

## PsyBA Code of Conduct

### Key considerations in response to case studies

When psychologists face ethical dilemmas, they should apply ethical decision-making frameworks to guide their actions thoughtfully and responsibly. As well as considering the Code of conduct (the Code), this might include referring to professional guidelines and legal standards, such as the Australian Privacy Principles, to evaluate options. Seeking supervision or peer consultation is encouraged to provide clarity and ensure decisions uphold professional integrity and prioritise client welfare.

The following case studies have been developed to help you understand and apply the Code to your practice. These case studies are examples for guidance only and should be read in conjunction with the code. They have been designed to encourage you to focus on the process you would undertake in such a situation, rather than the outcome. They are not exhaustive and should not be interpreted as definitive guidance. Each situation will depend on unique facts and circumstances. When making decisions about your professional practice, you must consider the circumstances of each case and any other relevant legal and regulatory requirements (e.g. professional standards or guidelines). Practitioners must exercise their own professional judgment and comply with all applicable laws, regulations, and ethical standards.

#### **When applying the Code to your practice, it is important to remember:**

- To read the preamble and the definition sections to help you interpret and apply the individual principles outlined in the Code.
- The Code is not a replacement for the law. Psychologists must still comply with all relevant legal obligations, including those related to privacy, child protection, and workplace safety. If there's a conflict between the Code and the law, the law prevails.
- The Code does not necessarily override organisational rules (e.g., those of employers or funding bodies), but psychologists should align these rules with the Code where possible.
- The Code focuses on professional standards and safe practice. It is not an exhaustive ethical guide or a client rights charter.
- Professional associations play a key role in supporting their members to maintain high standards of ethical conduct and practice. Your professional association may provide a professional advisory service and publish guidelines on ethical practice.
- Where further clarification is needed, we recommend consulting your employer, professional association, professional indemnity insurer, or legal advisor.

#### **Case study one**

During therapy, Annabelle, a 25-year-old woman, has presented with anxiety symptoms. She shared that she experienced a significant trauma in her family environment growing up. At the time, her parents did not believe her concerns and did not take steps to protect her from harm.

Annabelle has progressed well in therapy but continues to struggle with unresolved anger toward her parents. It became apparent this is an issue she needs to address with them. Annabelle asks whether it would be possible for you to facilitate a meeting with her and her parents.

#### **What the Code says**

Sections of the code you might consider include the definitions section, and:

- 1.1 Providing safe and effective services
- 1.2 Safe and effective services
- 3.1 Cultural safety and culturally reflective practice for all communities
- 3.2 Effective communication

- 3.3 Privacy and confidentiality
- 4.2 Informed consent
- 4.9 Multiple Relationships
- 4.10 Simultaneous services
- 7.1 Risk Management
- 8.5 Client records

### **Applying the Code**

The key aspect of this scenario is that Annabelle has asked you to facilitate a meeting with her parents, defined by the Code as associated parties. The definitions section also explains that when a psychologist provides a service to a client together with associated parties, it creates a multiple relationship. If you agree to Annabelle's request, you will enter a multiple relationship (see section 4.9). This is one of several situations where the Code requires psychologists to refrain from providing a service until you have made informed and considered decisions and taken specific steps first.

The decisions the Code requires you to make in this scenario are:

- 1 You must decide whether you have a reasonable belief that you are ethically required to continue or enter this relationship. The Code requires more than a subjective (personal) belief and your reasonable belief must be based on objective facts or circumstances. You should consult an experienced practitioner when making this judgment. If you believe that you are ethically obliged to enter this multiple relationship, refer to section 4.9 (a–d) for guidance on effective practice. An experienced practitioner is defined as a senior psychologist. If it is not practical to consult one, you may seek advice from another practitioner who objectively has experience, knowledge and skills, such as a general practitioner or mental health nurse.
- 2 You must decide whether you can provide a safe and effective service to all the clients involved. In this scenario, this is Annabelle and her parents (1.1). Any situation where psychologists provide the same service to two or more clients (such as a group, couple or family) is defined as a simultaneous service and section 4.10 (a-d) applies. Psychologists should only provide simultaneous services if they take reasonable steps to ensure the intervention will not compromise the safety and effectiveness of services to any client. In a case like this, it is important to consider how this intervention will influence the existing therapeutic relationship between you and Annabelle (1.2).

You must decide whether you are competent to manage this potentially high-conflict family meeting (1.2). You should consider how cultural and social factors, your own biases, values, and any personal or social influences, could influence your ability to provide the requested service (1.2, 3.1). If you are uncertain whether you can provide the requested service, you should either consult an experienced practitioner or refer Annabelle and her parents to another practitioner (1.1).

If you decide to continue you must do the following in addition to the steps required in 4.9 and 4.10:

- 1 You should explain to Annabelle that your role professional relationship with her will change if you provide the requested service as you now have a professional obligation to her parents. Annabelle must understand the purpose, potential benefits, risks, and alternative options before proceeding (1.1). A request by a client on its own is not a sufficient reason to enter a multiple relationship. In this scenario, you should explain that you will most likely not be able to continue providing therapy to her after the requested intervention.
- 2 The initial informed consent (4.2) you obtained from Annabelle was for a specific intervention and you should practice in a way consistent with the purpose agreed upon (1.2). If you provide the requested service, it will be a notable change from your original agreement. You must obtain her informed consent for the specific intervention (3.2 j., 3.3, 4.2) and should carefully explain what your role will be and pay specific attention to the limits of confidentiality, particularly if sensitive information comes up., Ensure Annabelle understands what will and will not be shared with her parents (3.3 a. iv). Always obtain consent from clients before disclosing information that was gained about them through one role or relationship in any

other role or relationship. This process and what was agreed upon must be recorded in writing (3.3 b., 8.5), which can be digital.

- 3 Annabelle's parents are associated parties, but if you facilitate a group session that involves them, they become your clients. You must obtain their informed consent as you did with Annabelle.
- 4 You should consider any potential risks of the requested service. This includes identifying what could go wrong during the meeting and planning what to do if this happens (7.1).
- 5 Finally, you should document your decision-making process (facts considered and reasoning) and contingency planning (8.5).

### Case study two

After you present on motivation of junior athletes at your child's school, the partner of one of the teachers approached you. This person is the assistant coach of a junior (14- to 15-year-old children) football club in a culturally diverse suburb including Aboriginal and Torres Strait Islander families, and individuals and families who have recently migrated to Australia. The club is organised by volunteers who receive support from the AFL, churches, community organisations and a grant from the local council.

The football club is looking for a psychologist who can facilitate motivational group sessions, provide "first aid" psychological support to individual players when required, and to refer them to a general practitioner (GP) for a mental health plan if necessary.

### What the code says

In deciding whether to facilitate motivational group sessions as requested, some clauses which might be relevant to consider include, but are not limited to:

- 1.1 Providing safe and effective services
- 1.2 Safe and effective services
- 1.4 Conduct during an emergency
- 2.1 Aboriginal and Torres Strait Islander Peoples' health
- 2.2 Cultural safety for Aboriginal and Torres Strait Islander Peoples
- 3.1 Cultural safety and culturally reflective practice for all communities
- 3.3 Privacy and Confidentiality
- 4.2 Informed consent
- 4.3 Children, young people and other clients who might have additional needs
- 4.8 Boundaries
- 4.9 Multiple Relationships
- 4.10 Simultaneous services
- 5.4 Delegation, referral and handover
- 7.1 Risk management
- 8.12 Conflicts of Interest

### Applying the Code

The key considerations here are that you will be providing a psychological service as defined in the Code if you facilitate a motivational group irrespective of whether you are remunerated for providing the service

or not. As you will be providing a service to a group, you will be delivering a simultaneous service (section 4.10).

This is not a situation where the Code explicitly requires you to refrain from providing a service until you have engaged in a decision-making process, but you must make the following considered decisions:

- 1 You must decide whether you will be crossing a boundary if you accept this invitation from a partner of a teacher at the school your child attends. This decision requires you to have knowledge of sections 4.8 (boundaries), 4.9 (multiple relationships) and 8.12 (conflicts of interest). If you decide it's appropriate to provide the service, you must consider whether, and to whom, you should disclose your plans to provide the service to avoid perceived bias (8.12). You should consult with an experienced practitioner and document what you do (8.5).
- 2 You must decide whether you can provide a safe, effective, developmentally appropriate and culturally appropriate service to this group of junior football players from different cultural backgrounds (1.1, 1.2, 3.1, 4.3, 4.10).. In working with Aboriginal and Torres Strait Islander young people and families, psychologists have an obligation to practise in ways that uphold cultural safety and self-determination (2.1, 2.2). This includes recognising the strengths of Aboriginal and Torres Strait Islander cultures, the role of kinship, community connection, and cultural identity as protective factors for social and emotional wellbeing, and the importance of respectful partnerships with communities. Effective practice may involve working collaboratively with community representatives, Elders, families, or cultural advisors to inform the design and delivery of the sessions, adapting materials where appropriate, and supporting communication in culturally responsive ways (3.1, 3.2). You will likewise have to consider the needs of the other cultural groups (3.1), which might include young people with trauma history.
- 3 The request that the service should include "first aid" psychological support is ambiguous, and you should clarify what this entails. Group facilitators have an obligation to refer group members who need mental health services to an appropriate practitioner and no special agreement is required for this. However, if the request is for more than referrals, it could place you at risk of entering a multiple relationship with some of the group members (4.9). This does not mean that you cannot intervene if a group member experiences a crisis during a session, but this will usually constitute an emergency and should be dealt with as such (1.4).
- 4 As you are considering a simultaneous service (4.10) you need to consider whether this mode of intervention is appropriate for all participants. This includes that the group format does not compromise the safety or effectiveness of services for any individual, and that privacy and confidentiality can be respected for all participants.

Should you decide it's appropriate for you to provide the requested service you should undertake the following steps:

- 1 Document your decisions, the facts that you relied on to make these decisions, and whether you consulted an experienced practitioner during the decision-making process, including who you consulted, when, and the outcome of the consultation (8.5). Psychologists who act as consultant should make their own record of the process and the advice they provided.
- 2 Plan how you will meet the cultural needs of the members of the group. You might consider working collaboratively with community representatives, elders and Aboriginal and Torres Strait Islander families to ensure sessions are culturally safe and respectful (2.1, 2.2, 3.1). This might involve adapting materials and consulting with cultural advisors. In some cases, this might require you to use interpreters (3.2).
- 3 Determine whether group members are mature enough to give informed consent (3.2, 4.2) and whether there are cultural rules you need to consider (2.1, 3.1). If they can't give informed consent, you must obtain consent from associated parties such as parents, carers, guardians or other appropriate decision-makers (4.2, 4.3). Provide clear information in a way they can understand and explain what it means for them. Ensure consent is given freely without pressure or undue influence, and that they have the right to refuse (1.2, 4.2, 3.2, 4.10). Make sure they understand the purpose and limits of your service, confidentiality rules (including

mandatory child safety reporting), and that you will not provide ongoing therapy or treatment (4.2, 4.3).

- 4 You should develop and implement risk management processes that identify and minimise risk of harm and how you will respond to harmful events if they arise (7.1). In this scenario, you should have a plan to deal with situations where group members report symptoms, or you observe signs that indicate they require mental health assistance. Given the background of the young people there is a risk that some might present with mental health symptoms or signs. Your plan should include monitoring and early referral to avoid a situation where you need to intervene yourself.
- 5 You should make a written record of the matters you have considered, the facts you based your decisions on, details of any consultation you undertook and your plans where relevant.

### Case study three

When you arrived at work, you find a message from the receptionist that a Sergeant Watson called to inquire about a client. The individual in question has been your client for several years and has various diagnoses, including schizophrenia.

Sergeant Watson has advised your client is involved in an ongoing neighbourhood dispute. A neighbour has complained to the police that your client harasses them and damages their plants. The sergeant shares they found the client was “not dangerous” but “acting strangely” and that they have admitted to experiencing Post Traumatic Stress Disorder (PTSD) and anxiety. The sergeant has asked whether the client is “psychotic”.

Later that day, you receive a call from Sergeant Watson who tells you they need to decide what to do and asks, “Do you think your client is psychotic?”

### What the code says

Sections of the Code relevant to this situation include:

- 2.1 Aboriginal and Torres Strait Islander Peoples' health
- 2.2 Cultural safety for Aboriginal and Torres Strait Islander Peoples
- 3.1 Cultural safety and culturally reflective practice for all communities
- 3.3 Privacy and confidentiality
- 4.2 Informed consent
- 5.4 Delegation, referral and handover
- 8.5 Client records

### Applying the Code

In this scenario your primary concern is to protect your client's privacy and confidentiality (3.3). This is not a situation where you are legally required to disclose the requested information (see Australian Privacy Principle 6), and you cannot give any information without the client's consent. You could also consider:

1. You and the client may have discussed the possibility of police inquiries during the informed consent process. If the client has previously given you consent to disclose information to the police, you should still respect their autonomy and privacy by telling the police officer you will speak to him once you have spoken to your client.
2. You should document this conversation, any conversation you have with the client, and any possible further discussion with the police (8.5). If you do not have explicit consent to speak to the Sergeant, any disclosure will be unlawful, and you should advise the police officer that you cannot provide any information.

3. Informing the client you have received a phone call from the police to see what steps he would like you to take respects your clients' autonomy. You should be mindful of cultural safety considerations (2.1, 2.2, 3.1), and of the impact police involvement might have on the client. Additional considerations for this scenario include:
  1. As mentioned, it's appropriate to ask clients who present with histories that may lead to police inquiries how they want you to respond should this happen. You should revisit consent when circumstances change or when additional clarity around consent is needed (4.2). You must document the process and outcomes of such interactions with clients (8.5).
  2. It appears one of your staff members may have confirmed to the police officer that the person is your client. This could be an unlawful and unethical disclosure of client personal information. You should investigate whether the staff member acted inappropriately and take reasonable steps to prevent this from happening again (5.4).
  3. It is your responsibility to ensure all staff and colleagues are aware of the need to respect the privacy and confidentiality of clients. They should not discuss clients in situations unrelated to providing a service (3.3).

### Case study four

While assessing your new, attractive client you were stunned by how many common interests you two share. In an email with completed questionnaires the client remarks seeing you in the distance leaving an Arts and Craft market and asks whether you enjoy attending such markets.

#### What the code says

In deciding how to respond and whether to make any self-disclosures, some relevant parts of the Code include but are not limited to:

Preamble

1.2 Safe and effective services

2.1 Aboriginal and Torres Strait Islander Peoples' health

2.2 Cultural safety for Aboriginal and Torres Strait Islander Peoples

3.1 Cultural safety and culturally reflective practice for all communities

4.8 Boundaries

7.1 Risk Management

8.5 Client Records

#### Applying the Code

The key ethical consideration here is how you should respond to the question about yourself by a client. It might not appear to be an issue that justifies attention, but boundary crossings are one of the leading reasons for notifications against psychologists. A psychologist's response to an apparently innocent question from a client can start the process that turns a professional relationship into an inappropriate one.

Communication by email or text message can be problematic because authors often use informal language and fail to consider the nuances of the messages they send. When applying the Code, you should consider:

1. The Code requires psychologists to recognise that it can be inappropriate for them to share personal information with clients (4.8). You should only share personal information if it is in the client's best interest and as part of a standard and well documented method you use during the provision of services (4.8 f.). If you use a modality or work in a context where self-disclosure might

be important for the therapeutic relationship, you should develop a written protocol. For example, this might be when you work with clients who seek personal information to feel understood or to assess cultural fit with you. In such a case, you should consult with an experienced practitioner and document the facts that provide ethical justification for you to purposefully provide personal information to clients and record under what circumstances and how you will use self-disclosure (4.8 f.). You should document any disclosure and objective facts that indicate it was in a client's interest, even when you have a disclosure policy.

2. You will unlikely have a policy that allows you to reply to the specific question, especially asked in an email, and therefore the appropriate response here would be to politely ignore the question. However, you cannot ignore that the client crossed a professional boundary. Boundaries are essential for the provision of an effective service because they allow psychologists and clients to engage safely and effectively (4.8). You should address the boundary crossing the next time you meet with the client, but in this case where you are aware that you feel attracted and share interests with the client, you should ideally only do this after consulting with an experienced practitioner (1.2 j.). The preamble advises that regular self-reflection and peer consultation are important, especially if you find clients attractive or share common interests with them. The purpose of this consultation will be to determine whether it is safe for you to provide a service for the client and, if you decide to continue providing a service to the client, how you can ensure you maintain proper boundaries.
3. In ethics and law, it is the responsibility of psychologists to maintain boundaries as clients are seen as the vulnerable party in the professional relationship (4.1 d., 4.8 a.). Clients mostly cross boundaries because they do not understand the difference between social and professional relationships or the importance of boundaries. Psychologists must model, explain, monitor and maintain professional boundaries. If your clients' cross boundaries, it is important to consider whether you have explained the concept adequately to them. You should explain to all clients during their initial session that your professional rules prohibit you from sharing personal information or accepting gifts (8.12 d., 8.13 d.). You can also insert this in your client information document or on your website. You should explain to clients that you will not acknowledge them as a client when you meet them outside your office to protect their privacy. Clients may deliberately or inadvertently cross boundaries and you should prepare for such scenarios. For example, thinking about how you might respond in situations where clients ask a question which might require self-disclosure.

Additional considerations for this scenario include:

1. For safe and effective services, it is important to consider the benefits and risks of all decisions (1.2 d.). Self-disclosure in certain contexts can cause harm. If there is reason to think the client might have been harmed, you must take reasonable steps to address the harm (7.1). If you do self-disclose, bring the conversation back to the client and the therapeutic purpose of the service (1.2). Ensure you document the interaction and your reasoning for any self-disclosure (8.5). This protects both the client and you and demonstrates your adherence to ethical standards.
2. Consider consulting and taking advice from an experienced practitioner when appropriate to ensure you maintain a high level of competence and conduct when engaging in instances of self-disclosure (1.2 j.).
3. Finally, psychologist sometimes inadvertently disclose personal information or make physical contact with clients. If this occurs, you should document the event as soon as possible and review it with an experienced practitioner. If appropriate, you should modify your practice to prevent it from happening again.