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Re: Domestic and International Adoption: Strategies to Improve Behavioral Health Outcomes for Youth and Their Families

To the Conference Administrators:

The members of the Adoption Policy and Reform Collaborative (APRC) extend their great appreciation for including professional adult adopted persons as part of the conversation in this historic forum. The conference offered expert information and data that will surely be utilized in the future to create best practice programming and policy.

Nevertheless, we request that serious consideration be taken for the next forum in regards to the use of adopted person panels and testimony. First, we do not support a clinical service provider using former and/or current clients to provide testimony that directly endorses said service provider and their agency because of the potential ethical issues these types of testimonies and panels raise. Second, it is our position that client testimonials, if in fact are determined to be appropriate within the context of a policy, research, and exploratory adoption forum, be guided by utilizing, at minimum, the ethical standards recommended by the professional associations' guidelines and are framed within the context of offering the young adult/youth an opportunity to express best practice and policy recommendations from their vantage point. We are requesting this for the following reasons:

The panel, *Framing the Issue, Part I, Youth and Family Voice*, showcased two young adult adoptees who shared intimate details of their mental health, substance abuse, and relational challenges. Since they are adults and able to give legal consent, we do not take issue with their disclosures. However, as previously stated, our concerns are the potential ethical violations of a clinical service provider using former and/ or current clients to provide testimony that supports, recommends, or endorses said service provider and their agency. The American Counseling

Association's (ACA) 2005 Code of Ethics describes this type of relationship as a "dual relationship" between client and counselor/therapist. Specifically it states the following (p 5):

***A.5.e. Role Changes with the Professional Relationship***

*When a counselor–client nonprofessional interaction with a client or former client may be potentially beneficial to the client or former client, the counselor must document in case records, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the client or former client and other individuals significantly involved with the client or former client. Such interactions should be initiated with appropriate client consent. Where unintentional harm occurs to the client or former client, or to an individual significantly involved with the client or former client, due to the nonprofessional interaction, the counselor must show evidence of an attempt to remedy such harm.*

In regard to counselors advertising their clinical services, the ACA explicitly states the following (p 10):

***C.3.b. b. Testimonials***

*Counselors who use testimonials do not solicit them from current clients nor former clients nor any other persons who may be vulnerable to undue influence.*

In addition, the July 2012 American Association for Marriage and Family Therapists (AAMFT) Code of Ethics in regards to the use of current or former clients for advertising purposes states (p. 2 & 3):

***1.1.3 Multiple Relationships with Clients***

*Marriage and Family Therapists are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships with clients that could impair professional judgment or increase the risk of exploitation. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists document the appropriate precautions taken.*

***1.7 No Furthering of Own Interests***

*Marriage and Family Therapists do not use their professional relationships with clients to further their own interests*

Similarly, the Social Work Code of Ethics indicates:

***1.06 Conflicts of Interest***

*(b) Social workers should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests.*

*(c) Social workers should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries. (Dual or multiple relationships occur when social workers relate to clients in more than one relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively.)*

#### **1.07 Privacy and Confidentiality**

*(p) Social workers should not disclose identifying information when discussing clients for teaching or training purposes unless the client has consented to disclosure of confidential information.*

### **4. SOCIAL WORKERS' ETHICAL RESPONSIBILITIES AS PROFESSIONALS**

#### **4.07 Solicitations**

*(b) Social workers should not engage in solicitation of testimonial endorsements (including solicitation of consent to use a client's prior statement as a testimonial endorsement) from current clients or from other people who, because of their particular circumstances, are vulnerable to undue influence.*

The American Psychological Association's Code of Ethics indicates:

#### **3.05 Multiple Relationships**

*(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.*

*A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.*

#### **3.08 Exploitative Relationships**

*Psychologists do not exploit persons over whom they have supervisory, evaluative or other authority such as clients/patients, students, supervisees, research participants and employees.*

#### **5.05 Testimonials**

*Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.*

We are greatly concerned for the welfare and mental health well being of the panel presenters, including the young adult, who opened the second day of the forum. We reiterate that it is the position of the APRC, that client testimonials should only be used if they conform with the ethical standards recommended by the professional associations' guidelines and are framed within the context of offering the young adult/youth an opportunity to express best practice and policy recommendations from their vantage point. Opening a forum with a young adoptee disclosing vulnerable and potentially traumatic information to a group of strangers, for example, is in direct conflict with professional associations' ethical standards.

At the forum SAMSHA provided the following information about Youth – Guided Care:

*Youth-guided means that young people have the right to be **empowered, educated,** and given a decision making role in the care of their own lives as well as the policies and procedures governing care for all youth in the community, state, and nation. This includes giving young people a **sustainable voice** and then **listening** to that voice.*

It is in this spirit that we extend our offer to ongoing collaboration with future adoption policy forums and hope that our above outlined request; and your endorsement of the forthcoming APRC position paper on the appropriate use, venue, and clinical care of adopted persons' testimonials, will be taken under very serious consideration.

Respectfully submitted,

The Adoption Policy and Reform Collaborative