CODE OF PROFESSIONAL CONDUCT
WILLIAM ALANSON WHITE PSYCHOANALYTIC SOCIETY
June, 2010

PREAMBLE

The William Alanson White Psychoanalytic Society has adopted the following Code of Professional Conduct for its members. This Code governs psychoanalysts and psychotherapists, collectively referred to here as Therapists, who are members. As a condition of membership, members will be required to sign an agreement to abide by this Code.

By signing this agreement, the signatory acknowledges that he or she is aware of and will adhere to the Codes of Professional Conduct of his or her professional organization and to the licensing requirements of the State. In instances where this Code is more stringent than other applicable standards, signatories will adhere to this Code.

I. COMPETENCE

1. Society members will work within the range of their professional competence.

2. Society members will keep up to date with changes in theories and techniques and make appropriate use of professional consultations.

3. Society members will avoid making claims in public presentations that exceed the scope of their competence.

4. Society members will take steps to prevent any impairment in their capacities to analyze, treat, supervise, or teach. As soon as recognized, consultation, treatment, or both will be sought when the effects of personal emotional stress or physical illness interfere with professional responsibilities.

5. Society members who engage in independent (i.e., private) practice, or who practice in employment settings, will conform to the licensed scope of practice of their profession. Society members will not engage in the practice of psychotherapy or psychoanalysis if they are neither licensed nor hold a limited permit in a profession whose scope of practice includes such professional activities. Attempts to circumvent statutes or regulations governing scope of practice (including, but not limited to, representing oneself to the public as a “coach,” a “therapist,” or a “consultant”) will be regarded as violations of this Code of Conduct.

II. NONDISCRIMINATION AND RESPECT FOR PERSONS AND CULTURES

1. In their professional activities, Society members will not engage in unfair discrimination based on age, disability, ethnicity, gender, race, religion, culture, national origin, sexual orientation, gender identity, language, socioeconomic status, or any other basis of discrimination proscribed by law.
2. Society members will resist organizational policies that unfairly discriminate with regard to age, disability, ethnicity, gender, race, religion, culture, national origin, sexual orientation, gender identity, language, or socioeconomic status.

3. Society members will not engage in sexual harassment. Sexual harassment is defined as sexual solicitation, physical advances, or verbal or nonverbal conduct of a sexual nature that occurs in connection with one’s role as a professional, and that either (1) the harassing individual knows or is told is unwelcome or offensive or that creates a hostile workplace or educational environment; or (2) that is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or multiple, persistent, or pervasive acts.

4. Society members will not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as age, disability, ethnicity, gender, race, religion, culture, national origin, sexual orientation, gender identity, language, or socioeconomic status.

5. Society members will take reasonable steps to avoid harming or humiliating their patients, students, supervisees, research participants, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

III. MUTUALITY AND INFORMED CONSENT

1. When Society members conduct research or provide treatment or assessment, they will obtain informed consent from the individual or individuals using language that is reasonably understandable to that person or persons or the parent or guardian of a minor patient.

2. When obtaining informed consent for treatment, Society members will discuss with the patient as early as is feasible during the initial consultation process all aspects of the treatment agreement which are applicable, including the nature and anticipated course of therapy, fees, and the limits of confidentiality. The Therapist will discuss his or her policy of charging for missed sessions in advance of such a charge. The application of the Therapist’s fee policy to third party payment for services will be discussed and agreed upon by the patient. In the case of a patient who is a minor, these matters will be discussed early on with the parent or guardian as well as with the patient as age and capability dictate.

3. Society members will not coerce, manipulate or deceive patients, the parents or guardians of minor patients, students, or supervisees into unnecessary treatment for the primary purpose of obtaining personal gain. Encouraging patients to engage in intensive treatment, drug treatment, residential treatment or any other similar accepted practice for the welfare of the patient does not constitute coercion, manipulation or deception.
4. In making referrals, Society members will keep the best interests of the patient foremost in mind.

5. A reduced fee does not limit any of the professional responsibilities of the treating Society member.

6. Society members will not unilaterally discontinue treating a patient without adequate notification and discussion with the patient and, if a minor, with the parent or guardian. The Therapist will offer a referral for further treatment. Consultation will be considered.

7. While a Society member may choose whether or not to treat a patient, he or she nevertheless will attempt to render service to the best of his or her ability and judgment during emergencies.

IV. CONFIDENTIALITY

1. A Society member will know the limits of confidentiality in his or her own state. When conducting treatment he or she will inform the patient of these limits, especially regarding child abuse and neglect, prospective harm to others and prospective suicides or homicides.

The Therapist will treat as confidential all information obtained from a patient in the course of treatment, including the name of the patient, information about the patient’s life, the nature of the treatment, and the fact of treatment. Information obtained in treatment may be divulged by the Therapist voluntarily to others only (a) following the expressed consent of the patient after the Therapist has advised the patient of possible damaging or destructive consequences of disclosure; or (b) in the good faith judgment of the Therapist when permitted or required by law, such as to prevent a serious and imminent danger to the patient or others or in cases of child abuse and neglect. The Therapist will restrict such disclosures to necessary, relevant information.

In any case that does not involve child abuse or neglect or in which the Therapist does not believe disclosure is necessary to prevent serious and imminent danger to the patient or others, but where involuntary disclosure is sought from the Therapist, the Therapist may resist disclosing confidential information to the full extent permitted by law and may, but is not required to, refuse legal, civil or administrative demands for such confidential information and accept, instead, the legal consequences of such a refusal. In no circumstances is the Therapist required to place himself or herself in legal or financial jeopardy to avoid disclosure.

2. At the outset of treatment, Society members will inform patients who plan to finance their treatment through insurance companies or other third parties, that to the extent these third parties are insurance companies, they are obliged to keep patient information supplied to them confidential but may use or redisclose such information for certain purposes. Any redisclosure of patient information by these insurance companies will not be under the Therapist’s control. Disclosure of patient information to third parties other
than insurance companies to finance treatment may not be subject to the same confidentiality protections, and therefore, it is possible that such information would not be kept confidential by such third parties. Therapists will inform patients of the nature of the information supplied to insurance companies.

3. When a Society member conducts an evaluation for a third party (e.g., the government, a court, an employer, etc.), the individual to be interviewed will be told at the outset that the evaluator is acting in such a capacity and that the information obtained and any evaluation of it will be available to the third party. Society members will inform an interviewee that questions need not be answered and that the interviewee may withhold information.

4. When a Society member intends to use case material in teaching, publishing, or in any other professional context, he or she will disguise the identity of the patient, living or deceased. A Therapist will exercise professional judgment placing the interests of the patient first when deciding on the sufficiency of the disguise. A Therapist will obtain written consent from patients prior to publishing identifiable material regarding patients in papers, periodicals, and books, as well as audio or audiovisual media and digital media. A Therapist will not gossip about patients or use case material as a token of social exchange.

5. Society members, functioning as supervisors, peer consultants or participants in clinical and educational exchanges, will maintain the confidentiality of patient information conveyed for purposes of consultative or case presentations or scientific discussions, and a Therapist providing information to such supervisors, etc., who are not Society members will take due care to determine that the recipient understands his or her confidentiality obligation.

6. Society members will treat confidentially any information or knowledge about the treatment of any Candidate or Society member obtained by virtue of participation in any committee meeting of the William Alanson White Institute.

7. Society members will respect the privacy of Candidates and students and not require the disclosure of personal information regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for candidates and students whose personal problems could reasonably be judged to be preventing them from performing their training or professionally related activities in a competent manner or posing a threat to themselves or others.

V. TRUTHFULNESS

1. Society members will speak candidly with prospective patients or the parent or guardian if the patient is a minor about the benefits and burdens of treatment.
2. Society members will 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. Society members will not exploit patients. They will refrain from extra-therapeutic relationships with patients if the extra-therapeutic relationship could reasonably be expected to impair professional judgment or risk exploitation of the patient.

2. Society members will avoid conflicts of interest by refraining from taking on a professional role when personal, professional, legal, financial, or other interests or relationships could reasonably be expected to: (1) impair their judgment or competence in performing their professional responsibilities; or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

3. Society members will not engage in relationships involving any kind of sexual activity with 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 Therapist.

4. A Society member will not marry, or join in a civil union or domestic partnership with a current or former patient or the parent or guardian of a current or former patient.

5. Society members will set and collect fees in accordance with accepted practices in the community and take into account the patient’s ability to pay. When a treatment will not continue because the patient cannot pay the Therapist’s fees, the Therapist will assist the patient in finding needed services.

6. Society members will not pay or be paid for referral of patients.

7. A Society member will not engage in financial dealings with a patient, or in the case of a minor patient, the parent or guardian, beyond reimbursement for treatment. A Society member will not use information shared by a patient or the parent or guardian of a minor patient for his or her financial gain.

8. Society members will not solicit financial contributions from a current or former patient or the parent or guardian of a current or former patient for any purpose; nor will they give the names of current or former patients or their parents or guardians for purposes of financial solicitation by others.

9. 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, the Society member will handle it psychoanalytically and, if necessary, will inform the patient that his or her confidentiality might be breached by the treating Society member’s obligation to recuse himself or herself from involvement in decisions governing use of the gift. If a gift is given nevertheless, the Therapist will refrain from any decision regarding its use by the
recipient organization or cause and shall act to the extent possible to protect the patient’s confidentiality.

10. Society members will not accept any financial benefit or control the disposition of an unsolicited financial gift, including the establishment of a trust or foundation or other entity by a current or former patient or the parent or guardian of a current or former minor patient for the benefit of the Therapist, or for the benefit of his or her professional or scientific work, or for the benefit of his or her family.

11. A Society member may accept a bequest from the estate of a former patient, provided that it is promptly donated to an organization or cause from which the Therapist or his or her family do not personally benefit and over which the Therapist has no direct control.

12. Society members will not coerce, manipulate or prompt testimonials from current or former patients or from the parents or guardians of current or former minor patients.

13. Society members will not use their professional status to solicit gifts or funds, sexual favors, special relationships, or other tangible benefits from patients, the parents or guardians of minor patients, members of the patient’s immediate family, students, supervisees, or Candidates.

14. Society members will not engage in sexual relationships with students, supervisees, or Candidates in their program or over whom they are likely to have evaluative authority.

VII. EDUCATION AND TRAINING

1. Society members responsible for administration and training will take steps to ensure that Institute programs are designed to provide the appropriate knowledge and experience to meet the goals for which claims are made by the program.

2. Society members responsible for administration and training will take steps to ensure that there is a current and accurate description of the program content, including required personal treatment, training goals and objectives, stipends, and requirements for satisfactory completion of the program that is readily available to all interested parties.

3. Society members who are faculty members will take reasonable steps to ensure that the course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experience. This does not preclude Society modifying course content or requirements when considered pedagogically necessary or desirable as long as students are made aware of these changes in a manner that will allow them to fulfill course requirements.

4. In teaching and supervisory relationships, Society members will follow a timely and specific process for providing feedback to students and supervisees. Information regarding this process is provided at the beginning of supervision. Society will evaluate
students and supervisees on the basis of their actual performance on relevant and established program requirements.

VIII. SCIENTIFIC RESPONSIBILITY

1. Society members will not make public presentations or submit for publication in scientific journals falsified material that does not refer to actual observations drawn from the clinical situation. All clinical material will be disguised sufficiently to protect identification of the patient.

2. Society members will exercise caution in disguising patient material to avoid misleading colleagues as to the source and significance of their scientific conclusions.

IX. SAFEGUARDING THE PUBLIC AND THE PROFESSION

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

2. A Society member who undergoes a serious illness and extended convalescence, or whose analyzing capacities are impaired, will consult with a colleague, a medical specialist, or both to determine whether the condition affects his or her ability to continue to work as a therapist or supervisor.

3. A request by a patient, a parent or guardian of a minor patient, or a colleague that a Society member seek consultation will receive respectful and reflective consideration.

4. If a Society member is officially notified by a representative of the Institute or the White Society that a possible impairment of his or her clinical judgment or analyzing ability exists, the Society member will 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 will be followed by the Society member in order to protect patients from harm and to prevent degradation of the standards of care in the profession. The Society will make reasonable efforts to maintain the confidentiality of the Society member.

5. A Society member may consult with the patient of a colleague without giving notice to the colleague if the patient has requested the consultation.

6. A Society member may, by bringing his or her concerns to the Institute’s Standing Committee on Professional Conduct, 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 that the colleague may be behaving in ways that violate
this code or may harm the patient or that the colleague may be so impaired as to threaten the patient’s welfare.

7. Society members will act to promote the competence of Society and will report violations of this Code to the Society’s Standing Committee on Professional Conduct.

X. INTEGRITY

1. Society members will be familiar with this Code of Conduct and other applicable professional ethics codes, and their application to psychoanalysis and all aspects of their professional activity.

2. Society members will strive to be aware of their own beliefs, values, needs and limitations and to monitor how these personal interests may affect their professional conduct.

3. Society members will cooperate with ethics investigations and proceedings conducted in accordance with this Code of Conduct.

XI. IMPLEMENTATION AND AMENDMENTS

1. This Code of Conduct may be amended from time to time by the Society’s Board of Directors who will notify Society members of any amendments at the time they are made, and all such amendments shall bind prior signatories from the date of such notice.

2. The Society’s Board of Directors, together with the membership, will adopt, and may from time to time amend, the provisions for implementation of this Code that will bind all prior signatories from the date that notice of such provisions is given.

By signing this Code of Professional Conduct I acknowledge that I have read it, understand it, and agree to adhere to it. I also understand that failure to adhere to this Code may lead to termination of my membership in the Society.

SIGNATURE ___________________________ DATE___________________

NAME _______________________________