



APS

Australian
Psychological
Society

APS Code of Ethics

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ABN 23 000 543 788

The Australian Psychological Society Limited
Level 11, 257 Collins Street, Melbourne
PO Box 38, Flinders Lane VIC 8009
Ph: +61 8662 3300 Fax: +61 3 9663 6177
Email: contactus@psychology.org.au
Website: www.psychology.org.au



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Preface

The Australian Psychological Society Limited (the Society) adopted this Code of Ethics (the Code) at its Forty-First Annual General Meeting held on 27 September 2007. This Code supersedes the Code of Ethics previously adopted at its Thirty-First Annual General Meeting held on 4 October 1997, and modified on 2 October 1999; on 29 September 2002; and on 4 October 2003.

The Code of Ethics is subject to periodic amendments, which will be communicated to members of the Society, and published on the Society website. Members must ensure that they are conversant with the current version of the Code. An electronic version of the Code is available at www.psychology.org.au.

This Code may be cited as the Code of Ethics (2007) and a specific ethical standard should be referred to as “standard A.2. of the Code of Ethics (2007)”. Amended standards can be referred to as: standard A.2. of the Code of Ethics (2007) (as amended in ...). In a reference list the Code can be referenced as:

Australian Psychological Society. (2007). *Code of ethics*. Melbourne, Vic: Author.

Ethical Guidelines that accompany the *Code of Ethics* will be produced, amended and rescinded from time to time, and members are advised to ensure their versions of the Guidelines are current.

Psychologists seeking clarification or advice on the matters contained herein should write to the:

Executive Director
The Australian Psychological Society Limited
PO Box 38
Flinders Lane
Victoria 8009
AUSTRALIA

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Preamble

The Australian Psychological Society Code of Ethics articulates and promotes ethical principles, and sets specific standards to guide both psychologists and members of the public to a clear understanding and expectation of what is considered ethical professional conduct by psychologists.

It is important that the codes of professional associations should be reviewed regularly to ensure that they remain relevant and functional in the face of the evolution of the relevant association and changes in its environment. Accordingly, since its inception in 1949, the Code of Ethics (which was at times called the Code of Professional Conduct) of the Australian Psychological Society has been reviewed in 1960, 1968, 1986, and 1997. In undertaking the current review, the Society has attempted to reflect established ethical principles in the practice of the profession within the context of the current regulatory environment.

The current Code has been developed through a process of ongoing reflection within the Society about the ethical responsibilities of psychologists and a formal review of the 1997 Code with reference to comparable national and international professional codes of ethics.

The Code is built on three general ethical principles. They are:

- A. Respect for the rights and dignity of people and peoples
- B. Propriety
- C. Integrity.

The general principle, Respect for the rights and dignity of people and peoples, combines the principles of respect for the dignity and respect for the rights of people and peoples, including the right to autonomy and justice.

The general principle, Propriety, incorporates the principles of beneficence, non-maleficence (including competence) and responsibility to clients, the profession and society.

The general principle, Integrity, reflects the need for psychologists to have good character and acknowledges the high level of trust intrinsic to their professional relationships, and impact of their conduct on the reputation of the profession.

The Code expresses psychologists' responsibilities to their clients, to the community and society at large, and to the profession, as well as colleagues and members of other professions with whom they interact.

Each general principle is accompanied by an explanatory statement that helps psychologists and others understand how the principle is enacted in the form of specific standards of professional conduct.

The ethical standards (standards) derived from each general principle provide the minimum expectations with regard to psychologists' professional conduct, and conduct in their capacity as Members of the Society. Professional conduct that does not meet these standards is unethical and is subject to review in accordance with the Rules and Procedures of the Ethics Committee and the Ethics Appeals Committee contained in the Standing Orders of the Board of Directors of the Society. These standards are not exhaustive. Where specific conduct is not identified by the standards, the general principles will apply.

The Code is complemented by a series of Ethical Guidelines (the Guidelines). The purpose of the Guidelines is to clarify and amplify the application of the general principles and specific standards contained in the Code, and to facilitate their interpretation in contemporary areas of professional practice. The Guidelines are subsidiary to the relevant sections of the Code, and must be read and interpreted in conjunction with the Code. Psychologists who have acted inconsistently with the Guidelines may be required to demonstrate that their behaviour was not unethical.

Psychologists respect and act in accordance with the laws of the jurisdictions in which they practise. The Code should be interpreted with reference to these laws. The Code should also be interpreted with reference to, but not necessarily in deference to, any organisational rules and procedures to which psychologists may be subject.

Code of Ethics

Definitions*

For the purposes of this Code, unless the context indicates otherwise:

Associated party means any person or organisation other than *clients* with whom *psychologists* interact in the course of rendering a *psychological service*. This includes, but is not limited to:

- (a) *clients'* relatives, friends, employees, employers, carers and guardians;
- (b) other professionals or experts;
- (c) representatives from communities or organisations.

Client means a party or parties to a *psychological service* involving teaching, supervision, research, or professional practice in psychology. *Clients* may be individuals, couples, dyads, families, groups of people, organisations, communities, facilitators, sponsors, or those commissioning or paying for the professional activity.

Code means this APS Code of Ethics (2007) as amended from time to time, and includes the definitions and interpretation, the application of the *Code*, all general principles, and the ethical standards.

Conduct means any act or omission by *psychologists*:

- (a) that others may reasonably consider to be a *psychological service*;
 - (b) outside their practice of psychology which casts doubt on their competence and ability to practise as *psychologists*;
 - (c) outside their practice of psychology which harms public trust in the discipline or the profession of psychology;
 - (d) in their capacity as *Members of the Society*;
- as applicable in the circumstances.

* Defined terms are designated in the *Code* by appearing in italics.

Guidelines mean the Ethical Guidelines adopted by the Board of Directors of the *Society* from time to time that clarify and amplify the application of the Code of Ethics. The Guidelines are subsidiary to the *Code*, and must be read and interpreted in conjunction with the *Code*. In the case of any apparent inconsistency between the *Code* and the *Guidelines*, provisions of the *Code* prevail. A *psychologist* acting inconsistently with the *Guidelines* may be required to demonstrate that his or her *conduct* was not unethical.

Jurisdiction means the Commonwealth of Australia or the state or territory in which a *psychologist* is rendering a *psychological service*.

Legal rights mean those rights protected under laws and statutes of the Commonwealth of Australia, or of the state or territory in which a *psychologist* is rendering a *psychological service*.

Member means a Member, of any grade, of the *Society*.

Moral rights incorporate universal human rights as defined by the United Nations Universal Declaration of Human Rights that might or might not be fully protected by existing laws.

Multiple relationships occur when a *psychologist*, rendering a *psychological service* to a *client*, also is or has been:

- (a) in a non-*professional relationship* with the same *client*;
- (b) in a different *professional relationship* with the same *client*;
- (c) in a non-*professional relationship* with an *associated party*; or
- (d) a recipient of a service provided by the same *client*.

Peoples are defined as distinct human groups with their own social structures who are linked by a common identity, common customs, and collective interests.

Professional relationship or role is the relationship between a *psychologist* and a *client* which involves the delivery of a *psychological service*.

Psychological service means any service provided by a *psychologist* to a *client* including but not limited to professional activities, psychological activities, professional practice, teaching, supervision, research practice, professional services, and psychological procedures.

Psychologist means any *Member* irrespective of his or her psychologist registration status.

Society means The Australian Psychological Society Limited.

Interpretation

In this *Code* unless the contrary intention appears:

- (a) words in the singular include the plural and words in the plural include the singular;
- (b) where any word or phrase is given a defined meaning, any other form of that word or phrase has a corresponding meaning;
- (c) headings are for convenience only and do not affect interpretation of the *Code*.

Application of the Code

This *Code* applies to the *conduct* of *psychologists* as defined above.

Membership of the *Society*, irrespective of a *Member's* grade of membership or registration status, commits *Members* to comply with the ethical standards of the *Code* and the rules and procedures used to enforce them.

Members are reminded that there are legislative requirements that apply to the use of the professional title, “psychologist”, and that where applicable, they must abide by such requirements.

Members are also reminded that lack of awareness or misunderstanding of an ethical standard is not itself a defence to an allegation of unethical *conduct*.

General Principle A: Respect for the rights and dignity of people and peoples

Psychologists regard people as intrinsically valuable and respect their rights, including the right to autonomy and justice. *Psychologists* engage in *conduct* which promotes equity and the protection of people's human rights, *legal rights*, and *moral rights*. They respect the dignity of all people and *peoples*.

Explanatory Statement

Psychologists demonstrate their respect for people by acknowledging their *legal rights* and *moral rights*, their dignity and right to participate in decisions affecting their lives. They recognise the importance of people's privacy and confidentiality, and physical and personal integrity, and recognise the power they hold over people when practising as *psychologists*. They have a high regard for the diversity and uniqueness of people and their right to linguistically and culturally appropriate services. *Psychologists* acknowledge people's right to be treated fairly without discrimination or favouritism, and they endeavour to ensure that all people have reasonable and fair access to *psychological services* and share in the benefits that the practice of psychology can offer.

Ethical Standards

A.1. Justice

- A.1.1.** *Psychologists* avoid discriminating unfairly against people on the basis of age, religion, sexuality, ethnicity, gender, disability, or any other basis proscribed by law.
- A.1.2.** *Psychologists* demonstrate an understanding of the consequences for people of unfair discrimination and stereotyping related to their age, religion, sexuality, ethnicity, gender, or disability.
- A.1.3.** *Psychologists* assist their *clients* to address unfair discrimination or prejudice that is directed against the *clients*.

A.2. Respect

A.2.1. In the course of their *conduct*, *psychologists*:

- (a) communicate respect for other people through their actions and language;
- (b) do not behave in a manner that, having regard to the context, may reasonably be perceived as coercive or demeaning;
- (c) respect the *legal rights* and *moral rights* of others; and
- (d) do not denigrate the character of people by engaging in *conduct* that demeans them as persons, or defames, or harasses them.

A.2.2. *Psychologists* act with due regard for the needs, special competencies and obligations of their colleagues in psychology and other professions.

A.2.3. When *psychologists* have cause to disagree with a colleague in psychology or another profession on professional issues they refrain from making intemperate criticism.

A.2.4. When *psychologists* in the course of their professional activities are required to review or comment on the qualifications, competencies or work of a colleague in psychology or another profession, they do this in an objective and respectful manner.

A.2.5. *Psychologists* who review grant or research proposals or material submitted for publication, respect the confidentiality and proprietary rights of those who made the submission.

A.3. Informed consent

- A.3.1.** *Psychologists* fully inform *clients* regarding the *psychological services* they intend to provide, unless an explicit exception has been agreed upon in advance, or it is not reasonably possible to obtain informed consent.
- A.3.2.** *Psychologists* provide information using plain language.
- A.3.3.** *Psychologists* ensure consent is informed by:
- (a) explaining the nature and purpose of the procedures they intend using;
 - (b) clarifying the reasonably foreseeable risks, adverse effects, and possible disadvantages of the procedures they intend using;
 - (c) explaining how information will be collected and recorded;
 - (d) explaining how, where, and for how long, information will be stored, and who will have access to the stored information;
 - (e) advising *clients* that they may participate, may decline to participate, or may withdraw from methods or procedures proposed to them;
 - (f) explaining to *clients* what the reasonably foreseeable consequences would be if they decline to participate or withdraw from the proposed procedures;
 - (g) clarifying the frequency, expected duration, financial and administrative basis of any *psychological services* that will be provided;
 - (h) explaining confidentiality and limits to confidentiality (see standard A.5.);
 - (i) making clear, where necessary, the conditions under which the *psychological services* may be terminated; and
 - (j) providing any other relevant information.

A.3.4. *Psychologists* obtain consent from *clients* to provide a *psychological service* unless consent is not required because:

- (a) rendering the service without consent is permitted by law; or
- (b) a National Health and Medical Research Council (NHMRC) or other appropriate ethics committee has waived the requirement in respect of research.

A.3.5. *Psychologists* obtain and document informed consent from *clients* or their legal guardians prior to using psychological procedures that entail physical contact with *clients*.

A.3.6. *Psychologists* who work with *clients* whose capacity to give consent is, or may be, impaired or limited, obtain the consent of people with legal authority to act on behalf of the *client*, and attempt to obtain the *client's* consent as far as practically possible.

A.3.7. *Psychologists* who work with *clients* whose consent is not required by law still comply, as far as practically possible, with the processes described in A.3.1., A.3.2., and A.3.3.

A.4. Privacy

Psychologists avoid undue invasion of privacy in the collection of information. This includes, but is not limited to:

- (a) collecting only information relevant to the service being provided; and
- (b) not requiring supervisees or trainees to disclose their personal information, unless self-disclosure is a normal expectation of a given training procedure and informed consent has been obtained from participants prior to training.

A.5. Confidentiality

A.5.1. *Psychologists* safeguard the confidentiality of information obtained during their provision of *psychological services*. Considering their legal and organisational requirements, *psychologists*:

- (a) make provisions for maintaining confidentiality in the collection, recording, accessing, storage, dissemination, and disposal of information; and
- (b) take reasonable steps to protect the confidentiality of information after they leave a specific work setting, or cease to provide *psychological services*.

A.5.2. *Psychologists* disclose confidential information obtained in the course of their provision of *psychological services* only under any one or more of the following circumstances:

- (a) with the consent of the relevant *client* or a person with legal authority to act on behalf of the *client*;
- (b) where there is a legal obligation to do so;
- (c) if there is an immediate and specified risk of harm to an identifiable person or persons that can be averted only by disclosing information; or
- (d) when consulting colleagues, or in the course of supervision or professional training, provided the *psychologist*:
 - (i) conceals the identity of *clients* and *associated parties* involved; or
 - (ii) obtains the *client's* consent, and gives prior notice to the recipients of the information that they are required to preserve the *client's* privacy, and obtains an undertaking from the recipients of the information that they will preserve the *client's* privacy.

A.5.3. *Psychologists* inform *clients* at the outset of the *professional relationship*, and as regularly thereafter as is reasonably necessary, of the:

- (a) limits to confidentiality; and
- (b) foreseeable uses of the information generated in the course of the relationship.

A.5.4. When a standard of this *Code* allows *psychologists* to disclose information obtained in the course of the provision of *psychological services*, they disclose only that information which is necessary to achieve the purpose of the disclosure, and then only to people required to have that information.

A.5.5. *Psychologists* use information collected about a *client* for a purpose other than the primary purpose of collection only:

- (a) with the consent of that *client*;
- (b) if the information is de-identified and used in the course of duly approved research; or
- (c) when the use is required or authorised by or under law.

A.6. Release of information to clients

Psychologists, with consideration of legislative exceptions and their organisational requirements, do not refuse any reasonable request from *clients*, or former *clients*, to access *client* information, for which the *psychologists* have professional responsibility.

A.7. Collection of client information from associated parties

A.7.1. Prior to collecting information regarding a *client* from an *associated party*, *psychologists* obtain the consent of the *client* or, where applicable, a person who is authorised by law to represent the *client*.

A.7.2. *Psychologists* who work with *clients* whose capacity to give informed consent is, or may be, impaired or limited, obtain the informed consent of people with legal authority to act on behalf of the *client*, and attempt to obtain the *client's* consent as far as practically possible.

A.7.3. *Psychologists* who work with *clients* whose informed consent is not required by law nevertheless attempt to comply, as far as practically possible, with the processes described in standards A.7.1., A.7.2., and A.7.4.

- A.7.4.** *Psychologists* ensure that a *client's* consent for obtaining information from an *associated party* is informed by:
- (a) identifying the sources from which they intend collecting information;
 - (b) explaining the nature and purpose of the information they intend collecting;
 - (c) stating how the information will be collected;
 - (d) indicating how, where, and for how long, information will be stored, and who will have access to the stored information;
 - (e) advising *clients* that they may decline the request to collect information from an *associated party*, or withdraw such consent;
 - (f) explaining to *clients* what the reasonably foreseeable consequences would be if they decline to give consent;
 - (g) explaining the *associated party's* right to confidentiality and limits thereof; and
 - (h) providing any other relevant information.

- A.7.5.** Prior to collecting information about a *client* from an *associated party*, *psychologists* obtain the *associated party's* consent to collect information from them by, as appropriate to the circumstances:
- (a) providing the *associated party* with demonstrable evidence that the *client* had given consent for the collection of such information;
 - (b) explaining the nature and purpose of the information they intend collecting;
 - (c) stating how the information will be collected;
 - (d) indicating how, where, and for how long, information will be stored, and who will have access to the stored information;
 - (e) advising them that they may withdraw their consent at any time;
 - (f) explaining to them what the reasonably foreseeable consequences would be if they withdraw their consent;
 - (g) explaining the *associated party's* right to confidentiality and limits thereof; and
 - (h) providing any other relevant information.

General Principle B: Propriety

Psychologists ensure that they are competent to deliver the *psychological services* they provide. They provide *psychological services* to benefit, and not to harm. *Psychologists* seek to protect the interests of the people and *peoples* with whom they work. The welfare of *clients* and the public, and the standing of the profession, take precedence over a *psychologist's* self-interest.

Explanatory Statement

Psychologists practise within the limits of their competence and know and understand the legal, professional, ethical and, where applicable, organisational rules that regulate the *psychological services* they provide. They undertake continuing professional development and take steps to ensure that they remain competent to practise, and strive to be aware of the possible effect of their own physical and mental health on their ability to practise competently. *Psychologists* anticipate the foreseeable consequences of their professional decisions, provide services that are beneficial to people and do not harm them. *Psychologists* take responsibility for their professional decisions.

Ethical Standards

B.1. Competence

- B.1.1.** *Psychologists* bring and maintain appropriate skills and learning to their areas of professional practice.
- B.1.2.** *Psychologists* only provide *psychological services* within the boundaries of their professional competence. This includes, but is not restricted to:
- (a) working within the limits of their education, training, supervised experience and appropriate professional experience;
 - (b) basing their service on the established knowledge of the discipline and profession of psychology;
 - (c) adhering to the *Code* and the *Guidelines*;

- (d) complying with the law of the *jurisdiction* in which they provide *psychological services*; and
- (e) ensuring that their emotional, mental, and physical state does not impair their ability to provide a competent *psychological service*.

B.1.3. To maintain appropriate levels of professional competence, *psychologists* seek professional supervision or consultation as required.

B.1.4. *Psychologists* continuously monitor their professional functioning. If they become aware of problems that may impair their ability to provide competent *psychological services*, they take appropriate measures to address the problem by:

- (a) obtaining professional advice about whether they should limit, suspend or terminate the provision of *psychological services*;
- (b) taking action in accordance with the psychologists' registration legislation of the *jurisdiction* in which they practise, and the Constitution of the *Society*; and
- (c) refraining, if necessary, from undertaking that *psychological service*.

B.2. Record keeping

B.2.1. *Psychologists* make and keep adequate records.

B.2.2. *Psychologists* keep records for a minimum of seven years since last *client* contact unless legal or their organisational requirements specify otherwise.

B.2.3. In the case of records collected while the *client* was less than 18 years old, *psychologists* retain the records at least until the *client* attains the age of 25 years.

B.2.4. *Psychologists*, with consideration of the legislation and organisational rules to which they are subject, do not refuse any reasonable request from *clients*, or former *clients*, to amend inaccurate information for which they have professional responsibility.

B.3. Professional responsibility

Psychologists provide *psychological services* in a responsible manner. Having regard to the nature of the *psychological services* they are providing, *psychologists*:

- (a) act with the care and skill expected of a competent psychologist;
- (b) take responsibility for the reasonably foreseeable consequences of their *conduct*;
- (c) take reasonable steps to prevent harm occurring as a result of their *conduct*;
- (d) provide a *psychological service* only for the period when those services are necessary to the *client*;
- (e) are personally responsible for the professional decisions they make;
- (f) take reasonable steps to ensure that their services and products are used appropriately and responsibly;
- (g) are aware of, and take steps to establish and maintain proper professional boundaries with *clients* and colleagues; and
- (h) regularly review the contractual arrangements with *clients* and, where circumstances change, make relevant modifications as necessary with the informed consent of the *client*.

B.4. Provision of psychological services at the request of a third party

Psychologists who agree to provide *psychological services* to an individual, group of people, system, community or organisation at the request of a third party, at the outset explain to all parties concerned:

- (a) the nature of the relationship with each of them;
- (b) the *psychologist's* role (such as, but not limited to, case manager, consultant, counsellor, expert witness, facilitator, forensic assessor, supervisor, teacher/educator, therapist);
- (c) the probable uses of the information obtained;
- (d) the limits to confidentiality; and
- (e) the financial arrangements relating to the provision of the service where relevant.

B.5. Provision of psychological services to multiple clients

Psychologists who agree to provide *psychological services* to multiple *clients*:

- (a) explain to each *client* the limits to confidentiality in advance;
- (b) give *clients* an opportunity to consider the limitations of the situation;
- (c) obtain *clients'* explicit acceptance of these limitations; and
- (d) ensure as far as possible, that no *client* is coerced to accept these limitations.

B.6. Delegation of professional tasks

Psychologists who delegate tasks to assistants, employees, junior colleagues or supervisees that involve the provision of *psychological services*:

- (a) take reasonable steps to ensure that delegates are aware of the provisions of this *Code* relevant to the delegated professional task;
- (b) take reasonable steps to ensure that the delegate is not in a *multiple relationship* that may impair the delegate's judgement;
- (c) take reasonable steps to ensure that the delegate's conduct does not place *clients* or other parties to the *psychological service* at risk of harm, or does not lead to the exploitation of *clients* or other parties to the *psychological service*;
- (d) take reasonable steps to ensure that the delegates are competent to undertake the tasks assigned to them; and
- (e) oversee delegates to ensure that they perform tasks competently.

B.7. Use of interpreters

Psychologists who use interpreters:

- (a) take reasonable steps to ensure that the interpreters are competent to work as interpreters in the relevant context;
- (b) take reasonable steps to ensure that the interpreter is not in a *multiple relationship* with the *client* that may impair the interpreter's judgement;
- (c) take reasonable steps to ensure that the interpreter will keep confidential the existence and content of the *psychological service*;
- (d) take reasonable steps to ensure that the interpreter is aware of any other relevant provisions of this *Code*; and
- (e) obtain informed consent from the *client* to use the selected interpreter.

B.8. Collaborating with others for the benefit of clients

B.8.1. To benefit, enhance and promote the interests of *clients*, and subject to standard A.5. (Confidentiality), *psychologists* cooperate with other professionals when it is professionally appropriate and necessary in order to provide effective and efficient *psychological services* for their *clients*.

B.8.2. To benefit, enhance and promote the interests of *clients*, and subject to standard A.5. (Confidentiality), *psychologists* offer practical assistance to *clients* who would like a second opinion.

B.9. Accepting clients of other professionals

If a person seeks a *psychological service* from a *psychologist* whilst already receiving a similar service from another professional, then the *psychologist* will:

- (a) consider all the reasonably foreseeable implications of becoming involved;
- (b) take into account the welfare of the person; and
- (c) act with caution and sensitivity towards all parties concerned.

B.10. Suspension of psychological services

B.10.1. *Psychologists* make suitable arrangements for other appropriate professionals to be available to meet the emergency needs of their *clients* during periods of the *psychologists'* foreseeable absence.

B.10.2. Where necessary and with the *client's* consent, a *psychologist* makes specific arrangements for other appropriate professionals to consult with the *client* during periods of the *psychologist's* foreseeable absence.

B.11. Termination of psychological services

B.11.1. *Psychologists* terminate their *psychological services* with a *client*, if it is reasonably clear that the *client* is not benefiting from their services.

B.11.2. When *psychologists* terminate a *professional relationship* with a *client*, they shall have due regard for the psychological processes inherent in the services being provided, and the psychological wellbeing of the *client*.

B.11.3. *Psychologists* make reasonable arrangements for the continuity of service provision when they are no longer able to deliver the *psychological service*.

B.11.4. *Psychologists* make reasonable arrangements for the continuity of service provision for *clients* whose financial position does not allow them to continue with the *psychological service*.

B.11.5. When confronted with evidence of a problem or a situation with which they are not competent to deal, or when a *client* is not benefiting from their *psychological services*, *psychologists*:

- (a) provide *clients* with an explanation of the need for the termination;
- (b) take reasonable steps to safeguard the *client's* ongoing welfare; and
- (c) offer to help the *client* locate alternative sources of assistance.

- B.11.6.** *Psychologists* whose employment, health or other factors necessitate early termination of relationships with *clients*:
- (a) provide *clients* with an explanation of the need for the termination;
 - (b) take all reasonable steps to safeguard *clients*' ongoing welfare; and
 - (c) offer to help *clients* locate alternative sources of assistance.

B.12. Conflicting demands

- B.12.1.** Where the demands of an organisation require *psychologists* to violate the general principles, values or standards set out in this *Code*, *psychologists*:
- (a) clarify the nature of the conflict between the demands and these principles and standards;
 - (b) inform all parties of their ethical responsibilities as *psychologists*;
 - (c) seek a constructive resolution of the conflict that upholds the principles of the *Code*; and
 - (d) consult a senior psychologist.
- B.12.2.** *Psychologists* who work in a team or other context in which they do not have sole decision-making authority continue to act in a way consistent with this *Code*, and in the event of any conflict of interest deal with the conflict in a manner set out in B.12.1.

B.13. Psychological assessments

- B.13.1.** *Psychologists* use established scientific procedures and observe relevant psychometric standards when they develop and standardise psychological tests and other assessment techniques.
- B.13.2.** *Psychologists* specify the purposes and uses of their assessment techniques and clearly indicate the limits of the assessment techniques' applicability.

- B.13.3.** *Psychologists* ensure that they choose, administer and interpret assessment procedures appropriately and accurately.
- B.13.4.** *Psychologists* use valid procedures and research findings when scoring and interpreting psychological assessment data.
- B.13.5.** *Psychologists* report assessment results appropriately and accurately in language that the recipient can understand.
- B.13.6.** *Psychologists* do not compromise the effective use of psychological assessment methods or techniques, nor render them open to misuse, by publishing or otherwise disclosing their contents to persons unauthorised or unqualified to receive such information.

B.14. Research

- B.14.1.** *Psychologists* comply with codes, statements, guidelines and other directives developed either jointly or independently by the National Health and Medical Research Council (NHMRC), the Australian Research Council, or Universities Australia regarding research with humans and animals applicable at the time *psychologists* conduct their research.
- B.14.2.** After research results are published or become publicly available, *psychologists* make the data on which their conclusions are based available to other competent professionals who seek to verify the substantive claims through reanalysis, provided that:
 - (a) the data will be used only for the purpose stated in the approved research proposal; and
 - (b) the identity of the participants is removed.
- B.14.3.** *Psychologists* accurately report the data they have gathered and the results of their research, and state clearly if any data on which the publication is based have been published previously.

General Principle C: Integrity

Psychologists recognise that their knowledge of the discipline of psychology, their professional standing, and the information they gather place them in a position of power and trust. They exercise their power appropriately and honour this position of trust. *Psychologists* keep faith with the nature and intentions of their *professional relationships*. *Psychologists* act with probity and honesty in their *conduct*.

Explanatory Statement

Psychologists recognise that their position of trust requires them to be honest and objective in their professional dealings. They are committed to the best interests of their *clients*, the profession and their colleagues. *Psychologists* are aware of their own biases, limits to their objectivity, and the importance of maintaining proper boundaries with *clients*. They identify and avoid potential conflicts of interest. They refrain from exploiting *clients* and *associated parties*.

Ethical Standards

C.1. Reputable behaviour

- C.1.1.** *Psychologists* avoid engaging in disreputable *conduct* that reflects on their ability to practise as a psychologist.
- C.1.2.** *Psychologists* avoid engaging in disreputable *conduct* that reflects negatively on the profession or discipline of psychology.

C.2. Communication

- C.2.1.** *Psychologists* communicate honestly in the context of their psychological work.
- C.2.2.** *Psychologists* take reasonable steps to correct any misrepresentation made by them or about them in their professional capacity within a reasonable time after becoming aware of the misrepresentation.

C.2.3. Statements made by *psychologists* in announcing or advertising the availability of *psychological services*, products, or publications, must not contain:

- (a) any statement which is false, fraudulent, misleading or deceptive or likely to mislead or deceive;
- (b) testimonials or endorsements that are solicited in exchange for remuneration or have the potential to exploit *clients*;

***Please note:** Section 133 of the Health Practitioner Regulation National Law Act 2009 (Qld) states that 'a person must **not** advertise a regulated health service, or a business that provides a regulated health service, in a way that –

...

(c) uses testimonials or purported testimonials about the service or business;

...

- (c) any statement claiming or implying superiority for the *psychologist* over any or all other *psychologists*;
- (d) any statement intended or likely to create false or unjustified expectations of favourable results;
- (e) any statement intended or likely to appeal to a *client's* fears, anxieties or emotions concerning the possible results of failure to obtain the offered services;
- (f) any claim unjustifiably stating or implying that the *psychologist* uses exclusive or superior apparatus, methods or materials; and
- (g) any statement which is vulgar, sensational or otherwise such as would bring, or tend to bring, the *psychologist* or the profession of psychology into disrepute.

C.2.4. When announcing or advertising the availability of *psychological services* or at any time when representing themselves as a *psychologist*, *psychologists* use accurate postnominals, including the postnominals used to represent their grade of membership with the *Society*.

C.2.5. *Psychologists* take reasonable steps to correct any misconceptions held by a *client* about the *psychologist's* professional competencies.

C.3. Conflict of interest

C.3.1. *Psychologists* refrain from engaging in *multiple relationships* that may:

- (a) impair their competence, effectiveness, objectivity, or ability to render a *psychological service*;
- (b) harm *clients* or other parties to a *psychological service*; or
- (c) lead to the exploitation of *clients* or other parties to a *psychological service*.

C.3.2. *Psychologists* who are at risk of violating standard C.3.1., consult with a senior psychologist to attempt to find an appropriate resolution that is in the best interests of the parties to the *psychological service*.

C.3.3. When entering into a *multiple relationship* is unavoidable due to over-riding ethical considerations, organisational requirements, or by law, *psychologists* at the outset of the *professional relationship*, and thereafter when it is reasonably necessary, adhere to the provisions of standard A.3. (Informed consent).

C.3.4. *Psychologists* declare to *clients* any vested interests they have in the *psychological services* they deliver, including all relevant funding, licensing and royalty interests.

C.4. Non-exploitation

C.4.1. *Psychologists* do not exploit people with whom they have or had a *professional relationship*.

C.4.2. *Psychologists* do not exploit their relationships with their assistants, employees, colleagues or supervisees.

C.4.3. Psychologists:

- (a) do not engage in sexual activity with a *client* or anybody who is closely related to one of their *clients*;
- (b) do not engage in sexual activity with a former *client*, or anybody who is closely related to one of their former *clients*, within two years after terminating the *professional relationship* with the former *client*;
- (c) who wish to engage in sexual activity with former *clients* after a period of two years from the termination of the service, first explore with a senior psychologist the possibility that the former *client* may be vulnerable and at risk of exploitation, and encourage the former *client* to seek independent counselling on the matter; and
- (d) do not accept as a *client* a person with whom they have engaged in sexual activity.

C.5. Authorship

C.5.1. *Psychologists* discuss authorship with research collaborators, research assistants and students as early as feasible and through the research and publication process as is necessary.

C.5.2. *Psychologists* assign authorship in a manner that reflects the work performed and that the contribution made is a fair reflection of the work people have actually performed or of what they have contributed.

C.5.3. *Psychologists* usually list the student as principal author on any multiple-authored article that is substantially based on the student's dissertation or thesis.

C.5.4. *Psychologists* obtain the consent of people before identifying them as contributors to the published or presented material.

C.6. Financial arrangements

C.6.1. *Psychologists* are honest in their financial dealings.

- C.6.2.** *Psychologists* make proper financial arrangements with *clients* and, where relevant, third party payers. They:
- (a) make advance financial arrangements that safeguard the best interests of, and are clearly understood by, all parties to the *psychological service*; and
 - (b) avoid financial arrangements which may adversely influence the *psychological services* provided, whether at the time of provision of those services or subsequently.

- C.6.3.** *Psychologists* do not receive any remuneration, or give any remuneration for referring *clients* to, or accepting referrals from, other professionals for professional services.

C.7. Ethics investigations and concerns

- C.7.1.** *Psychologists* cooperate with ethics investigations and proceedings instituted by the *Society* as well as statutory bodies that are charged by legislation with the responsibility to investigate complaints against psychologists.

- C.7.2.** *Psychologists* who reasonably suspect that another *psychologist* is acting in a manner inconsistent with the ethical principles and standards presented in this *Code*:
- (a) where appropriate, draw the attention of the *psychologist* whose *conduct* is in question directly, or indirectly through a senior psychologist, to the actions that are thought to be in breach of the *Code* and cite the section of the *Code* which may have been breached;
 - (b) encourage people directly affected by such behaviour to report the *conduct* to a relevant regulatory body or the Ethics Committee of the *Society*; or
 - (c) report the *conduct* to a relevant regulatory body or the Ethics Committee of the *Society*.

- C.7.3.** *Psychologists* do not lodge, or endorse the lodging, of trivial, vexatious or unsubstantiated ethical complaints against colleagues.

Appendix

Current Ethical Guidelines (as at September 2013)

- Guidelines for the provision of psychological services for and the conduct of psychological research with **Aboriginal and Torres Strait Islander people of Australia** – revised May 2003
- Guidelines on **confidentiality** – revised December 2007
- Guidelines on co-ordinated **disaster response, pro bono, or voluntary psychological services** – July 2003
- Guidelines regarding **financial dealings and fair trading** – revised June 2012
- Guidelines for psychological practice in **forensic contexts** – May 2013
- Guidelines for working with people who pose a **high risk of harm to others** – February 2005
- Guidelines on the teaching and use of **hypnosis, and related practices** – revised December 2005
- Guidelines for providing psychological services and products using the **internet and telecommunications technologies** – revised February 2011
- Guidelines for psychological practice with **lesbian, gay and bisexual clients** – revised February 2010
- Guidelines for psychological services involving **multiple clients** – December 2006
- Guidelines for the provision of psychological services for and the conduct of psychological research with, **older adults** – September 2005
- Guidelines for managing **professional boundaries and multiple relationships** – revised May 2008
- Guidelines on the **prohibition of sexual relationships with clients** – revised March 2007
- Guidelines for **psychological assessment and the use of psychological tests** – revised July 2009
- Guidelines relating to procedures/assessments that involve **psychologist-client physical contact** – revised May 2006
- Guidelines on **record keeping** – revised May 2011
- Guidelines on **reporting abuse and neglect, and criminal activity** – revised June 2010
- Guidelines for psychological practice in **rural and remote settings** – August 2004
- Guidelines on working with **sex and/or gender diverse clients** – May 2013
- Guidelines relating to **suicidal clients** – revised November 2004
- Guidelines on **supervision** – revised February 2013
- Guidelines for the use of **therapeutic aversive procedures** – revised August 2011
- Guidelines for psychological practice with clients with previously **unreported traumatic memories** – revised March 2010
- Guidelines for psychological practice with **women and girls** – revised June 2012
- Guidelines for working with **young people** – May 2009

