Rules of

Department of Insurance,
Financial Institutions and
Professional Registration

Division 2233—State Committee of Marital and
Family Therapists
Chapter 3—Ethical Standards

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2233—State Committee of Marital and Family Therapists
Chapter 3—Ethical Standards

20 CSR 2233-3.010 General Principles

PURPOSE: This rule provides the ethical principles governing the practice of marital and family therapists.

(1) The ethical standards (hereinafter standards) shall apply to the professional conduct of licensed marital and family therapists (LMFTs), supervisors, provisionally licensed marital and family therapists (PLMFTs), supervised-marital and family therapists (S-MFTs), and applicants for licensure and supervision (hereinafter therapist or therapists). Professional practice includes, but is not limited to, the practice of marital and family therapy as defined in section 337.700(7), RSMo, research, teaching and the supervision of students, supervisors, PLMFTs, and S-MFTs. A violation of these standards constitutes unprofessional conduct and is sufficient cause for the state committee to deny an application for licensure or for supervision and is sufficient cause for the state committee to discipline a license.

(2) Client or patient (hereinafter client) shall mean a person, group, or any other recipient of marital and family therapy as defined in section 337.700(7), RSMo, legal guardian. A corporate entity or other organization can be a client when the professional contract is to provide services that benefit the organization as well as the individual or group.

(3) The therapist shall limit the practice and the supervision of others to the areas in which competence has been gained through formal education, training derived through an organized and integrated sequence of study, and supervised professional experience in marital and family therapy. If important aspects of a client’s issues fall outside the boundaries of the therapist’s competence, the therapist shall assist the client in obtaining additional professional consultation. A licensed marital and family therapist shall not permit a PLMFT, S-MFT, or a supervisor receiving supervision to represent him/herself as capable of providing or to provide services that are beyond his/her level of training.

(4) The therapist shall maintain competency in the practice of marital and family therapy through continuing education, consultation, training, or any combination of these, in conformance with current standards of scientific and professional knowledge relative to the field of marital and family therapy.

(5) When developing competency in a new service or technique, the marital and family therapist shall engage in ongoing consultation with other therapists or relevant professionals and shall seek appropriate education and/or training in the new area, service, or technique. The therapist shall inform any client whose treatment will involve a newly developing service or technique of its innovative nature; the known risks associated with the new service or technique and the client’s right to freedom of choice concerning services received.

(6) The therapist shall make or recommend referral to other professional, technical, or administrative resources when that referral is clearly in the best interest of the client. The well-being of the client shall be the primary consideration in the referral process. Referral for the purposes of financial gain shall be in violation of the ethical standards.

(7) The therapist providing marital and family therapy as defined in section 337.700(7), RSMo, shall maintain client records that include:

(A) The presenting issue(s); and
(B) Any evaluative results and any test data from which the results were derived; and
(C) The date and description of each contact or service provided or pertaining to the client; and
(D) The nature, type and goals of any interventions; and
(E) The fee arrangement; and
(F) A copy of evaluative reports or correspondence prepared as part of the client-therapist relationship; and
(G) Notation and results of consultation with other providers; and
(H) Notation of referrals given or recommended to the client; and
(I) Informed consent as defined in 20 CSR 2233-3.020(1)(A)–(H).

(8) Within the limits of the law, a client’s records shall be maintained by the therapist for a period of not less than five (5) years after the last date of therapy.

(9) A therapist shall not undertake or continue a client-therapist or supervisory relationship when the competency of the therapist is or could reasonably be expected to be impaired due to mental, emotional, physiological, pharmacological, or substance abuse conditions. If such condition develops after a client-therapist or supervisory relationship has been initiated, the therapist shall terminate the relationship by notifying the client, supervisor, PLMFT, or S-MFT in writing of the termination and providing references for obtaining services from another licensed mental health practitioner.

(10) The therapist shall not undertake or continue a client-therapist or supervisory relationship when the objectivity or competency of the therapist is or could reasonably be expected to be impaired because of the therapist’s present or previous familial, social, sexual, emotional, financial, supervisory, political, administrative, or legal relationship with the client, marital and family therapist under supervision for licensure, or a person associated with or related to the client, PLMFT, or S-MFT.

(11) In interacting with any marital and family therapist under supervision for licensure, supervisor, student, current client, or person to whom the therapist has provided therapy for the treatment or amelioration of emotional distress or behavioral inadequacy, the therapist shall not—

(A) Engage in sexual intercourse, which includes any genital contact of the therapist with the client or the client with the marital and family therapist. This specifically prohibits sexual intercourse, sodomy, oral, anal copulation, or both; or any penetration of the anal opening by any one (i) part or object; or
(B) Engage in kissing with the mouth, lips or tongue of the marital and family therapist with the client or the client with the marital and family therapist; or
(C) Touch or caress either the marital and family therapist or client of the other person’s breasts, genitals, or buttocks; or
(D) Engage in any deliberate or repeated comments, gestures or physical contact of a sexual nature that exploits the professional relationship with the client; or
(E) Terminate a relationship with a client or student for the purpose, expressed or implied, of having a sexual relationship with that person; or
(F) Expose one’s self or encourage another to expose him/herself for the purpose of sexual gratification.

(12) The therapist shall not exploit, sexually or otherwise, the relationship with clients, PLMFTs, S-MFTs, students, employees, research participants, or others.

(13) Whenever therapy is terminated, the therapist shall provide alternative sources of
treatment or assistance when indicated and shall not exploit clients by providing unnecessary therapy. The therapist shall terminate a client-therapist or supervisory relationship when it is reasonably clear that the client or supervised therapist is not benefiting from the relationship.

(14) The therapist shall not impose on the client any stereotypes of behavior, values, or roles related to age, gender, religion, race, disability, nationality, or sexual preference which would interfere with the objective provision of therapy.

(15) The therapist shall not request or induce any client to solicit business on behalf of the therapist.

(16) In deciding whether to offer marital and family therapy to a person already receiving similar services elsewhere, the therapist shall carefully consider the treatment issues and the potential client’s welfare. The therapist shall discuss these issues with the client to minimize the probable risks of confusion and conflict, and shall proceed with caution and sensitivity to the therapeutic issues.

(17) A therapist shall be familiar with any relevant law concerning the reporting of abuse of children and vulnerable adults, and shall comply with all applicable laws.

(18) When providing therapy as part of a team or when interacting with other appropriate professionals concerning the welfare of the client, the therapist may share confidential information about the client provided the therapist takes reasonable steps to assure that all persons receiving the information are informed about the confidential nature of the information and abide by the rules of confidentiality.

(19) The therapist shall limit access to client records and shall assure that all persons working under his/her authority comply with the requirements for confidentiality of client records.

(20) The therapist shall not mislead or withhold from any client, prospective client, or third-party payer, information about the cost of his/her professional services.

(21) The therapist shall not exploit a client or responsible payer by charging a fee that is excessive for the therapeutic services performed.

(22) The primary obligation of the therapist employed by an institution, agency, or school is to persons entitled to services through the institution, agency, or school. A therapist shall not accept a private fee or any other form of remuneration from those persons unless the policies of a particular institution, agency, or school make explicit provision for private work with its clients by members of its staff. In those instances, the client or guardian shall be fully apprised of available services and all applicable policies, prior to entering into a client-therapist relationship with the therapist.

(23) The therapist shall use, administer, and review assessment techniques competently and shall maintain current knowledge about research developments and revisions concerning the techniques that are used.

20 CSR 2233-3.020 Client Welfare

PURPOSE: This rule provides the ethical standards governing the practice of marital and family therapy and the client.

(1) Before beginning individual or group therapy, the therapist shall explain the following elements of informed consent:

(A) Goals of the therapeutic relationship;
(B) Services the therapist will provide;
(C) Behavior expected of the client or group;
(D) Risks and benefits of therapeutic procedures;
(E) Therapist’s qualifications and credentials;
(F) Financial consideration and arrangements;
(G) Limits to confidentiality.

1. The therapist shall inform the client(s) receiving therapy that in order to provide information to third parties about the therapy, a release of information shall be signed by all participants in therapy; and
(H) Taping or recording sessions and how the tapes will be used.

(2) When the therapist is absent for an extended period of time, the therapist shall make arrangements for a client’s access to marital and family therapy from another qualified professional and inform the client of available emergency services. These periods include, but are not limited to, after-office hours, weekends, holidays or vacations.

(3) The therapist shall give a truthful, understandable and reasonably complete account of the client’s condition to the client or the parent of minor children or legal guardian(s). The therapist shall keep the client fully informed as to the purpose and nature of any evaluation, treatment or other procedures, and of the client’s right to freedom of choice regarding services provided.

(A) To the extent that the client can understand, the therapist shall inform a client who is below the age of majority or who has a legal guardian of the limit the law imposes on the right of confidentiality with respect to communications with the therapist.

(4) The therapist shall inform recipients as to the voluntary or mandatory nature of an assessment, treatment, research, educational or training procedure. When a procedure is voluntary, the therapist shall inform the clients, students or research participants of their freedom of choice and any alternatives to participation.

(5) When conducting research or offering inducement for obtaining research participants, the therapist shall clearly communicate to participants the experience they are likely to have, especially those experiences that may be negative, such as physical risk, discomfort, or negative emotional reactions.

(6) When research participation is mandated by a third party, the therapist shall describe the probable consequences of agreeing to or declining to participate or of subsequently withdrawing from the research.

(7) In conducting research the therapist shall observe stringent safeguards to protect the rights of human participants.


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*Original authority: 337.727, RSMo 1995 and 337.780, RSMo. 1995.