

ICP ETHICS CODE

(Approved by ICP Board, October 8., 2017)

Psychoanalytic Ethical Principles

Psychoanalysts strive to reduce suffering and promote self-understanding, while respecting human dignity. Above all, we take care to do no harm. Working in the uncertain realm of unconscious emotions and feelings, our exclusive focus must be on safeguarding and benefitting our patients as we try to help them understand their unconscious mental life. Our mandate requires us to err on the side of ethical caution. As clinicians who help people understand the meaning of their dreams and unconscious longings, we are aware of our power and sway. We acknowledge a special obligation to protect people from unintended harm resulting from our own human foibles.

In recognition of our professional mandate and our authority—and the private, subjective and influential nature of our work—we commit to upholding the highest ethical standards. These standards take the guesswork out of how best to create a safe container for psychoanalysis. These ethical principles inspire tolerant and respectful behaviors, which in turn facilitate the health and safety of our candidates, members and, most especially, our patients. Ultimately, ethical behavior protects us from ourselves, while preserving the integrity of our institute and profession.

Professional misconduct is not permitted, including, but not limited to dishonesty, discrimination and boundary violations. Members are asked to keep firmly in mind our core values of personal integrity, tolerance and respect for others. These values are critical to fulfilling our mission as practitioners and educators of psychoanalytic therapy. Prejudice is never tolerated whether on the basis of age, disability, ethnicity, gender, gender identity, race, religion, sexual orientation or social class. Institute decisions (candidate advancement, professional opportunities, etc.) are to be made exclusively on the basis of merit or seniority. Boundary violations, including, but not limited to sexual misconduct, undue influence, exploitation, harassment and the illegal breaking of confidentiality, are not permitted. Members are encouraged to seek consultation readily when grappling with any ethical or clinical concerns. Participatory democracy is a primary value of ICP. All members and candidates have the responsibility for knowing these guidelines, adhering to them and helping other members comply with them.

Members and candidates of ICP agree to adopt the social, ethical and legal responsibilities outlined in this Ethics Code. Following ethical principles and guidelines carefully helps us guard against common boundary violations in practice and teaching. As in many organizations,

psychoanalytic institutes have a long history of poor boundaries with destructive consequences. Adhering to these guidelines without considering oneself an exception makes it easier to successfully manage social motivations and countertransference in interpersonal professional interactions. Firm boundaries help analysts and supervisors avoid the negative consequences of boundary violations or multiple roles with patients and supervisees.

All ICP members and clinical candidates are licensed mental health professionals. As such, members and candidates must all abide by the ethical principles of their respective professions (psychology, social work, marriage and family therapy, psychiatry and medicine). In addition, ICP candidates and members who belong to other professional agencies, such as the [American Psychoanalytic Association](#), are subject to the ethics code of these other organizations.

Resources to Address Ethical Principles and Policies

Several bodies and/or activities at ICP address ethical standards appropriate for psychoanalysts. They include the Boundary Dilemmas Course, the Ombuds Office, the Ethics Committee, and Town Halls. All of these are central to ICP's approach to ethics, and all deal with ethical issues.

1. The Boundary Dilemmas Course educates candidates on ethical issues that can arise in the practice of psychoanalysis and the myriad ways these issues can be addressed. Every candidate is required to take the Boundary Dilemmas Course.
2. The Ombuds Office¹ is an independent, neutral and informal body. It is a confidential resource. The Ombuds Office provides a safe and confidential milieu for facilitating solutions to ethical concerns and issues. Any candidate or member may approach a representative of this Office for assistance. The Ombuds Office does not act as a judicial body.
3. The Ethics Committee² serves as a central body dedicated to integrating ethical principles into institute life through educational, professional and institutional activities. Any member of the ICP community can approach the committee or its individual members to discuss an area of ethical concern or interest. Ethical complaints from the general public are directed to both the

¹ The Ombuds Office works as a process group to deal with sensitive and confidential issues within the ICP. These may include ethical concerns. The Office consists of ICP volunteers (a chair, members and candidates) appointed by the Board for two-year terms, with the possibility of a second term to follow. Members of the Ombuds Office have experience with group process and work collaboratively as a team.

² The Ethics Committee's consists of ICP volunteers appointed by the Board for a consecutive three-year term, with the possibility of a second term to follow. The committee consists of members who have experience with group process, a commitment to collaborative engagement, and a sensitivity to ethical issues and concerns. It is important that the members work closely together as a cohesive team.

Ethics Committee and the ICP Board. Such complaints may include, but need not be limited to, dishonesty, discrimination or boundary violations. (These and other areas of ethical misconduct will be defined below.) The committee listens to allegations and offers consultation; it has no disciplinary power, nor does it act as a judicial body. At times, the committee will refer a complainant to the appropriate licensing board or state agency. The Ethics Committee encourages discussion of ethical issues and questions with members, candidates and the institute at large.

4. The president or board calls Town Halls at ICP periodically. These meetings provide a forum to discuss ethical matters. Members and candidates can suggest any ethical concerns for the agenda and discussion.

Informed Consent and Record Keeping

When beginning treatment, psychoanalysts must provide prospective patients with a document about the limits of confidentiality and the parameters of treatment. To be HIPAA compliant, a notice of privacy practices needs to be read by the patient and then signed, acknowledging that they have read the document. All professional organizations require clinicians to have this document signed.

Informed consent should be written in simple, understandable language, explaining key aspects of analysis or psychotherapy. It should describe the purpose of the treatment, the clinician's role and responsibilities, the probability of success, policies regarding cancellations and vacations for both parties and information about how to contact the clinician outside of sessions for routine inquiries and crises. Limits to confidentiality apply only to situations such as suspected child, dependent, or elder abuse, or when the patient is actively suicidal, homicidal, or gravely disabled. All limiting circumstances should be specified. When relevant, time limits regarding reimbursed services should be explained along with other third-party payers' policies that might impact treatment. Informed consent should also explain what types of interactions the clinician might have with the patient's allied healthcare providers, if given permission. Each practitioner's professional organization speaks to exactly what needs to be included in an informed consent document.

Notes³ are required to document every session and patient interaction. Case material can be documented multiple ways in a patient's record. Clinicians can use a narrative approach or a

³ Note taking refers to any record in any medium produced by a mental health professional for the purpose of documenting or analyzing a psychotherapy session.

standardized form with room for presenting symptoms, diagnosis, topics or themes discussed, treatments or interventions employed in the session, concerns and complaints and future plans. Clinicians should document missed sessions, suicidal ideation or intent, boundary crossings, countertransference, clinical enactments, and supervision and consultations with allied professionals. Notes document that we are following acceptable standards of care, forming treatment plans and assessing the outcomes of our interventions.

HIPAA regulations offer special protections to notes taken by mental health professionals. According to California law, therapists have the option of preparing a summary of their progress notes rather than releasing an entire set of notes. However, California law is preempted by HIPAA, which does NOT permit the psychotherapist to provide a patient requesting a copy of his or her records with a summary only, unless the patient has agreed in writing ahead of time, such as at the outset of therapy, to accept a written summary instead of the records themselves. (42 C.F.R. section 164.524(b)(2)(ii).) Regulations are in place that govern how these notes must be stored in the chart and how other types of information, such as test results, are to be charted.

HIPAA requires that psychotherapy records be separated into a required medical portion of the psychotherapy treatment record and a psychotherapy notes portion of the record in order for the psychotherapy notes to receive enhanced confidentiality. The following is a summarized of these requirements – HIPAA definitions (45 C.F.R. § 164.501)

- 1) Psychotherapy notes must be kept separate from other medical records of psychotherapy relating to treatment of the patient to receive a higher-level protection than the other medical records required as part of psychotherapy. Psychotherapy notes may not be released without a separate written authorization from the patient for each release.
- 2) Psychotherapy notes are notes "documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session and that are separated from the rest of the individual's psychotherapy medical record. Psychotherapy notes exclude medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date." This latter information should be part of the medical records of psychotherapy treatment kept separate from psychotherapy notes.

- 3) Notwithstanding the higher level of protection for psychotherapy notes, a therapist should still take care regarding the contents of such notes.
- 4) There is always a risk of disclosure and re-disclosure.

Ethical Considerations

Boundary crossings, multiple relationships, conflicts of interest, erotic transference/countertransference and confidentiality are usually handled constructively in contemporary psychoanalytic treatments. However, the same situations, when mismanaged, can lead to unethical—and sometimes illegal—behavior that is harmful to our patients. These destructive behaviors are known as boundary violations. It is recognized that an analyst/supervisor's blind spots can dramatically change the purpose of an analysis/supervision, from having the patient/supervisee's needs be primary to having the analyst/supervisor's needs take precedence. It is therefore an intrinsic hazard of our profession that boundary violations can occur without either member of an analytic/supervisory pair consciously acknowledging what is happening. Our Ethics Code considers the complicated, confusing and sometimes overlapping aspects of ethical conduct in order to help our members distinguish between boundary crossings and boundary violations.

Adhering to a tight frame with conventional boundaries helps prevent violations. After ethical consideration, we must sometimes forgo an opportunity we very much desire for our patient and/or ourselves. In order to avoid an unethical conflict of interest or confusing multiple relationships we may have to relinquish an opportunity for a patient's growth, distance ourselves from a friend, decline an attractive invitation, ignore a significant financial opportunity, or resign a governing role at ICP should one of our patients have an opportunity to assume a governing role. We must be willing to make personal and professional sacrifices to practice our profession safely.

What follows is a discussion of ethical behaviors that are of special note because they leave a clinician vulnerable to committing professional misconduct.

1. Boundary Crossings

Boundary crossings are nontraditional behaviors that occur outside of the customary frame of a

psychoanalyst-patient⁴, supervisor-supervisee⁵ or faculty-student relationship.⁶ Boundary crossings might be constituted by any of the following:⁷

- Analyst or patient engaging in physical touching
- Analyst or patient physically moving out their seats during a session to look together at photos, a phone, or a computer
- Role shifting (e.g., self-disclosure, bartering, providing real life aid)
- Offering unscheduled time either inside the office or outside via phone conversations, texts, emails or Facebook interactions
- Replacing the traditional in-office venue with regularly scheduled phone sessions or HIPAA compliant video-conferencing
- Engaging in face-to-face out-of-office interactions, such a visiting a patient at home or in the hospital, going to a patient's professional or artistic presentation, attending a patient's wedding, accompanying a patient to an essential appointment to which he or she would not go on their own, or sharing a meal for a clinical purpose
- Exchanges of gifts
- Decisions to engage in dual or multiple relationships⁸

Boundary crossings are often an integral part of a well-formulated psychoanalytic treatment plan, especially in contemporary psychoanalysis. For example, boundary crossings like a hug may represent a clinical provision that deepens a professional relationship and/or a meaningful enactment that facilitates significant growth when understood. However, boundary crossings make the patient-analyst relationship more similar to a regular social relationship. This shift away from a professional frame, no matter how subtle, can lead a patient or analyst to become confused about the nature and purpose of the work. At times, boundary crossings can lead the way to boundary violations that harm patients and destroy the psychoanalytic enterprise. For these reasons boundary crossings must be taken

⁴ The traditional frame for psychoanalytic work is for the psychoanalyst and patient to meet in an office for a prescribed period of time for an agreed upon fee. Treatment entails talking but not touching. Traditionally, there is to be no additional contact outside the office. These guidelines create a structural boundary within which fluid and conflicting unconscious emotions can be safely explored, protecting the dyad from natural human desires.

⁵ The traditional setting for a supervisory relationship is a private office. See Footnote 4 for more details.

⁶ The traditional frame for faculty-student relationships is the classroom. See Footnote 4 for more details.

⁷ Many of these circumstances might occur in supervision or in the classroom as well as in treatment.

⁸ Additional roles might include mentor, supervisor, colleague or friend.

very seriously: they should be continuously monitored, noted in records and discussed in psychotherapy.

2. Conflicts of Interest

Conflicts of interest refer to situations that have the potential to undermine the impartiality of a person, in this case the analyst or supervisor, because of the possibility of a clash between the person's self-interest and their professional interest, in this case the patient or the supervisee's best interest

Conflicts of interest are not intrinsically unethical. Like boundary crossings and multiple relationships, conflicts need to be carefully considered, discussed and noted. Conflicting roles can make clinicians more vulnerable to engaging in boundary violations like sexual misconduct, broken confidentiality and undue influence

3. Multiple Relationships

Multiple relationships occur when a psychoanalyst is in a professional role with a person and at the same time is in another role with the same person, or at the same time is in a relationship with a person closely associated with or related to the person with whom the analyst has the professional relationship, or promises to enter into another relationship in the future with the person or a person closely associated with or related to the person. Multiple relationships can potentially occur within treatment, supervisory and classroom settings.

We recognize that the occasional occurrence of dual or multiple relationships at institute events is inevitable. Yet we also acknowledge that frequently occurring or systematized multiple relationships complicate candidates' training analyses, supervision, and learning experiences. Special caution is to be exercised in regard to multiple relationships between members and their candidate patients, supervisees and students.

4. Erotic Transference or Countertransference

A client who has sexual or romantic feelings for his or her analyst has an erotic transference. Like any other transference, an erotic transference is a reflection of the patient's issues as they manifest in the analytic dyad. However, more than other forms of transference, an erotic transference can often be exciting and gratifying to a psychoanalyst, inspiring passions and other strong feelings that, if acted upon, can cause real harm. When a psychoanalyst has sexual feelings for his or her client, they are experiencing erotic countertransference. Because a patient's admiration and lust can so easily spark

desire in a psychoanalyst, we must habitually remain on guard for the development of sexualized transference and/or countertransference.

5. Discussing A Patient

Confidentiality is the guarantee that a health care provider will not share a patient's private information or secret thoughts with anyone, unless under certain specified situations outlined by law. Information has prescribed limits on how and when it can be disclosed. Usually the provider must obtain written permission to make any disclosure. This is a substantive rule in bioethics called confidentiality.

Confidentiality is a cornerstone of psychoanalysis. Assurance of silence helps build trust in the analytic relationship. The traditional psychotherapeutic frame creates a safe place where past secrets can be frankly discussed knowing that they will remain private. Our patients and clients come to us in vulnerable states—*anxious, depressed, grief stricken and traumatized*—to share their unconscious minds along with their most intimate thoughts and details having to do with their personal lives.

Professional Misconduct

Professional misconduct includes, but is not limited to, boundary violations like sexual, emotional, professional and/or financial exploitation; academic dishonesty; discrimination; and/or harassment of any kind. ICP's Ethics Code is explicit with regard to each of these.

1. Boundary Violations

Boundary crossings that harm a patient, or are likely to be harmful, become boundary violations. If a patient has negative feelings about a boundary crossing, then by definition it becomes a boundary violation. Thus, boundary violations may initially appear to be—and pass for—boundary crossings. Boundary violations differ from boundary crossings in that they frequently involve subtle (or not so subtle) enactments of power that violate a patient's, supervisee's or student's rights. Common boundary violations include unethical multiple relationships; conflicts of interest involving receiving excessive gifts, funds or other tangible benefit from patients (or their family members); undue influence; sexual misconduct or harassment; and professional discrimination or harassment.

Because boundary crossings can be a prelude to boundary violations, all interactions involving boundary crossings should be carefully structured, observed and discussed. Well-intended boundary

crossings, that have shared meaning, can usually be discussed quite easily. Boundary violations, in contrast, are much harder to discuss because they often involve an unacknowledged abuse of authority. Boundary violations usually involve unconventional behaviors that cause discomfort (or worse) and are not discussed or documented.

It is intrinsic to the psychoanalytic training model that psychoanalysts may assume multiple professional roles in the training of candidates. As professional colleagues within the institute, candidates automatically have dual relationships with their ICP analysts, supervisors and faculty—i.e., they may mix on equal terms at institute wide events. Such a complex training model can be confusing and has inherent risk. While multiple relationships are not intrinsically unethical or harmful, ICP is committed to helping people avoid role conflicts that might reasonably be expected to increase the possibility of impairment, exploitation or damage. As part of our obligation to do no harm, we are committed to avoiding multiple relationships and boundary violations within the institute.

Guidelines for maintaining clear boundaries. As psychoanalysts, we commit to using our power with the firm intention of fulfilling our professional obligations. As members of ICP, we may not use our professional status, special relationship, or position of power in an analytic organization to solicit personal gain, whether for sexual satisfaction, financial benefit or to perpetuate our values, ideas or position in the community. We must be consistently aware of our countertransference to protect patients' boundaries and rights by guarding against aspects of human nature that can be destructive to our work. Our tremendous authority over patients must never be used for unconscious exploitation.

Candidates, analysts and supervisors are all encouraged to be in their own ongoing analysis. Two of the three pillars of ICP's tripartite training model require candidates to be engaged in a personal analysis and to receive ongoing weekly supervision on control cases. All members are encouraged to seek consultation or supervision regularly to increase awareness of their motivations, conflicts, countertransference and anything else that might interfere with serving the needs of their patients, supervisees or students.

Psychoanalysts who neglect their personal needs are at greater risk for professional misconduct. Sometimes, we become very involved with our patients, which may seem like a good thing but can actually work to the detriment of treatment. Psychoanalytic work presents challenges, risks and temptations regularly. We have a professional obligation to tend to our own emotional, physical, intellectual and spiritual needs so that we do not act them out with our patients.

1a. Containing Boundary Crossings. Boundary crossings can become boundary violations so easily that they have the potential to be like traps. Nontraditional behaviors that are initially welcomed can quickly become destructive harmful actions.. Often times it is only the context that distinguishes a boundary crossing from a violation. Understanding a patient’s sociocultural background, expectations and needs along with a therapist’s conceptualization and treatment plan is essential to determining the meanings of a particular boundary crossing. Assessments about the appropriateness of boundary crossings must be made on a case-by-case basis. Such assessment is necessarily subjective. For all these reasons, boundary crossings require special care.

Boundary crossings should be described in notes. Mention should be made in a treatment plan when boundary crossings are regular (e.g. physical contact at leave taking, sessions conducted routinely via phone or video-conferencing) or common (e.g. frequent emergency phone calls at night, scheduled check-in calls on the weekend). Unconventional behavior and boundary crossings that are regular or frequent need to be discussed periodically, not just when they begin, to see if a patient’s perceptions have changed over time. Consultation should always be sought when there is doubt about the appropriateness of a boundary crossing.

The best way to avoid the risk of boundary violations is to stay within a traditional framework and to discuss boundary crossings with patients whenever they occur. Ideally, an analyst will discuss a boundary crossing like physical touching *before* it occurs, to get informed consent. That might mean asking a distraught patient if they would like you to hand them a tissue or sit beside them. Because contemporary clinical practice allows for considerable spontaneity, some boundary crossings (e.g., a physical gesture) might occur without thought, making prior discussion impossible. When touching or role shifting occurs without prior discussion—whether initiated by the patient or the psychoanalyst—it signals the potential for misunderstanding of the event for both parties. The value or harm of unconventional behavior to the future course of treatment should always be considered and usually discussed. In discussing boundary crossings after the fact, words need to be found to describe actions that have already occurred, and patients need to be asked how they understand and feel about what happened. Such conversations help us prevent our behavior from causing confusion or unknown harm. Members are urged to seek consultation when there is any confusion about the meaning of a boundary crossing.

Physical touching is not ordinarily a part of psychoanalytic treatment. However, occasional

touch is important to some treatment plans. A well intended, kind, physical gesture may nonetheless spark conscious or unconscious confusion about the actual nature of a professional relationship. Such touching may include a handshake, non-sexual hug, or moving to sit beside a distraught patient. A hug, for example, can be interpreted as a caring gesture or a sexual one. It can easily start off being perceived as one thing and then later be seen as something else. Without a conversation, such ambiguity will interfere with treatment. Physical touching, like most other boundary crossings, should always be discussed in analysis. Outside consultation should be sought if the psychoanalyst or the patient are concerned about the meaning of the touching or the future of the treatment.

Pre-pubescent children are more likely than other patients to be touched by their analyst as part of play or to restrain their behavior. The psychoanalyst needs to be alert to the multiple possible meanings of such touching for both parties. Keeping parent(s) or guardian(s) informed when touching occurs is generally useful.

1b. Avoiding Conflicts of Interest. As analysts we need to avoid conflicts of interest that can interfere with our impartial judgment and professional obligations. We must place our patients' interests above our own and protect their interests as much as possible. One way we can accomplish this goal is to be on guard for any real or potential conflicts of interest that may arise over the course of the treatment. In some cases, we may need to refer a patient who wants to see us to another clinician to avoid a conflict of interest. For example, we may refuse to see a patient's sibling or spouse. Sometimes, we must distance ourselves from a non therapeutic relationship, for example, when we discover our patient shares a mutual friend or teacher. While such overlaps are not always detrimental and may be helpful in some cases, we need to consider the specificity of the situation and the parties involved and make sure our personal decisions are based on our professional obligation to provide the most ethical and sound care possible. It is usually best to avoid conflicts of interest.

A common conflict of interest may arise when a candidate or member wishes to speak about or publish case material. In addition to the usual issues of informed consent and confidentiality, the clinician must take into account what, if any, conflicts or difficulties for the patient might exist and or arise in the future, even if the case material is disguised. Clinicians must consider all of the potential ways in which such an endeavor could impact the patient's best interest and the therapeutic relationship and must ultimately put the patient's best interest above their own professional ambitions.

There are many thoughtful discussions of conflicts of interest in the psychoanalytic literature. These resources should be consulted when conflicts arise.

1c. Avoiding Multiple Relationships. If a member finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the member should take reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with ICP's Ethics Code.

Analysis: Members and candidates should avoid entering into any role other than psychoanalyst or therapist with their patients. We may not enter into social, professional, cultural, financial or any other types of relationships with our current (or former) patients. If we know that we will be seeing a patient at an event outside of the office, we should discuss this with our patient. If necessary, we should be prepared to or take strong precautions to avoid seeing our patients outside of our office, which may include forgoing an event.

Training Analysis: Because candidates inevitably share ICP as a milieu with their psychoanalysts, they face special obstacles. Precautions should be taken to minimize any harm stemming from this dual relationship.

Candidates are not permitted to have their analyst as a formal supervisor. Candidates should avoid entering into any other relationships with their analysts. They should avoid being in small or select professional groups with their analyst (e.g. classes, study groups, boards, committees, task forces, etc.). Candidates should similarly not attend exclusive—or invitation only—events with their analyst (e.g., pre-talk dinners, small events in homes, etc.) Candidates should not give talks or presentations with their current analyst.

Members shall be mindful of the intrinsic dangers of intensifying dual relationships within the institute, remembering that such conflicts can easily impair their objectivity, competence and effectiveness as psychoanalysts. It is prudent for analysts to adhere to a traditional frame with candidate analysts and especially, which includes avoiding any multiple relationships. Members shall be aware of their own needs and of their influential position vis-à-vis those in their care.

Because a training analysis is primarily for the benefit of the candidate, with the exception of the negotiation of the fee, members shall avoid using their professional relationships to receive personal gain or services or to further their professional, institute, business, political or religious interests. Similarly, they shall not encourage candidates to engage in activities in order to profit the analyst's professional groups or organizations, unless the activities have a clear potential to benefit the candidate (e.g., brochures of public lectures or events). When the potential for such an influence is present, members shall be mindful of the differences between them and their candidate analysts and

of the effects on the transference.

Supervision: Candidate supervisees should generally avoid entering into dual relationships with their supervisor. This means that they should generally avoid taking classes with their supervisors. Candidates are discouraged from being in small or select professional groups with their supervisors (no study groups, boards, committees, task forces, etc.) until after they have finished working together. Candidates should not attend invitation only events with their supervisor (e.g., pre-talk dinners, small events in homes, etc.) Candidates should not give talks or presentations with their supervisors. If candidates want to take classes or otherwise intensify their study with a supervisor and feel they can manage the confusion that the intensification of their multiple relationships might bring, they are encouraged to discuss their decision with their advisor. Concurrent supervision of candidates by the spouse, significant other or other relative of their analysts should be avoided in the interest of maintaining the independence and objectivity of both the supervisory and analytic processes.

Academic Progress: When institutional policy or extraordinary circumstances force a member to serve in more than one role in evaluative proceedings, members must clarify role conflicts and expectations at the outset, specifying the extent of confidentiality.

Id. Avoiding Undue Influence. It is unethical for a treating clinician, supervisor or faculty member to take advantage of the power of the transference relationship to influence the lives of others within ICP or the psychoanalytic community at large. Members shall exercise the utmost care to avoid intellectual seduction, excessive influence or intimidation. For example, members should keep an open mind about their colleagues as they listen to a candidate's experience and avoid sharing their own impressions unless asked. Careful attention can help protect our candidates and institute from the subtle effects of undue influence and the unhealthy intensification of nonsexual dual relationships within the institute.

Members shall exercise the utmost care to avoid intellectual seduction, excessive influence or intimidation in psychoanalysis and supervision. Aware of their own needs and influence vis-à-vis those under their tutelage, members shall avoid the intensification of dual relationships that could impair the member's professional judgment and objectivity, possibly resulting in harm to a candidate.

Because supervision is for the benefit of the supervisee and his or her patient, with the exception of the negotiation of the fee, members shall avoid using their professional relationships to receive personal gain or services or to further their professional, institutional, business, political or religious interests. Similarly, they shall not encourage candidates to engage in activities in order to

profit the supervisor's professional groups or organizations, unless the activities have a clear potential to benefit the patient or supervisee (e.g., brochures of public lectures or events). When the potential for such influence is present, members shall be mindful of the power difference between them and their supervisee, especially in light of the transference.

It is unethical for a psychoanalyst to financially exploit his or her patient by engaging in financial dealings beyond reimbursement for treatment. It is unethical to use information shared by a patient (or the parent/guardian) for the psychoanalyst's financial gain.

Careful attention should be given to the process of referral to avoid conflicts of interest with patients, students, friends and colleagues. Referrals between members of the same family (including spouses and significant others) should be especially scrutinized. Disclosure should be made to patients about the relationship in the initial stages of the referral so that preferable alternatives may be considered. Our first obligation is to our patient, not to our colleague or friend. Any complications involving multiple relationships should carefully be considered before accepting any referral.

It is not ethical for a member to take advantage of the power of the transference relationship to aggressively solicit patients, candidates, supervisees or students into treatment, supervision or a study group. It is unethical to take such advantage of parents or guardians of current (or former) minor patients.

1e. Managing Erotic Transference and Countertransference. A particularly egregious example of conflict of interest and undue influence is the conflict between a psychoanalyst's professional obligations and his or her sexual and narcissistic needs. This is an area in which blind spots have a very damaging effect on the people under our care.

Sexual relationships or contact between analysts and their patients are always unethical. Section 729(b) of the California Business and Professions Code states that sexual exploitation by a psychotherapist is a public offense. The State of California Department of Consumer Affairs publishes a brochure entitled [Professional Therapy Never Includes Sex](#), a helpful resource for professionals and patients. Sexual relationships of any sort between a psychoanalyst and a current (or former) patient are both unethical and illegal.

In Analysis: Discussions of patient sexuality and experiences are a natural part of most psychoanalyses. The topic of sexuality should be approached with special care in psychoanalysis. Sexual insinuation or contact within a therapeutic relationship is to be completely avoided. There should never be any sexual jokes, knowing looks, innuendos, winks or hand gestures. If an analyst

knows or is told that their behavior is unwelcome or unethical, they must stop immediately and seek consultation.

Sexualized interactions and/or tension between an analyst and patient will occasionally occur as part of an enactment. Any sexualized interactions initiated by a patient toward an analyst need to be discussed. When a psychoanalyst feels sexual tension with his or her patient, no matter how seemingly benign, it is important to seek consultation. Any other response may be an infringement of a patient's right to professional and unimpaired treatment, even when the patient invites, initiates or consents to such involvement. Sexual feelings in therapy must never be allowed to become physical. Any flirting or sexualized interactions initiated by a psychoanalyst toward his or her patient is considered sexual misconduct. Sexual flirtations or relationships with a patient's immediate family members—whether initiated by family member or psychoanalyst—is also considered sexual misconduct.

Sexual harassment is behavior or speech that involves unwelcome or offensive sexual solicitation or commentary. This includes physical advances, sexual comments or nonverbal sexual conduct directed toward any member, candidate or patient. Sexual comments or behavior that is unwelcome, offensive or creates a hostile educational environment is considered harassment, especially when it is considered abusive to a reasonable person. Repeated suggestive comments and gestures, intense eye contact, overemphasis on titillating sexual stories, sexual jokes and allusions, and sexual disclosures on the part of the analyst are all warning signals of sexual harassment and constitute unethical boundary violations. Sexual harassment can consist of a single severe, intense act or a series of more subtle acts.

If a sexual transgression involving a patient occurs, a member or candidate shall immediately seek competent supervision to determine what intervention will be most beneficial to the treatment of the offended patient. When ending the therapeutic relationship is necessary for the patient's welfare, the member or candidate shall conduct the process of termination under supervision in a respectful and non-punitive manner, mindful of the upheaval that such a termination may activate in the patient. In addition to supervision, the member or candidate shall also initiate treatment to address the personal conflicts and countertransference reactions that interfered with his or her professional effectiveness.

Marriage between a psychoanalyst and a current (or former) patient, or between a psychoanalyst 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 involved.

In Supervision and the Classroom: Sexual relationships between anyone in a position of power

over another person are instances of professional misconduct, including supervisors and current supervisees, as well as faculty and current students. Sexual relationships between members and current students or members and current supervisees are always unethical. If sexual tensions develop in supervision or in the classroom, consultation should be sought.

If. Respecting Confidentiality. Patients have an absolute legal and ethical right to have their personal identifiable information kept private with few exceptions. All patients should be told the limits of confidentiality and given a written informed consent to sign before beginning treatment (see Informed Consent and Record Keeping above). Analysts must explain that they are legally required to break confidentiality only when a patient is suicidal or homicidal, gravely disabled, or when they learn about child abuse or dependent/elder abuse. In these cases an analyst should inform a patient beforehand of the necessity of breaching confidentiality, if that is at all possible. Sometimes it will not be possible to contact a patient before we must notify a potential victim, make a report, or call 911. Sometimes it is clinically appropriate for an analyst to encourage his or her patient to make a report. In addition, there may be breaches of treatment confidentiality by the Medical Board reviewing prescription records of patients in psychotherapy without the patients' knowledge or consent; there may be a requirement to breach confidentiality and make a mandatory report where the patient has threatened to harm self or others (e.g., Calif. Civil Code section 43.92; Calif. Welfare & Institutions Code sections 8100(b)(1), 8105(c)); and a psychotherapist has the authority to breach confidentiality when he or she holds a good faith belief that disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a reasonably foreseeable victim or victims (Calif. Civil Code section 56.10(c)(19)).

Clinicians should carefully outline how confidentiality will be maintained and respected in their consent to treatment form, and they should also be explicit about the situations where the patient's confidentiality may be breached. When analysts are providing services to a group of patients or to a family, they should seek agreement as to how the confidentiality will be handled. Analysts are encouraged to obtain agreement, verbally or in writing, from family or group participants to respect the confidentiality of other members of the group. Confidentiality of group or family therapy may not be breached without the consent of all participants in the therapy. (See Calif. Evidence Code section 912.)

Analysts need to be educated about federal rules such as HIPAA and their respective state laws that govern such areas as release of confidential information to third party payers, the maintenance and storage of patients' written and electronic records, and the transmission of such records to other parties

via computer, email, fax and telephone.

There may be times when a patient can give us permission to break confidentiality, for example, to discuss their case with another health care provider. This should be discussed beforehand to ensure that the patient is aware of the intended and possible unintended consequences of such a release. The patient must delineate what information may and may not be released, and how long the release is applicable. Such permission should always be specified in writing for our legal protection.

Particular care needs to be taken to protect patient's confidentiality in an educational setting. No identifying information shall be used that could disclose a patient's true identity in the written or verbal presentation of clinical cases. ICP has a clear policy that outlines the full extent of what types of permission candidates need to obtain from their patients if their material is going to be used in a graduation or academic paper.⁹

Psychoanalytic treatment and supervision offer patients and supervisees complete confidentiality with few exceptions. Violating confidentiality in treatment or supervision is a boundary violation. It can result from a multiple relationship or a conflict of interest, for example, the wish to get help from a colleague who knows one's patient.

Ig. Avoiding Financial Wrongdoing. It is not ethical for a psychoanalyst to solicit financial contributions from a current (or former) patient, or from the parent/guardian of a current (or former) patient, for any purpose. Similarly, a psychoanalyst should not give out the names of current (or former) patients or their parents/guardians for purposes of financial solicitation by others. A reduced fee does not limit any of the ethical responsibilities of the treating psychoanalyst.

If a patient (or parent or guardian of a minor patient) suggests a financial gift to a psychoanalytic organization or cause during treatment, it should be handled psychoanalytically. If necessary, the patient should be informed that his or her confidentiality might be breached by the treating psychoanalyst's obligation to recuse 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 organization or cause.

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 psychoanalyst, or for the benefit of the professional or scientific work of said psychoanalyst, or for the

⁹ This policy can be found in the ICP Manual entitled "Psy.D. Dissertation and Psy.D. Dissertation Project Manual." The manual can be found on the ICP website, members only section. Go to the Membership Menu, scroll down to ICP Manuals, click on Psy.D. Dissertation and Psy.D. Dissertation Project Manual (April 2017), p. 4.

benefit of the psychoanalyst's family, or the gift is placed under the control of the psychoanalyst, even if not directly beneficial to the psychoanalyst or his/her family, it is not ethical for the psychoanalyst to accept any financial benefit or to control its disposition. Legal counsel should be sought to clarify these situations.

A psychoanalyst can ethically 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 (and his/her family) do not personally benefit and over which the psychoanalyst (and his/her family) has no direct control. A psychoanalyst should take care to avoid encouraging this type of transaction.

2. Academic Dishonesty

Any action or attempted action that may result in creating an unfair academic advantage for oneself is considered dishonest. This includes, but is not limited to plagiarism¹⁰, falsification¹¹ or fabrication¹² of ideas or research.

Dishonest and disrespectful behavior is not permitted at ICP. Members and candidates agree to adhere to our policies and guidelines regarding civil and ethical behavior in collegial conduct in the classroom, consulting room and institute. Allegations of academic misconduct or dishonesty can be brought to a member of the Ombuds Office or the Ethics Committee. The institutional response will vary depending upon the facts and circumstances of each case.

Guidelines for Academic Honesty and Respectful Behavior. Candidates are expected to complete assignments and educational tasks. Requests with due notice for reasonable modification of assignments or requirements is acceptable. When problems develop, candidates are expected to discuss them with their instructor, advisor or colleagues. They are expected to treat other students, faculty and other members with respect. Specifically, candidates are not to undermine reasonable classroom expectations, demean or degrade other people and/or their ideas, or display contempt for alternate psychoanalytic theories and/or their creators. Reasonable disagreement with alternate psychoanalytic theory is encouraged. Members and candidates are always expected to credit other theorists when using their ideas. They are expected to listen to others without interrupting and be respectful of alternative views even when they strongly disagree.

¹⁰ Plagiarism is the appropriation of another person's ideas, processes, results, or words without giving appropriate credit.

¹¹ Falsification, in this context, is the act of consciously making false or incorrect statements, especially with the purpose of deceiving.

¹² Fabrication is the making up of data or results and recording or reporting them.

3. Discrimination

Any behavior of an aggressive or devaluing nature toward a patient or colleague based on prejudice regarding age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language and socioeconomic status is considered discrimination and is unethical.

Members and candidates are required to be aware of and respect individual and sociocultural differences and to consider these factors when working with members of different groups. Members and candidates shall not knowingly engage in behavior that is harassing, demeaning or discriminatory to persons with whom we interact in our work. We champion individual differences whether based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, socioeconomic status and other factors. We do not knowingly participate in or implicitly condone activities based upon prejudices of any sort.

As psychoanalysts, we seek to reduce the effect of discrimination based upon difference and to address such prejudices through education, self-reflection and consultations. Members are committed to recognizing and acknowledging implicit bias and microaggressions. We are advised to educate ourselves about other people who differ from ourselves in regard to age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language and social status.

Guidelines for Avoiding Discrimination. The Ethics Committee's principles with regard to discrimination apply in the following areas:

3a. Admission to ICP. The institute applies its criteria uniformly to all who seek admission to the institute. Applicants will not be excluded on the basis of race, color, ethnicity, religion, age, gender, sexual orientation or physical disability. An anti-discrimination clause will be prominently displayed in official publications of the institute and its programs.

3b. Professional Development. Opportunities for participation and advancement in all aspects of institute work (committees, teaching opportunities, etc.) are based solely on merit. There is to be no discrimination based on an individual's professional affiliation or specific demographics during candidate advancement or faculty development. Procedures and criteria regarding eligibility for admission and for becoming training analysts, clinical supervisors and teaching faculty are objective and delineated.

3c. Psychoanalytic Treatment. The psychoanalyst is expected to treat patients and their families and candidates in training analyses with respect and caring. Discrimination on the basis of age,

disability, ethnicity, gender, gender identity, race, religion, sexual orientation or socioeconomic status is ethically unacceptable.

4. Nonsexual Harassment

Behavior that is persistently annoying, worrying, frightening, bullying or controlling of another person is considered harassment. Harassment exists on a continuum from slight to extreme. It can include teasing, belittling, mocking, minimization and condescension. It can occur within dyads, small groups or the institution at large. Harassment can be verbal, written or transmitted by a physical gesture. It can be expressed publicly or privately. Whatever the means of delivery, in whatever setting, its purpose is to diminish, intimidate and dominate. Harassment is unethical in all of its forms.

Guidelines for Avoiding Harassment. As analysts and educators, we must be mindful of how we communicate our ideas and expectations and consider how they might be perceived. We must treat everyone with dignity and respect. If we are troubled by differences with our colleagues, we can educate ourselves about these differences and initiate courteous conversations about them.

Asymmetry in relationships increases the risk for harassment. This leaves patients, supervisees, and students most vulnerable. Harassment can also occur among equals, usually stemming from hostility about individual differences. If someone feels harassed at ICP, then they should tell somebody. If a member or candidate is uncomfortable addressing the harasser directly, he or she can speak to an adviser or a member of the Ombuds Office. Any member or candidate who is told that his or her behavior is experienced as harassing must stop immediately.

Upholding Ethics

Members and candidates bear the responsibility of upholding appropriate standards of competence, honesty, and integrity with other professionals in the field, and especially with each other. Members and candidates are asked to be sensitive and responsive to information concerning possible unethical behavior of another professional, even when received during psychotherapeutic sessions.

When a member learns of an ethical violation by another member, it is incumbent upon him or her to weigh responsibilities to the aggrieved patient, to the profession and its integrity and to the colleague. It may be appropriate initially to attempt to resolve the issue informally by bringing the behavior to the attention of the offending member. If the misconduct is of a minor nature where it

appears to be related to a lack of sensitivity, knowledge or experience, such an informal solution is preferable and usually effective. If the ethical violation is not of a minor nature or if an informal solution by friendly remonstrance or collegial consultation with the member in question is not effective—and especially if the violation is continuing or repeated—members are urged to talk to someone on the Ethics Committee or to file a written complaint with the Ethics Committee. After careful exploration of the circumstances, if deemed appropriate, the member or candidate shall inform the patient that the reported behavior is or may be unethical and that ethical guidelines have been formulated and are available. At all times the principle of confidentiality and the rights and wishes of the patient shall be the priority consideration.

If a member or candidate learns of a sexual relationship between any patient and his or her analyst, he/she should provide the patient with the State of California Department of Consumer Affairs brochure [Professional Therapy Never Includes Sex](#).

If members' or candidates' ethical responsibilities under ICP's Ethics Code conflict with state law or the regulations of another governing legal authority, they should clarify the nature of the conflict, make known their commitment to ICP's Ethics Code and take reasonable steps to resolve the conflict consistent with the Principles, Policies and Guidelines of the ICP Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution or is not resolved properly in that fashion, members can take further action appropriate to the situation. Such action might include referral to the ICP Ethics Committee, state licensing boards or professional associations' ethics committees. These options do not obtain when such an intervention would violate confidentiality rights or when psychoanalysts have been retained to review the work of another member whose professional conduct is in question.

Anyone who believes that another member or candidate has violated ICP's expected standards of academic or research conduct may take his/her concern to the Ombuds Office. Failing an informal resolution, an individual may request in writing a private meeting with the Ethics Committee.

Filing an Ethics Concern at ICP

The Ethics Committee recommends the following steps for addressing ethics concerns.

1. Complainants should first talk to someone not connected with the situation about the

incident(s) and their attendant feelings. They can seek an informal consultation with someone whom they respect or a member of the Ombuds Office.

2. Complainants should write about the situation in detail while their memory of events is fresh, noting details of what has happened, clarifying their thoughts, putting feelings into words and suggesting preferred remedies. This documentation will be useful should the grievance advance to a formal inquiry with a state licensing board.
3. Typically, the next step would be to formally enlist the help of the Ombuds Office, which, depending on the seriousness of the offense, can either provide immediate solution-focused help or offer guidance on choosing another grievance option. All names are kept confidential within the Ombuds Office.
4. Subsequent steps might involve speaking to a member of the Ethics Committee, who can be contacted directly by the complainant. The Ethics Committee may act as a consultant or a more active facilitator depending upon the wishes of the parties involved. One option available to the Ethics Committee is to serve as a third party facilitator, or mediator in attempting to forge a negotiated resolution: e.g., an agreement to limit frequency of contact, alterations in a chain of command, or a commitment to adhere to norms of appropriate behavior once it is understood what these norms are. Following mediation, the Ethics Committee will periodically follow up with the complainant to be sure no further harassment or retaliation has occurred.
5. All participants in a consultation or review process are expected to maintain confidentiality to protect the privacy of all involved to whatever extent possible and as dictated by law. Participants will bear in mind the effect that allegations can have on reputations, even if they prove to be unsubstantiated. Thus, only those individuals with a need to know should be informed of a complaint. In general, the more formal the grievance procedure, the less likely that complete confidentiality can be maintained.
6. Accompaniment: In pursuing any grievance option in the context of mediation, both parties to a dispute can be accompanied to meetings by any member of the ICP community. Such individuals may not be family members, subordinates, or attorneys, although both parties

may consult with an attorney or other adviser before or after any meeting at ICP. The role of the ICP community member is to provide support and guidance, not to be a surrogate for the party who is the primary participant.

7. The Ethics Committee may employ a nonspecific approach, which might involve distributing and discussing copies of the institute's ethics code, providing sexual harassment training or raising the subject of discrimination in a town hall meeting. Nonspecific approaches offer maximum protection of privacy, while having the additional advantage of hopefully preventing the occurrence of similar acts by other would-be or potential perpetrators.
8. The Ethics Committee does not investigate complaints at their discretion, even if the alleged conduct is deemed serious or egregious, nor does it act as a judicial body.
9. The Ethics Committee stands ready to help members with consultations, guidance, or mediation; however, it does not determine disciplinary actions.
10. Members or candidates may choose to issue a complaint with their licensing board, professional organizations or local authorities if a grievance involves a criminal matter.
11. The Ethics Committee has a duty to follow up with individuals whose concerns have been addressed to ensure that resolutions remain effective and do not result in untoward consequences such as retaliation. Likewise, it will be receptive to any further matters that complainants may wish to discuss.
12. A false or unfounded complaint made in bad faith or dishonestly is regarded as a serious offense. Instances of bad faith or dishonesty are not to be imputed from a failure to prevail, since a losing complainant may have honestly believed that an offense occurred. Bona fide acts of bad faith or dishonesty are the purview of the the Board.
13. No one shall be retaliated against for participating in good faith in any of the institute's grievance resolution procedures as a complainant, a witness, a consultant or in any other capacity. For a candidate, retaliation may include an action that adversely affects that person's academic status. For an employee, retaliation may consist of an adverse

employment action. Retaliation is a serious offense. For candidates, members and employees, a charge of retaliation may lead to referral to the Ethics Committee and could result in referral to the Board. It is also the institute's policy to recognize and respect the rights of any individual against whom a complaint has been brought. If such an individual has concerns about retaliation, he or she should make them known to the Ethics Committee.

14. Any individual who feels his/her ethical grievance has not been handled fairly has the right to discuss this with anyone on the Board or the Ethics Committee or take their matter to the appropriate state agencies, professional organizations or licensing boards.