



APsA Code of Ethics

Psychoanalysis and psychoanalytic therapy offer children, adolescents, and adults with emotional and mental disorders methods of treatment that attempt to reduce suffering, disability, and enhance personal growth and autonomy. The psychoanalytic relationship is predicated on respecting personal dignity and honoring the individual's authority and human rights. Respect for patient autonomy and authority, beneficence, non-maleficence, veracity, fidelity and justice are foundational ethical principles for all work within psychoanalysis. Continuous self-examination and reflection by the psychoanalytic practitioner, and liberal use of consultation are expected safeguards for the patient, as well as the treating psychoanalytic professional.

No code of ethics can be encyclopedic in providing answers to all ethical questions that may arise in the practice of the profession of psychoanalysis or psychoanalytic therapy. Most ethical dilemmas involve assessing the priority among competing core values and principles. Sound judgment and integrity of character are indispensable in applying ethical principles to specific situations and individuals. The major goals of this code are to facilitate the psychoanalytic practitioner's best efforts in all areas of analytic work and to encourage early and full discussion of ethical questions with colleagues and APsA members of local and national ethics committees. These revised Principles presuppose an APsA member's life-long commitment to act ethically and to encourage similar ethical behavior in colleagues and students. It is expected that over time all APsA members will enrich and add cumulatively to the guidance provided by the Principles with their own experiences and values. We expect that the Principles will evolve, based on the profession's insights and experience as well as the evolving

cultural context.

General Principles of Ethics for APsA members

Introduction

The American Psychoanalytic Association has adopted the following Principles of Ethics and associated Standards to guide APsA members in their professional conduct toward their patients and, in the case of minors, toward their parent(s) or guardian(s) as well as supervisees, students, colleagues and the public. The Code of Ethics applies to all classes and categories of APsA members, including APsA members in training in all affiliated Institutes or organizations. For the purpose of the APsA Ethics Code, all of these categories of individuals will be referenced as an “APsA member”. This Code of Ethics applies independent of the APsA members or trainee’s profession, discipline or the focus of their clinical, administrative, research or academic work.

These Principles and Standards substantially revise and update the ethical principles contained in the previous Principles of Ethics published by the American Psychoanalytic Association in December 1975, and revised in 1983. The revisions take account of evolving moral sensibilities and perceived deficiencies in the earlier codes. As ethical standards change, behaviors that were acceptable in the past may no longer be considered ethical. In this regard, however, these evolving standards should not be used to critique individuals retroactively. These revised Principles emphasize constraints on behaviors that are likely to misuse the power differential of the treatment relationship to the detriment of patients and, in the case of minors, their parent (s) or guardian(s) as well.

When the patient is a child or adolescent (a minor), the parent(s) or guardian(s) play a fundamental and significant role in the treatment. In these situations the functions of such a role changes with age, stage of development, diagnosis, as well as growth of capacity within the patient. How the psychoanalytic practitioner relates to the patient and family will reflect such changes. These shifts need to be dealt with in direct and open

ways with all concerned. The potential power differential and transference-countertransference between the psychoanalytic practitioner, patient and parenting figures (or other important family members) can be significant. If not recognized or mishandled such issues can interfere and disrupt the treatment.

This updated code seeks to identify the parameters of the high standard of care expected of psychoanalytic practitioners in treatment, supervision, teaching, and research. By specifying standards of expected conduct, the code is intended to inform all APsA members in considering and arriving at ethical courses of action and to alert APsA members and APsA trainees to departures from the wide range of acceptable practices. When doubts about the ethics of an APsA member's conduct arise, early intervention is expected. Experience indicates that when ethical violations are thought to have occurred, prompt consultation, mediation and education tend to serve the best interests of all concerned parties. When indicated, procedures for filing, investigating and resolving complaints of unethical conduct are addressed in the Provisions for Implementation of the Principles and Standards of Ethics for APsA members.

There are times when ethical principles conflict, making a choice of action difficult. In ordering ethical obligations, one's first duty is to the patient directly, or indirectly through supervision or consultation with the treating psychoanalytic practitioner. In the case of patients who are minors there are also ethical obligations to parent(s) or guardian(s) which change as the patient becomes older and more mature. Thereafter, ethical obligations are to the profession, to students and colleagues, and to society. The ethical practice of psychoanalytic treatment requires the psychoanalytic practitioner to be familiar with the Ethics Code and Provisions for Implementation; to conduct regular self-examination; to seek consultation promptly when ethical questions arise; and to reach just conclusions when reviewing the actions of a colleague. APsA members are required to be informed as to any state or federal laws which are applicable to ethical aspects of practice.

Guiding General Principles

I. Professional Competence. The APsA member is committed and expected to provide competent professional service. The APsA member is expected to continually strive to improve his or her knowledge and practical skills. Illnesses and personal problems that significantly impair the APsA member's performance of professional responsibilities should be acknowledged and addressed to restore competence or modify practice responsibilities as soon as they are recognized.

II. Respect for Persons. The APsA member is expected to treat patients and their families, students, colleagues and staff with respect and care. Discrimination on the basis of age, disability, ethnicity, gender, gender identity, race, religion, sexual orientation or socioeconomic status or any other categorical or identity-based definition is ethically unacceptable. Psychoanalytic practitioners are expected to be mindful of and to explore within themselves, and openly in professional relationships the possibility of culturally based biases which may undermine full respect for persons.

III. Mutuality and Informed Consent. The treatment relationship between the patient and the APsA member is founded upon trust and informed mutual agreement or consent. At the outset of treatment, the patient is to be made aware of the nature of psychoanalysis, psychoanalytic therapy, and relevant alternative therapies. The APsA member should make agreements pertaining to scheduling, fees, and other rules and obligations of treatment tactfully and humanely, with adequate regard for the realistic and therapeutic aspects of the relationship. Promises made should be honored while acknowledging that contexts may change considerably and impact the continued capacity to do so.

When the patient is a minor these same general principles pertain, but the patient's age and stage of development guide how specific arrangements will be managed and with whom.

IV. Confidentiality. Confidentiality of the patient's communications is a basic patient's legal and human right and an essential condition for effective

psychoanalytic treatment and research. An APsA member is required to take all measures necessary to not reveal present or former patient confidences without permission, nor discuss the particularities observed or inferred about patients outside consultative, educational or scientific contexts. If an APsA member uses case material in exchanges with colleagues for consultative, educational or scientific purposes, the identity of the patient must be sufficiently disguised in accordance with applicable standards to prevent identification of the individual, or the patient's authorization is required to be obtained after frank discussion of the purpose(s) of the presentation, other options, the probable risks and benefits to the patient, and the patient's right to refuse or withdraw consent.

V. Truthfulness. The psychoanalytic treatment relationship is founded on thoroughgoing truthfulness. The APsA member is required to be honest and forthright with patients, and patient's families in the case of those who are minors, students, and colleagues. Being aware of the ambiguities and complexities of human relationships and communications, the APsA member should engage in an active process of self- monitoring in pursuit of truthful therapeutic and professional exchanges.

VI. Avoidance of Exploitation. The psychoanalytic practitioner is expected to avoid exploiting the inherent vulnerability and power differential in the relationship with patients, families, students and colleagues. Self-interest and personal desires are to be limited to collecting non- exploitive fees, the reward of conducting effective treatment and adding to scientific knowledge. Sexual relations between psychoanalytic practitioner and patient or family member, current or former, are potentially harmful to both parties, and are always unethical. Financial dealings other than reimbursement for therapy are unethical.

VII. Scientific Responsibility. The APsA member is expected to be committed to advancing scientific knowledge and to the education of colleagues and students. Psychoanalytic research should conform to generally accepted scientific principles and research integrity and should be

based on a thorough knowledge of relevant scientific literature. Every precaution should be taken in research with human subjects, and in using clinical material, to respect the patient's rights especially the right to confidentiality, and to minimize potentially harmful effects.

VIII. Protection of the Public and the Profession. The APsA member should strive to protect the patients of colleagues and persons seeking treatment from APsA members observed to be deficient in competence or known to be engaged in behavior with the potential of affecting such patients adversely. APsA members are expected to support such colleagues in seeking help. Information about unethical or impaired conduct by any APsA member of the profession is expected to be reported to the appropriate committee at local or national levels.

IX. Social Responsibility. An APsA member is required to comply with applicable laws that serve the interests of patients and the public. The Principles recognize that there may be times when conscientious refusal to obey a law or policy constitutes the most ethical action. If a third-party or patient or in the case of minor patients, the parent(s) or guardian(s) demands actions contrary to ethical principles or scientific knowledge, the APsA member may ethically choose to refuse. An APsA member is encouraged to contribute a portion of his or her time and talents to activities that serve the interests of patients and the public good.

X. Personal Integrity. The APsA member is expected to be thoughtful, considerate, and fair in all professional relationships, uphold the dignity and honor of the profession, and accept its self-imposed disciplines. Psychoanalytic practitioners are expected to accord APsA members of allied professions the respect due their competence.

Standards Applicable to the Principles of Ethics for APsA members

The American Psychoanalytic Association is aware of the complicated nature of the psychoanalytic practitioner-patient relationship and the conflicting expectations of therapists and patients in contemporary society.

In addition, APsA recognizes that this complexity is increased when the patient is a minor and parent(s) and guardian(s) are a natural, if changing, part of the therapeutic picture.

I. Competence

1. APsA members are expected to work within the range of their professional competence and to refuse to assume responsibilities for which they are untrained without sufficient supervision/consultation.

2. APsA members are expected to keep up to date with changes in theories and techniques and to make appropriate use of professional consultations both psychoanalytic and in allied psychotherapeutic fields such as psychopharmacology.

3. APsA members are expected to avoid making claims in public presentations that exceed the scope of their competence.

4. APsA members are expected to take steps to correct any impairment in his or her analyzing capacities and do whatever is necessary medically, psychiatrically, neurologically and through treatment consultation, to protect patients from such impairment.

II. Respect for Persons and Nondiscrimination

1. APsA members are expected to recognize, reduce if not eliminate harm and explore the effects of biases based on age, disability, ethnicity, gender, gender identity, race, religion, sexual orientation or socioeconomic status on their work.

III. Mutuality and Informed Consent

1. Psychoanalytic treatment depends on an informed and personally motivated, voluntary choice leading to a mutually accepted agreement between the APsA member and a patient, including trainees, or the parent(s) or guardian(s) of a minor patient. There is no place in psychoanalysis for manipulation or coercion.

2. It is not ethical for an APsA member to take advantage of the power in the relationship to aggressively solicit patients, students or supervisees, or to prompt testimonials from current or former patients. Neither is it ethical to take such advantage in relation to parent(s) or guardian(s) of current or former minor patients.

3. Careful attention should be given to the process of referral to avoid conflicts of interest with other patients and colleagues. Referrals between APsA members of the same family, including spouses, and significant others, should be especially scrutinized and disclosure should be made to patients about the relationship in the initial stages of the referral so that preferable alternatives may be considered.

4. There is to be a comprehensive discussion of the treatment contract applicable to the patient. The APsA member's policy of charging for missed sessions should be understood in advance of such a charge. The applications of this policy to third-party payment for services should be discussed and agreed upon by the patient. In the case of patients who are minors, these matters should be discussed early on with the parent(s) or guardian(s) as well as with the patient as age and capability dictate.

5. A reduced fee does not limit any of the ethical responsibilities of the treating APsA member.

6. The APsA member should not unilaterally discontinue treating a patient without adequate notification and discussion with the patient and, if a minor, with the parent (s) or guardian (s) and an offer of referral for further treatment. Consultation should be considered.

IV. Confidentiality

1. All information about the specifics of a patient's life is confidential, including the name of the patient and the fact of treatment. The APsA member is required to refuse disclosing confidential information to the full

extent required by law. Furthermore, it may be ethical, though not required, for an APsA member to refuse legal, civil or administrative demands for such confidential information even in the face of the patient's informed consent and accept instead the legal consequences of such a refusal when such refusal protects the patient and/or treatment from harm.¹

2. The APsA member is required to not share confidential information about a patient with nonclinical third-parties (e.g., insurance companies) without the patient's or, in the case of a minor patient, the parent's or guardian's informed consent. For the purpose of claims review or utilization management, it is not a violation of confidentiality for an APsA member to disclose confidential information to an insurance company peer reviewer, provided the reviewer is also bound by the confidentiality standards of these Principles and the informed consent of the patient or parent or guardian of a minor patient has first been obtained. If a third-party payer or a patient or parent or guardian of a minor patient demands that the APsA member act contrary to these Principles, it is ethical for the APsA member to refuse such demands, even with the patient's or, in the case of a minor patient, the parent's or guardian's informed consent. Disclosures to third-parties should only disclose information relevant to the task.

3. The APsA member treating a minor patient is required to preserve the patient's confidential intimacies, while keeping parents or guardians informed of the strategic course of treatment.

4. The APsA member should take particular care that patient records and other documents are managed so as to protect patient confidentiality and meet the Health Insurance Portability and Accountability Act (HIPAA) requirements and other applicable laws and regulations.

¹ Refusal of demands for confidential information, while ethical, may have serious consequences for the patient, e.g., loss of benefits, loss of a job opportunity, etc., which may cause the patient to take some legal action against the APsA member. The APsA member is to explain fully the basis for refusal and weigh the impact of refusal on the potential rupture in the therapeutic alliance and treatment in ways appropriate to the age and stage of development of the patient, the clinical situation and these Principles.

5. It is not a violation of confidentiality for an APsA member to disclose confidential information about a patient in a consultation or supervision in which the consultant or supervisor is also bound by the confidentiality requirements of these Principles. On seeking consultation, the APsA member should first ascertain that the consultant or supervisor is aware of and accepts the requirements of the Confidentiality standard.

6. If the APsA member uses confidential case material in clinical presentations or in scientific or educational exchanges with colleagues, the case material must be disguised sufficiently to prevent identification of the patient. Sufficient disguise means only the patient might recognize themselves. Sufficient disguise does not require the patient's permission.

7. Supervisors, peer consultants, and participants in clinical and educational exchanges have an ethical duty to maintain the confidentiality of patient information conveyed for purposes of consultative or case presentations or scientific discussions.

8. APsA members in-training are encouraged to consider obtaining the patient's informed consent before beginning treatment, pertaining to disguised disclosures of confidential information in groups or written reports required by the APsA members-in-training program. Where the patient is a minor, the APsA member-in-training is encouraged to consider obtaining informed consent from the parent(s) or guardian(s). The age and stage of development of the minor will assist the APsA member-in-training in determining if the patient should also be informed.

V. Truthfulness

1. APsA members in-training are expected to inform prospective psychoanalytic training patients that they are in training and discuss the treatment in ongoing consultation. Where the patient is a minor, the parent(s) or guardian(s) should also be informed. If asked, APsA members in-training are expected to share regarding their training, credentials, license, and experience. APsA members should speak candidly with prospective

patients, or the parent(s) or guardian(s) if the patient is a minor, about the benefits and burdens of psychoanalytic treatment.

2. The APsA member is required to avoid misleading patients or parents or guardians of minor patients or the public with statements that are knowingly false, deceptive, or misleading.

VI. Avoiding Exploitation

1. Sexual relationships involving any kind of sexual activity between an APsA member and a current or former patient, or a parent or guardian of a current or former patient, or any member of the patient's immediate family whether initiated by the patient, the parent or guardian or family member or by the treating APsA member, are unethical. Physical touching is not ordinarily regarded as a technique of value in psychoanalytic treatment. Consultation should be considered if touching leads to concerns about the patient, the treatment or the APsA member.

With children before the age of puberty, touching between the patient and the APsA member is likely to occur as in helping or during a patient's exuberant play. Also, a disruptive or out of control child may need to be restrained. The APsA member needs to be alert to the multiple meanings for both parties of such touching. Keeping parent(s) or guardian(s) informed when this occurs may be useful. Consultation should be considered if the touching causes the APsA member concern.

2. Marriage between an APsA member and a current or former patient, or between an APsA member and the parent or guardian of a patient or former patient is unethical, notwithstanding the absence of a complaint from the spouse and the legal rights of the parties.

3. It is not ethical for an APsA member to engage in financial dealings with a patient, or in the case of a minor patient, the parent(s) or guardian(s) beyond reimbursement for treatment; or to use information shared by a patient or parent(s) or guardian(s) for the APsA member's financial gain.

4. It is not ethical for an APsA member to solicit financial contributions from a current or former patient or the parent/guardian of a current or former patient for any purpose; nor should an APsA member give the names of current or former patients or their parents/guardians for purposes of financial solicitation by others.

5. If a patient or parent or guardian of a minor patient brings up the idea of a financial gift to a psychoanalytic organization or cause during treatment, it should be handled psychoanalytically, and if necessary, the patient should be informed that his or her confidentiality might be breached by the treating APsA member's obligation to recuse him/herself from involvement in decisions governing use of the gift. If a gift is given nevertheless, the APsA member is ethically obliged to refrain from any decision regarding its use by the recipient organization or cause.

6. If a current or former patient or the parent/guardian of a current or former patient, gives an unsolicited financial gift, or establishes a trust or foundation or other entity for the benefit of his/her psychoanalytic practitioner or for the benefit of the professional or scientific work of said psychoanalytic practitioner, or for the benefit of the APsA member's family, or the gift is placed under the control of the APsA member, even if not directly beneficial to the APsA member or his/her family, it is not ethical for the APsA member to accept any financial benefit or to control its disposition.

7. It is ethical for an APsA member to accept a bequest from the estate of a former patient, provided that it is promptly donated to an organization or cause from which the APsA member or his/her family do not personally benefit financially and over which the APsA member has no direct control.

8. It is unethical for an APsA member to use his or her professional status, special relationship, or position of power in an analytic organization to solicit gifts or funds, sexual favors, special relationships or other tangible benefit from patients, the parent(s) or guardian(s) of minor patients,

members of the patient's immediate family, APsA members- in-training, or supervisees.

9. Sexual relationships between current supervisors and supervisees are unethical.

10. Concurrent supervision of APsA members-in-training by the spouse, significant other, or other relative of their analyst should be avoided whenever possible in the interest of maintaining the independence and objectivity of both the supervisory and analytic processes.

VII. Scientific Responsibility

1. The APsA member should take every precaution in using clinical material to respect the patient's rights and to minimize the impact of its use on the patient's privacy and dignity. In the case of minor patients, the impact on parent(s) or guardian(s) needs to be considered. Particular care should be exercised in using material from a patient who is still undergoing treatment.

2. It is unethical for an APsA member to make public presentations or submit for publication in scientific journals falsified material that does not refer to actual observations drawn from the clinical situation. Such clinical material must be disguised sufficiently to protect the identification of the patient.

3. The APsA member should exercise caution in disguising patient material to avoid misleading colleagues.

VIII. Safeguarding the Public and the Profession

1. The APsA member should seek consultation when, in the course of treating a patient, the work becomes continuously confusing or seriously disturbing to either the APsA member or the patient, or both. On occasion in the treatment of a minor, the relationship between the APsA member and parental figure may cause sustained disturbance or confusion for the APsA member. In such a situation consultation is indicated.

2. An APsA member who undergoes a serious illness and extended convalescence, or whose analyzing capacities are impaired, must consult with a colleague and/or medical specialist to clarify the significance of his or her condition for continuing to work. The APsA member has an ethical responsibility to provide for coverage during any absences or leaves from practice.

3. An APsA member has an ethical responsibility to create a Professional Will which addresses continued care of patients in the event of unexpected or anticipated death.

4. A request by a patient, a parent/guardian of a minor patient, or a colleague that the APsA member seek consultation should receive respectful and reflective consideration.

5. If an APsA member is officially notified by a representative of an institute, society, center, affiliate society, or affiliate psychoanalytic study group that a possible impairment of his/her clinical judgment or analyzing ability exists, the APsA member is required to consult with no less than two colleagues, one of whom may be a non-analyst medical specialist, each acceptable to the notifying body. If impairment is found, remedial measures are to be followed by the APsA member in order to protect patients from harm and to prevent degradation of the standards of care in the profession.

6. It is ethical for an APsA member to consult with the patient of a colleague without giving notice to the colleague, if the consultation has been requested by the patient.

7. It is ethical for an APsA member to intervene on behalf of a colleague's patient if he or she has evidence from a direct or indirect consultation with the colleague's patient or from supervision of the colleague's work with the patient that the colleague may be conducting him/herself unethically toward the patient or may be so impaired as to threaten the patient's welfare.

8. It is ethical for an APsA member to accept for treatment the current patient of a colleague. The APsA member is to consider if consultation to the ongoing treatment is in the best interests of the patient's treatment rather than transfer of the patient, and to reflect if there are any conflicts of interest or dual-role dilemmas in accepting the patient for treatment. Consultation with a third colleague may be an option to be considered.

9. In the event that a credible threat of imminent bodily harm to a third-party, serious self-injury, suicide or violence is imminent, the APsA member should take appropriate steps clinically and legally. This may include a "Duty to Warn" named threatened persons, or family members or legal authorities who are in a position to intervene. For minors, this would include the notification of parent(s) or guardian(s), school, etc. even if a breach of confidentiality is required. Any breach of confidentiality should be restricted to the minimum necessary to prevent harm to the patient and the named threatened persons.

10. When an APsA member becomes convinced that physical or sexual abuse is occurring, the APsA member is ethically obligated to follow applicable laws and regulations. Should the patient be a minor, informing parent(s) or guardian(s) is expected even if they are the alleged abuser. In these circumstances, confidentiality may be breached to the minimum extent necessary. Clinical and legal consultation is expected in these cases.

Note, clinical judgment leading to a refusal to comply with local reporting laws may be in the patient's best interest; however, the APsA member must recognize that his/her action may result in exposure to prosecution by the government or a civil action based on these laws.

11. Local APsA institutes, societies, centers, affiliate societies, or affiliate psychoanalytic study groups have an obligation to promote the competence of their APsA members and to initiate confidential inquiries in response to ethics complaints.

IX. Social Responsibility

1. The APsA member should make use of all legal, civil, and administrative means to safeguard patients' rights to confidentiality, to ensure the protection of patient treatment records from third-party access, and to utilize any other ethical measures to ensure and maintain the privacy essential to the conduct of psychoanalytic treatment.
2. The APsA member is urged to support laws and social policies that promote the best interests of patients and the ethical practice of psychoanalysis.
3. The APsA member is encouraged to contribute his or her time and talents, if necessary, without monetary compensation, to consultative and educational activities intended to improve public welfare and enhance the quality of life for the mentally ill and economically deprived citizens in the community.

X. Integrity

1. APsA members and APsA members-in-training should be familiar with the Principles of Ethics and Standards, other applicable professional ethics codes, and their application to psychoanalysis.
2. APsA members should strive to be aware of their own beliefs, values, needs and limitations and to monitor how these personal interests impact their work.
3. APsA members should cooperate with ethics investigations and proceedings conducted in accordance with the Provision for Implementation of the Principles and Standards of Ethics for APsA members. Failure to cooperate is itself an ethics violation.