

VAPP CODE OF ETHICS

Preamble

The VAPP Code of Ethics applies to both members and candidates of the VAPP Training Program. All members/candidates of the VAPP need to acquaint themselves with the Code of Ethics.

The principles and guidelines of this Code of Ethics are based upon the premise that the welfare of the patient, the safety of the community, the protection of the psychotherapist, the profession and the good name of the VAPP must be the primary determinants of the psychotherapist's conduct and practice.

The VAPP is required to have an ethics committee elected by Council for consideration of ethical complaints with a clearly defined procedure for this process. Its role also includes an educative, mentoring and supportive function. Members and candidates should feel free to approach the Ethics Committee to discuss any ethical questions or concerns, and in this way use the Ethics Committee as a resource to discuss any ethical questions or concerns which may arise and would serve the function of affirming and cementing an ethical community

Basic Principles underlying the VAPP Code of Ethics

Regular self-examination and reflection by the member or candidate and engagement in informal and formal consultation are essential safeguards for the patient, as well as the therapist. The Code of Ethics provides a benchmark for satisfactory 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 concerns about impairment.

1. Principles and Guidelines for Ethical Practice

1.1 Members/candidates shall respect the essential humanity and dignity of patients and promote their well-being.

1.2 Members/candidates interventions shall respect the patient's autonomy and foster self determination and choice for the patient, except where these may cause harm to self or others.

1.3 Members/candidates shall not discriminate against nor exploit their patients on grounds of age, gender, race, cultural background, sexual orientation, social class, political affiliation or religion, nor impose their own values (for example social, spiritual, political and ideological values).

1.4 Members/candidates should be aware of their personal values, needs and limitations. Should such issues be likely to affect the therapeutic relationship adversely, members/candidates should seek consultation and be willing to refer patients to a more suitable psychotherapist.

1.5 Members/candidates are in a position of trust and are not to act in ways likely to be harmful to their patients. They may not exploit their patients sexually, financially or otherwise.

1.6 Members/candidates have an obligation not to take advantage of the transference or of their therapeutic role in general, in seeking through their acts to obtain personal satisfactions and

gratifications. Members/candidates may not take advantage of the possible power differential of their therapeutic role. The transference involves the reactivation in the therapeutic relationship of experiences of childhood and other past experiences and the phantasies and emotions associated with them. Hence therapists are in a position of privilege and trust. As it is the therapist whose technique and setting fosters the expression of intimate and vulnerable feelings, it is primarily the responsibility of the therapist to maintain separateness and to monitor all pressures to enact transference and countertransference wishes.

1.7 Members/candidates are expected to take due care when publishing self-disclosing material in their own name in the public domain, recognising that there could be potential damaging effects on patients and supervisees. This would especially apply in sexually or violently explicit material.

1.8 Sexual relationships of any kind, whether physical or verbal between members/candidates and patients are antithetical to treatment, unacceptable and constitute a serious violation of professional trust and of this Code of Ethics. Even a considerable time after termination of therapy, the influence of unresolved transference and countertransference remains. Sexual relationships between therapists and patients are not acceptable at any time.

1.9 During therapy, appropriate tact and restraint should be exercised with regard to social contact with a patient and after termination of therapy, caution and discretion should continue to be exercised.

1.10 Members/candidates should not treat any of their relatives or friends and should not treat anyone closely connected with a current or past patient without careful consideration.

2. The first responsibility of members/candidates is to their patients

2.1 Members/candidates need to ensure that they maintain good standards of practice and care towards patients.

2.1.2 The provision of professional information such as qualifications, accreditation and professional experience through print, electronic or other means directed towards potential patients or colleagues, must be true and accurate in all respects and should not contain any testimonial or endorsement of clinical skills, and should not be likely to bring the profession into disrepute.

2.1.3 The relationship between members/candidates and their patients is for the purpose of psychotherapy. If members/candidates, whether medically qualified or not, suspect during assessment or the course of their therapeutic work, that an organic process is affecting their patient, they have an obligation to advise the patient to consult an appropriate medical practitioner.

2.4 When members/candidates undertake the therapy of patients, they take on a duty for continuity of care and they may not neglect them. Members/candidates should give appropriate notice to patients of any changes in the psychotherapist's situation that will have a major bearing on the therapy.

2.5 Members/candidates should ensure that their physical and mental health allows them to undertake their professional responsibilities competently.

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

2.5.2 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. Patient Consent and the therapeutic frame

3.1 Members/candidates shall inform the patient in plain language of the nature and purpose of the details of the psychoanalytic psychotherapeutic frame, and shall obtain informed consent from patients before undertaking psychotherapy.

3.2 Members/candidates shall inform the patient of the nature of psychoanalytic psychotherapy and where deemed appropriate, shall advise them of alternative treatment choices.

3.3 When initiating the therapy of a patient, the member/candidate 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. A breach of the terms of the contractual agreement would constitute a breach of the containing structure which is essential for the work of therapy to continue.

3.4 Members/candidates are required to have a privacy statement available on request.

3.5 Contact with third parties e.g. relatives, friends, and medical advisers of the patient, shall occur only with the knowledge and express consent of the patient. Exceptions may have to be made in certain circumstances, such as the extra-psychotherapeutic management of a patient who is a danger to self or others.

3.6 Working with children and young people requires careful consideration of issues concerning their capacity to give consent to receiving any service independently of someone with parental responsibilities. In the case of a minor deemed unable to give adequately informed consent, such consent shall be obtained from a parent or guardian, and also from the child if they are of sufficient maturity and understanding.

3.7 Whilst there may be an occasion of concern about safety, necessitating the members/candidates to restrain a patient who may be out of control, the member may not engage in any act of physical violence in relation to a patient.

3.8 Where there is to be an audio or video recording of a patient, the patient's permission must be obtained beforehand. An explanation of the purpose and use of the recording and the duration of storage should always be given.

3.9 The patient's informed consent must be obtained before a one-way screen is used. The same principals of privacy and confidentiality apply to the use of digital technology, having in mind that it is more of a challenge to set up and maintain the therapeutic frame online.

4. Financial Arrangements

4.1 Members/candidates are responsible for clarifying the terms on which their services are being offered, in advance of the patient incurring any financial obligation or other reasonably foreseeable costs or liabilities.

4.2 Financial dealings with patients shall always be restricted to matters concerning professional fees for psychotherapy sessions.

4.3 When initiating the therapy of a patient, the member/candidate and the patient should agree on a fair and reasonable fee, commensurate with the service provided and the conditions of payment.

4.4 Members/candidates must not exploit the treatment of a patient for their financial gain or to promote their personal advantage.

4.5 Members/candidates shall neither pay nor receive a commission for referral of patients.

5. Confidentiality

Members/candidates have an obligation to hold information about patients in confidence.

5.1 The patient's right to confidentiality must be respected by members/candidates, and the privacy of all information associated with the psychotherapist-patient relationship must be safeguarded.

5.1.1 Information about the patient obtained from other sources (for example family, friends or medical practitioner) is subject to the same rules of confidentiality.

5.2 Members/candidates are obliged to work within the requirements of the most recent relevant Privacy Act and to ensure that they have a Privacy Policy available.

5.3 Any contact with third parties such as relatives and other health professionals should occur only with the knowledge and express consent of the patient. Exceptions may need to be made in certain circumstances such as in the psychotherapy of children or in the management of a patient who is unable to give informed consent, in which case the consent of the parent or guardian must be obtained.

5.3.1 Members/candidates shall resist any intrusion from a third party (e.g. relatives or other professionals etc.)

5.4 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.

Members/candidates must be mindful to share information that is only directly relevant to the role the other professional has in the care of the patient.

5.5 Referrals to colleagues and to other services must be made with the permission of the patient. The patient's consent must be obtained both to make the referral and to disclose information which may accompany the referral.

5.6 Where third parties are involved such as Medicare, Transport Accident Commission and Work Cover, clarification needs to be made to the patient about what reporting is required.

5.7 Members/candidates are required to have regular ongoing supervision and/or consultation where respect for the patient's privacy is to be maintained.

5.8 When members/candidates 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 members/candidates 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.

5.9 In the area of publication, wherever possible the actual consent of the patient should be sought in the case of publication of clinical material.

5.9.1 Care shall be taken to appropriately disguise clinical material in the case of publication.

5.9.2 Members/candidates shall refrain from publishing material where to seek permission or to publish could be detrimental to the patient's well-being.

5.9.3 If a patient specifically requests that his or her material should not be published, this must be respected.

5.10 Wherever possible patients shall be informed regarding the limits of confidentiality which may be outlined as part of a privacy statement to be made available to them.

5.10.1 There may be occasions when members/candidates see their ethical duty, in the patient's best interests, as challenging the law, e.g. in relation to a legal subpoena. Members/candidates may reasonably question the need for disclosure or may argue for limited disclosure, namely only of that information that they regard as relevant.

5.10.2 If a member/candidate is considering action that challenges legal requirements in the interests of the patient's optimal care, it is recommended that he/she shall seek legal advice as to the best course of action. The member/candidate shall need to be able to give good cause for such action.

5.10.3 Members/candidates 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 themselves, an identified person or group of persons. In these circumstances, members/candidates have an overriding duty. This may require informing either the intended victim(s), the relevant authorities, or both, about the threat.

5.10.4 If it becomes necessary to set aside one's psychotherapeutic role of confidentiality it is highly advisable to seek legal opinion.

5.11 In situations where members/candidates do breach confidentiality and disclose information about their patients, they shall seek consultation bearing in mind that they have an obligation to justify their actions.

Patient records

5.12 Confidentiality of records. Members/candidates shall ensure that the information they record is respectful, benign and accurate. Members/candidates shall respect the information obtained from patients in their clinical notes. The principle of safeguarding a patient's confidence continues after psychotherapy has formally ceased or the patient has died.

5.12.1 Special consideration should be given to the safeguarding of patient records in the event that the death of the member/candidate should precede that of the patient. It is the responsibility of the therapist to ensure that he or she instructs the Trustee or Executor of his or her will that anyone

who publishes material from the records of the deceased therapist does not jeopardise the right of a patient to confidentiality.

5.12.2 Members/candidates shall ensure their clinical records in any form are securely stored and safeguarded. They must ensure secure disposal of clinical records.

5.12.3 Members/candidates shall maintain control over their patients' records, taking into account the policies of the organisations in which they may practice.

5.12.4 Members/candidates shall take into account their responsibilities and their patients' rights under data protection legislation and any other legal requirements. When appropriate or upon request, the member/candidate shall inform their patient about their policies regarding the management, construction, and destruction of records. This information shall include a statement on the limitations to the confidentiality of the records.

5.13 Members/candidates are required to adhere to ethical principles when using technology to provide a service and/or to store records. Confidential documents sent electronically are best sent in secured form and members/candidates should take measures to install systems which provide optimal online security.

5.13.1 Members/candidates should familiarise themselves, and keep updated about setting up and maintaining security of their systems and use of such technology.

6. Members/candidates shall adhere to ethical principles when using internet technology to provide a service

6.1 It is recommended that members/candidates if using online technology, are aware of the issues of confidentiality and limitations to confidentiality in the use of this technology.

6.2 Members/candidates 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. This would include emails, seminar postings, journals, books and blogs. They are advised to consider the appropriateness of their use of such media, having in mind patient access to public sites and its possible effects on the therapeutic process and the welfare of the patient.

7. Distance therapy: Jurisdiction across different regions

There is considerable variation in this area between insurers, with some insurers covering online and distance services within Australia 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/candidate's insurer is the first body to consult.

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

7.6.2 Prior to accepting patients from an external geographical location and with regards to patients who have moved outside Australia, members/candidates need to consult their insurer.

8. Monitoring the impact of Dual/Multiple relationships and avoiding Conflicts of Interest

8.1 It is the responsibility of the member/candidate to maintain separateness and to monitor all pressures to enact transference and countertransference wishes in relation to multiple relationships with patients.

8.2 Members/candidates shall refrain from entering into multiple relationships if such relationships could reasonably be expected to lead to conflicts of interest, impair the member's/candidate's objectivity, competence, or effectiveness in performing their functions as a psychotherapist, or otherwise risk exploitation or harm to the person with whom a professional relationship exists.

8.3 Members/candidates must declare to patients, supervisees, candidates or other recipients of professional services, any vested interests in the provision of services that may lead to a conflict of interest. This is to be declared at the outset of the professional relationship or as an apparent conflict emerges.

8.4 Members/candidates recognise that multiple relationships may occur because of their present or previous familial, social, emotional, financial, supervisory, political, administrative or legal relationship with the patient or a relevant person associated with or related to the patient.

8.5 Members shall not provide therapy to their current students or supervisees and would be expected to refrain from teaching a group where their patient is a member.

8.6 Members/candidates shall avoid situations of conflicts of interest in relation to incompatible demands and compromised decision-making arising from conflicts and incompatibility in different roles and duties held within an association (such as office bearer and committee roles). This would also include being in a position of making decisions about a person's professional progress whilst having a past or current connection with that person.

8.7 Any conflicts of interest must be declared, and the individual is required to stand down from participating in discussion and voting on decisions where there is a conflict of interest.

8.8 Where there is a conflict between the VAPP Code of Ethics and the requirements of any organisation that a member/candidate is involved with, the member/candidate must clarify the nature of the conflict and inform all parties of their ethical responsibilities under this Code, with a view to seeking constructive resolution of the conflict.

Psychotherapists of candidates

8.9 Psychotherapists of candidates 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. by avoiding contact with their patient in the training setting and being alert to the boundary between therapist and teaching roles.

8.9.1 Psychotherapists of candidates shall 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.

8.9.2 Where possible, the Training Committee shall avoid appointing therapists of current candidates as teachers in that course. Where this is not possible, arrangements shall be discussed and put in place with consideration to boundaries applied with colleagues and candidates/patients.

Multiple relationships of members involved in training programs

8.10 The guidelines for dual/multiple relationships in this Code of Ethics, apply to the VAPP Training Program and members who are responsible for training.

8.10.1 Any member involved in training who has other multiple relationships with candidates shall, as far as possible, reduce conflicting role interests. In principle, these roles should be distributed among different professionals.

8.10.2 Wherever multiple relationships or responsibilities exist, these must be transparently named and ethically managed.

Responsibilities of members to the VAPP and the PPAA

8.11 Elected office bearers and members of PPAA and VAPP committees should be committed to the principles of ethical best practice as they undertake their positions of leadership and management.

8.11.1 It is the responsibility of members to declare and take responsibility for conflicts of interest when advising or participating in PPAA or VAPP committees or professional activities of the Association.

9. Members/candidates have an obligation to give due attention to their relationships with colleagues and the professional community

9.1 Members/candidates shall behave professionally with colleagues, with appropriate mutual respect, courtesy and fairness.

9.2 Members/candidates shall not discriminate against colleagues or enact in a prejudicial way based on their own personal views about a colleague's lifestyle, gender, age, disability, race, sexual orientation, beliefs or culture.

9.3 When members/candidates, in the course of their professional activities, are required to review or comment on qualifications, competencies or work of a psychotherapist colleague, it is expected that they will do this in an objective and respectful manner.

9.4 Members/candidates shall respect the practice of colleagues and have an obligation not to behave in a way which impairs the work of their colleagues.

9.4.1 Members/candidates shall not solicit the patients of colleagues.

9.4.2 Members/candidates shall not knowingly take on responsibility for a self-referred patient who is or has recently been in treatment with another psychotherapist, without encouraging appropriate communication with the colleague concerned. Nevertheless, members/candidates need to be aware of the patient's right to seek a second opinion.

9.5 Members/candidates are expected to be constructive in their behaviour and attitudes towards colleagues.

9.6 Members/candidates shall not make vexatious or unsubstantiated ethical complaints against colleagues.

9.7 Members/candidates have a responsibility to patients and to the profession to initiate appropriate action if they become aware of unethical behaviour by a colleague.

9.7.1 In the first instance a member could raise their concerns with the practitioner concerned, unless it is inappropriate to do so.

9.7.2 Members/candidates who reasonably suspect or have knowledge of a member's/candidate's unprofessional conduct shall consult with the Ethics Committee of the VAPP or PPAA about the appropriate management of the issue.

9.7.3 Where a patient alleges sexual or other misconduct by a member/candidate or another health professional, it is the member's/candidate's duty to ensure that the patient is fully informed about the appropriate steps to take to have the complaint investigated.

9.8 Members/candidates who become aware of a colleague's ill health which may be compromising the care of patients, supervisees or candidates, have a duty to:

9.8.1 Assist the colleague to obtain appropriate help.

9.8.2 Ensure that the situation is appropriately managed. It is required that they seek consultation with the Ethics Committee or relevant professional body about the most appropriate course of action.

9.9 Members/candidates should make themselves familiar with the AHPRA Guidelines for Mandatory Notifications.

10. Internal dispute resolution

10.1 Where disputes and conflicts between members, candidates and groups within the VAPP are unable to be resolved within the structures of the VAPP, consultation may be sought from the PPAA or relevant bodies. Refer to the PPAA and VAPP Disputes and Mediation Policy in VAPP Constitution.

11. Members/candidates have an obligation to continue to develop and maintain their professional knowledge

11.1 Members/candidates must practice within the limits of their training, competence and experience.

11.2 Continuing education is fundamental to the practice of psychotherapy. It is essential that members/candidates promote and share opportunities for expanding knowledge, experience and ideas for the purpose of professional development and the maintenance of standards of practice.

11.3 Members, including Retiring Members who provide supervision and minimal clinical practice are required to undertake professional development activity to meet the minimum professional development requirements as spelled out in the Constitution.

12. Members/candidates have an obligation to give due attention to society and the law

12.1 Members/candidates are required to view this Code of Ethics in light of relevant state and federal legislation, and to seek competent, qualified advice as to which provisions may prevail in any given instance.

12.2 Members/candidates shall not collude with a patient, either against the Association or against external bodies (as for example Health Insurance Organisations, Medicare or the Australian Taxation Office).

12.3 Whilst upholding the principles of confidentiality, members/candidates shall do so with full cognisance of the law, and the principles do not prevent a disclosure required by the law.

12.4 Members/candidates 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.

12.4.1 If members'/candidates' ethical responsibilities conflict with law, regulations, or other governing legal authorities, they shall, on these occasions seek appropriate consultation and take ethical and legal advice as to the best course of action.

13. Responsibilities in supervision

13.1 Supervisees are responsible for their work with the patient and for presenting that work and any difficulties in supervision.

13.2 Supervisors and supervisees have a responsibility to ensure that the privacy of the patient is respected and case material shall be effectively disguised.

13.2.1 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.

13.3 Supervisors have a responsibility to maintain and enhance best practice and to draw the supervisee's attention to any concerns regarding the nature of the supervisee's practice.

13.4 Supervisors have a responsibility not to collude with the supervisee's unprofessional practice.

13.5 Supervisors shall not engage their supervisees in personal therapy in the course of the supervisory relationship.

13.6 Supervisors have a responsibility to respect the boundaries of the supervisee's personal therapy. Supervisors are required to be aware of multiple roles and reduce any conflicting role interests.

13.7 Any evaluative aspects of supervision need to be contracted and transparent in any supervision arrangement.

13.8 Supervisors have a responsibility to their supervisees to promote adherence to the provisions of the Code of Ethics, as well as to other obligations relevant to their professional association.

13.9 Supervisors are responsible for maintaining the professional boundaries of the supervisory relationship. Supervisors shall not exploit supervisees sexually, financially or otherwise.

13.9.1 Supervisors must abstain from sexual and romantic relations with current supervisees. The establishment of sexual relationships between a supervisor and his or her current supervisee is unethical.

13.10 Supervisors have a responsibility to ensure they are competent and current in their field of knowledge, and supervisors are advised to monitor their own supervisory skills.

13.11 Members/candidates in peer supervision groups are expected to function within a framework of collegial respect, support and confidentiality.

14. Research: Members/candidates conducting clinical research shall adhere to ethical principles

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

14.1.1 National Statement on Ethical Conduct in Human Research (2007), updated 2014.

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

14.1.3 Any relevant Privacy legislation or other relevant legislation and public guidelines

14.1.4 The VAPP Code of Ethics

14.1.5 If the research is conducted under the auspices of the VAPP, the research proposal must also be taken to the VAPP's Ethics Committee for ratification.

14.2 The rights of all research participants must be carefully considered and protected. The minimum rights include written informed consent, and the right to withdraw at any stage of the research project.

14.3 Approval through a Human Research Ethics Committee (HREC) must be obtained for any research involving patients.

15. Professional Indemnity Insurance

Members/candidates are required to ensure that their professional work is adequately covered by appropriate professional indemnity insurance that covers services offered by the particular practitioner in their professional practice.

Members/candidates are required to ensure that they are covered for online provision of services where this is relevant to their practice.

16. Updating of the Code of Ethics

This Code of Ethics is an evolving document and therefore requires periodic review in line with the experiences of members/candidates, developments within the psychotherapy profession, as well as changes in society.

16.1 The code of ethics is an ever evolving document to which all members/candidates can contribute from their own experience.

17. Procedures for Implementation of this Code of Ethics

The VAPP has a clearly defined Procedure for Implementation of this Code of Ethics which is required to be reviewed by the Ethics Committee periodically and informed by situations requiring consideration by the Ethics Committee.

Footnote

Composition of the Ethics Committee

In the interests of continuity and the holding of the history and expertise of the Ethics Committee, it is advisable to have provision for a staggered turnover of committee members. The Chair and members may serve for a maximum of five consecutive years. However, flexibility may be required where provision for a staggered turnover arrangement in the case of exceptional turnover, is imperative.

It is preferable that the President not hold the position of chair of the Ethics Committee where this can be avoided.