-of-context, or otherwise deceptive material or statements.

(4) Professional Counselors who are involved in a partnership/corporation with other certified counselors and/or other professionals, must clearly specify all relevant specialties of each member of the partnership or corporation.

HISTORY: Added by State Register Volume 25, Issue No. 5, Part 2, eff May 25, 2001. Amended by SCSR 42-5 Doc. No. 4795, eff May 25, 2018. Renumbered from 36-19 and amended by SCSR 43-5 Doc. No. 4850, eff May 24, 2019. Amended by SCSR 46-5 Doc. No. 5075, eff May 27, 2022.

Editor's Note

Former R. 36-22 was titled **Code of Ethics for All Supervisors** and had the following history: Added by State Register Volume 30, Issue No. 5, eff May 26, 2006. Amended by SCSR42-5 Doc. No. 4795, eff May 25, 2018. Transferred by SCSR43-5 Doc. No. 4850, eff May 24, 2019. See now S.C. CODE REGS. 36-26.

36-23. Code of Ethics for Addiction Counselors.

(A) The Counseling Relationship

(1) Client Welfare: Addiction Counselors understand and accept their responsibility to ensure the safety and welfare of their client, and to act for the good of each client while exercising respect, sensitivity, and compassion. Providers shall treat each client with dignity, honor, and respect, and act in the best interest of each client.

(2) Informed Consent: Addiction Counselors understand the right of each client to be fully informed about treatment and shall provide clients with information in clear and understandable language regarding the purposes, risks, limitations, and costs of treatment services, reasonable alternatives, their right to refuse services, and their right to withdraw consent within time frames delineated in the consent. Providers have an obligation to review with their client - in writing and verbally - the rights and responsibilities of both Providers and clients. Providers shall have clients attest to their understanding of the parameters covered by the Informed Consent.

(3) Limits of Confidentiality: Addiction Counselors clarify the nature of relationships with each party and the limits of confidentiality at the outset of services when agreeing to provide services to a person at the request or direction of a third party.

(4) Addiction Counselors shall guard the individual rights and personal dignity of their clients in the counseling relationship through an awareness of the impact of stereotyping and unwarranted discrimination.

(5) Legal Competency: Addiction Counselors who act on behalf of a client who has been judged legally incompetent or with a representative who has been legally authorized to act on behalf of a client, shall act with the client's best interests in mind, and shall inform the designated guardian or representative of any circumstances which may influence the relationship. Providers recognize the need to balance the ethical rights of clients to make choices about their treatment, their capacity to give consent to receive treatment-related services, and parental/familial/representative legal rights and responsibilities to protect the client and make decisions on their behalf.

(6) Mandated Clients: Addiction Counselors who work with clients who have been mandated to counseling and related services shall discuss legal and ethical limitations to confidentiality.

(7) Multiple Therapists: Addiction Counselors shall seek to obtain a signed Release of Information from a potential or actual client if the client is working with another behavioral health professional. The Release shall allow the Provider to strive to establish a collaborative professional relationship.

(8) Multiple/Dual Relationships: Addiction Counselors shall make every effort to avoid multiple relationships with a client. When a dual relationship is unavoidable, the professional shall take extra care so that professional judgment is not impaired and there is no risk of client exploitation.

(9) Group: Addiction Counselors shall clarify who "the client" is, when accepting and working with more than one person as "the client." Provider shall clarify the relationship the Provider shall have with each person. In group counseling, Providers shall take reasonable precautions to protect the members from harm.

(10) Financial Disclosure: Addiction Counselors shall truthfully represent facts to all clients and third-party payers regarding services rendered, and the costs of those services.

(11) Communication: Addiction Counselors shall communicate information in ways that are developmentally and culturally appropriate. Providers offer clear understandable language when

discussing issues related to informed consent. Cultural implications of informed consent are considered and documented by Provider.

(12) Treatment Planning: Addiction Counselors shall create treatment plans in collaboration with their client. Treatment plans shall be reviewed and revised on an ongoing and intentional basis to ensure their viability and validity.

(13) Level of Care: Addiction Counselors shall provide their client with the highest quality of care. Providers shall use ASAM or other relevant criteria to ensure that clients are appropriately and effectively served.

(14) Documentation: Addiction Counselors and other Service Providers shall create, maintain, protect, and store documentation required per federal and state laws and rules, and organizational policies.

(15) Advocacy: Addiction Counselors are called to advocate on behalf of clients at the individual, group, institutional, and societal levels. Providers should speak out regarding barriers and obstacles that impede access to and/or growth and development of clients. When advocating for a specific client, Providers obtain written consent prior to engaging in advocacy efforts.

(16) Referrals: Addiction Counselors shall recognize that each client is entitled to the full extent of physical, social, psychological, spiritual, and emotional care required to meet their needs. Providers shall refer to culturally - and linguistically - appropriate resources when a client presents with any special needs that are beyond the scope of the Provider's education, training, skills, supervised expertise, and licensure.

(17) Exploitation: Addiction Counselors are aware of their influential positions with respect to clients, trainees, and research participants and shall not exploit the trust and dependency of any client, trainee, or research participant. Providers shall not engage in any activity that violates or diminishes the civil or legal rights of any client. Providers shall not use coercive treatment methods with any client, including threats, negative labels, or attempts to provoke shame or humiliation.

(18) Sexual Relationships: Addiction Counselors shall not engage in any form of sexual or romantic relationship with any current or former client for a period of 5 years after last professional contact, nor accept as a client anyone with whom they have engaged in a romantic, sexual, social, or familial relationship. This prohibition includes in-person and electronic interactions and/or relationships. Addiction Counselors are prohibited from engaging in counseling relationships with friends or family members with whom they have an inability to remain objective.

(19) Termination: Addiction Counselors shall terminate services with clients when services are no longer required, no longer serve the client's needs, or the Provider is unable to remain objective. Counselors provide pre-termination counseling and offer appropriate referrals as needed. Providers may refer a client, with supervision or consultation, when in danger of harm by the client or by another person with whom the client has a relationship.

(20) Coverage: Addiction Counselors shall make necessary coverage arrangements to accommodate interruptions such as vacations, illness, or unexpected situation.

(21) Abandonment: Addiction Counselors shall not abandon any client in treatment. Providers who anticipate termination or interruption of services to clients shall notify each client promptly and seek transfer, referral, or continuation of services in relation to each client's needs and preferences.

(22) Fees: Addiction Counselors shall ensure that all fees charged for services are fair, reasonable, and commensurate with the services provided and with due regard for clients' ability to pay.

(23) Self-Referrals: Addiction Counselors shall not refer clients to their private practice unless the policies, at the organization at the source of the referral, allow for self-referrals. When self-referrals are not an option, clients shall be informed of other appropriate referral resources.

(24) Commissions: Addiction Counselors shall not offer or accept any commissions, rebates, kickbacks, bonuses, or any form of remuneration for referral of a client for professional services, nor engage in fee splitting.

(25) Enterprises: Addiction Counselors shall not use relationships with clients to promote personal gain or profit of any type of commercial enterprise.

(26) Bartering: Addiction Counselors can engage in bartering for professional services if: (a) the client requests it, (b) the relationship is not exploitative, (c) the professional relationship is not

distorted, (d) federal and state laws and rules allow for bartering, and (e) a clear written contract is established with agreement on value of item(s) bartered for and number of sessions, prior to the onset of services. Providers consider the cultural implications of bartering and discuss relevant concerns with clients. Agreements shall be delineated in a written contract. Providers shall seek supervision or consultation in regards to the bartering agreement and document that interaction.

(27) Uninvited Solicitation: Addiction Counselors shall not engage in uninvited solicitation of potential clients who are vulnerable to undue influence, manipulation, or coercion due to their circumstances.

(B) Confidentiality and Privileged Communication

(1) Confidentiality: Addiction Counselors understand that confidentiality and anonymity are foundational to addiction treatment and embrace the duty of protecting the identity and privacy of each client as a primary obligation. Counselors communicate the parameters of confidentiality in a culturally-sensitive manner.

(2) Addiction Counselors shall adhere to all applicable federal and state laws and regulations in regards to documentation, accessibility of records, sharing, disclosures, privacy, limits of confidentiality, imminent danger, court subpoenas, payers, encryption, storage and disposal of records, video recording, federal regulations stamp, diseases, record transfer, temporary assistance, termination, and consultation.

(C) Professional Responsibilities and Workplace Standards

(1) Integrity: Addiction Counselors shall conduct themselves with integrity. Providers aspire to maintain integrity in their professional and personal relationships and activities. Regardless of medium, Providers shall communicate to clients, peers, and the public honestly, accurately, and appropriately.

(2) Nondiscriminatory: Addiction Counselors shall provide services that are nondiscriminatory and nonjudgmental. Providers shall not exploit others in their professional relationships. Providers shall maintain appropriate professional and personal boundaries.

(3) Fraud: Addiction Counselors shall not participate in, condone, or be associated with any form of dishonesty, fraud, or deceit.

(4) Harassment: Addiction Counselors shall not engage in or condone any form of harassment, including sexual harassment.

(5) Credentials: Addiction Counselors shall claim and promote only those licenses and certifications that are current and in good standing.

(6) Scope of Practice: Addiction Counselors shall provide services within their scope of practice and competency, and shall offer services that are science-based, evidence-based, and outcome-driven. Providers shall engage in counseling practices that are grounded in rigorous research methodologies. Providers shall maintain adequate knowledge of and adhere to applicable professional standards of practice.

(7) Proficiency: Addiction Counselors shall seek and develop proficiency through relevant education, training, skills, and supervised experience prior to independently delivering specialty services. Providers engage in supervised experience and seek consultation to ensure the validity of their work and protect clients from harm when developing skills in new specialty areas.

(8) Self-Monitoring: Addiction Counselors are continuously self-monitoring in order to meet their professional obligations. Providers shall engage in self-care activities that promote and maintain their physical, psychological, emotional, and spiritual well-being.

(9) Qualified: Addiction Counselors shall work to prevent the practice of addictions counseling by unqualified and unauthorized persons and shall not employ individuals who do not have appropriate and requisite education, training, licensure and/or certification in addictions.

(10) Advocacy: Providers shall be advocates for their clients in those settings where the client is unable to advocate for themselves.

(11) Referrals: Addiction Counselors shall not refer clients, or recruit colleagues or supervisors, from their places of employment or professional affiliation to their private practice without prior documented authorization. Providers shall offer multiple referral options to clients when referrals

are necessary. Providers will seek supervision or consultation to address any potential or real conflicts of interest.

(12) Promotion: Addiction Counselors shall ensure that promotions and advertisements concerning their workshops, trainings, seminars, and products that they have developed for use in the delivery of services are accurate and provide ample information, so consumers can make informed choices. Addiction Counselors shall not use their counseling, teaching, training or supervisory relationships to deceptively or unduly promote their products or training events.

(13) Testimonials: Addiction Counselors shall be thoughtful when they solicit testimonials from former clients or any other persons. Providers shall discuss with clients the implications of and potential concerns, regarding testimonials, prior to obtaining written permission for the use of specific testimonials. Providers shall seek consultation or supervision prior to seeking a testimonial.

(14) Reports: Addiction Counselors shall take care to accurately, honestly and objectively report professional activities and judgments to appropriate third parties (i.e., courts, probation/parole, healthcare insurance organizations and providers, recipients of evaluation reports, referral sources, professional organizations, regulatory agencies, regulatory boards, ethics committees, etc.).

(15) Advice: Addiction Counselors shall take reasonable precautions, when offering advice or comments (using any platform including presentations and lectures, demonstrations, printed articles, mailed materials, television or radio programs, video or audio recordings, technology-based applications, or other media), to ensure that their statements are based on academic, research, and evidence-based, outcome-driven literature and practice.

(16) Dual Relationship: When Addiction Counselors are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, they shall clarify role expectations and the parameters of confidentiality with their colleagues.

(17) Illegal Practices: When Addiction Counselors become aware of inappropriate, illegal, and/or unethical policies, procedures and practices at their agency, organization, or practice, they shall alert their employers. When there is the potential for harm to clients or limitations on the effectiveness of services provided, Providers shall seek supervision and/or consultation to determine appropriate next steps and further action. Providers and Supervisors shall not harass or terminate an employee or colleague who has acted in a responsible and ethical manner to expose inappropriate employer employee policies, procedures and/ or practices.

(18) Credit: Addiction Counselors shall give appropriate credit to the authors or creators of all materials used in their course of their work. Providers shall not plagiarize another person's work.

(D) E-Therapy, E-Supervision and Social Media

(1) Definition: "E-Therapy" and "E-Supervision" shall refer to the provision of services by an Addiction Counselor using technology, electronic devices, and HIPAA-compliant resources. Electronic platforms shall include and are not limited to: land-based and mobile communication devices, fax machines, webcams, computers, laptops and tablets. E-therapy and e-supervision shall include and are not limited to: tele-therapy, real-time video-based therapy and services, emails, texting, chatting, and cloud storage. Providers and Clinical Supervisors are aware of the unique challenges created by electronic forms of communication and the use of available technology, and shall take steps to ensure that the provision of e-therapy and e-supervision is safe and as confidential as possible.

(2) Competency: Addiction Counselors who choose to engage in the use of technology for e-therapy, distance counseling, and e-supervision shall pursue specialized knowledge and competency regarding the technical, ethical, and legal considerations specific to technology, social media, and distance counseling. Competency shall be demonstrated through means such as specialized certifications and additional course work and/or trainings.

(3) Informed Consent: Addiction Counselors, who are offering an electronic platform for e-therapy, distance counseling/case management, e-supervision shall provide an Electronic/Technology Informed Consent. The electronic informed consent shall explain the right of each client and supervisee to be fully informed about services delivered through technological mediums, and shall provide each client/supervisee with information in clear and understandable language regarding the purposes, risks, limitations, and costs of treatment services, reasonable alternatives, their right to refuse service delivery through electronic means, and their right to withdraw consent at any time. Providers have an obligation to review with the client/supervisee - in writing and verbally - the rights

and responsibilities of both Providers and clients/supervisees. Providers shall have the client/supervisee attest to their understanding of the parameters covered by the Electronic/Technology Informed Consent.

(4) Verification: Addiction Counselors who engage in the use of electronic platforms for the delivery of services shall take reasonable steps to verify the client's/supervisee's identity prior to engaging in the e-therapy relationship and throughout the therapeutic relationship. Verification can include, but is not limited to, picture ids, code words, numbers, graphics, or other nondescript identifiers.

(5) Missing Cues: Addiction Counselors shall acknowledge the difference between face-to-face and electronic communication (nonverbal and verbal cues) and how these could influence the counseling/supervision process. Providers shall discuss with their client/supervisee how to prevent and address potential misunderstandings arising from the lack of visual cues and voice inflections when communicating electronically.

(6) Links: Addiction Counselors who provide e-therapy services and/or maintain a professional website shall provide electronic links to relevant licensure and certification boards to protect the client's/supervisee's rights and address ethical concerns.

(7) Friends: Addiction Counselors shall not accept clients' "friend" requests on social networking sites or email (from Facebook, Instagram, etc.), and shall immediately delete all personal and email accounts to which they have granted client access and create new accounts. When Providers choose to maintain a professional and personal presence for social media use, separate professional and personal web pages and profiles are created that clearly distinguish between the professional and personal virtual presence.

(8) Social Media: Addiction Counselors shall clearly explain to their clients/supervisees, as part of informed consent, the benefits, inherent risks including lack of confidentiality, and necessary boundaries surrounding the use of social media. Providers shall clearly explain their policies and procedures specific to the use of social media in a clinical relationship. Providers shall respect the client's/supervisee's rights to privacy on social media and shall not investigate the client/supervisee without prior consent.

(E) Research and Publication

(1) Research: Research and publication shall be encouraged as a means to contribute to the knowledge base and skills within the addictions and behavioral health professions. Research shall be encouraged to contribute to the evidence-based and outcome-driven practices that guide the profession. Research and publication provide an understanding of what practices lead to health, wellness, and functionality. Researchers and Addiction Counselors make every effort to be inclusive by minimizing bias and respecting diversity when designing, executing, analyzing, and publishing their research.

(2) Consistent: Researchers plan, design, conduct, and report research in a manner that is consistent with relevant ethical principles, federal and state laws, internal review board expectations, institutional regulations, and scientific standards governing research.

(3) Confidentiality: Researchers are responsible for understanding and adhering to state, federal, agency, or institutional policies or applicable guidelines regarding confidentiality in their research practices. Information obtained about participants during the course of research is confidential.

(4) Protect: Researchers shall seek supervision and/or consultation and observe necessary safeguards to protect the rights of research participants, especially when the research plan, design and implementation deviates from standard or acceptable practices.

(5) Clients: Researchers may conduct research involving clients. Researchers shall provide an informed consent process allowing clients to freely, without intimidation or coercion, choose whether to participate in the research activities. Researchers shall take necessary precautions to protect clients from adverse consequences if they choose to decline or withdraw from participation.

(6) Explanation: Once data collection is completed, Researchers shall provide participants with a full explanation regarding the nature of the research in order to remove any misconceptions participants might have regarding the study.

(7) Publication: Addiction Counselors who author books, journal articles, or other materials which are published or distributed shall not plagiarize or fail to cite persons for whom credit for original ideas or work is due. Providers shall acknowledge and give recognition, in presentations and publications, to previous work on the topic by self and others.

(8) e-publishing: Addiction Counselors shall recognize that entering data on the internet, social media sites, or professional media sites constitutes publishing.

(9) Credit: Addiction Counselors shall assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.

(10) Student Material: Addiction Counselors shall seek a student's permission and list the student as lead author on manuscripts or professional presentations, in any medium, that are substantially based on a student's course papers, projects, dissertations, or theses. The student reserves the right to withhold permission.

(11) Proprietary: Addiction Counselors who review material submitted for publication, research, or other scholarly purposes shall respect the confidentiality and proprietary rights of those who submitted it. Providers who serve as reviewers shall make every effort to only review materials that are within their scope of competency and to review materials without professional or personal bias.

HISTORY: Added by SCSR 43-5 Doc. No. 4850, eff May 24, 2019. Amended by SCSR 46-5 Doc. No. 5075, eff May 27, 2022.

Editor's Note

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36-24. Code of Ethics for Marriage and Family Therapists.

(A) Responsibility to Clients.

(1) Marriage and Family Therapists shall not discriminate against or refuse professional service to anyone on the basis of race, gender, religion, national origin, or sexual orientation.

(2) Marriage and Family Therapists shall not exploit the trust and dependency of clients and shall avoid dual relationships with clients that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, therapists shall take appropriate professional precautions to ensure judgment is not impaired and no exploitation occurs. Marriage and Family Therapists shall not engage in sexual relationships with clients and shall not engage in sexual relationships with former clients for at least two (2) years following the termination of therapy.

(3) Marriage and Family Therapists shall not use their professional relationships with clients to further their own interests.

(4) Marriage and Family Therapists shall respect the right of clients to make decisions and help them to understand the consequences of their decisions. Therapists shall clearly advise clients that a decision as to marital status is the responsibility of the client.

(5) Marriage and Family Therapists shall continue therapeutic relationships so long as is reasonably clear that clients are benefitting from the relationship.

(6) Marriage and Family Therapists shall assist persons in obtaining other therapeutic services if the therapist is unable or unwilling, for appropriate reasons, to provide professional help.

(7) Marriage and Family Therapists shall not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of such treatment.

(8) Marriage and Family Therapists shall obtain written informed consent from clients before videotaping, audio recording, or permitting third party observation.

(B) Confidentiality.

(1) Marriage and Family Therapists shall not disclose client confidences except as mandated by law or described in this chapter.

(2) Marriage and Family Therapists may use client and/or clinical materials in teaching, writing, and public presentations only if the client has executed a written waiver or when appropriate steps have been taken to protect the identity of the client.

(3) Marriage and Family Therapists shall store or dispose of all client records in a manner that will protect confidentiality.

(C) Professional Competence and Integrity.

(1) Marriage and Family Therapists shall immediately notify all appropriate agencies, including, but not limited to the Board, of any criminal conviction; of any conduct which may lead to a conviction; any actions disciplining or expelling them from any professional organization; suspension, revocation, or other discipline by any regulatory body; of incompetency due to physical or mental causes or the abuse of alcohol or other substances.

(2) Marriage and Family Therapists shall seek appropriate professional assistance for their personal problems or conflicts that may impair work performance or clinical judgment.

(3) Marriage and Family Therapists who function as teachers, supervisors, or researchers shall maintain the highest standards of scholarship and present accurate information.

(4) Marriage and Family Therapists shall remain abreast of new developments in knowledge and practice through educational activities.

(5) Marriage and Family Therapists shall not engage in sexual or other harassment or exploitation of clients, students, trainees, supervisees, employees, colleagues, research subjects, or actual or potential witnesses or complainants in investigations and ethical proceedings.

(6) Marriage and Family Therapists shall not diagnose, treat, or advise on problems outside the recognized boundaries of their competence, as established by the Board.

(7) Marriage and Family Therapists shall make every effort to prevent the distortion or misuse of their clinical and research findings.

(8) Marriage and Family Therapists shall exercise special care when making public their professional recommendations and opinions through testimony or other public statements.

(D) Responsibility to Students, Employees, and Supervisees.

(1) Marriage and Family Therapists shall not exploit the trust and dependency of students, employees, and supervisees and shall avoid dual relationships that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, therapists shall take appropriate professional precautions to ensure judgment is not impaired and no exploitation occurs. A Marriage and Family Therapist shall not provide therapy to an employee, student or supervisee. Sexual intimacy with students, or supervisees is prohibited.

(2) Marriage and Family Therapists shall not permit students, employees, or supervisees to perform or hold themselves out as competent to perform professional services beyond their training, level of experience, and competence.

(3) Marriage and Family Therapists shall not disclose supervisee confidences except as mandated by law and described in this chapter.

(E) Responsibility to Research Participants.

(1) Marriage and Family Therapists functioning as investigators shall make careful examinations of ethical acceptability in planning studies. To the extent that services to research participants may be compromised by participation in research, Marriage and Family Therapists shall seek the ethical advice of qualified professionals not directly involved in the investigation and observe safeguards to protect the rights of the research participants.

(2) Marriage and Family Therapists functioning as investigators shall inform research participants of all aspects of the research that might reasonably be expected to influence willingness to participate. Marriage and Family Therapists shall be sensitive to the possibility of diminished consent when participants are receiving clinical services, have impairments which limit understanding and/or communication, or when participants are children.

(3) Marriage and Family Therapists functioning as investigators shall respect participants' freedom to decline participation in or to withdraw from a research study at any time. This obligation requires special thought and consideration when Marriage and Family Therapists or other members of the research team are in positions of authority or influence over participants. Therapists shall make every effort to avoid dual relationships with research participants that could impair professional judgment or increase the risk of exploitation.

(4) Marriage and Family Therapists shall maintain confidentiality during any investigation unless there is a waiver obtained in writing. When the possibility exists that others, including family members, may obtain access to such information, this possibility, together with the plan for protecting confidentiality, is explained as part of the procedure for obtaining informed consent.

(F) Responsibility to the Profession.

(1) Marriage and Family Therapists shall maintain the standards of the profession when acting as members or employees of organizations.

(2) Marriage and Family Therapists shall assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.

(3) Marriage and Family Therapists who are the authors of books shall cite persons to whom credit for original ideas is due.

(4) Marriage and Family Therapists who are the authors of books or other materials published or distributed by an organization shall take reasonable precautions to ensure that the organization promotes and advertises the materials accurately and factually.

(5) Marriage and Family Therapists should participate in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return.

(6) Marriage and Family Therapists should be concerned with developing laws and regulations pertaining to the practice of marriage and family therapy that serve the public interest, and with altering such laws and regulations that are not in the public interest.

(7) Marriage and Family Therapists should encourage public participation in the design and delivery of professional services and in the regulation of practitioners.

(G) Financial Arrangements.

(1) Marriage and Family Therapists shall not offer or accept payment for referrals.

(2) Marriage and Family Therapists shall not charge excessive fees for services and shall not barter therapy services.

(3) Marriage and Family Therapists shall disclose their fees to clients and supervisees at the initiation of services.

(4) Marriage and Family Therapists shall represent facts truthfully to clients, third party payors, and supervisees regarding the services rendered.

(H) Advertising.

(1) Marriage and Family Therapists shall accurately represent their competence, education, training, and experience relevant to their practice of marriage and family therapy.

(2) Marriage and Family Therapists shall assure that advertisements and publications in any media convey information that is necessary for the public to make an appropriate selection of professional services.

(3) Marriage and Family Therapists shall not use a name which could mislead the public concerning the identity, responsibility, source, and status of those practicing under that name and shall not hold themselves out as being partners or associates of a firm when they are not.

(4) Marriage and Family Therapists shall not use any professional identification if it includes any statement or claim that is false, fraudulent, misleading, or deceptive. A statement is false, fraudulent, misleading, or deceptive if it:

(a) contains any material misrepresentation of fact; or

(b) fails to state any material fact necessary to make the statement, in light of all circumstances, not misleading; or

(c) is intended to or is likely to create an unjustified expectation.

(5) Marriage and Family Therapists shall correct, wherever possible, false, misleading, or inaccurate information and representations made by others concerning the therapist's qualifications, services, or products.

(6) Marriage and Family Therapists shall insure that the qualifications of persons in their employ are represented in a manner that is not false, misleading, or deceptive.

(7) Marriage and Family Therapists may represent themselves as specializing within a limited area of marriage and family therapy, but shall not advertise specialization in any area unless they have the education and supervised experience in settings which meet recognized professional standards to practice in that specialty area.

HISTORY: Added by State Register Volume 25, Issue No. 5, Part 2, eff May 25, 2001. Amended by SCSR 42-5 Doc. No. 4795, eff May 25, 2018. Renumbered from 36-20 and amended by SCSR 43-5 Doc. No. 4850, eff May 24, 2019. Amended by SCSR 46-5 Doc. No. 5075, eff May 27, 2022.

36-25. Code of Ethics for Psycho-educational Specialists.

(A) Professional Competency.

(1) Psycho-educational Specialists shall recognize the strengths and limitations of their training and experience and engage only in practices for which they are qualified.

(2) Psycho-educational Specialists shall represent competence levels, education, training, and experience accurately and in a professional manner.

(3) Psycho-educational Specialists shall not use affiliations with persons, associations, or institutions to imply a level of professional competence exceeding that actually achieved.

(4) Psycho-educational Specialists shall enlist the assistance of other specialists in supervisory, consultative, or referral roles as appropriate in providing services.

(5) Psycho-educational Specialists shall refrain from any activity in which their personal problems or conflicts may interfere with professional effectiveness. Competent assistance is sought to alleviate conflicts in professional relationships.

(B) Professional Relationships and Responsibilities.

(1) Psycho-educational Specialists shall apply their professional expertise for the purpose of promoting improvement in the quality of life for students, their families, and the school community.

(2) Psycho-educational Specialists shall respect all persons and must be sensitive to physical, mental, emotional, political, economic, social, cultural, ethnic, and racial characteristics, gender and sexual orientation, and religion.

(3) Psycho-educational Specialists shall be responsible for the direction and nature of their personal loyalties or objectives. When these commitments may influence a professional relationship, the Psycho-educational Specialist shall inform all concerned persons of relevant issues in advance.

(4) Psycho-educational Specialists shall maintain professional relationships with students, parents, the school, and community. Parents and students must be fully informed about all relevant aspects of services in advance, taking into account language and cultural differences, cognitive capabilities, developmental level, and age so that the explanation may be understood by the student, parent, or guardian.

(5) Psycho-educational Specialists shall attempt to resolve situations in which there are divided or conflicting interests in a manner which is mutually beneficial and protective of the rights of all parties involved.

(6) Psycho-educational Specialists shall not exploit clients through professional relationships nor condone these actions in their colleagues. All individuals, including students, clients, employees, colleagues, and research participants, shall not be exposed to deliberate comments, gestures, or physical contacts of a sexual nature. Psycho-educational Specialists shall not harass or demean others based on personal characteristics nor engage in sexual relationships with their students, supervisees, trainees, or past or present clients.

(7) Psycho-educational Specialists shall not enter into personal or business relationships with students/clients or their students'/clients' parents.

(8) Psycho-educational Specialists shall notify the Board if aware of a suspected detrimental or unethical practice of another professional.

(9) Psycho-educational Specialists shall respect the confidentiality of information obtained during their professional work and reveal this information only with the informed consent of the client, or the client's parent or legal guardian, except as provided by law.

(C) Students.

(1) Psycho-educational Specialists shall engage only in professional practices which maintain the dignity and integrity of students and other clients.

(2) Psycho-educational Specialists shall explain important aspects of their professional relationships with students and clients in a clear, understandable manner, including the reason why services were requested, who will receive information about the services provided, and the possible outcomes.

(3) When a child initiates services, Psycho-educational Specialists shall respect the right of the student or client to initiate, participate in, or discontinue services voluntarily. When another party initiates services, the Psycho-educational Specialists shall make every effort to secure voluntary participation of the child/student.

(4) Psycho-educational Specialists shall discuss recommendations, including all alternatives available.

(D) Parents, Legal Guardians, and Appointed Surrogates.

(1) Psycho-educational Specialists shall explain all services to parents in a clear, understandable manner, and explain options taking into account the values and capabilities of each parent. Provision of services by associates, practicum students, and other unlicensed personnel must be explained and agreed to in advance.

(2) Psycho-educational Specialists shall assure that there is direct parent contact prior to seeing the student/client on an on-going basis. Frank and prompt reporting to the parent of findings and progress shall be made so long as it conforms to the limits of confidentiality.

(3) Psycho-educational Specialists shall encourage and promote parental participation in designing services provided to their children, including when appropriate, linking interventions between the school and the home, tailoring parental involvement to the skills of the family, and helping parents to gain the skills needed to help their children.

(4) Psycho-educational Specialists shall respect the wishes of parents who object to services and attempt to guide parents to alternative community resources.

(5) Psycho-educational Specialists shall discuss recommendations and plans for assisting the student/client with the parent. The discussion must include alternatives associated with each set of plans, showing respect for the ethnic/cultural values of the family. The parents must be advised as to sources of help available at school and in the community.

(6) Psycho-educational Specialists shall discuss the rights of parents and students regarding creation, modification, storage, and disposal of confidential materials.

(E) Service Delivery.

(1) Psycho-educational Specialists shall be knowledgeable of the organization, philosophy, goals, objections, and methodologies of the setting in which they are employed.

(2) Psycho-educational Specialists shall recognize that an understanding of the goals, processes, and legal requirements of their particular workplace is essential for effective functioning within that setting.

(3) Psycho-educational Specialists shall become integral members of the client systems to which they are assigned.

(4) Psycho-educational Specialists providing services to several different groups must disclose potential conflicts of interest to all parties.

(F) Community.

(1) Psycho-educational Specialists shall not engage in or condone practices that discriminate against clients based on race, handicap, age, gender, sexual orientation, religion, national origin, economic status, or native language.

(2) Psycho-educational Specialists shall avoid any action that could violate or diminish the civil or legal rights of clients.

(3) Psycho-educational Specialists shall adhere to federal, state, and local laws and ordinances governing their practice.

(G) Related Professional.

(1) Psycho-educational Specialists shall cooperate with other professional disciplines in relationships based on mutual respect.

(2) Psycho-educational Specialists shall encourage and support the use of all resources to best serve the interests of students and clients.

(3) Psycho-educational Specialists shall explain their field and their professional competencies, including roles, assignments, and working relationships to other professionals.

(4) Psycho-educational Specialists shall cooperate and coordinate with other professionals and agencies with the rights and needs of their clients in mind and must promote coordination of services.

(5) Psycho-educational Specialists shall refer a student or client to another professional for services whenever a condition is identified which is outside the professional's competencies or scope of practice.

(6) Psycho-educational Specialists shall ensure that all relevant and appropriate individuals, including the student/client when appropriate, are notified when transferring the intervention responsibility.

(H) Other Psycho-educational Specialists.

(1) Psycho-educational Specialists who employ, supervise, or train other professionals shall provide continuing professional development and must provide appropriate working conditions, fair and timely evaluations, and constructive consultation.

(2) Psycho-educational Specialists who supervise associates shall be responsible for all professional practices of the supervisee and assure the students/clients and the profession that the associate is adequately supervised.

(I) Advocacy.

(1) Psycho-educational Specialists shall be responsible to students/clients when acting as advocates for their rights and welfare.

(2) Psycho-educational Specialists shall communicate to the school administration and staff service options, taking into consideration the primary concern for protecting the rights and welfare of students.

(J) Assessment and Intervention.

(1) Psycho-educational Specialists shall maintain the highest standards for educational and psycho-educational assessment.

(2) In conducting psycho-educational, educational, or behavioral evaluations, or in providing therapy, counseling, or consultation services, Psycho-educational Specialists must give consideration to individual integrity and individual differences.

(3) Psycho-educational Specialists shall respect the differences in age, gender, sexual orientation, and socioeconomic, cultural and ethnic backgrounds and must select and use appropriate assessment or treatment procedures, techniques, and strategies.

(4) Psycho-educational Specialists must maintain knowledge about the validity and reliability of their instruments and techniques so as to choose those that have up-to-date standardization data and are applicable and appropriate for the benefit of the student/client.

(5) Psycho-educational Specialists shall not condone the use of psycho-educational assessment techniques, or the mis-use of the information these techniques provide, by unqualified persons in any way, including teaching, sponsorship, or supervision.

(6) Psycho-educational Specialists shall develop interventions which are appropriate to the presenting problems and are consistent with data collected and must modify or terminate the treatment plan when the data indicate the plan is not achieving the desired goals.

(K) Use of Materials and Technology.

(1) Psycho-educational Specialists shall maintain test security, preventing the release of underlying principles and specific content that would undermine the use of the device, and shall be responsible for the security requirements specific to each instrument used.

(2) Psycho-educational Specialists shall abide by all copyright laws and obtain permission from the authors before reproducing un-copyrighted published instruments.

(3) Psycho-educational Specialists shall obtain written prior consent or remove identifying data presented in public lectures or publications.

(4) When producing materials for consultation, intervention, teaching, public lectures, or publication, Psycho-educational Specialists shall acknowledge sources and assign credit to those whose ideas are reflected in the product.

(5) Psycho-educational Specialists shall not promote or encourage inappropriate use of computer generated test analyses or reports and must select scoring and interpretation services on the basis of accuracy and professional alignment with the underlying decision rules.

(6) Psycho-educational Specialists shall bear responsibility for any technological services used. All ethical and legal principles regarding confidentiality, privacy, and responsibility for decisions apply to the Psycho-educational Specialist and cannot be transferred to equipment, software companies, or data processing departments.

(7) Technological devices shall be used to improve the quality of client services.

(L) Research, Publication, and Presentation.

(1) Psycho-educational Specialists shall, when designing and implementing research in schools, employ research methodology, subject selection techniques, data gathering methods, and analysis and reporting techniques which are grounded in sound research practice.

(2) Psycho-educational Specialists working in agencies without review committees shall have peer review prior to initiating research.

(3) In publishing reports of their research, Psycho-educational Specialists shall provide discussion of limitations of their data and acknowledge existence of disconfirming data, as well as alternate hypotheses and explanations of their findings.

(M) Relationships with School Districts.

(1) Psycho-educational Specialists employed in both the public and private sector shall separate their roles and protect and completely inform the consumer of all potential conflicts of interest or concerns.

(2) Psycho-educational Specialists shall not accept any form of remuneration from clients who are entitled to the same service provided by the same Psycho-educational Specialists while working in the public sector. This prohibition includes students who attend the non-public schools within the public school assignment area.

(3) Psycho-educational Specialists in private practice shall inform parents of any free school psycho-educational services available from the public or private schools prior to delivering such services for remuneration.

(4) Psycho-educational Specialists shall conduct all private practice outside of the hours of contracted public employment.

(5) Psycho-educational Specialists engaged in private practice shall not use tests, materials, equipment, facilities, secretarial assistance, or other services belonging to the public sector employer, unless approved in advance through a written agreement.

(6) Psycho-educational Specialists shall not barter psycho-educational services.

(N) Service Delivery.

(1) Psycho-educational Specialists shall conclude a financial agreement in advance of service delivery.

(2) Psycho-educational Specialists shall ensure to the best of their ability that the client clearly understands the financial agreement.

(3) Psycho-educational Specialists shall not give or receive any remuneration for referring clients for professional services.

(4) Psycho-educational Specialists in private practice shall adhere to the conditions of a contract until service thereunder has been performed, the contract has been terminated by mutual consent, or has otherwise been legally terminated.

(5) Psycho-educational Specialists shall not engage in personal diagnosis and therapy by means of public lectures, newspaper columns, magazine articles, radio or television programs, or mail.

(O) Announcements/Advertising.

(1) Psycho-educational Specialists shall present accurate representations of training, experience, services provided, and affiliations, and shall advertise these in a restrained manner.

(2) Listings in telephone directories shall be limited to name, highest relevant degree, state certification/licensure status as provided for by statute, address, telephone number, brief identification of major areas of practice, office hours, appropriate fee information, foreign languages spoken, policy regarding third party payments, and license number.

(3) Announcements of services by Psycho-educational Specialists in private practice shall be made in a formal, professional manner, using the guidelines for advertising in the telephone directory. In addition, clear statements of purposes with unequivocal descriptions of the experiences to be provided shall be given, along with education, training, and experience of all staff members appropriately specified.

(4) Psycho-educational Specialists in private practice shall not directly solicit clients for individual diagnosis or therapy.

(5) Psycho-educational Specialists shall not compensate in any manner a representative of the press, radio, or television in return for professional publicity in a news item.

HISTORY: Added by State Register Volume 25, Issue No. 5, Part 2, eff May 25, 2001. Amended by SCSR 42-5 Doc. No. 4795, eff May 25, 2018. Renumbered from 36-21 and amended by SCSR 43-5 Doc. No. 4850, eff May 24, 2019. Amended by SCSR 46-5 Doc. No. 5075, eff May 27, 2022.

36-26. Code of Ethics for All Supervisors.

In addition to following the profession's Code of Ethics, supervisors and candidates for supervisor's license shall:

1. Ensure that supervisees inform clients of their professional status and of all conditions of supervision. Supervisors need to ensure that supervisees inform their clients of any status other than being fully qualified for independent practice or licensed. For example, supervisees need to inform their clients if they are a student, associate, and trainee or, if licensed with restrictions, the nature of those restrictions. In addition, clients must be informed of the requirements of supervision (e.g., the audio taping of counseling sessions for purposes of supervision).

2. Ensure that clients have been informed of their rights to confidentiality and privileged communication when applicable. Clients also should be informed of the limits of confidentiality and privileged communication. The general limits of confidentiality are when harm to self or others is threatened; when the abuse of children, elders or disabled persons is suspected and in cases when the court compels the counselor to testify and break confidentiality. These are generally accepted limits to confidentiality and privileged communication, but they may be modified by state or federal statute.

3. Inform supervisees about the process of supervision, including supervision goals, case management procedures, and the supervisor's preferred supervision model(s).

4. Keep and secure supervision records and consider all information gained in supervision as confidential.

5. Avoid all dual relationships with supervisees that may interfere with the supervisor's professional judgment or exploit the supervisee. Refrain from supervision of current or former clients.

Although all dual relationships are not in of themselves inappropriate, any sexual relationship is considered to be a violation. Sexual relationship means sexual contact, sexual harassment, or sexual bias toward a supervisee by a supervisor.

6. Establish procedures with their supervisees for handling crisis situations.

7. Provide supervisees with adequate and timely feedback as part of an established evaluation plan, including completion of all Board required forms regarding supervision of supervisees.

8. Render assistance to any supervisee who is unable to provide adequate counseling services to clients.
9. Intervene in any situation where the supervisee is impaired and the client is at risk.
10. Refrain from endorsing an impaired supervisee when it is unlikely that the supervisee can provide adequate counseling services.
11. Refrain from offering supervision outside of the supervisor's area(s) of competence.
12. Ensure that supervisees are aware of the current ethical standards related to their professional practice, as approved by the Board, as well as legal standards that regulate their professional practice.
13. Engage supervisees in an examination of cultural issues that might affect supervision and/or counseling.
14. Ensure that both supervisees and clients are aware of their rights and of due process procedures.

HISTORY: Added by State Register Volume 30, Issue No. 5, eff May 26, 2006. Amended by SCSR 42-5 Doc. No. 4795, eff May 25, 2018. Renumbered from 36-22 and amended by SCSR 43-5 Doc. No. 4850, eff May 24, 2019. Amended by SCSR 46-5 Doc. No. 5075, eff May 27, 2022.

ARTICLE 8

STANDARDS FOR SUPERVISION

36-27. Standards for Supervision.

A. Supervision of Clinical Contact

The process of supervision shall encompass multiple strategies of supervision, including regularly scheduled live observation of counseling sessions or review of audiotapes and/or videotapes of counseling sessions. The process may also include discussion of the supervisee's self-reports, micro-training, interpersonal process recall, modeling, role-playing, and other supervisory techniques.

B. Acceptable Supervisor

1. Supervisees beginning their period of supervision shall be supervised by a supervisor authorized by this Board or a qualified licensed mental health practitioner approved by this Board.
2. A supervisor shall not be related to the supervisee in any of the following relationships: spouse, parent, child, sibling of the whole- or half-blood, grandparent, grandchild, aunt, uncle, present stepparent, or present stepchild.

C. Role of the Supervisor

1. The supervisor shall provide nurturance and support to the supervisee, explaining the relationship of theory to practice, suggesting specific actions, assisting the supervisee in exploring various models for practice, and challenging discrepancies in the supervisee's practice.
2. The supervisor shall ensure that the counseling clinical contact is completed in appropriate professional settings and with adequate administrative and clerical controls.
3. The supervisor shall ensure the supervisee's familiarity with important literature in the appropriate field of practice.
4. The supervisor shall model effective practice.
5. The supervisor shall supervise no more than twelve supervisees for direct client contact hours in immediate supervision of individual or group supervision.

6. The supervisor shall provide written reports as required by the Board and shall be available for consultation with the Board or its committees regarding the supervisee's competence for licensure.

D. Supervision must occur in accordance with the following guidelines:

1. The Plan for Supervision shall be completed by each supervisor and submitted to the Board. Following the completion of supervision the Confirmation of Clinical Supervision form supported by a log of hours and any written confirmation that the Board may require to support the hours noted shall be completed and mailed to the Board.

2. The process of supervision shall be outlined in a contract for supervision written between the supervisor and supervisee. This contract must address supervision issues including, but not limited to, the following:

- a. clarification of whether supervision will be individual, group or both; and
- b. clarification of where, when and for what length of time supervision will occur and the consistency required; and
- c. any fee for the supervision including cancellation policy for supervisor and supervisee; and
- d. the availability of the supervisor in therapeutic emergencies and a clearly stated process for addressing suicidal or homicidal ideation or other high-risk situations; and
- e. confidentiality issues and record keeping including the process for responding to subpoenas, requests for records or other client information and a clearly stated process for protecting client's confidentiality; and
- f. knowledge of and commitment to abide by the code of ethics and applicable federal and state laws; and
- g. boundary issues including but not limited to personal issues (i.e. dual relationships, gifts, self disclosure); and
- h. release of information form for supervisor and the supervisee to exchange information with other supervisors of person supervised; and
- i. clarification of the duties of the supervisor and the supervisee such as: caseload report; preparation for supervision; documentation of diagnosis, treatment plan and session notes; time of supervisory sessions to be spent listening or watching tapes and/or observing; homework assignments including familiarity with important literature in the field; appropriate professional settings with adequate administrative and clerical controls; and
- j. the development of a learning plan addressing widely accepted treatment models and methodology; and
- k. procedure and schedule to review performance including self-evaluation, client satisfaction surveys and feedback to the Supervisor and supervisee; and
- l. procedure to review or amend contract and/or Plan for Supervision.

3. Acceptable modes for supervision of direct clinical contact are the following:

- a. Individual/triadic supervision: an acceptable supervisor conducts the supervisory session with no more than two supervisees present for a period of at least one-hour. It is suggested that contracts for individual/triadic supervision occur in specified blocks of time.
- b. Group supervision: an acceptable supervisor with no more than six supervisees present for a period of at least two hours conducts the supervisory session. It is suggested that contracts for group supervision occur in specified blocks of time.

4. The Board generally considers none of the following as appropriate for supervision:

- a. any supervision conducted by a current or former family member or other person connected to the supervisee in such a way that would prevent or make difficult the establishment of a professional relationship.
- b. peer supervision, consultation, or professional or staff development
- c. administrative supervision
- d. any process that is primarily didactic or involves teaching or training in a workshop, seminar or classroom format, including continuing education
- e. supervision of more than fifteen supervisees at any given time.

HISTORY: Added by State Register Volume 30, Issue No. 5, eff May 26, 2006. Amended by SCSR 42-5 Doc. No. 4795, eff May 25, 2018. Renumbered from 36-23 and amended by SCSR 43-5 Doc. No. 4850, eff May 24, 2019. Amended by SCSR 46-5 Doc. No. 5075, eff May 27, 2022.