

# AUSTRALIAN CLINICAL PSYCHOLOGY ASSOCIATION CODE OF PROFESSIONAL ETHICS

## **Purpose**

This Code of Professional Ethics provides principles and guidelines that should be observed by all members of the Australian Clinical Psychology Association (ACPA) in their professional practice. Members are also advised to seek advice from suitably experienced colleagues when requiring further elaboration of standards regarding professional ethics.

This code is based on the NSW Psychologist Registration Board's Code of Conduct (2004), adapted with permission from the Board. This code has also been modified in the light of the Universal Declaration of Ethical Principles for Psychologists (2008), as well as codes developed by other psychology registration bodies both in Australia and overseas.

While a decision by ACPA to withdraw a psychologist's membership of ACPA will be guided by this Code of Professional Ethics, whether an act or omission is stated or not stated in this Code shall not be the sole determinant of any question of professional ethics or conduct.

## **A. General Principles**

1. Clinical Psychologists will respect the dignity and welfare of all individuals and groups with whom they have professional contact.
2. Clinical Psychologists will demonstrate continuing competence in their practice of clinical psychology that includes adequate knowledge, skill, judgement and care.
3. Clinical Psychologists will aim to maximise benefit and do no harm in their practice of psychology.
4. Clinical Psychologists will act with integrity and will promote accuracy, fairness and honesty in their practice of psychology.
5. Clinical Psychologists will demonstrate a professional and scientific responsibility to society.

## **B. Minimum Standards**

To further elaborate general principles of professional psychological conduct, the Code of Ethics outlines a number of minimum standards with which Clinical Psychologists should comply.

### **1. Respect**

Clinical Psychologists will respect the inherent worth, dignity and diversity of all individuals and groups.

Specifically:

- i. Clinical Psychologists will treat patients equitably with respect and courtesy.
- ii. Should a Clinical Psychologist disagree with a colleague on professional issues, he or she must refrain from criticising the colleague in a manner that is degrading or that casts doubt on the colleague's professional competence. This does not apply to the critical evaluation of published works, nor to expert testimony in adversarial or inquisitorial proceedings, nor to opinions offered in the investigation of a complaint against a colleague.

## **2. Rights**

Clinical Psychologists have a responsibility to protect and promote the rights of individuals and groups in all of their activities.

Specifically:

- i. Clinical Psychologists will not unfairly discriminate against any individual or group on the basis of ability, age, disability, ethnic origin, gender, location, religion, sexual orientation, socio-economic status or other characteristic which may lead to disadvantage.
- ii. If a Clinical Psychologist has sufficient evidence to raise serious concerns about the well-being or safety of people with diminished capacity to identify wrongs against them (such as children, people with developmental disability, dementia, those abused as children, or people in relationships of differential power), the Clinical Psychologist has a duty to communicate this information to appropriate professionals or organisations. While consent is preferable, it may be impossible or impracticable to seek consent in sufficient time to prevent harm.
- iii. If a Clinical Psychologist has reason to believe that a colleague is impaired, behaving unethically, or that his or her standards of practice fall substantially below acceptable standards, if appropriate, the colleague can initially be approached in a helpful way. A continuing failure to maintain standards should be reported to an appropriate body, such as the Psychology Board of Australia. Some breaches (eg, sexual offences, offences against children etc) should be reported even if on a one off basis.

## **3. Consent**

Nothing of a psychological nature should be done with, for or to patients, students, supervisees or research participants without obtaining proper informed voluntary consent from them, preferably in writing. If the patient does not have this capacity (eg. is a child, developmentally disabled, or incapacitated by dementia) informed consent should be obtained from the person legally responsible for him or her. In relation to situations involving a third party, there is an obligation to explain to the patient on whose behalf the service is being provided (who requested it, who paid for it etc), as well as to explain the purpose of the consultation, when the patient themselves did not seek the consultation on their own behalf.

Specifically:

- i. Clinical Psychologists shall not make excessive, unrealistic or groundless claims for the effectiveness and outcomes of their methods generally, or by way of eliciting consent.
- ii. Clinical Psychologists shall allow patients to withdraw consent at any time during the professional relationship without any negative consequence.
- iii. Research should be carried out only with the informed consent of the research participants and approval of a properly constituted Ethics Committee.
- iv. Clinical Psychologists should ensure that patients are fully appraised of the fees to be charged for a particular service and have a clear understanding of the cost of treatment to which they are agreeing.

## **5. Privacy**

Clinical Psychologists will respect the privacy of all individuals and groups.

Specifically:

- i. Clinical Psychologists will seek and collect only information that is necessary for the purpose(s) for which consent has been obtained.
- ii. Clinical Psychologists will record only information that is necessary for the provision of service, for the goals of a specific research study, or that which is

- required by law. The collection, storage, and transfer of all information must be secure. This includes having adequate plans for records under circumstances of one's own employment termination, incapacitation or death.
- iii. Clinical Psychologists shall take all reasonable steps to ensure that information obtained in the practice of psychology remains personally identifiable only when in the interest of the patient. Efforts should be made to prevent any identification of individuals or organisations in the communication of such information when such identification is not necessary.
  - iv. The recording, subsequent use of, and conditions of access to audio, video, or photographic recordings obtained in psychological practice requires written voluntary consent.
  - v. Clinical Psychologists will respect the personal privacy of supervisees, research participants, students, and employees

## **6. Confidentiality**

Unless required by law, or by duty of care to the patient or others, Clinical Psychologists must not release information about patients unless the patient specifically authorises the release in writing.

Specifically:

- i. Clinical Psychologists should always respect the autonomy of patients. However, if a patient is judged to be dangerous to self or others, then Clinical Psychologists must determine whether the duty to protect or to warn justifies a breach of the patient's confidentiality.
- ii. When a breach of confidentiality is required, Clinical Psychologists should be aware of the need to preserve as much confidentiality as possible. For example, in courts, tribunals, or other bodies having the power to compel the attendance of witnesses, Clinical Psychologists should request the presiding officer to permit the suppression of information not relevant to the matter being decided. However, there is no scope for a Clinical Psychologist to withhold from the court, tribunal etc, information sought under a valid subpoena.
- iii. Clinical Psychologists may withhold specific information from an agency that refers a patient to them if, in their judgement, it has no relevance to the purpose of the referral and provided always that the withholding of the information does not cause the report to become misleading.
- iv. In the case of adolescent patients between 14 - 16 years, judgements of whether they should be treated as adults or children need to be made on the basis of the individual patient's psychological development and particular circumstances.
- v. The Clinical Psychologist's place of practice should provide confidentiality for patients and adequate security for their records (including computerised records and data bases). These records should be adequate to communicate clearly with other health professionals. Where control over access to records is limited, the Clinical Psychologist should give serious consideration to the implications of specific information entered on the records, and inform patients of likely limits to confidentiality. In the case where records are shared by treating teams, Clinical Psychologists should have particular regard for information that a patient thought was confidential to a particular member of a team. Standards relating to record keeping should comply with the relevant legislation.
- vi. In regard to the provision of reports in the forensic context, Clinical Psychologists will have regard to the legal requirements and Court Rules, particularly in regard to expert witnesses.

## **7. Competence**

Clinical Psychologists are expected to maintain competence in their area of psychological practice.

Specifically:

- i. Clinical psychologists will offer or conduct (without specific supervision) only those activities for which they have established their competence.
- ii. Clinical Psychologists will participate in ongoing supervision and professional development as outlined in the ACPA Membership Guidelines.
- iii. Clinical Psychologists should not engage in misleading or deceptive advertising, lay claim to psychological qualifications they do not possess, or claim competence in any area of psychological practice in which they have not established their competence.
- iv. Clinical Psychologists should help patients secure second opinions, and refer those patients whose needs or requests are outside their professional competencies.
- v. Clinical Psychologists should ensure that they have appropriate indemnity against claims for negligence.
- vi. Clinical Psychologists should withdraw from practice (and seek professional help where appropriate for their impairment) when a physical or psychological condition (for example, as a result of alcohol, drugs, illness or personal stress) seriously impairs their abilities or professional judgement. In cases of less serious impairment, Clinical Psychologists should consult with colleagues about the extent they should withdraw from or adjust their practice.

## **8. Professional Relationships**

Clinical Psychologists should safeguard a relationship of trust with their patients, students or supervisees across all stages of their professional relationship, and have regard to future personal relationships under the principle of the primary welfare of the patient. Specifically:

- i. Clinical Psychologists must give serious consideration to, and avoid wherever possible, the professional boundary implications of specific behaviours within their relationships with patients such as social contacts, physical contact, and financial or material transactions.
- ii. Clinical Psychologists must not have a sexual relationship with a patient during the professional relationship. In some cases, sexual relationships may never be appropriate at any time after the termination of the professional relationship.
- iii. Clinical Psychologists must not have a sexual relationship with a former patient when less than two years have expired since the ending or termination of the professional relationship, and then only after consultation with suitably experienced colleagues.
- iv. Clinical Psychologists must give serious consideration to the potential vulnerability of specific groups (eg. children, prisoners and parolees, people in a life crisis, people with disabilities and in abusive relationships or relationships of differential power).
- v. Clinical Psychologists should safeguard the welfare of patients, especially during the termination of a therapeutic relationship.
- vi. Clinical Psychologists should recommend alternative services when it is clear that the patient is not benefiting from the current service. Long-term patients should be reviewed regularly in this regard.

Clinical Psychologists should recognise conflicts of interest that might subvert the integrity of the professional relationship.

Specifically:

- vii. Clinical Psychologists should strive to avoid dual relationships, but if unavoidable, should seek to identify potential conflicts of interest and speedily address the issues to achieve optimal outcomes for both patient and Clinical Psychologist.
- viii. Clinical Psychologists should fully declare all conflicts of interest in Psychological Reports.
- ix. Clinical Psychologists should not engage in financial transactions that compromise the welfare of the patient or the professional practice of colleagues.

### **9. Development of knowledge**

Clinical Psychologists should strive to contribute to the discipline of psychology and society's understanding of the discipline, through the acquisition and dissemination of relevant and appropriate knowledge and ideas, unless such activities conflict with other ethic requirements.

Specifically:

- i. Clinical Psychologists must ensure to protect knowledge of the discipline from being misused, used incompetently, or made useless.
- ii. Clinical psychologists should keep informed of scientific progress in the discipline of psychology, apply this progress in their work, and aim to make their own contributions to this progress.
- iii. Clinical Psychologists are responsible to adequately train their peers, interns and students in their ethical responsibilities and required competencies.

### **C. Guidelines**

Clinical Psychologists are expected to be acquainted with and comply with guidelines produced by ACPA and other professional associations that are relevant to their professional practice. These guidelines set out models of good practice for satisfying the minimum standards outlined in this Code of Professional Ethics. Examples include the guidelines published by the Psychology Board of Australia and the Australian Psychological Society, Court Rules, and relevant legislation.