



The Australian Association of Family Therapy Inc.

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AAFT Inc.

Code of Ethics

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Section I - Introduction

1. Foreword

1.1 Intention of this Document

This document is a reference for **family therapists**, people who use **family therapy** services, people who are considering using **family therapy** services and anyone wanting a better understanding of **family therapy**, particularly in Australia and New Zealand. It is also intended that the Code evolves in response to changing practices and values held by the community.

This document also assists **family therapists** to deal with ethical dilemmas. It is based on the principal that, when faced with an ethical dilemma, the **family therapists** should adopt the course of action which maximises the good, and does the least harm. The therapists should attach particular weight to the rights of those who have the least power.

1.2 Contents

This document contains the:

- Code of Ethics
- Principles of Practice and
- Code of Conduct for financial arrangements and advertising of the Australian Association of Family Therapy Inc (AAFT Inc).

The table of contents identifies the various sections of this document. It has been designed so that significant sections can exist as standalone documents. Some readers may want to read the whole document, others may only be interested in particular sections. Members of AAFT may want to reproduce some or all of the document. For copyright or other information contact the Convenor of the Ethics Committee of AAFT.

1.3 Terms

For the purposes of this document some terms are explained in detail in section 4, pages 3&4. These include everyday terms that may mean different things to different people (for example „**family**“). These terms are described in detail to make sure the reader understands the way they are used for the purposes of this document. Where these terms appear in the text they are written in bold (for example: **conflict of interest**).

2. Preamble

2.1 Background to the Australian Association of Family Therapy Inc

The Australian Association of Family Therapy Inc (AAFT) is a voluntary non-profit organisation. Its precursor (VAFT) was founded in 1979 as a development from the Family Therapy Interest Group based in Melbourne and was incorporated in 1989.

AAFT was formed in 2011 following agreement from state associations for this to happen.

The organisation's aims are:

- To foster and advance clinical practice and theory formation in **family therapy** in Australia
- To develop relevant training programs.

AAFT achieves these aims by:

- Stimulating appropriate research
- Publication of the ANZJFT
- Establishing suitable practice standards and
- Promoting public awareness of application of family therapy to relevant social issues.

AAFT currently offers three tiers of membership, Associate, Clinical, and Life. Clinical membership is usually limited to residents of Australia. Each level of membership is governed by clearly defined requirements.

2.2 Development of the Code

This Code was developed by the VAFT Ethics Convenor in collaboration with the Committee of Management, and the membership at large through consultation at local, national and international forums. Some elements of the codes of ethics adopted by parallel professional organisations have been incorporated into this document, namely the American Association for Marriage and Family Therapy (AAMFT, 2001), the Association for Family Therapy and Systemic Practice (AFT, 2000), the Australian Association of Social Workers (AASW, 1999), the Australian Institute of Welfare and Community Workers (AIWCW, 1991) and the Australian Psychological Society Ltd (2002).

The VAFT Code of Ethics was accepted as the AAFT Code of Ethics when AAFT was formed.

This edition of the code was produced in 2013 and updated August 2016

2.3 About the Code of Ethics

AAFT is committed to ensuring the practice of **family therapy** in Australia meets the highest ethical standards. As part of that commitment this Code is a statement of ethical principles and standards of practice endorsed by AAFT. It is an evolving document that is intended to reflect professional and community values about the practice of **family therapy**.

2.4 The Code Binds All Members of AAFT, Including Associate Members

All members of AAFT including Associate members undertake to be accountable for their **family therapy** practice and adhere to the Code of Ethics contained in this document (“the Code”).

3. Dealing with Breaches of the Codes of Ethics and Conduct

As part of their commitment to ensuring the best possible practice of **family therapy** in Australia, all members of AAFT including Associate Members undertake to co-operate with any investigation about possible breaches of this Code.

Detailed policy and procedures for handling complaints have been developed and will be used as the basis for handling of complaints. Possible breaches of this Code should be identified in writing and sent to the Convenor of the Ethics Committee. Complaints will then be dealt with by the Ethics Committee based on criteria set out in “procedures for dealing with ethical matters” document.

Once the Convenor of Ethics has received notice of a complaint, an investigation into the complaint will be held as soon as practically possible. Once the Ethics Committee has commenced an investigation into a complaint it must complete the investigation of the complaint. Any member of AAFT about whom a complaint has been made has a right to respond to the matters raised in the complaint.

After the Ethics Committee has completed the investigation of the complaint it must notify the complainant and the person about whom the complaint has been made about the results of the investigation and any proposed course of action it intends to take.

An appeal mechanism exists for a decision by the Ethics Committee, as outlined in the “Procedures for Dealing with Ethical Matters”.

4. Explanation of Terms

“Family”

Family is the group with whom the **family therapist/s** is/are working. In this sense, the “**family**” is a group of particular individuals. **Family therapists** acknowledge both traditional and non-traditional concepts of **family**. The traditional concept of **family** is a group of people living in a social kinship system that extends over at least three generations through birth, adoption and committed relationship. Non-traditional concepts of **family** include any social group that defines itself as a **family**.

“Family therapy”

Family therapy is treatment that occurs where the **family** is the focus of the therapeutic endeavour. Often more than one member of the **family** is seen during the course of the therapy. **Family** members can be seen by themselves or together. The therapy centres on interpersonal relationships.

“Family therapist”

A **family therapist** is generally a professional who has been trained and qualified in **family therapy**. It is recognised that some family therapists may have commenced their practice before such courses were established. A **family therapist** demonstrates the values, knowledge and skills necessary to work with families to promote or restore their social functioning in the community regardless of race, class, culture, gender, religion or other individual differences. A **family therapist** is competent and has sufficient experience to work with a broad range of **family** types.

“Approved supervisor”

An **approved supervisor** is a **family therapist** and a clinical member of AAFT who has completed training in the provision of clinical supervision and/ or has been a clinical member of AAFT for more than 5 years

“Supervisee”

A **supervisee** is a **student** or **family therapist** undergoing supervision with an **approved supervisor** in the clinical practice of **family therapy**, either to gain accreditation as a **family therapist** or as ongoing professional development.

“Student”

A **student** is a professional (such as a social worker, nurse, psychologist, psychiatrist, or other) who is undergoing training as a **family therapist** in a recognised training course. The **student** has a knowledge and skills base in the social and health sciences or equivalent qualifications, with previous training in basic helping skills. The **student** also has personal qualities that will enable him or her to facilitate a therapeutic relationship.

“Conflict of interest”

A **conflict of interest** occurs when what is of benefit to one of the participants in a relationship reduces the benefit, or potentially reduces the benefit, to other participants in the relationship.

Conflict of interest arises within families. It can also occur between clients, families and the **family therapists**.

“Written informed consent”

Written informed consent involves an explanation in writing and other communication as necessary that gives the person from whom the consent is being obtained, an understanding about:

- What the consent is being obtained for
- What will happen as a result of the consent
- Who will have access to any information, document, videotape or audiotape released by the consent
- How information will be stored
- How long the consent is valid for, and
- What will happen to the information at the expiration of the consent.

Written informed consent will only be obtained from someone with legal capacity.

Where consent is sought from a minor or adult without legal capacity, consent can only be given by a parent or guardian authorised to give consent on behalf of the person. A person giving informed consent has a right to withdraw consent at any time.

“Confidentiality and privacy”

The “National Statement on Ethical Conduct in Research Involving Humans” makes the following distinction between **confidentiality** and **privacy**:

Confidentiality refers to the legal obligations that arise from a relationship in which a person receives information from or about another. The recipient has an obligation not to use that information for any purpose other than that for which it was given. Traditional examples of relationships in which that obligation arises are those between doctors and patients and priest and penitents. However, the obligation can be created by contract. Privacy is a broader concept. A person’s interest in keeping personal information private relates to anyone who might have access to that information, whether through a relationship or otherwise.¹

Privacy and **confidentiality** in this Code refer to all forms of information **family therapists** receive via communication including written, oral, non-verbal and electronic.

¹ www.health.gov.au/nhmrc/ppublications/pdf/e35.pdf

Section II – Code of Ethics and Principles of Family Therapy Practice

The Code is divided into sections. Each section starts with a broad statement about the philosophy and values of **family therapists** that underpin this Code. The rest of the section describes how the philosophy influences the practice of **family therapists**.

1. Family Therapists Value and Respect Human Rights and the Autonomy of Individuals and Work for Social Justice

- 1.1 **Family therapists** do not discriminate against or refuse service to anyone on the basis of race, ethnicity, social and economic status, gender, religion, national origin, disability, age, beliefs, and sexual orientation or contribution to society.
- 1.2 **Family therapists** provide sufficient information about the extent and nature of their service, fees, and the potential benefits and risks of **family therapy**, so that clients and families can make informed decisions about participating in **family therapy**.
- 1.3 **Family therapists** respect the client's and **family's** right to make decisions. They empower clients and families to make these decisions and help them to understand the likely consequences. They provide advice based on their experience and expertise. They do not impose their own values on the client and **family**.
- 1.4 **Family therapists** may give priority to those who are vulnerable or disadvantaged through structural inequity rather than those who are not.

2. Family Therapists Adopt a Context Sensitive Approach when working with individuals and their families.

3. Family Therapists Promote the Welfare of Individuals and their Families

- 3.1 **Family therapists** have a dual responsibility to work with individuals and their families. **Family therapists** consider the needs, rights and welfare of each of the individuals and balance these with the benefits of **family** cohesion and integrity.
- 3.2 **Family therapists** acknowledge that at times there will be a **conflict of interest** between the competing needs of individuals within or between families. In these cases, regard for safety and welfare is always given priority.

- 3.3 **Family therapists** strive to enhance an individual's development while minimising harm to that person or others.
- 3.4 **Family therapists** are guided by the principle of the individual's right to an environment that is the safest and least restrictive of choice, subject to the person's relevant developmental constraints or responsibilities.
- 3.5 **Family therapists** give primary consideration for the welfare of the most vulnerable or dependant individuals in the group – [including but not limited to children, older persons or persons who have a disability].
- 3.6 **Family therapists** may appropriately refuse services to clients and families if such services are seen as harmful to any person.
- 3.7 **Family therapists** continue therapeutic relationships only as long as it is considered that clients and families are benefiting from these relationships.
- 3.8 **Family therapists** assist people to obtain other services if they are unable, for appropriate reasons, to provide professional help.
- 3.9 **Family therapists** do not abandon or neglect clients and families in treatment without making reasonable arrangements for the continuation of such treatment.
- 3.10 **Family therapists**, upon agreeing to provide services to a person or entity at the request of a third party, clarify, as far as possible at the outset of the service, the nature of the relationship with each party and the limits of **confidentiality**.

4. Family Therapists Avoid a Conflict of Interest

- 4.1 **Family therapists** are aware of their influential position with respect to clients and families. They avoid exploiting the trust and vulnerability of such persons.
- 4.2 **Family therapists** avoid dual relationships with clients that go beyond the therapeutic relationship. Examples of such dual relationships include, but are not limited to, business or close personal, religious, political or other non-professional relationships with clients. When a dual relationship cannot be avoided, **family therapists** take appropriate professional precautions to ensure that his or her judgment is not impaired and no action is taken that can be to the advantage of the therapist at the expense of a client.
- 4.3 Where there is a conflict between this Code and the requirements of any organisation that **family therapists** are involved with, **family therapists** must clarify the nature of the conflict and inform all parties of the therapist's ethical responsibilities under this Code, with a view to seeking constructive resolution of the conflict.

- 4.4 **Family therapists** avoid **conflicts of interest** by not conducting any court assessments or undertaking any supervision of any court orders in relation to children or adults with whom they are, or have been, involved in a therapeutic relationship.
- 4.5 **Family therapists** do not use their professional relationships with clients and families to further their own personal interests.
- 4.6 **Family Therapists** never engage in sexual intimacy with former clients unless more than two years have elapsed since the therapy ceased. Should a therapist engage in sexual intimacy with a former client following two years after termination or last professional contact, the burden shifts to the therapist to demonstrate that there has been no exploitation of, or injury to, the former client or to the client's **family**.
- 4.7 **Family therapists** have an obligation to declare their interests at the beginning of any therapeutic relationship and to take positive steps throughout their dealings with clients to avoid **conflicts of interest**.

5. Family Therapists Respect the Confidentiality and Privacy of Clients and Families

- 5.1 From the outset of therapy, **family therapists** communicate their policy of confidentiality, including the circumstances set out in 5.4, to clients and families.
- 5.2 **Family therapists** obtain **written informed consent** from clients and families before videotaping, audio-recording, third party observation or professional consultation.
- 5.3 **Family therapists** take special precautions to protect the individual privacy and confidentiality of clients and each **family** member involved in the therapeutic relationship.
- 5.4 **Family therapists** will not disclose client confidences except:
 - 5.4.1 When compelled to by law in respect of abuse-related legislation. Where **family therapists** are not mandated by law to report child abuse, they are expected to do so.
 - 5.4.2 When the confidence relates to on-going child abuse.
 - 5.4.3 To prevent a clear and immediate danger to a person or persons.
 - 5.4.4 Where **family therapists** are defendants in a civil, criminal or disciplinary action arising from the therapy (in which case client confidences may be disclosed only in the course of that action) or
 - 5.4.5 With the **written informed consent** of the client and then only such information that is covered by the consent. Where more than one person in a **family** is involved in therapy, written consent must be obtained from every adult **family**

member and a parent or guardian on behalf of every child or **family** member who does not have legal capacity. **Family therapists** will not disclose any confidences without the consent of all the **family** members involved in the therapy.

- 5.4.6 If **family therapists** have permission or are compelled to disclose confidential information, any disclosure will be limited to the information described in the consent or related to the compulsion. Disclosure will be limited to only those persons with a “need to know” the information.
- 5.4.7 **Family Therapists** use client and **family** clinical materials in teaching, writing and public presentations, only with **written informed consent** or when any information that could lead to the identification of the client or **family** has been deleted.
- 5.4.8 **Family therapists** keep accurate written records of their work with clients and families.
- 5.4.9 **Family therapists** give clients and families access to **family therapy** records concerning them except where access may breach the rights of another person.
- 5.4.10 The Health Records Act 2001 (Vic) applies in Victoria only, the Privacy Act 2000 (Cth) applies Australia wide. There are other privacy laws in other States and Territories as well. Privacy Victoria have mapped all the privacy legislation in Australia which can be found at the following link:
<http://www.privacy.vic.gov.au/domino/privacyvic/web2.nsf/files/privacy-regulation-acrossaustralia>
- 5.4.11 **Family therapists** make arrangements in advance for the storage, transfer, or disposal of client records in accordance with the law and in ways that maintain **confidentiality** and safeguard the welfare of clients, in the events of the therapists" moving from an area, closing their practice or death.

6. Family Therapists Maintain High Standards of Professional Competence and Integrity

- 6.1 **Family therapists** remain informed about and critically reflect upon new developments in **family therapy** theory, practice and research-based knowledge.
- 6.2 **Family therapists** demonstrate competence in their practice that is consistent with recognised standards of effectiveness.
- 6.3 **Family therapists** utilise supervision and consultation during their practice lifetime as a means to further develop their practice competency and efficacy.
- 6.4 **Family therapists**, because of their ability to influence the lives of others, exercise prudence and care when:
- 6.4.1 Working with clients and families and other professionals

- 6.4.2 Making professional recommendations, and
- 6.4.3 Publicly stating opinions through testimony or other public statements.
- 6.5 **Family therapists** do not solicit the clients of either their colleagues or their place of employment for their own private practice.
- 6.6 **Family therapists** do not treat or advise about problems outside the recognised boundaries of their expertise.
- 6.7 **Family therapists** recognise their limitations and when their personal circumstances or mental or physical health may impair their work performance or clinical judgment, they take appropriate action. Where necessary they seek timely professional assistance.
- 6.8 **Family therapists** 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.
- 6.9 **Family therapists** are concerned with developing laws and regulations pertaining to **family therapy** that serve the public interest and with altering such laws and regulations that are not in the public interest.
- 6.10 **Family therapists** do not engage in conduct likely to bring their profession into disrepute. Conduct that is likely to bring the profession into disrepute includes, but is not limited to:
 - 6.10.1 Being convicted of an indictable offence.
 - 6.10.2 Being found to have perpetrated fraud or misrepresentation relating to one's qualifications, functions, research activities, publications or authorship.
 - 6.10.3 Being expelled from or disciplined by other professional organisations.
 - 6.10.4 Having one's registration suspended or revoked or being otherwise disciplined by regulatory bodies.
 - 6.10.5 Being unable to demonstrate competence to practise **family therapy**.
 - 6.10.6 Harassing, exploiting or threatening clients, **students**, trainees, **supervisees**, employees, colleagues, or research participants.
 - 6.10.7 Failing to cooperate with the Association at any point from the inception of an ethical complaint through to the completion of all proceedings regarding that complaint.

7. Family Therapists as Teachers, Supervisors and Researchers are Dedicated to High Standards of Scholarship through Education, Research and Training

- 7.1 **Family therapists** as teachers and supervisors bring objectivity and respect to their work with **students** and **supervisees**.
- 7.2 **Family therapists** present accurate information.
- 7.3 **Family therapists** make efforts to prevent the distortion or misuse of their clinical and research findings.
- 7.4 **Family therapists** do not provide therapy to current **students** or **supervisees**.
- 7.5 **Family therapists** do not engage in sexual intimacy with current **students** or **supervisees**. Should a teacher or supervisor engage in sexual activity with a former **student** or **supervisee**, the burden of proof shifts to the teacher or supervisor to demonstrate that there has been no exploitation of or injury to the former **student** or **supervisee**.
- 7.6 **Family therapists** do 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.
- 7.7 **Family therapists** inform clients and families of the status of **student** therapists and obtain their consent to **students'** involvement with the clients' therapy.
- 7.8 **Family therapists** ensure that individuals participating in group training and supervision observe **confidentiality** and this Code.
- 7.9 **Family therapists** involved in research respect the dignity and protect the welfare of participants in research, whether they are clients, families, **students**, **supervisees** or employees.
- 7.10 **Family therapists** are familiar with Federal and State laws and regulations that have a bearing on their research.
- 7.11 **Family therapists** comply with professional standards governing the conduct of research and assign appropriate publication and authorship credits in accordance with those standards.
- 7.12 **Family therapists** do not engage in research that has not been evaluated and approved by an independent Ethics Committee.
- 7.13 **Family therapists** inform potential participants in research of all aspects of the research that might reasonably be expected to influence a willingness to participate. Investigators take steps to ensure consent is voluntary and informed when participants are also receiving clinical

services, have impairments which limit understanding and/or communication, or when participants are children.

- 7.14 **Family therapists** involved in research declare to potential participants any benefit that may accrue to the therapist and may give rise to a **conflict of interest** in the outcome of the research.
- 7.15 **Family therapists** respect participants' freedom to decline participation in or to withdraw from a research study at any time.
- 7.16 Information obtained about a research participant during the course of an investigation is confidential unless the person has given **written informed consent**.

Section III - Code of Conduct

1. Financial Arrangements

Family therapists make financial arrangements with clients, families, **supervisees** and third party payers that may be subject to scrutiny by all involved parties and conform to this Code of Ethics and Principles of Practice.

- 1.1 **Family therapists** do not offer or accept payment for referrals.
- 1.2 **Family therapists** do not charge excessive fees for services.
- 1.3 **Family therapists**, when setting fees, give consideration to the client's and **family's** ability to pay.
- 1.4 **Family therapists** do not give to or receive from clients gifts of substantial value or gifts that impair the integrity or efficacy of the therapeutic relationship.
- 1.5 **Family therapists** disclose their fees and the arrangements for payment to clients, families and **supervisees** at the commencement of services. This should include conditions for payment relating to all fees, including arrangements for missed appointments, late payment of fees, non-payment of fees, etc.
- 1.6 **Family therapists** give reasonable notice to clients with unpaid balances of their intent to seek collection by agency or legal recourse. When such action is taken **family therapists** do not disclose clinical information. Nor should they withhold records that are requested and necessary for a client's treatment solely because payment has not been received for past services, except as otherwise provided by law.
- 1.7 **Family therapists** ordinarily refrain from accepting goods and services from **supervisees** or clients in return for services rendered. Bartering for professional services may be conducted only if: (a) the **supervisee** or client requests it, (b) the relationship is not exploitative, (c) the professional relationship is not distorted, and (d) a clear written contract is established
- 1.8 **Family therapists** represent facts truthfully to clients, families, third party payers and **supervisees** regarding services rendered.

2. Advertising

Family therapists engage in appropriate promotional activities, including those that enable members of the public to choose professional services on an informed basis.

2.1 General Advertising

- 2.1.1 **Family therapists** accurately represent their competence, education, training and experience relevant to their practice of **family therapy**.

- 2.1.2 **Family therapists** ensure that advertisements and publications in any media (such as directories, announcements, business cards, brochures, newspapers, radio, television, facsimiles, websites and digital technology) convey information that is necessary for the public to make an appropriate selection of professional services. Information should include:
- Office information, such as name, address, telephone number, credit card acceptability, fees, language spoken and office hours.
 - Appropriate degrees, state registrations and AAFT Clinical Member status.
 - Description of practice.
- 2.1.3 **Family therapists** do not use a name which could mislead the public concerning the identity, responsibility, source and status of those practising under that name and do not hold themselves out as being partners or associates of a firm if they are not.
- 2.1.4 **Family therapists** do not use any professional identification (such as a business card, office sign, letterhead, website or telephone or association directory listing) if it includes a statement or claim that is false, fraudulent, misleading or deceptive. A statement is false, fraudulent, misleading or deceptive if it:
- Contains a material misrepresentation of fact,
 - Fails to state any material fact necessary to make the statement, in light of all circumstances, not misleading, or
 - Is intended to or is likely to create an unjustified expectation.
- 2.1.5 **Family therapists** correct, wherever possible, false, misleading or inaccurate information and representations made by others concerning the therapist's qualifications, services or products.
- 2.1.6 **Family therapists** make certain that the qualifications of persons in their employ are represented in a manner that is not false, misleading or deceptive.
- 2.1.7 **Family therapists** may represent themselves as specialising within a limited area of **family therapy**, but only if they have the education and supervised experience in settings which meet recognised professional standards to practise in that specialty area.

2.2 Advertising Using AAFT Designations

- 2.2.1 The AAFT designations of Clinical Member and **Approved Supervisor** may be used in public information or advertising materials only by persons holding such designations. More than one designation may be used if held by the AAFT Member.

- 2.2.2 **Family therapists** who hold the AAFT **Approved Supervisor** designation may not represent the designation as an advanced clinical status.
- 2.2.3 Associate Members may not use their AAFT membership status in public information or advertising materials. Such listings on professional resumes are not considered advertisements.
- 2.2.4 Persons applying for AAFT membership may not list their application status on any resume or advertisement.
- 2.2.5 In conjunction with their AAFT membership, **family therapists** claim as evidence of educational qualifications only those degrees from:
- Regionally accredited institutions, or
 - Institutions recognised by states which register **family therapists**, but only if such state regulation is recognised by AAFT.
- 2.2.6 **Family therapists** may not use the AAFT name, logo, and/or the abbreviated initials AAFT or make any other such representation which would imply that they speak for or represent the Association. The Association is the sole owner of its name, logo, and the abbreviated initials AAFT. Its committees operating as such, may use the name, logo, and/or the abbreviated initials, AAFT, in accordance with AAFT policies.
- 2.2.7 Authorised advertisements of Clinical Members under the AAFT name, logo, and/or the abbreviated initials AAFT may include the following: the Clinical Member's name, degree, registration when required by state law, name of business, address and telephone number.
- 2.2.8 If a business is listed, it must follow, not precede the Clinical Member's name. Such listings may not include AAFT offices held by the Clinical Member, nor any specialisations, since such a listing under the AAFT name, logo, and/or the abbreviated initials, AAFT, would imply that this specialisation has been credited by AAFT.
- 2.2.9 **Family therapists** use their membership in AAFT only in connection with their clinical and professional activities.
- 2.2.10 Only AAFT divisions and programs accredited by the AAFT Training and Accreditation Committee, not businesses nor organisations, may use any AAFT related designation or affiliation in public information or advertising materials, and then only in accordance with AAFT policies.
- 2.2.11 Family Therapy Training Programs accredited by the AAFT Training and Accreditation Committee may use the AAFT name, logo, and/or abbreviated initials, AAFT. Other Professional development programs may have printed on their stationery and other appropriate materials a statement such as:

- The (name of program) of the (name of institution) is accredited by the AAFT COM.

2.2.12 Programs not accredited by the AAFT COM may not use the AAFT name, logo, and/or the abbreviated initials, AAFT. They may not state in printed program materials, program advertisements and **student** advice that their courses and training opportunities are accepted by AAFT or to meet AAFT membership requirements.