

Standards of Ethical Conduct of the Teaching-Family Association

The preparation of these Standards was undertaken by Dr. Curtis J. Braukmann, the first chairperson of the Teaching-Family Association Ethics Committee. These standards are based upon the informal principles of conduct that emerged from and guided the development of the early Teaching-Family training sites and the review of ethical behavior and guidelines published by various professional organizations.

To obtain further information concerning these Standards or to suggest modifications, contact the present Chairperson of the Teaching-Family Association Ethics Committee through our Association Office.

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Standards of Ethical Conduct

Table of Contents

Publication History	11
Table of Contents	12

STANDARDS OF ETHICAL CONDUCT

Background	13
Preamble	14

SECTION I: STANDARDS

Part 1: Basic Standards of Professional Conduct.....	14
Part 2: Treatment Standards.....	15
Part 3: Research Standards.....	18
Part 4: Standards Concerning the Training and Evaluation of Treatment Providers.....	19
Part 5: Standards Concerning Informed Consent.....	20
Part 6: Standards Concerning Confidentiality	21

SECTION II: ETHICS COMMITTEE FUNCTIONS

Part 1: Committee Responsibilities.....	23
Part 2: Statement of Purpose and Scope	23
Part 3: Committee Review Procedures	24
Part 4: Committee Records	24

STANDARDS OF ETHICAL CONDUCT OF THE TEACHING-FAMILY ASSOCIATION

BACKGROUND

Standards of Ethical Conduct of the Teaching-Family Association have been set forth in this document to aid members in the individual and collective maintenance of high standards of ethical conduct. These Standards are applicable to the activities of all members, and pertain to activities in such areas as 1) treatment, 2) training of treatment providers, 3) research, and 4) administration of research and training projects. Adherence to the Standards is a membership requirement. Each prospective member is asked to sign an affirmation of the Standards before joining the Association (this affirmation is part of the application form) which formalizes the member's commitment to advancing the highest standards of professional practice.

In abiding by the Standards, the member views his or her obligations in as wide a context as the situation requires. The decisions required by the Standards must depend upon common sense and sound professional judgement. In situations in which there is a possibility that an activity may be in conflict with the Standards or in which two or more principles appear to dictate incompatible courses of action in a given situation, the individual is responsible for weighing all the information available, considering alternatives, and choosing an appropriate, balanced course of action that is compatible with the welfare of the client and of society at large, and that is consistent with the Standards' spirit and intent. In situations involving minimal risks and demands on clients, members might seek ethical advice from colleagues and other appropriate advisors. In instances in which intended or actual practice is significantly incompatible with the Standards, or in any other way presents a serious ethical dilemma, the Sponsor Member Agency should be contacted. For example, if a member is aware of foreseeable situations or of proposed or actual policies or procedures that are likely to pose unavoidable conflicts among these various Standards, the member(s) involved is responsible for describing such situations, policies, or procedures to his or her Sponsor Member Agency for consideration and review.

When a member violates these Ethical Standards or otherwise engages in any illegal, corrupt, or unethical behavior that would affect a client or the integrity of the Association, other members directly aware of such activities should make reasonable, informal attempts to correct the situation. That failing, the conduct should be brought to the attention of the Ethics Committee of the local Sponsor Member Agency.

The Standards are divided into six parts: Part 1. Basic Standards of Professional Conduct; Part 2. Treatment Standards; Part 3. Research Standards; Part 4. Standards Concerning the Training and Evaluation of Treatment Providers; Part 5. Standards Concerning Informed Consent; and Part 6. Standards Concerning Confidentiality. Within several of these parts are Standards calling for review of procedures and programs by appropriate local standing or ad hoc committees (boards) concerned with participant rights and with ethics. In this regard, each Sponsor Member Agency will submit to the Certification and Ethics Committee information concerning which board(s) will review ethics procedures.

These Standards should be evaluated and, as necessary, revised in light of future experience, research data, ethical arguments, and legislative and judicial actions. Such revisions should remain consistent with the Standards' original spirit and intent.

PREAMBLE

Members of the Teaching-Family Association respect the dignity, individuality, and worth of each person and value the preservation and protection of fundamental human rights. They are dedicated to promoting, without discrimination, the well-being and best interests of the consumers of their services, colleagues, and society in general. They are committed to providing professional service characterized by competence, compassion, and integrity.

SECTION I: STANDARDS

PART 1. BASIC STANDARDS OF PROFESSIONAL CONDUCT

101. In professional activities, members respect and protect (and avoid any action that will violate, diminish, or otherwise infringe upon) the legal and civil rights of others.

102. Members accord informed choice, confidentiality, due process, and protection from physical and mental harm to their clients, consumers, colleagues, supervisees, employees, trainees, and research participants.

103. Members refuse to participate in, condone, or be party to practices or policies which result in illegal or otherwise unjustifiable discrimination on the basis of race, color, national origin, sex, religion, age, physical handicap, political affiliation, or socioeconomic status.

104. Members have a clear responsibility to remain informed on relevant legal and ethical issues and criteria, relevant federal, state, local, and agency regulations, and, relevant professional standards of practice. Discussion: There would, of course, be no duty to anticipate unforeseeable developments in regard to such regulations and standards.)

105. Members duly exercise that reasonable degree of requisite skill, knowledge, and care ordinarily possessed and exercised by members under similar circumstances.

106. Members take steps to keep abreast of current practices and values, and seek consultation, continuing training, and performance evaluation whenever professional activity is enhanced thereby.

107. Members take reasonable precautions against situations where personal interests, personal problems, external pressures, or conflicts of interest interfere with free and objective exercise of professional judgement, skills, and responsibilities. (Discussion: In this regard, if members are providing services on a for-profit, members must inform all relevant consumers of the for-profit nature of the services before they participate in the services. Due care must be taken to ensure that profit-making activities or interests in no way detract from the quality of services provided. There should be no undue, excessive, or otherwise inappropriate profit-making as judged by accepted practice and local community standards.)

108. Members attempt to preserve requisite conditions for development and maintenance of sound relationships with consumers of their services. They treat consumers with courtesy, consideration, and respect. They are honest, open, and responsive to consumers. Members attempt to terminate a relationship with a consumer when it is reasonably clear a consumer is not benefiting from it.

109. In collaborative or supervisory relationships, members take the necessary time to provide reasonable and timely feedback and to ensure able, careful, ethical, and otherwise appropriate conduct of professional responsibilities.

110. In educational relationships, members attempt to be full and objective in their instruction, to provide consultation and practical experience when appropriate, and to teach others to take into account ethical issues and differences among individuals when carrying out their professional activities.

111. Members present information to consumers, colleagues, and society in a full, fair, and accurate manner to thus aid others in forming their own judgements, opinions, and choices.

112. Members accurately represent their skills, education, and experience, and correct any misrepresentation of any member's professional qualifications or associations.

113. Members do not misrepresent themselves or the Association through unsupported claims of superiority, nor do they display any membership or association in a manner that falsely implies sponsorship or qualifications. (Discussion: Members only use the words "Teaching-Family" in labeling their programs if those programs are formally associated with the Teaching-Family Association. Thus, if a developing or sponsor agency loses its formal association with the Teaching-Family Association, it should not continue to use the term "Teaching-Family" in labeling its programs. Also, if an agency is associated with some homes that are considered part of that agency for TFA purposes and with some homes that are not so considered, the latter programs should not be called "Teaching-Family" programs. Members not only follow this guideline, but encourage and educate others, including non-members, to do so as well. Non-members, as well as members, are seen as responsible in this regard because it is generally accepted that it is unethical to claim, or to seem to claim, affiliations or endorsements that do not exist.)

114. Members seek to support the viability, rights, and reputation of professional organizations of which they are employees or members and first seek necessary change in such organizations through constructive action within the organizations.

115. In professional presentations of their work, members give appropriate credit (e.g., joint authorship, acknowledgement, footnote statements, or other appropriate means) to those who have substantially contributed to the work. (Discussion: See, for example, the Publication Manual of the American Psychological Association.)

116. Members respect the responsibilities and areas of concern of other members and work cooperatively with them to meet objectives of the Association. (Discussion: Members avoid personnel recruitment practices that may have adverse effects on treatment participants, and members promote timely educational discussions among the parties directly involved concerning ethical recruitment practices and specific recruitment and transition plans during all recruitment endeavors. Agencies interviewing potential staff from another Teaching-Family Association member Agency will encourage the applicant to notify the appropriate supervisor(s) about their intentions. The interviewing agency will contact the applicant(s) Agency Director to confirm the interview. The hiring agency will allow the applicant to comply with their agency's policy and procedure regarding notification and termination prior to reporting to the new position. Agency Certification Applications will include data to reflect staff hired from other agencies.)

PART 2. TREATMENT STANDARDS

201. Members provide adequate, proper, humane, individualized treatment that is planned, respectful of personal integrity, sensitive to cultural differences, the least restrictive necessary, in line with prevailing community standards, and designed to foster individual competencies.

202. Members attempt to provide a treatment living environment that is as natural, normalized, and family-style as possible and encourage the building of close family relationships characterized by concern, respect, fun, trust, understanding, honesty, sympathy, and affection.

203. Members work to ensure treatment participants the same rights as any other citizen. In this regard, members ensure participants as much freedom of movement, normality, independence of choice, and personal life responsibility as possible without endangering the health and welfare of the participant or others.

204. Members provide participants with direction, assistance, and support to help them acquire the intellectual and emotional skills necessary to achieve individual aspirations and to cope effectively in our society. In this regard, members provide information, counseling, and day-to-day skill development in social, self-help, independent living, recreational, and vocational/academic skills. Further, members conduct themselves in a manner which provides appropriate models for the participants according to community norms.

205. In accordance with the Association's Standards concerning informed consent, members obtain consent from participants and, where appropriate, parents or guardians for participation in the treatment program. (Discussion: The Association's general consent Standards, as well as those specific to treatment, are contained in Part 5 of these Standards.)

206. Members ensure the participant's right to a wholesome, safe, clean, pleasant, and dignifying treatment environment. In this regard, they provide and do not restrict or make contingent regular and adequate sleep; rest; clean bedding; a comfortable bed; access to outdoors; physical exercise; light; warmth; ventilation; personal supplies; space for personal belongings and activities; physical safety; hygiene and sanitation (including access to daily shower or bath, regular laundry, hygienic materials, toilet use, and hot water); well-balanced, nutritional, and appealing diet; and, normal, accepted dress items.

207. Members ensure that each participant has an individualized, mutually agreed upon, written treatment plan that is based on careful assessment of the participant's strengths and weaknesses and that is developed with input from the participant and the participant's parents or guardians. The plan should be developed early within the program participation, should be reviewed and revised periodically on the basis of progress and renegotiation; should be kept confidential and privileged; and, as soon as possible, should include plans relative to the participant's post-treatment situation. The plan should specify long-term and short-term goals that are realistic, for the participant's benefit, relate to specific behaviors that are individualized, and reflect community norms. The plan should also specify the procedures to be employed to meet each objective and the termination criteria. Short-term goals should be consistent with and facilitative of long-term goals

208. Members seek to develop, secure, and maintain appropriate out-of-program and post-program living environments and, to this end and when possible and advisable, work closely and meet regularly with parents or surrogates to inform them of the participant's progress, counsel and train them on methods of child rearing, and implement the participant's reintegration into the natural home or other appropriate community settings.

209. Members accord participants adequate and appropriate educational opportunities in accordance with each participant's best interest, state laws, and community norms.

210. Members meet regularly and remain in close contact with participant's teachers and/or employers and/or referral agencies to facilitate and keep abreast of each participant's progress in school and employment settings. When problems arise in these settings, members work cooperatively with appropriate personnel to attempt to solve those problems. Members shall remain in contact with the participant's referral agencies.

211. Members represent the participant's best interests and advocate for them in situations involving decision-making processes that directly effect the participant, the removal of the participant from the program, and/or, the temporary exercise of control over the participant by another agency. In such situations, members monitor the procedures, attempt to ensure that the participant and parent or guardian is informed of guaranteed rights (including, where appropriate, right to counsel and/or an advocate), attempt to encourage the least restrictive alternative course of action, and attempt to secure for the participant and his or her representative the opportunity to be fully heard.

212. Members seek for their participants any necessary medical or dental treatment and take steps to ensure that such treatment is immediate and of high quality (Discussion: When a reasonable question arises as to whether or not a given behavior or condition is a result of a physical problem, members should obtain certification from a physician before extended attempts to treat the problem as non-physical.)

213. Members provide reasonable and regular opportunities for participants to engage in the following activities and ensure that such opportunities are free from restraint, interference, coercion, discrimination, reprisal, or undue influence: 1) participation in decisions that affect disciplinary processes, daily life patterns, and participant's lives, including decisions concerning regulations and policies; 2) explanations of their own actions; 3) expressions of dissatisfaction and grievances; and, 4) recommendations for changes.

214. Members seek to provide a supportive setting in which participants can learn to accept responsibility for their own actions and, where appropriate, those of other participants. This includes the opportunity for participants to participate (under conditions in which they have volunteered, are specifically trained and adequately and closely supervised, have demonstrated humane judgement, and in which their judgements and actions are subject to careful ongoing review and approval) in the determination of fair, reasonable, and justified consequences for fellow participants; the reporting of serious rule violations of other participants, and, the supervision of routine activities of other participants.

215. Members ensure that participants have reasonable, regular opportunities for communication with others (e.g., parents, same and opposite sex peers, counsel, public officials, and agency personnel) through visits, telephone, mail, and other means of contact. Furthermore, members ensure that participants have reasonable and regular opportunities for access to mass communication and information (e.g. radio, television, and reading material). (Discussion: For example, members cannot fail to deliver mail or phone calls, nor can they make all television viewing contingent upon behavior. Here, reasonable access to television news and educational programs should be routinely available.)

216. While members are aware of the need to provide adequate supervision, they respect participants' right to privacy and do not, without due cause, seek access to personal information concerning participants or conduct searches of their person, belongings, or room. Members do not read participants' mail and do not, without informed consent, permit public display of the participants' pictures or names either in association with the program or in any manner with some likelihood of adverse effects.

217. Members protect the participants' right to the free exercise of religious, political, cultural or other philosophical beliefs, including attendance at services, and do not impose religious or political attitudes or prayers. (Discussion: If specific religious behaviors are required by the board or funding support of a program, such a situation needs to be clearly specified in the informed consent.)

218. Members ensure that treatment-associated risks (whether physical, psychological, sociological, or other) are outweighed by potential benefits to the participant and that such benefits stand in a reasonable relationship to the demands made upon him or her.

219. Members protect participants from physical or psychological discomfort, harm, or danger. Prohibitions include mental cruelty, emotional cruelty and intentional emotional stress (e. g., humiliating, shaming, frightening), hazardous procedures, and physically intrusive procedures (e.g., corporal punishment, chemotherapy).

220. Members do not employ corporal punishment or other aversive stimulation (whether tactile, auditory, gustatory, olfactory, or visual), but rather employ more humane ways of interacting and fostering goals of education, training, and socialization.

221. Members provide treatment that is the least restrictive necessary and avoid excessive, arbitrary, or otherwise undue restrictions on the activities of participants. Those reasonable and limited restrictions that are employed are described in the informed consent and are used when more positive and less intrusive alternatives are either exhausted or would be clearly ineffective, when the procedures would be in the best interest of the participant, and when the benefits clearly outweigh the harm. (Discussion: The issue of whether or not a treatment environment, such as a group home, represents the least restrictive alternative for a potential participant is an issue that needs to be discussed and weighed by a duly constituted admissions committee.)

222. Members avoid the use of physical restraint except under emergency conditions when there is a clear and imminent threat to the physical safety and well-being of the participant or others or when there is actual extensive property damage. Such restraint is the minimal (least restrictive) necessary, is used only during the acute episode, is not of a mechanical or chemical nature, and is not used for punishment or staff convenience. Any use of restraint will be documented in the participant's file with specification of date, time, and nature of the inappropriate behavior, surrounding conditions, and length of the restraint episode.

223. Members avoid secluding or confining participants. If under extreme conditions, the least restrictive alternative for the immediate protection of the participant or others is the temporary restriction of a participant's activities to a given room, room will not be locked, and frequent observations of the participant will be made. Members will not have rooms specifically for the purpose of confining participants, and no form of confinement is ever used as a form of punishment. (Discussion: Temporary and infrequent exclusion of a participant from an environment or activity might represent a least restrictive option under certain conditions. Such exclusion should be brief, mild, and evaluated as to its effectiveness. Examples include: asking a young child to sit out of an activity for a brief period, asking a participant to temporarily leave a situation in which there appears to be danger of confrontation. In the latter case, a participant might be asked to go to his room and given a specific reentry behavior and an invitation to engage in that behavior within a reasonable time period.)

224. Members recognize the diverse needs of residents in their care. Administering medication for the purpose of controlling behaviors or for the convenience of staff is not condoned. When indicated by case assessment that such pharmaceuticals are necessary and in the best interest of the client, members will advocate for minimal dosages that are consistently monitored. (Discussion: Drugs are never used for behavior control, restraint, or punishment. Medications will only be used when authorized by a licensed physician and administered strictly and according to prescription instructions. Medications will be maintained under lock and key and logged to document frequency and dosage of use.)

225. Members protect participants from work that is not related to treatment, non-therapeutic, meaningless, or not related to family-living activities typical to a natural household. Participants are not asked to engage in work for the primary benefit of another, unless they volunteer and are paid minimum wage. (Discussion: Specifically prohibited here is non-voluntary, unpaid personal work for members, such as cleaning the member's room or babysitting his or her children and pets. Also prohibited is repetitive, meaningless work or activity as a form of punishment.)

226. Members ensure that the procedures and programs they employ are reviewed by appropriate standing or ad hoc committees/boards concerned with participant rights and the ethics of treatment.

227. In accordance with the Association's Standards concerning confidentiality, members employ proper and reasonable confidentiality safeguards to protect the confidentiality of information obtained relative to treatment participants. (Discussion: The Association's general Standards on confidentiality, as well as those specific to treatment, are contained in Part 6 of these Standards.)

PART 3. RESEARCH STANDARDS

301. Members attempt to select areas of research that are of immediate relevance to human and social problems and/or that advance the understanding of significant aspects of human experience and behavior. (Discussion: Ideally, members' research should relate directly to the welfare of the individuals involved or of individuals participating in similar or future programs. Members ensure that participants in their research efforts are not overused in research unrelated to their welfare solely because of administrative convenience or availability.)

302. As researchers, members use methods that are appropriate to the objectives of the research, select areas in which they have sufficient competence, and ensure they have adequate facilities to conduct the research.

303. Members plan their research to minimize the possibility of misleading findings and remain alert to moderate pressures that may distort findings. They discuss the limitations of their data and reasonable alternative hypotheses, especially when their research may considerably affect policy or practice. In publishing reports of their research, they never suppress disconfirming data. Members take credit only for the research they have actually done.

304. In planning and conducting research, members act in accordance with and thus avoid action that interferes or is incompatible with the spirit of the Standards put forth in the other parts of this document (e.g., Treatment Standards).

305. In planning and conducting research, members act in accordance with other applicable standards, regulations, and laws. (Discussion: By ways of examples, members who belong to the American Psychological Association adhere to that organization's research guidelines and ethical principles, and members conducting research supported by the Department of Health and Human Services adhere to that agency's regulations concerning the protection of human subjects.)

306. Members use research procedures that result in subject treatment that is proper, humane, respectful of personal integrity, and the least restrictive necessary. Research participants are encouraged to express their opinions and dissatisfactions and to suggest changes.

307. Members undertake research only if the risks to those involved are minor and stand in a reasonable relationship to the benefits (including the avoidance of a greater harm) likely to accrue to the subject and to the public in general. Members use the safest procedures that are consistent with sound research design and request only that time and inconvenience of subjects is justified by the importance of the research, even if no more than minimal risk is involved.

308. Members do not undertake research that is incompatible with, or significantly interruptive of, expected services in a human service relationship. Further, they do not undertake research that involves physical or mental stress, harm, or danger, deprivation or restriction of rights (e.g., to communication, privacy, nutritional diet, light, warmth, sleep, safety), physically intrusive procedures, participant seclusion, deception, or administration of drugs for control, restraint, or punishment.

309. Members do not undertake research for personal gain that they would otherwise refuse to do because of the harmful purpose it would serve.

310. Compensation to research volunteers should never be such as to constitute undue inducement. When potential research participants have such strong needs that they have little freedom to reject incentives related to these needs, an investigator should never use such incentives without first securing ethical advice.

311. Members ensure that the research they undertake is reviewed by appropriate standing or ad hoc committees (boards) concerned with participant rights and the ethics of research.

312. In accordance with the Association's Standards concerning informed consent, members obtain informed consent from participants and, where appropriate, parents and guardians for participation in the research. (Discussion: The Association's general consent Standards, as well as those specific to research, are contained in Part 5 of these Standards.)

313. In accordance with the Association's Standards concerning confidentiality, members employ proper and reasonable safeguards to preserve the confidentiality of information obtained through the research. (Discussion: The Association's general Standards on confidentiality, as well as those specific to research, are contained in Part 6 of these Standards.)

PART 4. STANDARDS CONCERNING THE TRAINING AND EVALUATION OF TREATMENT PROVIDERS

401. Members involved in the training and evaluation of treatment providers give appropriate and sufficient direction, advice, and feedback to the providers, and adequately and regularly monitor their performance in order to facilitate the professional growth of the providers and help them be responsive to consumer needs.

402. Through integrated programs of academic study and supervised practice, members carefully teach legal, ethical, and treatment concepts and procedures to trainees in order to facilitate their delivery of quality, ethical treatment.

403. Members involved in training and evaluating treatment providers work to ensure that consumers of the treatment services are receiving proper, ethical treatment. In this regard, the members work to ensure that direct participants in the treatment activities are treated in full accord with each of the Association's Treatment Standards (see Part 2 of these Standards). (Discussion: In this regard, for example, members ensure that each treatment participant has an appropriate updated treatment plan.)

404. Members involved in training and evaluating treatment providers act in accordance with formal Association policy for such activities.

405. Members involved in the training and evaluation of treatment providers make appropriate and periodic consumer evaluation information on provider performance available to those individuals and agencies that are responsible for 1) administering the treatment program with which the provider is associated, as well as 2) referring potential participants to the program. Members are obligated to ensure that adequate interpretation accompanies the sharing of this information.

406. Members involved in training and evaluating treatment providers ensure that certification of the providers under the auspices of the Association is based on the quality of their performance as formally evaluated by the consumers of the providers' services.

407. In accordance with the Association's Standards concerning informed consent, members obtain informed consent from participants for participation in training and evaluation. (Discussion: The Association's general consent Standards, as well as those specific to training and evaluation, are contained in Part 5 of these Standards)

408. In accordance with the Association's Standards concerning confidentiality, members employ proper and reasonable safeguards to preserve the confidentiality of information obtained relative to those individuals participating in training and evaluation. (Discussion: The Association's general Standards on confidentiality, as well as those specific to training and evaluation, are contained in Part 6 of these Standards.)

409. As trainers, members have the responsibility of not only assisting the trainee in securing remedial assistance, but also screening from the training program those trainees who are unable to provide competent services.

410. When agreeing to provide services that omit one or more of the Teaching-Family Model components, members shall make explicit written agreements with those persons or agencies agreeing to receive such services, stipulating that the services to be received by those persons or agencies are not to be considered Teaching-Family Model services. Further, members assure, through the same explicit written agreements, that those persons or agencies agreeing to receive such services shall not represent themselves to be receiving Teaching-Family Model services or to be Teaching-Family Model programs. (Discussion: In some cases, members must provide a modified training workshop for foster parents or house parents to satisfy the terms of an overall contract for services in a state, yet post-workshop consultation or performance evaluation is not permitted because of cost or distance. The omission of these important components would warrant the explicit written agreement called for in this paragraph to prevent any possible confusion between what the member does with Teaching-Family Model programs and what the member does with other types of care.)

PART 5. STANDARDS CONCERNING INFORMED CONSENT

501. In according the right to give or withhold informed consent to potential direct participants in their professional activities (e.g., clients, trainees, and research participants), members take reasonable steps to ensure that conditions would permit competent, informed, and voluntary consent to be given by the participants and/or their legal representatives.

502. Members make clear that they are inviting mutual agreement of the parties concerned and attempt to provide clear, accurate, and full descriptions of relevant procedures, objectives, risks, and benefits.

503. Members permit no exploitation of special needs or vulnerabilities, nor any overt or indirect element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion.

504. In obtaining informed consent, members do not use exculpatory language through which the participant or representative is made to waive, or appear to waive, any constitutional rights.

505. Members ensure and make clear that consent may be withdrawn at any time without prejudice or unpleasant consequences.

506. To ensure the adequacy of their consent procedures, members may present their procedures to a review board.

507. Members obtain appropriate consent for treatment, training, and research participation from each participant older than seven unless, in the opinion of the appropriate review board, the participant is incapable of consent. If the participant is under the age of 18 or is incapable of understanding the situation and making appropriate judgements, consent is also obtained from the parent(s), legal guardian(s), or other legally-authorized, independent third-party representative(s) of the participant's interests. (Discussion: Any proposed variance from this guideline shall only be undertaken following formal approval of the appropriate review board or when existing state statutes specifically provide different criteria. For example, not every state has set 18 years of age when parental consent is no longer needed.)

508. Members provide participants and their representatives with the necessary information for informed consent through use of written forms that contain comprehensible, non-technical, and objective language aimed at the level of the party involved. When helpful, these forms are read aloud to the party. In all cases, they are explained, and all questions are answered. Agreement is indicated by signature on the form. The party is told that he or she may take time to think over or consult with others regarding the consent before signing. (Discussion: In order to document and ensure that the party involved understood well what was being consented to members obtaining consent might ask the party to manifest his or her knowledge by, for example, answering written or oral questions concerning the various conditions being consented to. It is often good practice to conduct informed consent sessions in the presence of a witness who would then also sign the form.)

509. In obtaining informed consent, members provide the following:

- a) descriptions of objectives and rationales;
- b) a fair explanation of procedures (programs) including, when known, their typical frequency and duration;
- c) an indication of available, reasonable, appropriate alternative procedures (programs) that would be advantageous;
- d) a statement about the rights of the participant and of the parent or guardian;
- e) an explanation of how progress is to be evaluated;
- f) a description of procedures to be used to preserve confidentiality;
- g) a description of what benefits might be expected, reviewing previous results when appropriate;
- h) a description of what collateral discomforts or risks of injury (psychological, physical, or social) might be expected, reviewing previous results when appropriate;
- i) an explanation of procedures for withdrawing consent and/or terminating the procedures (program);
- j) explanations of data collection, including types of data to be collected and from what sources, length of time the data will be retained, who is to have access to the data; plans for use of the data in publications; and, when the data will be destroyed.

510. In addition to including the elements described in the above Standards, members provide the following information in seeking informed consent for treatment: eligibility criteria for the program; description of each treatment element; probable length of stay (provide range); and, a general description of program activities that may include training, consultation, and evaluation.

511. In addition to including the elements described in the above Standards, members provide the following information in seeking informed consent for research: a statement that participation in treatment or training is not contingent upon participation in the research; eligibility criteria for participation in the research; description of all experimental procedures; and, description of probable length of research.

PART 6. STANDARDS CONCERNING CONFIDENTIALITY

601. Members make due provision for the maintenance of the confidentiality of any information that has been obtained in the course of their professional activities. They take due precautions against the accidental or malicious release of confidential information and the use of such information to the detriment of any individual. They maintain reports, records, and other information under conditions of security (e.g., locked files), and make provisions for the ultimate disposition of such materials in a manner that maintains confidentiality.

602. Members ensure that privacy and confidentiality are maintained by all persons they supervise, or who are in the employ or volunteer service of the agency or office in which they work.

603. Information received in confidence by a member shall not be forwarded to another person or agency without the client's express permission.

604. Information received in confidence is revealed only after the most careful deliberation and only after one or more of the following conditions are met: 1) the individual has given consent; 2) there is a clear and imminent danger to the client, to others, or to society; or, 3) there exists proper legal compulsion. Under such conditions only necessary, relevant, and verifiable information is to be released, and then only to appropriate professional workers or public authorities. Reasonable attempts should be made to ensure that these latter individuals maintain the confidentiality of the information. Under conditions of legal compulsion, as in a court or legislative inquiry, ethical considerations may dictate that members raise question of adequate need for disclosure, right to dissent, and the possibility of providing information that is relevant to the legal question at hand but that is as disassociated from individuals to the extent possible.

605. Individuals who are asked by members in the course of their professional activities to provide personal information should be informed in advance about the purposes of information gathering and about limits of confidentiality. They should subsequently be informed of external conditions requiring reporting of information to someone else.

606. Information obtained in treatment and training and evaluation activities is discussed only for professional purposes and only with persons clearly concerned with the case. To the extent possible and when reasonable, the anonymity of the individuals concerned is protected in such discussions through withholding of name and personal identifying data. When professional discussions and communications with relevant others concerning participants is standard, accepted practice, the individual participant must be fully informed concerning this practice prior to providing information. Care must be taken to ensure that the third parties involved respect the confidentiality of the information. (Discussion: In regard to providing treatment services, members may need to share information with those assisting in the treatment or providing training or consultation concerning treatment. Participants should be so informed in accordance with this Standard.)

607. Every effort should be made to avoid undue invasion of privacy, and sensitive data is only collected if necessary.

608. Reports of other materials are only presented when the identity of each involved person is so disguised that no identification is possible unless the client or responsible authority has reviewed the materials, is informed of the extent of risk, and has explicitly agreed to presentation or publication.

609. Records concerning participants in treatment are confidential. (Discussion: Files of the agency's individuals in treatment should not go beyond the program. The parent or guardian of an individual receiving treatment has the right to see the files, unless otherwise regulated by state statutes or court order. Open discussion shall occur at the beginning of treatment and there should be agreement between the parties involved as to what information will/will not be available. Records can only be disclosed to other agencies for the purpose of treatment and then only when accompanied by a written Informed Consent Release of Information Form. If records include materials provided by other agencies, access shall only occur with express approval of those other agencies.) All efforts will be made to maintain confidentiality and to comply with applicable licensing standards.

610. Members conducting research should collect only relevant and necessary information, share the data only with authorized personnel and only for authorized purposes, expunge individualized data once the research is completed, and utilize codes rather than names when possible (with the codes kept securely and distinctly separate from the data).

SECTION II: ETHICS COMMITTEE FUNCTIONS

PART 1: COMMITTEE RESPONSIBILITIES

- A. The Ethics Committee functions as part of the Certification and Ethics Committee, a standing committee of the Teaching-Family Association.
- B. The purpose of the Ethics Committee shall be to develop and implement standards, policies, and procedures concerning the ethical conduct of Association members.
- C. The Ethics Committee shall report to the Board of Directors of the Teaching-Family Association.
- D. The Board of Directors of the Teaching-Family Association shall have the authority to approve and periodically review the policies, action, advice, and counsel of the Ethics Committee.
- E. An annual report of the Ethics Committee and any interim reports required by the Board shall be filed with the Secretary of the Teaching-Family Association.
- F. The Ethics Committee shall propose revisions in the Standards and in the Committee's policies and procedures as the need for such revisions becomes apparent. The Committee shall conduct a thorough review of standards, policies, and procedures every five years. To be adopted, revisions must be approved by the Board of Directors. The Ethics Committee shall keep minutes of all actions and decisions.
- G. The make-up of the Committee and its operation shall conform to the guidelines specified in the Association's Bylaws.

PART 2: STATEMENT OF PURPOSE AND SCOPE

The Ethics Committee has as a primary concern the ethical conduct of all Teaching-Family Association members. The objective of the Committee with regard to the individual members shall be to provide constructive education about ethical conduct. To facilitate this goal, the Ethics Committee is responsible for the development and necessary updating of the Standards of Ethical Conduct and for the establishment and implementation of policies and procedures.

The Ethics Committee will encourage continuing constructive communication between itself and members as a means of safeguarding the rights and welfare of individuals who are participants in Association activities; however, the Committee is not involved in policing the conduct of the membership or enforcing the Standards as applied to individuals. The Teaching-Family Association and their Ethics Committee does not accept nor process referrals regarding the unethical behavior of individuals as it relates to the Standards of Ethical Conduct, nor will they communicate to any entity or to any individual any information about the unethical conduct of any of its members.

Reports of violations of employees, supervisees, trainees, contractors, or other members shall be dealt with by the individual Sponsor Agencies who are responsible for reviewing situations and deciding on action. The individual Sponsor Agency review process might involve such information collection procedures as personal interviews, on-site visits, consumer evaluations, or whatever appears appropriate, depending on the ethical gravity of the situation involved. Decisions as to courses of action would be made by careful consideration of the ethical concerns involved and in accordance with the Association's Ethical Standards.

PART 3: COMMITTEE REVIEW PROCEDURES

Any ethical allegations against an agency will be reviewed by the Certification and Ethics Committee during the agency certification process and according to the Certification and Ethics Committee policies and procedures. This includes allegations of general or repeated failure to substantially comply with the Standards. Because the Association intends that member agencies monitor the ethical conduct of their employees and associates, part of the certification process is a review of the agencies' actions with regards to individuals who might have violated the Standards. The certification review team is charged with determining if the agency adequately adheres to the Standards of Ethical Conduct. The responsibility for enforcing and implementing the Teaching-Family Association Standards of Ethical Conduct rests with the individual member agencies.

Referrals of complaints about isolated unethical conduct of members should be made to the applicable agency and not be made to the Teaching-Family Association. All agencies and their personnel are required to abide by the Teaching-Family Association Standards of Ethical Conduct. Any disciplinary action relating to the violation of the Standards is a matter to be handled by the agencies and not the Teaching-Family Association nor the Ethics Committee.

PART 4: COMMITTEE RECORDS

The permanent files of the Certification and Ethics Committee will be maintained by the Association Office. They will contain: 1) copies of all documents presented or required for initial and continuing review; 2) committee meeting minutes including records of discussions of substantive issues and their resolutions, and, 3) transmittals on actions, instructions, and conditions resulting from committee deliberations.

Files that contain allegations of unethical conduct by a member or other individuals shall be confidential. Only members of the Certification and Ethics Committee and the Executive Committee of the Association will have access to said files and then only as necessary to permit sound decision-making.