

# CPPAA Constitution By-Law: Code of Ethics

Endorsed by the CPPAA (formerly VCPA) Executive Committee 5th August 2018

## PREAMBLE

The principles and guidelines of this Code of Ethics are based upon the premise that the welfare of the patient, psychotherapists, trainees and supervisees, any other practitioners, the safety of the community, the protection of the profession, shall be the primary determinants of the psychotherapist's conduct and practice.

These Guidelines presuppose a psychotherapist's life-long commitment to act ethically and to encourage similar ethical behaviour in colleagues and trainees.

No code by itself will ensure adequate professional behaviour. Constant self-examination and reflection by the member/trainee and engagement in informal and formal consultation are essential safeguards for the patient, as well as the treating member/trainee

Integrity of character and sound judgement are indispensable in applying ethical principles to particular situations and individuals.

## INTRODUCTION

This Code is intended for all Members of the CPPAA and all trainees enrolled in the CPPAA Clinical training program (henceforth referred to as Member/Trainee).

All members/trainees shall undertake to be accountable for their psychotherapy practice, to familiarise themselves with and abide by this CPPAA Code of Ethics and the associated document "VCPA Procedures for Implementation of the Code of Ethics 2016."

Members/trainees are advised that lack of awareness or misunderstanding of an ethical standard is not itself a defence to an allegation of unethical conduct.

## PURPOSE OF THE CPPAA CODES OF ETHICS

The CPPAA Code of Ethics is not a legal statute but it does provide a benchmark for satisfactory practice of Child Psychoanalytic Psychotherapy by which all members agree to comply.

## THE CPPAA CODE OF ETHICS:

- identifies the parameters of the high standard of care expected of psychoanalytic psychotherapists in treatment, teaching, consultation, research and as office bearers.
- facilitates the psychotherapist in maintaining and developing their standards of practice and care and professional competence.
- informs all members and trainees in arriving at ethical courses of action
- alerts members and trainees to the risks involved in departures from the wide range of acceptable ethical practices
- provides the standards which underpin the CPPAA Procedures for Implementation of the Code of Ethics documents, which operate when there is a complaint
- encourages early consultation and full discussion of ethical questions members of local and national ethics committees as well as other members/trainees.

## CPPAA ETHICS COMMITTEE

The CPPAA is required to have an ethics committee elected by the Executive 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 trainees should feel free to approach the Ethics Committee as a resource to discuss any ethical questions or concerns. In this way, the Ethics Committee would serve the function of affirming and cementing an ethical community.

## 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.

The President of the CPPAA shall not be a member of the Ethics Committee except in an ex-officio capacity.

## BASIC PRINCIPLES UNDERLYING THE CPPAA CODES OF ETHICS

### *General Guidelines for Ethical Practice*

The Child Psychotherapist's first responsibility is to work towards the best interests of the patient, particularly the child.

1. Child Psychotherapists shall respect the essential humanity and dignity of patients and protect their well-being
  - 1.1 Members/trainees shall not discriminate against nor exploit their patients on grounds of age, gender, race, cultural background, sexual orientation, social class, political affiliation and religion, nor impose their own values (for example social, spiritual, political and ideological).
  - 1.2 Members/trainees should be aware of their personal values, needs and limitations. Should such issues be likely to adversely affect the therapeutic relationship, the member/trainee shall seek consultation and be willing to refer patients to a more suitable psychotherapist.
  - 1.3 Members/trainees interventions shall respect the patient's autonomy and foster self-determination and choice for the patient, commensurate with their age and functioning, and except where these may cause harm to self or others.
  - 1.4 Members/trainees shall practise in surroundings that support safe practice.
2. Members/trainees are in a position of privilege and trust
  - 2.1 Members/trainees, due to the nature of the psychoanalytic relationship, are in a position of trust and are not to act in ways likely to be inimical to their patients' interest and ensure that the patient suffers no harm as a consequence of the treatment.

- 2.1.1 Members/trainees 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 may not take advantage of the possible power differential of their therapeutic role. These processes should be monitored in regular supervision.
- 2.2 A member/trainee shall not take advantage of the age, physical, emotional or intellectual disadvantage or ill health of the patient.
- 2.3 Members/trainees shall not use their position of privilege to mislead patients or their families or engage in any act of fraud, deceit or coercion.
- 2.4 Members/trainees must not exploit or abuse their patients sexually, financially, violently or in any other ways.
- 2.5 Engaging in sexual activity with a patient will constitute sexual misconduct, whether the patient consented to the activity or not.
  - 2.5.1 Any sexual relationships between psychotherapist and patient, comprising sexual remarks, sexual touch of any form, or engaging in sexual behaviour in front of a patient, are antithetical to treatment and unacceptable under any circumstances.
  - 2.5.2 Terminating a therapeutic relationship in order to have a sexual relationship is unethical.
  - 2.5.3 Any sexual activity with the patient, even after termination of treatment, constitutes a serious violation of professional trust and this Code of Ethics.
  - 2.5.4 Any member/trainee who is even contemplating the development of a sexual relationship with a former patient is required to consult with a trusted colleague or the Ethics Committee of the CPPAA and/or PPAA, and take account of their advice.
  - 2.5.5 Whilst physical contact is normally contraindicated in a therapeutic encounter, it may be that in the context of working with severely deprived children and adolescents, where the child or young person initiates contact, requires containment, or where there

- may be concern about safety, the judicious use of reciprocal contact may be considered. It is essential that such action requires consideration and discussion of implications, transference and countertransference, in supervision.
- 2.6 During therapy, appropriate tact and restraint should be exercised with regard to unavoidable non-clinical social contacts with a patient. After termination of therapy, the practitioner should keep in mind the possible continuation of transference feelings and therefore exercise discretion in any close social contacts.
- 2.7 Members/trainees must bear in mind that at any time they may be called upon to justify, defend his/her conduct in the judicial context, and show that there has been no exploitation or adverse effects on a current or former patient.
- 2.8 Practitioners must seek on-going supervision of their clinical work.
3. Members/trainees shall maintain good standards of practice, honesty and care towards patients and the profession
- 3.1 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 is not likely to bring the profession into disrepute.
- 3.1.1 Professional qualifications should be disclosed if requested by the patient.
- 3.2 A psychotherapist/trainee should be aware and acknowledge the limits of his or her competence and shall refer patients to others when this proves necessary or desirable.
- 3.3 The relationship between psychotherapists/trainees and their patients is for the purpose of psychotherapy. If psychotherapists/trainees, whether medically qualified or not, suspect during an assessment or the course of their therapeutic work, that an underlying medical process or problem may be affecting their patient, they shall advise the patient to consult or seek permission to consult with an appropriate medical practitioner on their behalf.
- 3.4 The CPPAA shall ensure that all applicants for membership or training shall provide a copy of a current Police Check and, where appropriate, a Working with Children Certificate.
- 3.5 A member shall abstain from any behaviour that may tend to discredit the profession such as conviction of a crime
- 3.5.1 In the event of a member/trainee being convicted of a criminal offence or having civil or criminal proceedings commenced against him/her, or having proceedings commenced against him/her by other professional bodies, s/he shall inform the President and Chair of Ethics of the proceedings, together with the relevant facts. If any practitioner fails to do so, then any other member of the Association, who is aware of the situation, should inform the Chair of the Ethics Committee
4. Members/trainees shall obtain informed consent from patients before undertaking psychotherapy
- 4.1 Members/trainees shall inform the patient in plain language, of the nature of the psychoanalytic psychotherapy frame and, where deemed appropriate shall advise them of alternative treatment choices.
- 4.1.1 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 child or young person, minor deemed unable to give adequately informed consent, such informed consent shall be obtained from a parent/guardian or adult acting in loco-parentis, and also from the child according to their level of maturity and understanding.
- 4.1.2 Advise that a patient's relationship with a psychotherapist is voluntary and they have the right to choose whether to continue, seek other advice or withdraw from the psychotherapy in consultation with the psychotherapist.
- 4.2 At the start of the treatment process it is incumbent on the member/trainee to state clearly to the patient, or parent/guardian, the terms and conditions of the psychoanalytic psychotherapy practice. For example, length, times and frequency of sessions, and fees and administrative arrangements, how information will be collected, recorded

and stored, in accordance with the Australian Practice Information/Privacy Amendment (Private Sector) Act 2000.

- 4.3 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 in the psychotherapy of young children or the extra-psychotherapeutic management of a patient who is a danger to self or others.
- 4.4 Where there is to be an audio or video recording of a patient, or use of a one-way screen, the patient's or parent/guardian'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. The practitioner should advise patients that consent for further use can be revoked at any time.
- 5. Financial Arrangements
  - 5.1 When initiating the therapy of a patient, the member/trainee and the patient or parent/guardian, shall agree on a fee and the conditions of payment.
  - 5.2 Members/trainees 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.
  - 5.3 Financial dealings with patients shall always be restricted to matters concerning professional fees related to psychotherapy practice.
  - 5.4 Members/trainees must not exploit the treatment of a patient for their financial gain or to promote their personal advantage.
  - 5.5 Members/trainees shall neither pay nor receive a commission for referral of patients.
  - 5.6 It is expected that these terms will be fulfilled by psychotherapist and patient as a requirement for maintenance of the containing structure, which is essential for the work of therapy to proceed.
    - 5.6.1 A clear explanation shall be given in instances when it is necessary to subsequently alter these terms and conditions.

## 6. Confidentiality

- 6.1 Members/trainees are obliged to respect the patient's right to confidentiality and to safeguard all information associated with the psychotherapist - patient relationship.
- 6.2 In order to maintain high standards of practice or in the course of professional training, and to protect the welfare of patients, psychotherapists are required to seek regular 1:1 and/or peer supervision and/or consultation.
  - 6.2.1 On such occasions identifying data of patients and associated parties is omitted or
  - 6.2.2 The member/trainee obtains the patient's consent, and gives prior notice to and obtains agreement from the recipients of the information that they are required to preserve the patient's privacy.
- 6.3 In order to provide optimal care and treatment for the patient, in certain circumstances, including a referral or consultation with other health professionals, it may be necessary to share some information.
  - 6.3.1 All such communications with colleagues and other services should be discussed with the patient and parent/guardian, in advance, and the patient's consent obtained both to making the referral and also to disclosing information to accompany the referral.
  - 6.3.2 Members/trainees must be mindful to share information that is only directly relevant to the role the other professional has in the care of the patient. This should be done, wherever possible, with the consent of the patient.
  - 6.3.3 Care should be taken to ensure that any confidential information disclosed during the consultation process will be adequately protected.
- 6.4 Members/trainees shall resist any intrusion from a third party (e.g. relatives or other professionals etc.).
- 6.5 Where third parties are involved such as Medicare, e Health Record, clarification needs to be made to the patient about what reporting is required.

- 6.6 When a practitioner uses case material in professional discussions with colleagues for scientific, educational or consultative purposes, including publication or case presentation, they should exercise every precaution to ensure the material is disguised in an appropriate way so that the patient is not identifiable. This applies even when the therapist has been given specific authorisation by the patient to disclose. It is a joint responsibility of both the presenter and the audience at such professional meetings to adhere to the ethical requirements of confidentiality. Practitioners must refrain from publishing material where to seek permission or to publish could be detrimental to the patient's well-being.
- 6.7 In the area of publication, wherever possible the actual consent of the child and adolescent patient as appropriate to age and comprehension and/or parent/guardian, should be sought, preferably in writing, in the case of publication of clinical material.
- 6.7.1 Care shall be taken to appropriately disguise clinical material in the case of publication.
- 6.7.2 Members/trainees shall refrain from publishing material where to seek permission or to publish could be detrimental to the patient's well-being.
- 6.8 Information about the patient obtained from other sources (for example family, friends or medical practitioner) is subject to the same rules of confidentiality.
- 6.9 Wherever possible patients shall be informed regarding the limits of confidentiality and the law, which may be outlined as part of a privacy statement to be made available to them.
- 6.9.1 Confidentiality cannot always be absolute. Whilst upholding the principles of confidentiality, psychotherapists should do so with full cognisance of legal requirements such as mandatory reporting and notification, subpoena of files, or requirements of insurers.
- 6.9.2 Members/trainees, may reasonably question and challenge legal requirements for disclosure to a third party or may argue for limited disclosure of patient information, in the patient's best interests. On these occasions the practitioner should give careful thought, seek consultation and take ethical and legal advice as to the best course of action.
- 6.9.3 The member/trainee shall be able to give good cause for such action.
- 6.10 Members/trainees 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/trainees have an overriding duty. This may require informing either the intended victim(s), the relevant authorities, or both, consult the Ethics Committee, about the threat.
- 6.10.1 If it becomes necessary to set aside one's psychotherapeutic role of confidentiality it is highly advisable to seek legal opinion.
- Patient records**
- 6.11 Members/trainees shall ensure that the information they record is respectful, benign and accurate. Members/trainees shall respect the information obtained from patients in their clinical notes.
- 6.11.1 Members/trainees shall make provision for safeguarding, storage and disposal of clinical records.
- 6.11.2 Members/trainees shall maintain control over their patients' records, taking into account the policies of the organisations in which they may practice wherein they shall seek to make appropriate arrangements to ensure confidentiality.
- 6.11.3 In situations where members/trainees ordinarily have control over their patients' records and where changed circumstances make it no longer feasible to maintain control over such records,
- 6.11.4 Members/trainees 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 members/trainees 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.

- 6.12 Members/trainees 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/trainees should take measures to install systems which provide optimal online security.
- 6.12.1 Members/trainees should familiarise themselves and keep updated about setting up and maintaining security of their systems and use of such technology.
- 6.13 Members/trainees shall ensure that electronic records are maintained securely, and that appropriate safeguards are in place to stop such records from being amended retrospectively or accessed inappropriately.
- 6.13.1 It would be important to keep a hard copy of communications or a range of secure back-up storage to meet legal obligations to keep records until a child reaches 18 years of age + 7 years (ie up to 25 years depending on the age of the child).
- 6.13.2 If electronic reports are modified by the member/trainee after completion, each version should be saved separately indicating the date of production.
- 6.14 The principle of safeguarding a patient's confidences continues after the psychotherapy has formally ceased or the patient has died.
- 6.14.1 Special consideration should be given to the safeguarding of patient records in the event that the death of the member/trainee 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.
7. Members/trainees shall adhere to ethical principles when using internet technology to provide a service
- 7.1 It is recommended that members/trainees, if using online technology professionally, such as psychoanalytic therapy or supervision:
- 7.1.1 become familiar with competency in the technology, culture and content of the internet and should acquaint themselves of all possible sources of security limitations
- 7.1.2 take all measures to install systems which provide optimal security
- 7.1.3 consider that the service recipient has access to technology, including suitable equipment and software, the capacity to run this technology
- 7.1.4 are aware of the issues of informed consent (See Section 4), confidentiality and limitations to confidentiality in the use of this technology (See Section 6)
- 7.2 Members/trainees shall be mindful of boundary issues online and maintain the appropriate personal use of the internet and the range of social media sites. This would include, for example, emails, SMS, use of VOIP communications, seminar postings, journals, books and blogs.
- 7.2.1 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 and boundary issues.
- 7.3 Professional indemnity insurance and liability insurance policies should be reviewed to determine if the practice of online therapy is covered by the policy.
- 7.4 Members/trainees who provide services and communicate through the internet are advised to seek appropriate supervision and/or consultation about the implications and keep abreast of the evolving research on efficacy.
- (NB. For further information refer to CPPAA Guidelines for Best Practice and Conduct in using the internet for professional services. It is also recommended that members/trainees also familiarise themselves with AHPRA guidelines <https://www.ahpra.gov.au/search.aspx?q=social%20media%20policy>)
8. Distance therapy:  
Jurisdiction across different regions
- 8.1 Members/trainees shall research the legal, regulatory and ethical guideline obligations of that geographical location prior to accepting patients/supervisees from that location.

- 8.1.1 Members/trainees shall not provide services to patients in states or countries where doing so would violate local licensure laws or regulations.
- 8.1.2 that the service recipient has the language, reading and comprehension skills to enable distance interaction and understanding of the process and issues arising
- 8.1.3 Communication via online and smartphone technology are at greater risk for breaches in confidentiality through easier access to outside sources. This increased risk to confidentiality occurs at the therapist's end, at the patient's end, and in the transmission of information. Members/trainees should inform the service recipient that confidentiality is limited by the security of the technology in order to fully evaluate the possible risks versus the potential benefits of online psychotherapy.
- 8.1.4 the member/trainee shall arrange a written information sheet and signed consent form help to define the professional relationship and the boundaries between the service recipient and the psychotherapist using such technology.
- NB. All conditions stated in other sections of this document also apply here.
- 8.2 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/trainee's insurer is the first body to consult.
- 8.3 Prior to accepting patients from an external geographical location and with regards to patients who have moved outside Australia, members/trainees need to consult their insurer.
- 8.4 In situations where there is concern about verifying the identity of the recipient of the service, steps should be taken to establish authentication.
- 8.4.1 Establishing authentication would be particularly important where the young person is of an age to comprehend, and/or parent/guardian/legal representative consent was required to provide online counselling to minors, e.g. consent by proxy. Identifying real-world support services around the young person may be an important part of any therapeutic intervention.
8. Responsibility for maintenance of Continuity of Care
- 8.1 When members/trainees undertake the therapy of patients, they take on a duty for continuity of care and they may not neglect them.
- 8.1.1 Members/trainees shall ensure their physical and mental health allow them to undertake their professional responsibilities competently and that their standards of practice are not impaired
- 8.1.2 When the professional functioning of a member/trainee is impaired due to physical illness, personal or emotional difficulties, alcohol/drug use or for any other reason, they shall seek appropriate assistance.
- 8.1.3 Members/trainees shall seek consultation and possible respite should life events interfere with their professional duties and affect continuity of care.
- 8.1.4 Members/trainees shall, where possible, give notice to patients of any changes in the psychotherapist's situation that will have a major bearing on the therapy.
- 8.1.5 Members/trainees shall cease treating patients until such time as their health is satisfactorily restored, ensuring that alternative care for their patients is available if appropriate. If any member/trainee fails to do so, then any other member of the Association, who is aware of the situation, should inform the Chair of the Ethics Committee.
- 8.1.6 A member/trainee is responsible for developing in advance, a plan for the care and safeguarding of current patients and their records in the event of his/her sudden incapacitating impairment or unexpected death.
- 8.1.7 Members/trainees should consider developing a professional Will or that they instruct the Trustee or Executor of their will regarding the management and disposal of their patients' records.

- 8.1.8 In the event of the death of a psychotherapist who has no plan in place, the Executive of the CPPAA should ensure that patients are informed and that alternative care is available if appropriate.
- 8.2 A member/trainee should terminate her/his services to patients in a suitably professional manner. There may be a mutual decision that the service is no longer required, the service may have to terminate for practitioner-related reasons or that the service is not in the patient's best interests. Where there is a concern about the psychological well-being of the patient in these circumstances, the member/trainee should suggest reasonable alternatives for continuity of service provision.
9. Members/trainees have an obligation to continue to develop and maintain their professional knowledge
- 9.1 Continuing education is fundamental to the practice of Child Psychotherapy.
- 9.2 Members have an obligation to have ongoing, regular individual and or group/peer Supervision
- 9.3 It is essential that practitioners promote and share opportunities for expanding knowledge, experience and ideas, for the purpose of professional development and the maintenance of standards of practice.
- 9.3.1 Failure to do so constitutes a disservice to the patient and to the discipline of Child Psychotherapy.
- 9.4 Members, including retired 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.
10. Psychotherapists/trainees shall monitor the impact of Dual/Multiple relationships and avoid Conflicts of Interest
- 10.1 It is the responsibility of the member/trainee to maintain separateness and to monitor all pressures to enact transference and countertransference wishes in relation to multiple relationships with patients or conflicts of interest in relation to colleagues.
- 10.2 Members/trainees shall refrain from engaging in multiple relationships that would
- 10.2.1 impair their professional competence, objectivity, duty of care and effectiveness in performing their functions as a psychotherapist, or harm a person with whom a professional relationship exists
- 10.2.2 reasonably be expected to lead to conflicts of interest, or otherwise risk exploitation or conflicts of interest with other members/trainees of the association.
- 10.3 Members must declare to patients, supervisees, trainees 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.
- 10.4 Members/trainees shall ordinarily refrain from accepting goods and services from patients in return for services rendered.
- 10.5 Members/trainees recognise that multiple relationships may occur because of their present or previous familial, social, emotional, financial, educational, supervisory, political, administrative or legal relationship with the patient or a relevant person associated with or related to the patient.
- 10.5.1 Members/trainees shall be responsible for maintaining the professional boundaries of the psychotherapeutic relationship and ensure that any non-professional social contact with the patient be avoided.
- 10.5.2 After termination of therapy, the practitioner should keep in mind the possible continuation of transference feelings and therefore exercise discretion in any close social contacts.
- 10.5.3 Members/trainees shall not treat any of their own relatives or friends
- 10.6 There may be circumstances when the existence of a dual relationship with a patient is difficult to avoid, and where refusing services would deprive the community of psychotherapy resources from the community altogether. These situations are most likely to confront members/trainees who operate as therapist, supervisors, educators and consultants in small rural communities or in particular cultural settings e.g. ethnic, indigenous, gay and lesbian and any minority group.

10.6.1 Such situations may not be unethical nor impair a member's/trainee's judgement nor cause harm, if carefully considered, fully discussed with the relevant Ethics Committee and the patient so as not to remove the only psychotherapeutic resources available.

10.6.2 Members/trainees shall consider alternatives such as investigating the use of technology e.g. VOIP technology, teleconferencing to provide other options of service from more neutral psychoanalytic psychotherapist.

10.6.3 When a dual/multiple relationship cannot be avoided, members/trainees shall take appropriate professional precautions such as informed consent, discussion of the implications with the patient, consultation and supervision with colleagues and documentation to ensure that judgment is not impaired and no exploitation has occurred.

10.7 Members/trainees shall seek supervision or consultation when experiencing any difficulties related to dual/multiple relationships and associated conflicts of interest to attempt to find an appropriate resolution that is in the best interests of all parties involved.

### ***Conflicts of Interest***

10.8 Conflict of interest situations are those that can lead to distorted judgment and can motivate members/trainees to act in ways that meet their own personal, political, financial, or business interests at the expense of the best interests of members of the public.

10.8.1 The more the incompatibility between demands from roles and obligations associated with different roles diverge, the more is the potential for harm and the potential for loss of objectivity and divided loyalties increases.

10.9 Members shall avoid conflicts of interest in their administrative professional roles in their MA and as representatives of their profession.

10.9.1 Conflicts of interest can occur in many different contexts e.g. office bearers, working in management, training/ supervision, policy making, research, whereby individuals have interests that significantly threaten their neutrality in role responsibilities.

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

10.10 Where there is a conflict between the CPPAA Code of Ethics and the requirements of any organisation that a member/trainee is involved with, the member/trainee 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.

10.11 Members/trainees are accountable to patients, colleagues and the CPPAA for any dual relationships and conflicts of interest that occur.

11. The ethical responsibilities of CPPAA Clinical Training Programs and members involved with training programs and teaching

### ***The CPPAA Clinical Training Program***

11.1 Members who are responsible for training need to ensure that ethical principles are an integral part of the training program.

11.1.1 The Clinical Training Program has a responsibility to foster an ethical culture through an adherence to the provisions of this Code of Ethics, as well as the development of structures, policies, processes, contracts and procedures with the committees, teachers, supervisors, staff and trainees, that meet current educational and management standards in the field.

11.2 The Clinical Training Program shall only offer courses and provide supervision in areas in which there is the requisite competence and experience.

### ***The responsibilities of members involved with training***

11.3 Child psychotherapists as teachers and supervisors need to bring transparency, self-reflection and respect to their work with students and supervisees.

11.4 Members responsible for training have an obligation:

11.4.1 to monitor the progress and wellbeing of trainees

- 11.4.2 to provide appropriate support and mentor resources for Trainees
- 11.5 Members responsible for training should not promote or encourage a trainee or supervisee to perform professional services beyond their training level of experience or competence.
- 11.6 Members who are responsible for training have a responsibility to ensure that during training all clinical material is effectively disguised and appropriately contained by the training group.
- 11.7 Members who are responsible for training have an obligation:
- 11.7.1 to monitor the progress and well-being of trainees,
- 11.7.2 to be fair, accurate and honest in their assessments of their students,
- 11.7.3 to provide appropriate support and mentor resources for trainees,
- 11.7.4 to ensure that trainees have access to CPPAA colleague support and grievance procedures,
- 11.7.5 to be thoughtful and respectful of the personal psychotherapy boundaries of all trainees.
- 11.8 Members who are 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.
- 11.8.1 Members 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.
- Psychotherapists of trainees**
- 11.9 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. by avoiding contact with their patient in the training setting and being alert to the boundary between therapist and teaching roles.
- 11.9.1 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.
- 11.9.2 Where possible, the Training Committee shall avoid appointing therapists of current trainees as teachers in that course.
- Dual relationships of members involved in training programs**
- 11.10 The guidelines for dual/multiple relationships in this Code of Ethics, apply to the CPPA Clinical Training Program and members who are responsible for training.
- 11.10.1 Any member involved in training who has other dual relationships with trainees shall, as far as possible, reduce conflicting role interests. In principle, these roles shall be distributed among different professionals.
- 11.10.2 Wherever dual relationships or responsibilities exist, these need to be transparently named and ethically managed.
- 11.10.3 If, for any reason, a member who is involved in training is not able to objectively contribute to the assessment or evaluation of a trainee, this must be declared and a resolution sought that protects the trainee's interests and the integrity of the Training Program.
- 12. The responsibility of members/trainees engaged in supervision**
- 12.1 Supervisors and supervisees shall establish an informed supervisory contract which covers all aspects of the setting, procedures, fair fees, and which differentiates supervision from personal psychotherapy and, where relevant line management.
- 12.2 Members in the role supervisors need to bring transparency, self-reflection and respect to their work with students and supervisees.
- 12.2.1 As supervision is a specific skill, supervisors have a responsibility to take steps to undergo some form of training and develop competencies and sensibility in supervision
- 12.2.2 Supervisors have a responsibility to ensure they are competent and current in their field of knowledge, as well as to monitor their own supervisory skills,

- through being involved with reading, discussion or peer groups focussing on the supervisory process.
- 12.3 Supervisors have a responsibility to promote an awareness of and an adherence to the provisions of the Code of Ethics.
- 12.4 Supervisors/ supervisees are responsible for maintaining the professional boundaries of the supervisory relationship.
- 12.4.1 Members should not treat or supervise anyone with whom there is a personal association.
- 12.4.2 Supervisors shall not exploit supervisees sexually, financially, academically or otherwise.
- 12.4.3 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.
- 12.4.4 Supervisors and supervisees shall establish an informed supervisory contract which covers all aspects of the setting and which distinguishes supervision from personal psychotherapy and where relevant, CPPAA line management.
- 12.5 Given that the primary purpose of supervision is to ensure that the supervisee is addressing the needs of the patient and a learning experience:
- 12.5.1 Supervisees are responsible for their work with the patient and for presenting and exploring as honestly as possible that work with the supervisor
- 12.5.2 Supervisees communicate with their supervisors any problems, uncertainties, doubts or challenges that they face in dealing with patients, colleagues or other professionals.
- 12.5.3 Supervisors and supervisees have a responsibility to ensure that the privacy of the patient is respected.
- 12.5.4 Supervisors are responsible for encouraging and facilitating supervisees to develop professionally by reflecting analytically upon that work
- 12.5.5 Supervisors aim to foster, maintain and enhance best practices in their supervisees that are built on principles, values and ethical issues particular to the reflective practice of psychoanalytic psychotherapy.
- 12.5.6 Supervisors have a responsibility not to collude with and to challenge supervisee's unprofessional practice and to draw the supervisee's attention to any concerns regarding the nature of the supervisee's practice
- 12.5.7 Supervisors shall not also engage their supervisees in personal therapy.
- 12.5.8 Supervisors have a responsibility to respect the boundaries of the supervisee's personal therapy.
- 12.6 Supervisors are required to be aware of multiple roles and reduce any conflicting role interests.
- 12.7 Any evaluative aspects of supervision need to be contracted and transparent in any supervision arrangement.
- 12.8 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.
- 12.9 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.
- Peer Supervision**
- 12.10 Members of peer supervision groups are each required to abide by these ethical supervisory principles.
- 12.10.1 Peer groups are expected to function within a framework of collegial respect, support and confidentiality.
- 12.10.2 Any conflict which arises within a peer group should be contained and resolved by the group in the first instance before further assistance is sought.
13. **Research: Members/trainees conducting clinical research shall adhere to ethical principles**

- 13.1 Members/trainees are encouraged to initiate, actively participate in and support research undertaken on behalf of the profession.
- 13.2 Practitioners involved in research must respect the dignity and protect the welfare of participants in research.
- 13.2.1 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.
- 13.2.2 Practitioners conducting research must be familiar with Federal and State Laws and Regulations that have a bearing on their research.
- 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 *National Statement on Ethical Conduct in Human Research (2007)*, updated 2016. Approval through a Human Research Ethics Committee (HREC) must be obtained for any research involving patients.
- 13.3.2 Research ethics of any relevant university, professional body or health service organization to which the researcher belongs.
- 13.3.3 Any relevant Privacy legislation or other relevant legislation and public guidelines.
- 13.3.4 If the research is conducted under the auspices of the CPPAA, the research proposal must also be taken to the CPPAA 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.
14. Members/trainees have an obligation to give due attention to the responsibilities to and of the CPPAA and PPAA
- 14.1 The CPPAA functions within a framework of diligence, collegial respect, mutual containment and shall maintain appropriate responsibility for the welfare of all those who become involved with their activities.
- 14.2. While members/trainees shall maintain a thoughtful, questioning attitude, including respectful, constructive criticism, they shall refrain from acting in ways likely to be detrimental to the profession and act in ways that uphold and promote the good name of the CPPAA and PPAA.
- 14.3 Elected office bearers and members of CPPAA committees should be committed to the principles of ethical best practice as they undertake their positions of leadership and management.
- 14.4 Members involved in the CPPAA Council and committees must familiarise themselves with relevant CPPAA documents and the Constitution.
- 14.5 Given that all members are expected to be involved in the organisation's functioning, the CPPAA shall:
- 14.5.1 provide a framework for support/mentoring of colleagues which is available to all members, trainees and groups within its structure, such as a Colleague /Trainee support and mentoring Resource.
- 14.5.2 provide consultation and mediation through maintaining grievance procedures to facilitate the resolution of disputes and conflicts between members, trainees and groups within its structures. See the Disputes and Mediation Policy in the CPPAA Constitution
- 14.5.3 be alert to the power of group dynamics operating within its structures.
- 14.6 Members/trainees may be prepared to interpret and disseminate relevant information and professionally, clinically and scientifically, informed contributions to public debate on psychosocial issues.
- 14.6.1 In so doing members/trainees should clarify their status as a spokesperson for CPPAA or not.
15. Members/trainees have an obligation to be respectful of their relationship with other members and the wider professional community
- 15.1 Members/trainees shall behave professionally with colleagues, with appropriate mutual respect, courtesy and fairness, sensitivity, communication, and maturity.

- 15.2 Members/trainees shall promote cooperation with colleagues to further the profession of psychoanalytic psychotherapy.
- 15.3 Members/trainees 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.
- 15.4 When members/trainees in the course of their professional activities are required to review or comment on qualifications, competencies or work of a colleague in psychotherapy, it is expected that they will do this in an objective and respectful manner.
- 15.5 Members/trainees shall respect the practice of colleagues and have an obligation not to behave in a way which impairs the work of their colleagues.
- 15.5.1 Members/trainees shall not solicit the patients of colleagues.
- 15.5.2 Members/trainees 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 need to be aware of the patient's right to seek a second opinion.
- 15.6 Members/trainees shall not make groundless comments nor maliciously speak ill of a colleague, either privately or in public, in such a way as to defame professionally or personally, make vexatious or unsubstantiated ethical complaints, nor damage their personal or professional reputation.
- 15.6.1 Members/trainees shall not verbally, physically or sexually harass or abuse colleagues
- 15.7 Members/trainees shall seek to resolve conflicts with colleagues in the interests of their professional integrity and consideration of the profession of Child Psychotherapy
- 15.8 Members/trainees have a responsibility to patients and to the profession to initiate appropriate action if they become aware of unethical behaviour by a colleague.
- 15.8.1 Members/trainees who reasonably suspect or have knowledge of a member's/trainee's unprofessional conduct shall consult with the Ethics Committee of the CPPAA or PPAA about the appropriate management of the issue.
- 15.8.2 Where a patient alleges sexual or other misconduct by a member/trainee or another health professional, it is the member's/trainee's duty to ensure that the patient is fully informed about the appropriate steps to take to have the complaint investigated.
- 15.9 Members/trainees who become aware of a colleague's ill health which may be compromising the care of patients, supervisees or trainees, have a duty to:
- 15.9.1 Assist the colleague to obtain appropriate help.
- 15.9.2 To 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.
- 15.10 Members/trainees should make themselves familiar with the AHPRA Guidelines for Mandatory Notifications relating to impairment and serious boundary violation e.g. sexual misconduct.
16. Internal grievance and dispute resolution
- 16.1 Where disputes and conflicts between members, trainees and groups within the CPPAA are unable to be resolved within the structures of the CPPAA, consultation may be sought from the PPAA or other relevant bodies.
- 16.2 Members/trainees shall discuss any conflict or concern they may have about the CPPAA's functioning with an appropriate body within the Association (e.g. Mentoring group, Council or Ethics committee), or seek resolution according to CPPAA Disputes and Mediation Policy located in the CPPAA Constitution.
17. Members/trainees have an obligation to give due attention to society and the law
- 17.1 Members/trainees must inform themselves and work within the requirements of the State and Federal legislation of Australia
- 17.2 Members/trainees 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.

17.3 Members/trainees 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).

17.4 Whilst upholding the principles of confidentiality, members/trainees shall do so with full cognisance of the law. Disclosure is mandatory under legal compulsion and members/trainees as well as their records, are compellable witnesses.

17.5 Members/trainees 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.

17.5.1 If members'/trainees' 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.

## 18. Professional Indemnity Insurance

18.1 Members/trainees 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.

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

## 19. Revision and updating of the Code of Ethics

19.1 This Code of Ethics is an evolving document and therefore requires periodic review by the Ethics Committee informed by situations requiring consideration by the Ethics Committee, and in line with the experiences of members/trainees, new information, developments within the psychotherapy profession, as well as changes in society.

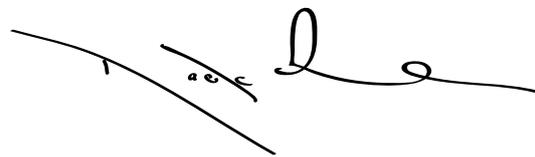
19.2 All members/trainees can contribute ideas for the update of this Code of Ethics from their own experience.

19.3 This revision is necessary for the ongoing development and growth of the CPPAA

## 20. Procedures for Implementation of this Code of Ethics

20.1 This Code of Ethics 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.

20.2 The CPPAA 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.



**Nada Lane**

*CPPAA President of the Child Psychoanalytic  
Psychotherapy Association of Australia  
Thursday 6 December 2018*