

Ethics Guideline

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1. PREAMBLE

This Ethics Guideline is intended to protect the persons receiving treatment or support against unethical practices and to serve as a guide for members of the profession of Clinical Psychology and Health Psychology (hereinafter: members of the profession).

In principle, the practice of the profession of Clinical Psychology and Health Psychology is regulated by the Psychologists Act 2013, Federal Law Gazette I No. 182/2013. In the form of an Ethics Guideline, the rules of professional conduct supplement and specify the professional duties laid down in the Psychologists Act 2013 and also serve to safeguard and promote the professional ethics of members of the profession.

The ethical stance of a profession must remain free of ideologies. The ethics of professional conduct should always be open to critical discussion and renewal. Accordingly, the Ethics Guideline will be updated at regular, extended intervals. A professional ethics guideline aims at maximising the positive effects and consequences of clinical-psychological and/or health-psychological measures and at eliminating negative effects and consequences to the greatest possible extent. The professional ethical principles are based on the Meta Code of Ethics of the European Federation of Psychologists' Associations (EFPA):

1. Respect for the dignity and rights of the individual
2. Competence
3. Responsibility and
4. Integrity

In practising their profession, members of the profession are required to treat themselves and those with whom they enter into a particularly responsible working relationship through clinical-psychological and/or health-psychological work in an especially responsible manner.

In addition, the practice of Clinical Psychology and/or Health Psychology is associated with a particular degree of social responsibility. This includes efforts to promote and maintain the reputation of the clinical-psychological and/or health-psychological profession in order to maintain the critical trust between members of the profession on the one hand and persons undergoing treatment on the other, and to be able to live up to that trust.

In this sense, the Psychologists Act 2013 imposes certain professional obligations on members of the profession. In this regard, professional ethical principles are applied which must guide the actions of members of the profession and gain normative substance in the formulation of the individual professional duties. In accordance with the professional duties laid down in the Psychologists Act 2013, members of the profession are required to constantly reflect on their basic clinical-psychological and/or health-psychological attitude and their

actions in a self-reliant manner, taking into consideration the ethical obligations arising from their duties.

Members of the profession must disclose their qualifications, training, objectives and the objectives of the organisations to which they belong and take issue with misleading information supplied about themselves by third parties.

The limits of their own professional knowledge, competence and methods must be taken into consideration and the development of scientific knowledge must always be noted. This gives rise to a special obligation to further one's education and to work towards a mutual enrichment of basic research and practice.

Members of the profession always endeavour to make use of those clinical-psychological and/or health-psychological means and measures which can be regarded as best justified according to the current state of the science. More information on further training can be found on the website of the Federal Ministry of Labour, Social Affairs, Health and Consumer Protection at www.sozialministerium.at (Training and Development Guideline).

In order to arrive at the best possible solution to the tasks set, they are keen to cooperate with other experts, especially when required to recognise the limitations of their own competences.

The external working conditions must satisfy the requirements to be placed on professional practice.

Members of the profession must ensure that they deal responsibly with their own strengths and limitations in a manner they find appropriate.

2. PRINCIPLES OF PRACTISING THE PROFESSION

2.1 Principles of clinical and health psychological working relationships

Members of the profession undertake to deal responsibly with the special relationship of trust and dependency in the professional relationship with their patients. Particularly close contact with the life of the patients is created through diagnosis, treatment and consultation. Members of the profession derive a specific responsibility from this fact, which determines all these actions.

Multiple relationships between members of the profession and patients refer to different forms of interaction outside the professional relationship (e.g. kinship, sexual, social, professional or financial/business-related, religious), i.e. the assumption of several different roles for one person.

Multiple relationships increase the likelihood of conflicting roles as well as the risk of the patients being abused or harmed. If the patient is likely to be impaired or harmed, then entering into multiple relationships is unethical. They should be avoided on the basis of the possible risks.

Members of the profession respect the integrity of the people and groups they work with and treat patients with respect. They present their professional approach (diagnostics, consultation, treatment) in a comprehensive and transparent manner.

Before providing clinical-psychological and/or health-psychological services, members of the profession must provide information about essential professional duties (e.g. confidentiality) and about envisaged services, in particular about

- procedures in clinical-psychological/health-psychological diagnostics and about planned diagnostic procedures,
- the type, extent and planned course of consultations and treatment measures, the possible risks of clinical-psychological/health-psychological interventions,
- the cost of the services to be provided by them, the arrangements for settlement with social security institutions and the related necessary transfer of data,
- the possible consequences of the treatment or any failure to receive treatment,

- the reasons for any necessary modification of the planned procedures during clinical-psychological and/or health-psychological diagnostics or interventions,
- the processing of data, in particular with regard to the transmission of data to third parties,
- the intention to make audio or video recordings. In particular, having provided comprehensive clarification, the consent of the patients or their legal or authorised representatives must be obtained.

Members of the profession provide their services only with the consent of the person requiring treatment or their legal representative.

Members of the profession are required to provide patients or their legal or authorised representatives with full information about their services upon request. Information may only be provided to the legal representative or other persons providing information to the extent that the relationship of trust with the patients is not put at risk.

If members of the profession wish to cease practising their profession, they must inform the patients or their legal representatives of this intention in good time, depending on the circumstances and possibilities, so that ongoing clinical-psychological and/or health-psychological care can be ensured.

Members of the profession reflect their own needs, values, attitudes and possible prejudices and ensure that these do not impair the professional working relationship. They also reflect their influential position and role towards patients and the resulting power imbalance, and ensure that they do not abuse their position and role. They deal responsibly with the special relationship of trust and dependence. Each procedure in diagnostics, consultation or treatment as well as the jointly agreed and defined goals are professionally justified.

Satisfying one's own needs, especially of an emotional, economic, political, religious or sexual nature, with the help of the patients or placing these needs above the well-being of the patients, is an abuse of the patients. The members of the profession refrain from any discrimination against patients.

If it is sufficiently clear to members of the profession that maintaining a working relationship with the patient would no longer be of any further benefit to them, the treatment/support and thus the working relationship must be terminated by the members of the profession. In particular, where members of the profession recognise that personal problems threaten to have a lasting and

irreversible impact on the working relationship with patients, they will terminate that working relationship as soon as possible and in a professional manner, after having immediately and effectively sought to demonstrate other forms of professional support to the patients.

If members of the profession breach ethical principles in an organisation, they must explain the conflict between these requirements and the ethical guidelines to all parties involved and contribute to finding a solution.

If members of the profession discern a need for further treatment or assistance for patients that exceeds their professional competence, the patients must be made aware of other appropriate support options.

The results of examinations must be communicated in as clear and unambiguous a manner as possible. If the special nature of the assignment precludes this from the outset (e.g. selection examinations), the patients must be informed of this in advance.

2.2 Basic principles of setting up and laying out a therapy room

Treatment rooms should be designed in such a way as to enable a professional setting.

Particular care should be taken to ensure that

- physically restricted patients and clients, especially those with restricted motor skills, are provided for (no barriers, good accessibility),
- a confidential atmosphere is ensured by privacy screens and, if necessary, sound insulation,
- compliance with the duty of non-disclosure is ensured.

This also applies to a suitably equipped work area which is located within a private dwelling, but is separated from the living area, in which case additional attention must be paid to reasonableness, privacy and suitable access to the toilet.

Home visits are permitted in individual cases if they can be justified on professional grounds. This particularly applies if the patient is unable to leave their own surroundings for health, physical or psychological reasons. This would be the case, for example, if patients were immobile or bedridden.

If a patient is unable to leave his or her own surroundings for psychological reasons, such as an anxiety disorder, the option

of a home visit is permitted, especially with the aim of patients being able to cope with leaving the confines of their own home again.

A decision on whether such an individual case exists is incumbent on the respective members of the profession in practising the clinical-psychological and/or health-psychological activity to the best of their knowledge and belief in accordance with Art. 32 (1) of the Psychologists Act 2013.

2.3 Principles for confidentiality

Members of the profession are bound by professional confidentiality. The same confidentiality applies to trainees and assistants.

Information and results arrived at by members of the profession in the practise of their professional activities, as well as any conclusions or reports based on these activities, are subject to confidentiality. These may only be passed on in person following comprehensive clarification and with the consent of the person concerned. Members of the profession are required to explain the limits of confidentiality to patients.

Members of the profession may only use information from the results of a clinical-psychological and/or health-psychological examination for teaching purposes or publication if the anonymity of the persons concerned is guaranteed. In case of doubt, the express consent of the persons concerned must be obtained.

If, in certain situations, the member of the profession finds himself or herself in a conflict of conscience over whether confidentiality must be maintained or whether notification to third parties is necessary, he or she must first weigh up the various legal interests to be protected, such as the protection of the secrets entrusted to him or her against the protection of life and limb. The breach of the duty of confidentiality may be excusable in an emergency situation if it serves to avert an imminent and significant disadvantage from the member of the profession or another person. However, it excuses only a present or imminent danger which makes the occurrence of the damage appear certain or highly probable and which can only be averted through a breach of confidentiality.

More information on confidentiality can be found on the website of the Federal Ministry of Labour, Social Affairs, Health and Consumer Protection at www.sozialministerium.at (information on confidentiality pursuant to the Music Therapy Act, the Psychologists Act 2013 and the Psychotherapy Act).

2.4 Principles for the relationship with the client/employer

On the basis of their personal responsibility, which results in professional autonomy, members of the profession must arrive from the outset at a clear

demarcation within the framework of the professional competence with the employer or contractor, in particular in order to comply with professional duties and relevant professional ethical rules.

Contracts requiring work which is not in accordance with the professional or other principles of professional ethics or which contravenes professional obligations must be rejected.

Within the framework of clinical/health psychological activities, only those results which are relevant for responding to the task set are communicated to the client /employer in writing or verbally.

2.5 Principles for the preparation of expert reports

The activities performed by the members of the profession in their position as experts must be characterised by the quest for objectivity. They must respect the voluntary nature of participation in the peer review process. They must ensure that the information they obtain is adequately protected. Members of the profession are bound not only by scientific principles but also by legal and ethical standards.

More information on the preparation of expert opinions can be found on the website of the Federal Ministry of Labour, Social Affairs, Health and Consumer Protection at www.sozialministerium.at (guidelines for the preparation of clinical-psychological and/or health-psychological findings and expert opinions).

3. PUBLIC SERVICES

Members of the profession may refer to their professional activities as advertising in the sense of information if the advertising is limited to the factual, objectively verifiable publication of the professional offer. They must observe the statutory provisions regarding the restrictions on advertising and the ban on commission fees in all areas of public life and ensure that their services, including on the internet and social networks, are rendered in accordance with the necessary and verifiable objectivity.

For example, there would be no problem with information being made available to interested parties free of charge in the form of information folders, for example in social institutions or with physicians in private practice. However, they must refrain from making active offers at the interface between information and striking or intrusive advertising (e.g. vehicle lettering, direct mail).

They must ensure that their clinical-psychological and health-psychological offers are clearly separated from other legally regulated therapeutic offers (psychotherapy, music therapy, sophisticated medical-technical services, etc.) in terms of content and presentation, in particular within the scope of an internet presence.

A particularly careful separation from health-psychological or clinical-psychological services is required if members of the profession offer at most other (commercial) services which are not regulated by law as part of their occupational qualification as a health profession, such as yoga or human-energy assistance. In this context, the guidelines of the Federal Ministry of Labour, Social Affairs, Health and Consumer Protection for psychotherapists on the question of differentiating psychotherapy from esoteric, spiritual and religious methods should be referred to at www.sozialministerium.at as guidance. Reference can be made to specific professional further training courses or to special work equipment if their effectiveness has been impeccably proven with scientific methods and sufficient knowledge and skills have been demonstrably acquired.

4. PRINCIPLES OF RESEARCH, TEACHING AND TRAINING

4.1 Principles of research

Clinical-psychological and/or health-psychological research activities must comply with certain limits with regard to their motives and methods.

In the interest of the scientific further development of Clinical Psychology and Health Psychology as well as the research into the effects of Clinical Psychology and Health Psychology, members of the profession participate, in a manner appropriate to them and according to their possibilities, in research projects which they consider to be objectively meaningful, professionally qualified and ethically justifiable in terms of content, objectives and methodology.

In all research projects that directly or indirectly involve patients, clients or other test subjects, the welfare and safety of the persons involved take priority.

If the inclusion of clinical-psychological and/or health-psychological (patient) treatments in a research project is planned, the implications for the clinical-psychological and/or health-psychological process must be considered and comprehensive information must be provided to the patients and clients concerned about the possible risks and benefits of their participation in the research project. Participants (or their legal or authorised representatives) must declare their consent prior to participating in the research project and may withdraw their consent or terminate their participation at any time.

If members of the profession make documents from their practice available for research projects, they are responsible for ensuring that any violation of the personal rights of their patients or clients within the scope of their participation in the research project is excluded.

If necessary, research projects should first be reviewed by experts who are not involved in this research. If need be, existing ethics committees for the relevant field should be involved.

The intellectual property of colleagues must be respected. Presentations and publications should mention all participants who have made a significant contribution to their realisation.

4.2 Principles of teaching

This Ethics Guideline has been drawn up primarily for clinical-psychological and/or health-psychological practice and should therefore not affect the principle of

freedom of research and teaching, provided that, as already mentioned above, the integrity of persons, data protection and confidentiality are not violated.

4.2 Principles of postgraduate training

Within the scope of postgraduate training, teaching staff draw the attention of trainees to the ethical consequences of their work and explain the content and significance of the ethical guidelines to them.

It is the responsibility of the member of the profession to ensure that the trainees are only assigned tasks that are appropriate to their personal and professional competence, ability to work under pressure, and the time available. The use of trainees for unilateral or exclusively subordinate ancillary activities is not permitted.

The member of the profession must not derive any unreasonable financial benefits from the cooperation with trainees.

The members of the profession leading the training will respect the privacy of the trainees they work with during the course of postgraduate training. Information and knowledge obtained from the personal sphere of the trainees is not to be used in other contexts, in particular not to their detriment.

Training institutions offering postgraduate training courses for the acquisition of technical and theoretical competence must provide full information about the training contract as well as all facts and agreements essential for the training relationship and the training course. They must offer potential trainees maximum transparency with regard to costs, duration, content, objectives and the services required.

All persons and institutions involved in the training must take special care with regard to the contractual relationship that they enter into with the trainees. Commercial or other considerations alien to the meaning of postgraduate training are not permitted in the admission process or in the course of training.

5. PRINCIPLES OF COLLABORATION

5.1 General principle

Members of the profession are loyal, tolerant and willing to help in the cooperation with representatives of their own and other sciences, especially in interdisciplinary collaboration.

5.2 Principles for collaborating with colleagues

Members of the profession should be open to collaboration with colleagues from the profession and other health professions in the sense of mutual consultation and cooperation in clarifying the patient's conditions and appropriate diagnosis, treatment or consultation, in representing members of the profession in crisis situations and in referring persons whose diagnosis, treatment or consultation they are unable to undertake or continue. In these cooperative arrangements and consultations, care must be taken to ensure compliance with existing professional obligations, in particular the duty of confidentiality.

Members of the profession may join forces in order to share facilities, equipment, practice rooms, etc. and to jointly employ assistants.

Obligations arise from the interaction of different health professions

- to openly, constructively and critically contribute personal experiences, insights and points of view to the debate necessary for the further development of Clinical Psychology and Health Psychology as well as with other scientific disciplines, without belittling or defaming other schools of thought and views and those who represent them;
- not to show uncalled-for competitive behaviour towards colleagues and representatives of other health professions, but to strive for tolerance and constructive cooperation when dealing with them;
- to refrain from any uncalled-for criticism of the professional conduct of other members of the profession and members of other health professions, but not to remain silent in the event of the justified suspicion of unfair or unprofessional conduct on the part of colleagues, and instead first deal with them confidentially.

Members of the profession who are faced with a question or complaint are obliged to collaborate actively on the clarification thereof.

If particularly serious conflicts or complaints persist which cannot be resolved by the institutions of the professional associations and representative bodies, they must be passed on to the relevant authority.

5.3 Ban on commission fees

Members of the profession must not promise, give, take or be assured any remuneration for the referral of persons to Clinical Psychology or Health Psychology to them or by them, neither to themselves nor to any other person. Legal transactions that violate this ban are null and void. Benefits accrued from such legal transactions can be reclaimed (Art. 38 (2) leg.cit). Members of the profession must make every effort to prevent such benefits, privileges, commission fees or compensation from being accepted by employees or relatives.

Furthermore, it is forbidden for members of the profession to accept or be promised benefits and privileges for themselves or other persons in connection with clinical-psychological and/or health-psychological activities that might influence their objectivity. The acceptance of typical local or national gifts of minor value can be deemed harmless if it does not interfere with free and professional work.

Responsibility for avoiding such entanglements rests solely with the members of the profession.

6. FINAL OBSERVATIONS

The Ethics Guideline not only serves patient protection and quality assurance. It also provides protection for members of the profession in Clinical Psychology and Health Psychology against unethical working conditions, contracts, etc.

It has a strictly binding nature, in particular from an ethical and moral point of view, and represents the standard of care for practising the profession.