NEW ZEALAND INSITUTE OF PSYCHOANALYTIC PSYCHOTHERAPY

CODE OF ETHICS AND CONDUCT FOR MEMBERS OF THE NZIPP

PREAMBLE

This Code of Ethics and Conduct provides a benchmark for psychotherapists in their maintenance of a high level of practice and professional conduct in the practice of psychoanalytic psychotherapy.

It provides the standards which underpin the Procedures for Implementation of the Code of Ethics document which operates when there is a complaint or concern.

The Code of Ethics is an evolving document and therefore requires periodic review.

As individual morals and professional group ethics may be different, it is a condition of membership of the that each member agrees to abide by this Code of Ethics and Conduct.

The NZIPP Code of Ethics applies to both Members and Trainees of the NZIPP Training Program. For the purpose of this document, the term 'member' is also intended to refer to trainees.

All Members and Trainees of NZIPP are advised to acquaint themselves with and to abide by the Code of Ethics.

NZIPP is required by its Constitution to have an Ethics Committee elected by the Executive.

The Ethics Committee is responsible for the implementation of clearly defined policies and procedures to facilitate the maintenance and implementation of ethical standards as outlined in the Code of Ethics.

In particular it has the responsibility to implement clearly defined procedures for the processing of ethical complaints.

PRINCIPLES AND GUIDELINES

These principles and guidelines are based upon the premise that the welfare of the patient, the safety of the community and the protection of the psychotherapist and of the profession must be the primary determinants of the psychotherapist's behaviour.

Regular self-examination and reflection by the member and engagement in informal and formal consultation are essential safeguards for the patient, as well as for the therapist.

Members are encouraged and should feel free to approach the Ethics Committee and/or the Colleague Support and Mediation Resource to discuss any ethical questions or concerns.

NZIPP respects and acknowledges the principles of partnership, protection and participation in Te Tiriti O Waitangi/The Treaty of Waitangi.

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 personal values (for example social, spiritual, political and ideological). Should such issues be likely to affect the therapeutic relationship adversely, psychotherapists shall seek consultation and shall be willing to refer patients to a more suitable psychotherapist.

1.3 NZIPP clinicians are required to be mindful and sensitive around client diversity and identity, and must not discriminate on the basis of ethnicity, gender, sexual orientation or religion. In particular, when working with Māori clients, NZIPP clinicians will attend to the significance of cultural factors and the partnership obligations of Te Tiriti O Waitangi, seeking relevant cultural supervision as appropriate.

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

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

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

2.3 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 either undertaking such interventions themselves or referring to an appropriate medical practitioner.

2.4 Psychotherapists shall ensure that their own physical and mental health and general well-being allows them to undertake their professional responsibilities competently.

2.5 Psychotherapists shall seek appropriate assistance in the event of ill health which interferes with their professional duties.

2.6 Psychotherapists shall seek consultation and possible respite should life events interfere with their professional duties

2.7 If necessary, psychotherapists shall cease treating patients until such time as their health and/or well-being 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 Sexual relationships between psychotherapists and patients are antithetical to treatment and unacceptable under any circumstances and constitute malpractice.

3.2 Any sexual activity with a patient is a violation of professional trust and is unethical.

3.3 Psychotherapists shall be mindful that any physical contact with their patients may be open to misinterpretation and may have sexual connotations.

3.4 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 an equal relationship, particularly in the short term. Following long term psychotherapy, this may never be possible.

Therefore any psychotherapist even contemplating the development of a sexual relationship with a former patient is required to consult the appropriate constituent body of colleagues within the Institute, and take account of their advice*,* bearing in mind that at all times the psychotherapist may be called upon to defend his/her conduct in the judicial context.

3.5 Psychotherapists have an obligation not to take advantage of transference or of their therapeutic role.

3.6 Psychotherapists shall seek supervision or consult with the appropriate body of colleagues regarding any difficulties experienced from the pressure to enact transference or countertransference wishes.

3.7 Psychotherapists shall be responsible for maintaining the boundaries of the psychotherapeutic relationship. This also includes they ensure that:

3.7.1 During psychotherapy, social contact with the patient be avoided. Professional collegial contact with the patient be kept to a minimum.

3.7.2 After termination of psychotherapy, caution and discretion continues to be exercised.

3.7.3 Particular consideration be given to post termination contact when both people are members of the Institute.

3.8 Psychotherapists shall not treat any of their own relatives or friends.

3.9 Psychotherapists shall not knowingly treat anyone closely connected with a current or past patient without careful consideration.

3.10 Psychotherapists shall neither pay nor receive a commission for referral of patients.

3.11 Psychotherapists shall ensure that their fee is fair and reasonable and commensurate with the service provided and does not exploit the patient in their ability to pay.

3.12 Financial dealings with patients shall always be restricted to matters concerning professional fees.

4. Psychotherapists shall obtain informed consent from patients before engaging in psychotherapy.

4.1 It is the responsibility of members to inform patients that they belong to the New Zealand Institute of Psychoanalytic Psychotherapy.

4.2 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.

4.3 In the case of a minor, informed consent shall be obtained from a close relative or guardian, and also from the child if he/she is of sufficient maturity and understanding.

4.4 When initiating the therapy of a patient, the psychotherapist and the patient shall 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.

4.5 Fees may be charged for sessions missed by a patient provided this has been agreed-on in the establishment of the fee policy.

4.6 Where there is to be an audio or video recording of a patient, the patient's permission shall be obtained both before and after the recording with an explanation of the purpose and use of the recording and the duration of storage. With the use of a one-way screen, the patient's informed consent shall be obtained.

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 all information associated with the psychotherapist - patient relationship.

5.2 Psychotherapists are obliged to work within the requirements of the *Privacy Ac*t 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 shall be 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 All other 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 Psychotherapists need to establish the ethical requirement of confidentiality with other professionals with whom they share information about a patient.

5.7 Information about the patient obtained from other sources (for example relatives or other professionals) is subject to the same rules of confidentiality.

5.8 When psychotherapists use case material in professional discussions with colleagues for educational, case presentation or consultative purposes, including publications, 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 and 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 a responsibility to ensure that the information they record is accurate and securely stored.

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 are responsible 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 With due respect for confidentiality, psychotherapists have a particular responsibility to make provision for the management of their current patients and records in the event of the psychotherapist's sudden incapacitating illness or death.

5.15 Special consideration should be given to the safeguarding of all patient records in the event of the psychotherapist'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 and skills.

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 twenty hours per year:

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 per year involved in continuing education activities.

6.3 Members of the New Zealand Institute of Psychoanalytic Psychotherapy are expected to attend, contribute to and participate in the continuing education activities of the Institute.

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 shall 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 shall be aware of the patient's right to seek a second opinion.

7.3 Psychotherapists shall refrain from making groundless comments which may damage the reputation of a colleague.

7.4 Psychotherapists who have knowledge of a member's unprofessional conduct shall consult with the appropriate body of colleagues within the Institute about the appropriate management of the issue.

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 the Institute about the most appropriate action.

7.7. While psychotherapists shall maintain a thoughtful, questioning attitude towards the profession, they shall refrain from acting in ways likely to be detrimental to the profession or to the New Zealand Institute of Psychoanalytic Psychotherapy.

7.8 Members shall discuss any conflict or concern they may have about the Institute's functioning with the appropriate committee or Advisory Board or seek resolution according to the Institute's Grievance Procedures.

8. Psychotherapists have an obligation to give due attention to society and the law.

8.1 Psychotherapists shall consider very carefully and seek appropriate advice before undertaking any action that is contrary to the law, 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 Institute or against external bodies (as for example Health Insurance Organisations, Tax Department etc.)

8.3 Psychotherapists shall be prepared to interpret and disseminate relevant scientific information and established professional opinions to society. In so doing psychotherapists shall clarify their status as either a spokesperson for a recognised professional body or not.

9. Psychotherapists have an obligation to give due attention to the responsibilities of their professional psychotherapy organisation.

9.1 The Institute as an organisation shall function within a framework of diligence, collegial respect and containment and maintain appropriate responsibility for its duty of care to all those who become involved with its activities.

9.2 Given that all members are expected to be involved in the organisation's functioning, the Institute shall be mindful of group dynamics operating within its structures and

9.2.1 provide a Colleague Support Resource which is available to all members, trainees and groups within its structure,

9.2.2 provide and maintain grievance resolution procedures to facilitate the resolution of disputes and conflicts between members, trainees and groups within its structures

9.3 As an organisation, the Institute shall operate according to the requirements of the Privacy Act in the management, storage and disposal of its collected information and records.

10. The responsibilities of psychotherapists involved with 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 differentiates supervision from personal psychotherapy.

10.3 Supervisors shall not also engage their supervisees in personal therapy.

10.4 Given that the primary purpose of supervision is to ensure that the supervisee is addressing the needs of the patient:

10.4.1 Supervisees are responsible for their work with the patient, and for presenting and exploring as honestly as possible that work with the supervisors,

10.4.2 Supervisors are responsible for encouraging and facilitating supervisees to develop professionally by reflecting analytically upon that work,

10.4.3 Supervisors have a responsibility not to collude with a supervisee's unprofessional practice,

10.4.4 Supervisors have a responsibility to respect the boundaries of the supervisee's personal therapeutic relationship.

10.5 The usual principles of confidentiality cover all aspects of the supervisory relationship. Contact with third parties shall only occur with the knowledge and consent of the supervisee.

10.6 Supervisors and supervisees have a responsibility to ensure that the privacy of the patient is respected, e.g. where possible case material shall be effectively disguised.

10.7 Supervisors have a responsibility to their supervisees to model and to promote an awareness of and an adherence to the provisions of this Code of Ethics, as well as to other relevant legal obligations.

10.8 As supervision is a specific skill, supervisors have a responsibility to take steps to develop this area of expertise.

10.8.1 the supervisor must be a practising psychoanalytic psychotherapist

10.8.2 the supervisor must be involved in ongoing education activities pertaining to supervision

10.8.3 the supervisor must be involved in a peer review group that can assist with their supervisory experiences

10.9 Members of peer supervision groups are each required to abide by supervisory principles.

10.9.1 Peer groups are expected to function within a framework of collegial respect, support and confidentiality.

10.9.2 Any conflict which arises within a peer group should be contained and resolved by the group or consultation sought.

11. The responsibilities of psychotherapists, members and Committees involved in the NZIPP Training Program.

Psychotherapists of trainees are first and foremost psychotherapists of the trainee and codes pertaining to this function shall always take precedence over any other professional commitment they may have in the training program. Members and Committees responsible for training shall ensure that ethical principles are an integral part of the training program.

11.1 Members who are involved in any aspect of training have a responsibility to model and promote an awareness of and an adherence to the provisions of this Code of Ethics.

11.2 Psychotherapists of trainees shall 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.

11.3 Members and Committees responsible for training shall ensure that all clinical material used in training is effectively disguised and appropriately contained by the training group.

11.4 Members and Committees responsible for training have an obligation:

11.4.1 to monitor the progress and well-being of trainees,

11.4.2 to provide appropriate support and mentor resources for trainees,

11.4.3 to be thoughtful and respectful of the personal psychotherapy boundaries of all trainees,

11.4.4 to ensure that trainees have access to the Institute's Colleague Support and Grievances Procedures.

11.5 Members and Committees 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. New Technologies

With the advent of new technologies, members and committees need to be mindful of the implications of such changes, maintaining ethical principles at all times, while at the same time keeping current with these changes.

12.1 Duty of Care and the establishment of a Therapeutic Relationship

12.1.1 Members to be aware that communicating with a patient via video-conferencing, email and SMS can be considered to constitute a therapeutic relationship.

12.1.2 This is possible even in an assessment phase.

12.1.3 All ethical responsibilities will therefore apply including Duty of Care.

12.2 Privacy and Confidentiality

12.2.1 It is recommended that members using online technology are aware of the issues of confidentiality and limitations to confidentiality in the use of this technology.

12.2.2 Members shall be mindful of boundary issues online and maintain the appropriate personal use of the internet and social media. They are advised to consider the appropriateness of their use of such media, having in mind patient access to public sites.

12.3 Distance therapy: Jurisdiction across different regions

There is considerable variation in this area between insurers, with some insurers covering online and distance services within New Zealand only and other insurers covering such services worldwide with the exclusion of the USA and Canada. There is also variation of this cover between the different professions. The member's/ trainee's insurer is the first body to consult.

12.3.1 Professional indemnity insurance and liability insurance policies should be reviewed to determine if the practice of online therapy is covered by the policy.

12.3.2 Prior to accepting patients from an external geographical location and with regards to patients who have moved outside *New Zealand*, members/trainees need to consult their insurer.

13. Research – Members/ trainees conducting clinical research shall adhere to ethical principles

13.1 It is considered important that research and systematic reflection inform practice.

13.2 Members/ trainees are encouraged to actively participate in and support research undertaken on behalf of the profession.

13.3 Members/ trainees conducting clinical research shall adhere to ethical principles of integrity in conducting and reporting on research embodied in the following updated guidelines:

13.3.1 research ethics of any relevant university, professional body or health service organisation to which the researcher belongs

13.3.2 any relevant Privacy legislation or other relevant legislation and public guidelines

13.3.3 The MA Code of Ethics

13.3.4 If the research is conducted under the auspices of any MA of the PPAA, the research proposal should also be taken to that Association's Ethics Committee for ratification.

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

13.5 The rights of all research participants should be carefully considered and protected.

13.5.1 Practitioners involved in research must respect the dignity and protect the welfare of participants in research whether they are patients, families, students, employees or supervisees.

13.5.2 The minimum rights include written informed consent, and the right to withdraw at any stage of the research project.

13.6 Approval through a NZ version Health and Disability Ethics Committees (HDEC) https://ethics.health.govt.nz/must be obtained for any research involving patients.

13.6.1 *It is usually considered unethical* to request your own patients to be your research subjects because of conflict of interests e.g. they may not feel free to say 'no'. Rather it is considered ethical to either research populations which are not in a dependent relationship with you, ie are not your patients, or to have a whole range of measures in place which ensure the patient's freedom to participate or not, and which also deal with the dependent relationship.

13.6.2 *It is never considered ethical* to do retrospective research, ie to apply for (HDEC) approval **after** you have collected the data. You would face the same issues in relation to their freedom not to participate and the dependent relationship, which would have to be surmounted.

14. Members have a responsibility to ensure that ethical principles are integral to the implementation procedures of this Code of Ethics and Conduct.

14.1 Members have a responsibility to treat any colleague who transgresses this Code of Ethics and Conduct in a respectful and humanitarian manner.

14.2 Procedures for dealing with a colleague who behaves unethically need also to address this colleague's well-being and ensure that he/she is handled in a compassionate and confidential manner.

14.3 These procedures shall focus on a helpful, growth promoting, constructive outcome for those concerned rather than merely on possible disciplinary action.

15. The responsibilities of members for the Code of Ethics and Conduct.

15.1 This Code of Ethics and Conduct is as an evolving document and therefore requires regular review.

15.2 This Code shall be integral to the life of the Institute in order that it is continually informed by and in tune with the experiences of its members, the developments within the psychotherapy profession, as well as the changes in society.

ACKNOWLEDGMENTS

This Code of Ethics and Conduct is based on an amalgam of issues and principles from various sources, namely the Code of Ethics of:

- The Royal Australian & New Zealand College of Psychiatrists
- The Australian Psychoanalytic Society
- The Psychoanalytic Psychotherapy Association of Australasia
- Associaton of Psychotherapists Aotearoa New Zealand
- New Zealand Psychologists Board
- Waka Oranga
- New Zealand Association of Counsellors
- NSW Institute of Psychoanalytic Psychotherapy