

NORTHWESTERN PSYCHOANALYTIC SOCIETY AND INSTITUTE

CODE OF ETHICS

January 2017

Principles and Standards of Ethics for Psychoanalysts¹

Preamble

Psychoanalysis is a method of treating children, adolescents, and adults with emotional and mental disorders that attempts to reduce suffering and disability and enhance growth and autonomy. While the psychoanalytic relationship is predicated on respecting human dignity, it by necessity involves an authority or power differential between psychoanalyst and patient, that if ignored, trivialized, or misused, can compromise treatment and result in significant harm to both parties and to the treatment. Ongoing self-examination and reflection by the psychoanalyst and liberal use of formal consultation are recognized safeguards for the patient, as well as for the treating psychoanalyst.

When the patient is a child or adolescent the role of the parent(s) or guardian(s) plays a significant role in the treatment. In these situations, the patient's role is expected to evolve over time depending on age, stage of development, diagnosis, and emotional capacity. How the psychoanalyst relates to the patient and the patient's family members will reflect these changes. The potential power differential and transference/countertransference between psychoanalyst, patient, and caretakers (if other than parents) is recognized as significant. If not recognized or mishandled these dynamics can interfere with or disrupt the treatment.

No code of ethics can be encyclopedic in providing guidance regarding ethical questions that may arise in the practice of psychoanalysis. Sound judgment and integrity of character are indispensable in applying ethical principles to particular situations with individual patients. The major goal of this code is to facilitate the psychoanalyst's best efforts in all areas of analytic work and to encourage early and open discussion of ethical questions and concerns with colleagues and members of local, national, and international ethics committees. The principles outlined in this code presuppose the psychoanalyst's ongoing commitment to act ethically and support ethical behavior on the part of candidates and other colleagues. It is expected that over time all psychoanalysts will enrich and add to the guidance outlined in this code based on their clinical experience and values. It is anticipated that this code will continue to evolve, and be revised based on the profession's cumulative insight and understanding.

General Principles of Ethics for Psychoanalysts

Introduction

¹ Although this code is explicitly for psychoanalysts, it is also intended as a guide for candidates or psychoanalysts-in-training at Northwestern Psychoanalytic Society and Institute.

Northwestern Psychoanalytic Society and Institute (NPSI) has adopted the following Principles of Ethics and Standards of ethics to guide candidates and 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 general public. These principles emphasize constraints on behaviors that are likely to misuse the power differential of the transference/countertransference relationship to the detriment of patients and, in the case of minors, their parent(s) or guardian(s) as well. These Principles and Standards revise and update the ethical principles contained in the previous Principles of Ethics first published by NPSI in 1999, and revised in 2013 and again in 2016. The revisions take account of evolving ethical sensibilities and observed deficiencies in the earlier codes. In this regard, however, these evolving standards should not be applied retroactively. These revised principles emphasize constraints on behaviors that are likely to misuse the power differential of the transference/countertransference relationship to the detriment of patients, and in the case of minors, their parent(s) or guardian(s) as well.

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

There are times when ethical principles conflict, making a choice of action difficult. In ordering ethical obligations, one's duty is to the patient, directly or indirectly, through consultation with the treating psychoanalyst. In the case of patients who are minors, there are also ethical obligations to parent(s) or guardian(s), which changes as the patient becomes older and more mature. Thereafter, ethical obligations are to the profession, to candidates and other colleagues, and to society. The ethical practice of psychoanalysis requires the psychoanalyst to be familiar with the principles and standards contained in the Code; to conduct regular self-examination; to seek consultation promptly when ethical questions or concerns arise; and to reach just sanctions when evaluating the actions of a colleague.

Guiding General Principles

I. Professional Competence. The psychoanalyst is committed to provide competent professional service. The psychoanalyst should continually strive to improve his or her knowledge and practical skills. Illnesses and personal problems that significantly impair the psychoanalyst's performance of professional responsibilities should be acknowledged and addressed in appropriate fashion as soon as recognized.

II. Respect for Persons. The psychoanalyst is expected to treat patients and their families, students and colleagues with respect and care. Discrimination on the basis of age, disability, ethnicity, gender, race, religion, sexual orientation, or socioeconomic status is ethically unacceptable.

III. Mutuality and Informed Consent. The treatment relationship between the patient and psychoanalyst is founded upon trust and informed mutual agreement of consent. At the outset of treatment, the patient should be made aware of the nature of psychoanalysis and relevant alternative therapies. The psychoanalyst should make agreements pertaining to scheduling, fees, and other policies and obligations of treatment tactfully and humanely, with adequate regard for the realistic and therapeutic aspects of the relationship. The core elements of these verbal agreements should also be summarized in the psychoanalyst's written Disclosure Statement (as required by Washington State law) and reviewed at the beginning of treatment with the patient before signing.

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

IV. Confidentiality. A psychoanalyst may 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 a psychoanalyst uses case material in exchanges with colleagues for consultative, educational, or scientific purposes, the identity of the patient must be disguised to prevent identification of the individual, or the patient's authorization must be obtained after frank discussion of the purpose(s) of the presentation, other options, probable risks and benefits to the patient, and the patient's right to refuse or withdraw consent.

When the patient is a minor the issues outlined above will be influenced by the patient's age and stage of development as well as by the degree of parental or guardian responsibilities.

V. Truthfulness. The psychoanalytic treatment relationship is founded on thoroughgoing truthfulness. The psychoanalyst should deal honestly and forthrightly with patients, and with patients' families in the case of those who are minors, as well as with students and colleagues. Being aware of the ambiguities and complexities of human relationships and communications, the psychoanalyst should engage in an active process of self-monitoring in pursuit of truthful therapeutic and professional exchanges.

VI. Avoidance of Exploitation. In light of the vulnerability of patients and the power differential of the psychoanalyst/patient dyad, the psychoanalyst should scrupulously avoid any and all forms of exploitation of patients and their families, current or former, and limit, as much as possible the role of self-interest and personal desires. Sexual relations between psychoanalyst and patient or family member, current or former, are considered harmful to both parties, and unethical. Financial dealings other than reimbursement for treatment or consultation are unethical. Concurrent supervision of candidates by the spouse, significant other or other relative of their analysts should be avoided whenever possible in the interest of maintaining the independence and objectivity of both the supervisory and analytic processes.

VII. Scientific Responsibility. The psychoanalyst 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 and in the case of minor patients, their families, to minimize potentially harmful effects.

VIII. Protection of the Public and the Profession. The psychoanalyst should strive to protect the patients of colleagues and persons seeking treatment from psychoanalysts observed to be deficient in competence or known to be engaged in behavior with the potential of affecting such patients adversely. The psychoanalyst should urge such colleagues to seek professional consultation and/or treatment. Information about unethical or impaired conduct by any member of the profession should be reported to the appropriate committee at local (e.g. NPSI Ethics Committee or Washington State Department of Health) or international levels (e.g. IPA Ethics Committee).

IX. Social Responsibility. A psychoanalyst should comply with the law and with social policies that serve the interests of patients and the public. The Principles recognize that there are 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 guardians(s) demands actions contrary to ethical principles or scientific knowledge, the psychoanalyst should refuse. A psychoanalyst 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 psychoanalyst should be thoughtful, considerate, and fair in all professional relationships, uphold the dignity and honor of the profession, and accept its self-imposed disciplines. Professional courtesy and consideration should be extended to colleagues in allied mental health professions relative to their clinical skills and competence. Psychoanalysts should cooperate with ethics investigations and proceedings conducted in accordance with the Provision for Implementation of the Principles and Standards of Ethics for Psychoanalysts. Failure to cooperate is itself an ethics violation.

Standards Applicable to the Principles of Ethics for Psychoanalysts

NPSI is aware of the complicated nature of the psychoanalyst/patient relationship and the sometimes-conflicting expectations of psychoanalysts and patients in contemporary society. In addition, NPSI 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 treatment picture. The following ethical standards are offered as a practical guide for putting into practice the aforementioned general principles. These standards represent practices that psychoanalysts have over time found to be conducive to ethically appropriate professional conduct.

I. Competence

1. Psychoanalysts are expected to work within the range of their professional competence and to refuse to assume responsibilities for which they are untrained.
2. Psychoanalysts should strive to keep current with changes in theory and technique and to make appropriate use of professional consultation, both psychoanalytic and in allied psychotherapeutic fields such as psychopharmacology.
3. Psychoanalysts should seek to avoid making claims in public presentations that exceed the scope of their competence.

4. Psychoanalysts should take steps to address any impairment to their analyzing capacities and do whatever is necessary to protect patients from such impairment.

II. Respect for Persons and Nondiscrimination

1. Psychoanalysts should try to eliminate from their work the effects of biases based on age, disability, ethnicity, gender, race, religion, sexual orientation, or socioeconomic status.
2. The psychoanalyst should refuse to observe organizational policies that discriminate with regard to age, disability, ethnicity, gender, race, religion, sexual orientation, or socioeconomic status.

III. Mutuality and Informed Consent

1. Psychoanalytic treatment exists by virtue of an informed choice leading to a mutually accepted agreement between a psychoanalyst and a patient or the parent(s) or guardians(s) of a minor patient.
2. It is not ethical for a psychoanalyst to take advantage of the power of the transference relationship to aggressively solicit patients, students, or supervisees into treatment or consultation, 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. It is unethical for a psychoanalyst to use his/her position of power in analytic organizations, professional status, or special relationship with a potential patient or parent or guardian of a minor patient to coerce or manipulate an individual into treatment.
4. Careful attention should be given to the process of referral to avoid conflicts of interest with patients or colleagues.
5. All aspects of the treatment contract that are applicable should be discussed with the patient during the initial consultation process. The psychoanalyst's policy of charging for missed sessions should be understood in advance of such a charge and included in the psychoanalyst's Disclosure Statement. The applications of this policy to third party payment for services should be discussed and agreed upon by the patient and included in the Disclosure. In the case of patients who are minors, these matters should be discussed early on with the parent(s) or guardians(s) as well as with the patient as age and capability dictate.
6. A reduced fee does not limit any of the ethical responsibilities of the treating psychoanalyst.
7. The psychoanalyst should not unilaterally discontinue treating a patient without adequate notification discussion with the patient and, if a minor, with the parent(s) or guardian(s) and an offer of referral for further treatment. Consultation regarding the reasons for and best methods of discontinuing treatment should also 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 psychoanalyst should resist disclosing confidential information to the full extent permitted by law. Furthermore, it is ethical, though not required for a psychoanalyst to refuse legal, civil or administrative demands for such confidential information and accept instead the legal consequences of such a refusal. Legal counsel with an attorney versed in mental health law should also be considered.²
2. The psychoanalyst should never share confidential information about a patient, when the patient's identity is known, with non-clinical third parties (e.g. insurance companies) without the patient's or, in the case of a minor patient, the parent's informed consent. For the purpose of claims review or utilization management, it is not a violation of confidentiality for a psychoanalyst to disclose confidential information to a consultant psychoanalyst or other licensed mental health professional, provided the consultant is also bound by the same confidentiality standards and the informed consent of the patient or parent of a minor patient has first been obtained. If a third party payor or patient or parent of a minor patients demands that the psychoanalyst act contrary to these Principles, it is ethical for the psychoanalyst to refuse such demands, even with the patient's or, in the case of a minor patient, the parent's informed consent.³ The restrictions of this paragraph do not apply to clinical seminars, scientific meetings or similar educational activities provided the psychoanalyst either disguises patient identity to maintain confidentiality or obtains the patient's written consent (see also paragraph 6).
3. The psychoanalyst of a minor patient must seek to preserve the patient's confidentiality, while keeping parents or guardians informed of the course of treatment in ways appropriate to the age and stage of development of the patient, the clinical situation and these Principles.
4. The psychoanalyst should take particular care that patient records and other documents are handled so as to protect patient confidentiality. A psychoanalyst may direct an executor to destroy such records and documents after his or her death.
5. It is not a violation of confidentiality for a psychoanalyst to disclose confidential information about a patient in a formal consultation or supervision in which the consultant or supervisor is also bound by the confidentiality requirements of these Principles. On seeking consultation, the psychoanalyst should first ascertain that the

² Refusal of such 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 member. The fact that refusal is ethical is unlikely to protect the psychoanalyst in those circumstances, unless the member has made his or her position clear both at the onset and throughout treatment. Even with these clarifications a degree of exposure may remain.

³ The caveat expressed in footnote 2 is applicable. Again, the psychoanalyst may refuse the patient's demand that he or she act contrary to the Principles. While this may protect a member against accusations of unethical conduct, it is unlikely to protect a psychoanalyst against legal allegations of substandard conduct.

consultant or supervisor is aware of and accepts the requirements of this confidentiality standard.

6. If the psychoanalyst uses confidential case material in clinical presentations or in scientific or educational exchanges with colleagues, either the case material must be disguised sufficiently to prevent identification of the patient, or the patient's informed consent must first be obtained. If the latter, the psychoanalyst should discuss the purpose(s) of such presentations, the possible risks and benefits to the patient's treatment and the patient's right to withhold or withdraw consent. In the case of a minor patient, parent(s) or guardian(s) should be consulted and, depending on the age and developmental stage, the matter may be discussed with the patient as well.
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. Candidates or psychoanalysts-in-training are urged to discuss with their control case supervisor whether to obtain the patient's informed consent before beginning psychoanalysis, pertaining to disclosures of confidential information in groups (e.g. clinical seminars) or written reports required by the candidate's training. Where the patient is a minor, the candidate should obtain informed consent from the parent(s) or guardian(s); age and stage of development will assist the candidate in determining if the patient should also be informed.

V. Truthfulness

1. Candidates or psychoanalysts-in-training are strongly urged to inform psychoanalytic control case patients and prospective psychoanalytic control case patients that they are in training and supervised. If asked, the candidate or psychoanalyst-in-training should not deny that they are being supervised as a requirement of their training. Where the patient is a minor, the parent(s) or guardian(s) should also be informed.
2. The psychoanalyst 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.
3. The psychoanalyst should avoid misleading patients or parents of minor patients or the public with statements that are knowingly false, deceptive or misleading about psychoanalytic treatment

VI. Avoiding Exploitation

1. Sexual relationships involving any kind of sexual activity between the psychoanalyst and a current or former patient, or a parent or guardian of a current or former patient, whether initiated by the patient, the parent or guardian, or by the treating psychoanalyst, are unethical.

Physical touching is not ordinarily regarded as a technique of value in psychoanalytic treatment. If touching occurs, whether of the patient by the psychoanalyst or the psychoanalyst by the patient, such an event should alert the psychoanalyst to the potential

for misunderstanding of the event by the patient or the psychoanalyst and consequent harm to the future course of treatment and consultation should be considered. Consultation should be considered if there is concern about the future course of treatment.

With children before the age of puberty, touching between the patient and the psychoanalyst is inevitable as in helping or during a patient's exuberant play. Also, a disruptive or out of control child may need to be restrained. The psychoanalyst 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 psychoanalyst concern.

2. Marriage between a psychoanalyst and a current or former patient, or between a psychoanalyst and the parent or guardian of a patient or former patients is unethical, notwithstanding the absence of a complaint from the spouse and the legal rights of the parties.
3. It is not ethical for a psychoanalyst to engage in financial dealings with 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 psychoanalyst's financial gain.
4. It is not ethical for a psychoanalyst 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 a psychoanalyst 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 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 psychoanalyst's obligation to reclude him/herself from involvement in decisions governing use of the gift. If a gift is given nevertheless, the psychoanalyst is ethically obliged to refrain from any decision regarding its use by the recipient.
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 the psychoanalyst or for the benefit of the professional or scientific work of the psychoanalyst, or for the benefit of the psychoanalyst's family, acceptance of such gifts is considered unethical. Whenever possible the transference meaning of the gift along with the psychoanalyst's reasons for abstaining should be discussed with the current or former patient, or in the case of a minor, with the parent(s) or guardian(s).
7. It is ethical for a psychoanalyst 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 psychoanalyst or their family do not benefit and over which the psychoanalyst has no direct control.

8. It is unethical for a psychoanalyst 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, psychoanalysts-in-training or supervisees. Sexual relationships between supervisors and supervisees are unethical.

VII. Scientific Responsibility

1. The psychoanalyst 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 currently in treatment.
2. It is unethical for a psychoanalyst to make public presentations or submit for publication in scientific journals falsified material that does not refer to actual observations, inferences drawn and conclusions reached in the course of his or her clinical work with patients, except that such material may be disguised sufficiently to protect identification of the patient.
3. The psychoanalyst should exercise caution in disguising patient material to avoid misleading colleagues as to the source and significance of his or her scientific conclusions.

VIII. Safeguarding the Public and the Profession

1. The psychoanalyst should seek consultation when, in the course of treating a patient, the work becomes continuously confusing or seriously disturbing to either the psychoanalyst or the patient, or both. On occasion in the treatment of a minor, the relationship between the psychoanalyst and parent(s) figure may cause sustained disturbance or confusion for the psychoanalyst. In such a situation, consultation is indicated.
2. A psychoanalyst who undergoes a serious illness and extended convalescence, or whose analyzing capacities are impaired, should seek consultation with a colleague or medical specialist to clarify the significance of his or her condition for continuing to work.
3. A request by a patient, a parent/guardian of a minor patient, or a colleague that the psychoanalyst seeks consultation should be taken seriously and receive respectful consideration.
4. If a psychoanalyst is officially notified by a representative of an institute or society that a possible impairment of his/her clinical judgment or analyzing ability exists, the psychoanalyst must seek consultation 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 should be followed by the psychoanalyst in order to protect patients from harm and to prevent degradation of the standards of care in the profession.
5. It is ethical for a psychoanalyst to consult with the patient of a colleague without giving notice to the colleague, if the colleague's patient has requested the consultation.

6. It is ethical for a psychoanalyst 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.
7. It is ethical for a psychoanalyst to accept for treatment the current patient of a colleague if consultation with a third colleague indicated that it is in the best interest of the patient to do so.
8. In the event that a credible threat of imminent bodily harm to a third party by a patient becomes evident, the psychoanalyst should take reasonable appropriate steps to protect the third-party from bodily harm, and may breach patient confidentiality if necessary.
9. In the case of a minor where the psychoanalyst is concerned that a credible threat of serious self-injury or suicide is imminent, the psychoanalyst should take appropriate steps. This may include the notification of parent(s) or guardian(s) even when a breach of confidentiality results.
10. A psychoanalyst who is concerned that abuse of an adult or child is currently occurring should continue to explore the situation utilizing consultation with local experts on what existing processes would be most helpful in treatment. When a psychoanalyst becomes convinced that abuse is currently occurring the psychoanalyst should report the abuse of a child or adult patient, or by a patient, to the appropriate governmental agency in keeping with local laws. Should the patient be a minor, informing parent(s) or guardian(s) should be considered. In this circumstance, confidentiality may be breached to the extent necessary.
11. Local psychoanalytic societies and institutes have an obligation to promote the competence of their members and to initiate confidential inquiries in response to ethics complaints.

IX. Social Responsibility

1. The psychoanalyst should make use of all legal, civil, and administrative means to safeguard the patient's right 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 psychoanalyst is urged to support laws and social policies that promote the best interests of patients and the ethical practice of psychoanalysis.
3. The psychoanalyst 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 members of the community.

X. Integrity

1. Psychoanalysts and candidates or psychoanalysts-in-training should be familiar with this and other applicable professional ethical codes (e.g. related to the psychoanalyst's licensure as a mental health counselor, clinical social worker, psychologist, psychiatrist, or other mental health profession) and their application to treatment.
2. Psychoanalysts should strive to be aware of their own beliefs, values, needs and limitations, and monitor how these personal interests affect their clinical work with patients.