CODE OF ETHICS OF THE PSYCHOANALYTIC PSYCHOTHERAPY ASSOCIATION OF AUSTRALASIA (PPAA)

The Association and its member organizations have Codes of Ethics which all affiliated members must observe in their day-to-day work with patients and colleagues. Psychotherapists are in a position of privilege and trust and are obliged to respect the humanity, dignity and autonomy of patients at all times.

Code of Ethics for the Practice of Psychoanalytic Psychotherapy

This Code of Ethics is intended to guide psychotherapists in their maintenance of a high level of ethical practice and professional conduct. It is not a statute nor is it intended to have any legal effect, but it provides a benchmark for satisfactory practice of analytic psychotherapy. By accepting membership of the PPAA, each member agrees to abide by this Code of Ethics.

1. Psychotherapists shall respect the essential humanity and dignity of patients

1.1 Psychotherapists' interventions shall take into account a respect for patients' autonomy, essential humanity and dignity.

1.2 Psychotherapists shall not discriminate against nor exploit their patients on grounds of age, gender, race, cultural background, sexual orientation, creed, political affiliation and religion, nor impose their own values (for example social, spiritual, political and ideological). Should such issues be likely to affect the therapeutic relationship adversely, therapists should be willing to refer patients to a more suitable psychotherapist.

2. The first responsibility of psychotherapists is to their patients.

2.1.1 When psychotherapists undertake the therapy of patients, they take on a duty for continuation of care. Psychotherapists should seek consultation when circumstances arise which affect continuity of care.

2.1.2 Psychotherapists should, where possible, give notice to patients of any changes in the psychotherapist's situation that will have a major bearing on the therapy.

2.2 If a psychotherapist suspects that an organic process is affecting his or her patient, he/or she has an obligation to recommend that this be appropriately investigated and treated. Psychotherapists are advised to consider very carefully the implications of undertaking such interventions themselves or referring to another practitioner.

2.3 Psychotherapists shall ensure that their physical and mental health allows them to undertake their professional responsibilities competently. They shall seek appropriate assistance in the event of ill health which interferes with their professional duties. They shall cease treating patients until such time as their health is satisfactorily restored, ensuring that alternative care for their patients is available if appropriate.

3. Psychotherapists are in a position of privilege and trust and shall not act in ways likely to be harmful to their patients. They shall not exploit their patients sexually, financially or otherwise.

3.1.1 Sexual relationships between psychotherapists and patients are antithetical to treatment and unacceptable under any circumstances. Any sexual activity with the patient constitutes a violation of this principle of ethics and professional trust.

3.1.2 Even a considerable time after termination of therapy, the influence of unresolved transference

and countertransference may remain substantial. Mutual termination of a therapeutic relationship does not ensure the resumption of an equal relationship, particularly in the short term. Following long term psychotherapy, this may never be possible. Since there can be no absolute rules regarding former patients, any psychotherapist contemplating the development of a sexual relationship with a former patient is required to consult a member of the appropriate constituted body of colleagues, and or other appropriate bodies or persons, bearing in mind that at all times the psychotherapist may be called upon to defend his/her conduct in the judicial context.
3.2.1 Psychotherapists have an obligation not to take advantage of transference or of their therapeutic role.
3.2.2 The transference involves the experiencing in the therapeutic relationship of childhood and other past experiences and the phantasies and emotions associated with them. Therefore therapists are in a position of privilege and trust. It is primarily the responsibility of the therapist to maintain separateness and to monitor all pressures to enact transference and countertransference wishes. Psychotherapists must seek supervision or consultation when experiencing any difficulties from such pressures.
3.2.3 The concepts of therapeutic space and boundaries express the difficult dual task of therapy. The dependency of a regressive transference must be accepted, explored and understood. On the other hand the autonomy and individual rights of the patient, preserves of the contractual aspect of therapy, must be respected and, indeed, enhanced. For psychotherapy, this issue is probably the chief implication of the old maxim of the healing profession, primum non nocere (first, inflict no harm).
3.3 During therapy any other form of relationship with the patient should be avoided and professional contact outside therapy should be kept to a minimum.
3.4 After termination of therapy, caution and discretion should continue to be exercised.
3.5 Psychotherapists should not treat any of their own relatives or friends, nor should they knowingly treat anyone closely connected with a current or past patient without careful consideration.
3.6 Psychotherapists shall neither pay nor receive a commission for referral of patients.
3.7 Psychotherapists shall not exploit the treatment of a patient for their financial gain or to promote their personal advantage.
3.8 Financial dealings with patients shall always be restricted to matters concerning professional fees.

4. Psychotherapists shall obtain informed consent from patients before undertaking psychotherapy.
4.1 Psychotherapists shall inform the patient of the nature of psychoanalytic psychotherapy and the details of the psychotherapeutic frame and, where deemed appropriate, shall advise them of alternative treatment choices.
4.2 In the case of a minor informed consent shall be obtained from a close friend or guardian, and also from the child if he/she is of sufficient maturity and understanding.
4.3 When initiating the therapy of a patient, the psychotherapist and the patient should agree on the fee and the conditions of payment and it is expected that these terms will be fulfilled as a requirement for therapy to proceed.
4.4 Fees may be charged for sessions missed by a patient when this policy has been prearranged.
4.5 Where there is to be an audio or video recording of a patient, the patient's permission should be obtained before the recording and again after the recorded material has been reviewed. An explanation of the purpose and use of the recording and the duration of storage should always be given.
4.6 The patient's informed consent should be obtained before a one-way screen is used.

5. Psychotherapists have an obligation to hold information about patients in confidence.
5.1 Psychotherapists are obliged to respect the patient's right to confidentiality and to safeguard the

privacy of all information associated with the psychotherapist - patient relationship.
5.2 Psychotherapists are obliged to work within the requirements of the Privacy Act and to ensure that they have a Privacy Policy available.
5.3 Confidentiality cannot always be absolute and a careful balance should be struck between preserving confidentiality as a fundamental aspect of psychoanalytic psychotherapy and the need to breach it on occasions in order to promote the patient's optimal interests and care.
5.4 Wherever possible patients should be informed regarding the limits of confidentiality. 5.4.1 In order to maintain high standards of practice and to protect the welfare of patients, psychotherapists are required to seek supervision and/or consultation. On such occasions identifying data is omitted.
5.4.2 In order to provide optimal care and treatment for the patient, in certain circumstances it may be necessary to share some information with another health professional.
5.5 Any contact with third parties (e.g. Relatives and other health professionals) should occur only with the express knowledge and consent of the patient. Exceptions may have to be made in certain circumstances such as in the psychotherapy of very young children or in the management of a patient who is unable to give informed consent.
5.6 Information about the patient obtained from other sources (for example family, friends or medical practitioner) is subject to the same rules of confidentiality.
5.7 Psychotherapists need to establish the ethical requirement of confidentiality with other professionals with whom they share information about a patient.
5.8 When psychotherapists use case material in professional discussions with colleagues for scientific, educational or consultative purposes, including publication or case presentation, they should ensure the material is disguised so that the patient is not identifiable. This applies even when the therapist has been given specific authorisation by the patient to disclose information. All those present at such meetings are bound by the ethical requirement of confidentiality. Psychotherapists shall refrain from publishing material where to seek permission or to publish could be detrimental to the patient's well being.
5.9 Psychotherapists should resist any intrusion from a third party (e.g. relatives or other professionals etc.)
5.9.1 Whilst upholding the principles of confidentiality, psychotherapists should do so with full cognisance of the law. Psychotherapists may reasonably question the need for disclosure or may argue for limited disclosure, namely only of that information that they regard as relevant. Disclosure is mandatory under legal compulsion and psychotherapists, as well as their records, are compellable witnesses.
5.9.2 There may be occasions when psychotherapists see their ethical duty as running contrary to the law, e.g. in the matter of compelled disclosure of records, mandatory reporting etc. On these occasions the psychotherapist should give careful thought, seek consultation and take ethical and legal advice as to the best course of action.
5.10 Psychotherapists may be released from their duty to maintain confidentiality if they are aware of, and are unable to influence, the patient's intention to do serious harm to an identified person or group of persons. In these circumstances psychotherapists may have an overriding duty to the public interest by informing either the intended victim(s), the relevant authorities, or both, about the threat.
5.11 In situations where psychotherapists do breach confidentiality and disclose information about their patients, they should seek consultation bearing in mind they have an obligation to justify their actions.
5.12 Psychotherapists have the responsibility to ensure that the information they record is benign, accurate and securely stored and protected.
5.12.1 Psychotherapists shall be respectful of the highly personal and sensitive information obtained from patients in the recording and accuracy of their clinical notes.
5.12.2 Psychotherapists shall make provision for safeguarding, storage and disposal of clinical records.

5.13 The principle of safeguarding a patient's confidence continues after psychotherapy has formally ceased or the patient has died.
5.14 Psychotherapists have a responsibility to make provision for the management of current patients and their records in the event of the psychotherapist's sudden incapacitating illness or death.
5.15 Special consideration should be given to the safeguarding of patient records in the event of the therapist's death. It is the responsibility of psychotherapists to ensure that they instruct the Trustee or Executor of their will regarding the disposal of their patients' records. Anyone who publishes material from the records of the deceased therapist must ensure that they do not jeopardise the right of a patient to confidentiality.

6. Psychotherapists have an obligation to continue to develop and maintain their professional knowledge.
6.1 Continuing education is fundamental to the practice of psychotherapy. It is essential that psychotherapists promote and share opportunities for expanding knowledge, experience and ideas, for the purpose of professional development and the maintenance of standards of practice. Failure to do so constitutes a disservice to the patient and to the discipline of psychotherapy.
6.2 Psychotherapists have a responsibility to make use of various methods for maintaining their standards of practice. In order to enhance their professional competence, monitor performance and provide accountability for their practice, psychotherapists shall be involved in professional development activity for a minimum of 20 hours over two years: 6.2.1 at least ten hours of regular supervision either in a peer group or in individual or group supervision.
6.2.2 at least ten hours involved in continuing education activities.

7. Psychotherapists have an obligation to give due attention to their relationship with colleagues and the professional community
7.1 Psychotherapists shall ensure that any announcement or advertisement directed towards potential patients or colleagues is demonstrably true in all respects, does not contain any testimonial or endorsement of clinical skills and is not likely to bring the profession into disrepute.
7.2 If a psychotherapist becomes aware that a patient for whom he or she is considering psychotherapy is, or has recently been in treatment with another psychotherapist, he or she should advise the patient to inform the other therapist of the consultation and of any intention to transfer to the new psychotherapist. Psychotherapists have an obligation not to behave in a way that impairs the work of their colleagues. Nevertheless, psychotherapists need to be aware of the patient's right to seek a second opinion.
7.3 Psychotherapists should refrain from making groundless comments which may damage the reputation of a colleague.
7.4 Psychotherapists should discuss with the appropriate body of colleagues any sustainable knowledge of unethical or unprofessional conduct by a colleague.
7.5 Where a patient alleges sexual or other misconduct by another therapist, it is the psychotherapist's duty to ensure that the patient is fully informed about the appropriate steps to take to have that complaint investigated.
7.6 Psychotherapists who become aware of a colleague's ill health which may be compromising the care of his/her patients have a duty to those patients and their colleague to see that the situation is appropriately managed. It is required that they seek consultation with the appropriate body of colleagues within their professional organisation about the most appropriate action.

8. Psychotherapists have an obligation to give due attention to society and the law
8.1 Psychotherapists shall consider the matter very carefully before undertaking any action that is contrary to the law, and, if necessary, take appropriate advice, remembering that being a psychotherapist gives no absolution from civic responsibility.

8.2 Psychotherapists have an obligation not to collude with a patient, either against the Association or against external bodies (as for example Health Insurance Organisations, Tax Departments).
8.3 Psychotherapists shall be prepared to interpret and disseminate relevant scientific information and established professional opinions to society. In so doing psychotherapists should clarify their status as either a spokesperson for a recognised professional body or not.
8.4 It is reasonable for psychotherapists to make professionally informed contributions to public debate on psychosocial issues.

9. Psychotherapists have an obligation to give due attention to the responsibilities of their professional psychotherapy organisation
9.1 The PPAA and its member organisations shall function within a framework of diligence, responsibility and containment and shall maintain appropriate responsibility for the welfare of all those who become involved with their activities.
9.2.1 Each organisation shall be mindful of the power of group dynamics.
9.2.2 Any conflict which arises within or between professional groups shall be contained and either resolved or taken for consultation.
9.2.3 Each member organization has a responsibility to establish a resource for colleague support and procedures for mediation.

10. The responsibility of psychotherapists involved in supervision.
10.1 Psychotherapists are responsible for maintaining the professional boundaries of the supervisory relationship. Supervisors shall not exploit supervisees sexually, financially or otherwise.
10.2 Supervisors and supervisees shall establish an informed supervisory contract which covers all aspects of the setting and which clarifies supervision from personal psychotherapy.
10.3 Given that the primary purpose of supervision is to ensure that the supervisee is addressing the need of the patient:

a) supervisees are responsible for their work with the patient and for presenting and exploring as honestly as possible that work with the supervisor,

b) supervisors are responsible for encouraging and facilitating supervisees to develop professionally by reflecting analytically upon that work,

c) supervisors have a responsibility not to collude with the supervisee's unprofessional practice,

d) supervisors have a responsibility to respect the boundaries of the supervisee's personal therapy.

10.4 Supervisors and supervisees have a responsibility to ensure that the privacy of the patient is respected.
10.5 The usual principles of confidentiality cover all aspects of the supervisory relationship. Contact with third parties should only occur with the knowledge and consent of the supervisee.
10.6 Supervisors have a responsibility to promote an awareness of and an adherence to the provisions of this Code of Ethics.
10.7 (i) As supervision is a specific skill, supervisors have a responsibility to take steps to develop this area of expertise.
10.7(ii) To ensure they are competent and current in this field of knowledge, supervisors shall monitor their own work through such processes as e.g. reading, discussion or peer groups focussing on supervision etc. Peer Groups
10.8(i) Members of peer supervision groups are each required to abide by these supervisory principles.
10.8(ii) Peer groups are expected to function within a framework of collegial respect, support and confidentiality.

10.8(iii) Any conflict which arises within a peer group should be contained and resolved by the group or consultation sought.

11. The responsibilities of psychotherapists involved with training

11.1 Psychotherapists responsible for training should establish a clear and informed contract covering all aspects of training with the trainee.
11.2 Psychotherapists of trainees are first and foremost their psychotherapists and rules pertaining to this function shall always take precedence over any professional commitment they may have in the training program, e.g. if possible by avoiding contact with their patient in the training setting.
11.3 Psychotherapists of trainees need to be continually mindful of protecting the psychotherapy boundaries and particularly shall not be present or personally involved in any specific discussion about their patient in the training program.
11.4 Psychotherapists have a responsibility to ensure that during training all clinical material is effectively disguised and appropriately contained by the training group.
11.5(i) Psychotherapists who are responsible for training need to ensure that ethical principles are an integral part of the training program.
11.5(ii) Psychotherapists responsible for training have an obligation:

a) to monitor the progress and well-being of trainees,
b) to provide appropriate support and mentor resources for trainees.
c) to be thoughtful and respectful of the personal psychotherapy boundaries of all trainees

11.6 Psychotherapists responsible for training need to be satisfied that seminar leaders are current and competent in their field of knowledge and in the facilitation of adult learning.

12. Research Psychotherapists conducting clinical research shall adhere to those relevant ethical principles embodied in the National Health and Research Council Statement on Human Experimentation (1992) and to this Code of Ethics.

13. Psychotherapists have a responsibility to ensure that ethical principles are integral to the implementation procedures of this Code of Ethics.

13(i) Psychotherapists have a responsibility to treat any colleague who transgresses this Code of Ethics in a respectful and humanitarian manner.
13(ii) Procedures for dealing with a colleague who behaves unethically need also to address this colleague's well-being and respond in a compassionate and confidential manner.
13(iii) These procedures need to focus on a helpful growth promoting constructive outcome for all those concerned rather than merely on possible disciplinary action.

14. The responsibilities of psychotherapists for the Code of Ethics This Code of Ethics is an evolving document and therefore requires regular review. It shall be integral to the life of the PPAA and shall be continually informed by and in tune with the experiences of its member organisations, the developments within the psychotherapy profession, as well as the changes in society.

15. Ethics Committee of Member Organisations Member Organisations must have an Ethics Committee elected by their Council for consideration of ethical complaints with a clearly defined procedure for this process.