

AUSTRALIA & NEW ZEALAND ASSOCIATION OF PSYCHOTHERAPY

Code of Ethics and Professional Conduct - August 2013

Preamble

The Code of Ethics of the Australian and New Zealand Association of Psychotherapists reflects the values and principles that are integral to psychotherapy organisations and the practice of psychotherapy. This code outlines guidelines that establish minimum standards of ethical practice and conduct for psychotherapy organisations, psychotherapists, supervisors and trainers. In their professional capacity members and associate members of ANZAP are required to abide by this code. ANZAP seeks to cultivate and maintain the highest ethical standards. The Code of Ethics serves as a statement of those standards and means of communicating them to our membership and the community.

This code of ethics will continually be informed by new information and experience and will be formally reviewed and revised as necessary for the ongoing development and growth of the organisation.

The Code of Ethics applies to all members and associate members of ANZAP. ANZAP strongly upholds the Code of Ethics and therefore expect all its members and associate members to adhere to them consistently from the commencement of their training and thorough out their membership in ANZAP. Members who breach this code of Ethics may be subject to complaints procedure and disciplinary action, including expulsion from ANZAP.

Section 1 - ANZAP'S Ethical Principles

1.1. Respect the essential humanity, worth and dignity of all peoples and promotes this value in their work

1.2. Recognise and respect religious, cultural and sexual diversity among people, understanding the unique restrictions of these, and oppose discrimination, and oppressive and unjust behaviour. For example special recognition is given to the specific suffering and historical disadvantage experienced by the indigenous people of Australia

1.3. Recognise that members are in a position of privilege and trust in relation to their clients and are obligated to protect the integrity of that relationship

1.4. Observe the rights of their clients in relation to the conduct of psychotherapy. For example: confidentiality and the right to informed consent.

1.5. Continue to develop and maintain their competence throughout their professional lives by engaging in activities such as continuing professional education, supervision and personal psychotherapy and to conduct their professional lives with integrity.

Section 2 - Ethical responsibilities of ANZAP Office Bearers

2 Responsibility to Members and Community

2.1 ANZAP through its structures, processes, leaders and mechanisms, will protect the rights and promote responsibilities of members, demonstrating a culture in which the following responsibilities are enacted

2.2 ANZAP aims to minimize harm to members, actively protect the integrity of relations with members, and promote professional development and best practice.

2.3 ANZAP sets and maintains professional structures and boundaries within the organization, including transparency in election and removal of office-bearers, and ensuring they are adequately qualified.

2.4 ANZAP will seek qualified professional advice or assistance if faced with a situation, which exceeds the boundary of competence, experience, or the limits of the internal resources available.

2.5 ANZAP will ensure that effective procedures exist to attend to complaints against members or against the organization. These procedures will include a right of appeal.

2.6 ANZAP will have clear and transparent guidelines regarding conflict of interest in relation to members. Any member in a hierarchical position should exclude themselves in matters where another member or the organization could be disadvantaged or objectivity compromised.

2.7 ANZAP will not develop or maintain a culture that exploits members.

2.8 ANZAP will observe members' rights to privacy and confidentiality

2.9 ANZAP activities will be undertaken only with professional intent. Contracts with members should be realistic and clear. The terms on which membership is offered will be clearly documented.

2.10 ANZAP will regularly review and evaluate its own organization skills and performance.

2.11 ANZAP will work within the law of the state or country within which it is constituted.

2.12 ANZAP will develop and adhere to a code of good governance.

2.13 ANZAP as an organization will consider and respond to public concern relating to either a member of ANZAP or to the organization as a whole.

3 Responsibility of Members to Colleagues and the Association

3.1 Constructive dialogue and debate about theory and practice is highly valued within ANZAP.

Members and associate members are responsible to engage in such dialogue in a professional and respectful manner.

3.2 A member or associated member will not promote his/her services directly to someone who is in psychotherapy with another practitioner.

3.3 Where a client/patient alleges sexual or other misconduct by another therapist, it is the psychotherapist's duty to ensure that the client/patient is fully informed of the appropriate steps to manage the complaint.

3.4 If a member or associate member suspects or obtains information about professional misconduct by a member of the association, she/he is responsible to approach the Ethics Committee of the association to investigate according to the association's procedural guidelines for complaints against members.

3.5 Members and associate members have a responsibility to treat any colleague who transgresses this Code of Ethics in a humanitarian manner.

3.6 Committees within ANZAP are responsible to the membership to function in a way that demonstrates transparent processes.

3.7 Members and associate members of ANZAP are committed to abiding by the Code of Ethics and Conduct of the Association and the procedures for investigation into ethical complaints. As part of this commitment they agree to cooperate into investigations of complaints against themselves or other psychotherapists.

4 Responsibilities of Members

4.1 General

4.1.1 Members and associate members take all reasonable steps to promote good and avoid harm to their clients/patients as a result of the therapy process. In the event of harm being found to be done members and associate members take responsibility for acknowledging that harm as well as appropriate responsibility for restitution or reparation. Professional indemnity should be considered in this context and is mandatory for members.

4.1.2 Members and associate members are responsible to obtain adequate supervision of their work. This may take the form of individual supervision or as part of a peer supervision group.

4.1.3 Members and associate members are responsible to assess and monitor their own level of competence and to seek supervision and/or consider referral for appropriate specialist opinion.

4.1.4 Members and associate members are responsible to inform clients that they belong to The Australian and New Zealand Association of Psychotherapy.

4.1.5 Members and associate members are responsible for setting and maintaining appropriate professional boundaries.

4.1.6 Members are responsible to monitor their own physical and emotional capacities and functioning and to seek supervisory help or refer on to another professional when their functioning is impaired to the degree that it significantly affects the ongoing welfare of the client/patient.

4.1.7 Members and associate members will not misrepresent their training or qualifications.

4.1.8 Members and associate members are responsible to explain the nature of treatment when contracting with clients/patients. They should be advised of alternate treatment choices where deemed appropriate.

4.1.9 Members and associate members are responsible to keep adequate client/patient records and store these in a safe and secure location.

4.1.10 If a Member or associate member is obliged for personal or professional reasons to discontinue treatment, she/he must seek to advise clients of the termination and if possible organize referral to another psychotherapist.

4.2 Professional Standards

4.2.1 All clients/patients are entitled to good standards of practice and care from their practitioners. Good standards of practice and care require professional competence, good relationships with clients and colleagues and commitment to and observance of professional ethics.

4.2.2 This requires competently delivered services that meet the clients'/patients' needs by members and associate members who are appropriately supported and accountable.

4.2.3 Members and associate members should give consideration to the limitations of their training and experience and work within these limits. If work with the client/patient requires the provision of

additional services operation in parallel with psychotherapy such services must be brought to the clients/patients' attention as part of duty of care.

4.2.4 Members and associate members need to be aware that dual relations with clients/patients are rarely neutral.

[Defn: Dual relationships occur when psychotherapists have another, significantly different, relationship with one of their clients/patients.]

4.2.5 Members and associate members need to consider the implication of such relationships and avoid any situation that may be detrimental to the client/patient.

4.3 Boundaries

4.3.1 Members and associate members should not use their position of privilege and trust to financially, sexually or emotionally exploit past or present clients, supervisees or trainees.

4.3.2 Members and associate members will not accept or offer payment for referrals or engage in any financial transaction apart from negotiating a fee within the ordinary fee scale set for professional services.

4.3.3 Sexual relations between members and associate members and client/patient, trainer and trainee, supervisor and supervisee constitute unethical behavior. It is always the responsibility of the members and associate members to set and maintain appropriate professional boundaries to minimize the risk of exploitation or harm.

4.3.4 Members and associate members are responsible to monitor themselves and the therapy process and to seek supervisory help if there is a danger of boundaries being violated.

4.3.5 A sexual relationship with a current or former patient/client is always considered to be unethical.

4.4 Confidentiality

4.4.1 Members and associate members are responsible to maintain confidentiality in relation to information obtained about clients. This applies to verbal, written or recorded material.

4.4.2 Client/patient of members and associate members must not be observed by anyone other than his or her psychotherapist without the client/patient having given informed consent. This applies to direct observation and to any form of audio-visual recording.

4.4.3 Members and associate members should store all records (written, audio and video) in a secure and confidential place.

4.4.4 Exceptional circumstances may arise which give the members and associate member's grounds for believing the client is at risk of harming themselves or others. In such circumstances, breaking of confidentiality may be required, preferably with the client's permission or after consultation with a supervisor or colleague.

4.4.5 it is reasonable that clinical information may need to be shared with colleagues and other health professionals in order to provide optimal care. In these contexts the rules of confidentiality should be established.

4.4.6 Confidences may be revealed without consent when compelling ethical or legal reasons prevail. If this is the case all care should be taken to discuss the issues with a supervisor or colleague.

4.4.7 Agreements about confidentiality continue after the client/patient's death unless there are overriding legal considerations.

4.4.8 Members and associate members will ensure the anonymity of their clients when using information for case presentation, teaching, research or publication. If there is any possibility of the client being identified the psychotherapist should obtain informed consent from the client.

4.5 Social Media

While social media offers many benefits there are also related risks. All members and associate members are reminded of the importance that their online behavior should be consistent with the ANZAP Code of Ethics. We advise caution and offer the following recommendations.

4.5.1 Members and associate members should be aware of, and manage, their online presence and image (This may include Google-ing oneself regularly)

4.5.2 Members and associate member should exercise judgment and caution when posting information online, including being mindful of maintaining confidentiality and professional boundaries with patients

4.5.3 Members and associate member should use a professional Facebook or other social media profile to communicate with patients

4.5.4 Members and associate member should only use online searches for patient information if this information provides effective care that cannot otherwise be provided, and preferably with the patient's knowledge and consent

4.5.5 Members and associate member whose treatments are promoted on websites should undertake regular reviews of those websites to ensure that they are in accordance with professional and ethical standards

4.5.6 Members and associate member when providing treatment online develop clear contact protocols for emergencies and ensure that patients are aware of those protocols prior to commencement of treatment

4.5.7 Members and associate member using websites regarding clinical care should contain instructions for alternative care when the psychotherapist is unavailable

4.5.8 Members and Associate member should understand all the privacy settings for all social media applications that they use, and apply the strictest settings when posting personal information.

4.6 Supervision

4.6.1 Supervisors are required to have training in supervision

4.6.2 Supervisors are expected to monitor the welfare of the supervisee, ensuring compliance with the relevant legal, ethical, and professional guidelines for professional practice and monitoring the contracted achievements and the professional development of the practitioner.

4.6.3 Supervisors are to be guided by the principle of confidentiality within the supervisory relationship. However there may be situations where information needs to be shared with colleagues, for example matters pertaining to progress in the training program and matters relating to safety.

4.6.4 Supervisors are responsible to relate in a respectful manner to supervisees.

4.6.4. Supervisors will seek to ensure that their professional relationships are non-exploitative.

4.6.5 Supervisors shall not also engage their supervisees in personal psychotherapy.

4.6.6 Supervisors and managers have a responsibility to maintain and enhance best practice by practitioners and to protect supervisees from poor practice. The evaluative aspects of supervision shall be contracted and transparent in any supervision arrangement.

4.6.7 Supervisors and consultants who advise their supervisees in more than one capacity (for example as trainer, individual coach or supervisor to a board) shall, as far as possible, reduce conflicting role interests.

4.6.6 Supervisors shall not have sexual relations with supervisees

4.6.8 Supervisors must not exploit supervisees in financial, sexual, emotional, academic or any other ways.

4.7 Training

4.7.1 Trainers who provide education and training should acquire the skills, attitudes and knowledge required to be competent teachers and facilitators of learning, and to undertake activities to maintain training competence

4.7.2 Trainers shall ensure that the training programs and the learning experiences offered are in accordance with the currently valid educational guidelines and those of other acknowledged associations.

4.7.3 Trainers and learning supervisors shall only offer courses and provide supervision or coaching in areas in which they have the requisite competence and experience.

4.7.4 Trainers are responsible to inform and educate trainees and supervisees about their ethical responsibilities to clients. They have a responsibility to model and promote an awareness of and an adherence to the provisions of this Code of Ethics.

4.7.5 Trainers are responsible to engage in ongoing professional development and education.

4.7.6 Trainers are responsible to relate in a respectful manner to trainees and supervisees.

4.7.7 Trainers of trainees shall not exercise direct administrative responsibility over them.

4.7.5 Trainers of trainees need to be alert to any conflict of interests that may arise in a training context and be mindful of their primary ethical responsibilities to protect the therapy relationship.

4.7.8 Consent is required from clients/patients if there are to be observed, recorded or if their personally identifiable disclosure re to be used for training purposes.

4.7.10 Teachers/Trainers must not exploit trainees in financial, sexual, emotional, academic or any other ways.

4.7.11 Trainers are required to be fair, accurate and honest in their assessments of their students.

4.8 Research

4.8.1 Ethical principles for undertaking research should be informed by NHMRC ethical principles for human research

4.8.2. All research should be undertaken with rigorous attentiveness to the quality and integrity both of the research itself and of the dissemination of the results of the research.

4.8.3. The rights of all research participants should be carefully considered and protected. The minimum rights include the right to freely given and informed consent, and the right to withdraw at any point.

4.8.4. The research methods used should comply with the standards of best practice in Psychotherapy and must not adversely affect clients.

4.8.5. Dissemination of research must include strategies for disseminating results to participants, practitioners, the wider community and other researchers.