

## **PSYCHOTHERAPISTS ETHICS CONDUCT**

This Ethics Code is intended to provide specific standards to cover most situations encountered by psychotherapists. It has as its goals the welfare and protection of the individuals and groups with whom psychotherapists work.

### **ETHICAL STANDARDS**

#### **1. Resolving Ethical Issues**

##### **1.01 Misuse of Psychotherapists' Work**

If psychotherapists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

##### **1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority**

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

##### **1.03 Conflicts Between Ethics and Organizational Demands**

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

##### **1.04 Informal Resolution of Ethical Violations**

When psychotherapists believe that there may have been an ethical violation by another psychotherapist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also Standards 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 1.03, Conflicts Between Ethics and Organizational Demands.)

##### **1.05 Reporting Ethical Violations**

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychotherapists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychotherapists have been retained to review the work of another psychotherapist whose professional conduct is in question. (See also Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

##### **1.06 Cooperating With Ethics Committees**

Psychotherapists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.

##### **1.07 Improper Complaints**

Psychotherapists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

### **1.08 Unfair Discrimination Against Complainants and Respondents**

Psychotherapists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

## **2. Competence**

### **2.01 Boundaries of Competence**

(a) Psychotherapists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychotherapists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.

(c) Psychotherapists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

(d) When psychotherapists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychotherapists have not obtained the competence necessary, psychotherapists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychotherapists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

### **2.02 Providing Services in Emergencies**

In emergencies, when psychotherapists provide services to individuals for whom other mental health services are not available and for which psychotherapists have not obtained the necessary training, psychotherapists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

### **2.03 Maintaining Competence**

Psychotherapists undertake ongoing efforts to develop and maintain their competence.

### **2.04 Bases for Scientific and Professional Judgments**

Psychotherapists' work is based upon established scientific and professional knowledge of the discipline.

### **2.05 Delegation of Work to Others**

Psychotherapists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize

only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently.

### **2.06 Personal Problems and Conflicts**

(a) Psychotherapists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

(b) When psychotherapists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties.

## **3. Human Relations**

### **3.01 Unfair Discrimination**

In their work-related activities, psychotherapists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

### **3.02 Sexual Harassment**

Psychotherapists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychotherapist's activities or roles as a psychotherapist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychotherapist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

### **3.03 Other Harassment**

Psychotherapists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

### **3.04 Avoiding Harm**

Psychotherapists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

### **3.05 Multiple Relationships**

(a) A multiple relationship occurs when a psychotherapist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychotherapist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychotherapist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychotherapist's objectivity, competence, or effectiveness in performing his or her functions as a psychotherapist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychotherapist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychotherapist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

### **3.06 Conflict of Interest**

Psychotherapists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychotherapists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

### **3.07 Third-Party Requests for Services**

When psychotherapists agree to provide services to a person or entity at the request of a third party, psychotherapists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychotherapist (e.g., therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality.

### **3.08 Exploitative Relationships**

Psychotherapists do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees

### **3.09 Cooperation With Other Professionals**

When indicated and professionally appropriate, psychotherapists cooperate with other professionals in order to serve their clients/patients effectively and appropriately.

### **3.10 Informed Consent**

(a) When psychotherapists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code.

(b) For persons who are legally incapable of giving informed consent, psychotherapists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychotherapists take reasonable steps to protect the individual's rights and welfare.

(c) When psychological services are court ordered or otherwise mandated, psychotherapists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) Psychotherapists appropriately document written or oral consent, permission, and assent.

### **3.11 Psychotherapy Services Delivered To or Through Organizations**

(a) Psychotherapists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychotherapist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As

soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

(b) If psychotherapists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

### **3.12 Interruption of Psychotherapy Services**

Unless otherwise covered by contract, psychotherapists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychotherapist's illness, death, unavailability, relocation, or retirement or by the client's/patient's relocation or financial limitations.

## **4. Privacy And Confidentiality**

### **4.01 Maintaining Confidentiality**

Psychotherapists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship.

### **4.02 Discussing the Limits of Confidentiality**

(a) Psychotherapists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities.

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Psychotherapists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

### **4.03 Recording**

Before recording the voices or images of individuals to whom they provide services, psychotherapists obtain permission from all such persons or their legal representatives.

### **4.04 Minimizing Intrusions on Privacy**

(a) Psychotherapists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

(b) Psychotherapists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

### **4.05 Disclosures**

(a) Psychotherapists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

(b) Psychotherapists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychotherapist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04e, Fees and Financial Arrangements.)

### **4.06 Consultations**

When consulting with colleagues, (1) psychotherapists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research

participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation.

#### **4.07 Use of Confidential Information for Didactic or Other Purposes**

Psychotherapists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

### **5. Advertising and Other Public Statements**

#### **5.01 Avoidance of False or Deceptive Statements**

(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials.

Psychotherapists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.

(b) Psychotherapists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

(c) Psychotherapists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution

#### **5.02 Statements by Others**

(a) Psychotherapists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Psychotherapists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item.

(c) A paid advertisement relating to psychotherapists' activities must be identified or clearly recognizable as such.

#### **5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs**

To the degree to which they exercise control, psychotherapists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

#### **5.04 Media Presentations**

When psychotherapists provide public advice or comment via print, internet, or other electronic transmission, they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional relationship has been established with the recipient.

### **5.05 Testimonials**

Psychotherapists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

### **5.06 In-Person Solicitation**

Psychotherapists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster or community outreach services.

## **6. Record Keeping and Fees**

### **6.01 Documentation of Professional and Scientific Work and Maintenance of Records**

Psychotherapists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law.

### **6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work**

(a) Psychotherapists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium.

(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychotherapists use coding or other techniques to avoid the inclusion of personal identifiers.

(c) Psychotherapists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychotherapists' withdrawal from positions or practice.

### **6.03 Withholding Records for Nonpayment**

Psychotherapists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

### **6.04 Fees and Financial Arrangements**

(a) As early as is feasible in a professional or scientific relationship, psychotherapists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.

(b) Psychotherapists' fee practices are consistent with law.

(c) Psychotherapists do not misrepresent their fees.

(d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible.

(e) If the recipient of services does not pay for services as agreed, and if psychotherapists intend to use collection agencies or legal measures to collect the fees, psychotherapists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment.

### **6.05 Barter With Clients/Patients**

Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychotherapists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative.

## **7. Therapy**

### **7.01 Informed Consent to Therapy**

(a) When obtaining informed consent to therapy as required in Standard 3.7, Informed Consent, psychotherapists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers.

(b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychotherapists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation.

(c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

### **7.02 Therapy Involving Couples or Families**

(a) When psychotherapists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychotherapist will have with each person. This clarification includes the psychotherapist's role and the probable uses of the services provided or the information obtained.

(b) If it becomes apparent that psychotherapists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychotherapists take reasonable steps to clarify and modify, or withdraw from, roles appropriately.

### **7.03 Group Therapy**

When psychotherapists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

### **7.04 Providing Therapy to Those Served by Others**

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychotherapists carefully consider the treatment issues and the potential client's/patient's welfare. Psychotherapists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

### **7.05 Sexual Intimacies With Current Therapy Clients/Patients**

Psychotherapists do not engage in sexual intimacies with current therapy clients/patients.

### **7.06 Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients**

Psychotherapists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychotherapists do not terminate therapy to circumvent this standard.

### **7.07 Therapy With Former Sexual Partners**



Psychotherapists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

#### **7.08 Sexual Intimacies With Former Therapy Clients/Patients**

(a) Psychotherapists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

(b) Psychotherapists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances.

Psychotherapists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a posttermination sexual or romantic relationship with the client/patient.

#### **7.09 Interruption of Therapy**

When entering into employment or contractual relationships, psychotherapists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient.

#### **7.10 Terminating Therapy**

(a) Psychotherapists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Psychotherapists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) Except where precluded by the actions of clients/patients or third-party payers, prior to termination psychotherapists provide pretermination counseling and suggest alternative service providers as appropriate.