



## ***IMHPJ Code of Ethics***

Includes revisions approved at IMHPJ Annual Conferences through 2020.

### **1. Purpose**

The purpose of this Code of Ethics is to establish standards of ethical professional practice for IMHPJ Clinical and Associate Clinical Members as well as Affiliate Members where applicable (herein referred to as “Members”). This code may also be used to educate clients and the public about the importance of ethical behavior in the provision of mental health services.

IMHPJ Members strive to maintain high standards of competence in their work and uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and adapt their methods to the needs of their clients.

### **2. Ethical Standards**

#### **2.1 Client Centeredness**

The integrity, personal growth, and health of the client (this includes individuals, couples, families, and groups in treatment; supervisees, students, and organizations) are pursued in all interventions.

#### **2.2 Treatment Relationship**

The client-Member relationship is established on the basis of professionally accepted practices. Issues like the nature and anticipated course of treatment, fees and other arrangements are discussed as early as is appropriate.

Members are aware of the potential power differential between their professional role and the client role. No actions shall be taken that would knowingly increase, prolong or take advantage of this power differential.

Members must always be sensitive to, and work to limit, the potential harmful effects of outside contact with clients and refrain from entering into a therapeutic

relationship when preexisting relationships create a risk of such harm. Members treat the client with respect and dignity at all times and never engage in any financial, sexual, emotional, or other exploitation or harassment of any client.

Members never engage in physical, verbal or any kind of sexual intimacies with current clients, nor do they accept former sexual partners as treatment clients.

Members do not engage in sexual or romantic intimacies with a former treatment client for at least two years after cessation or termination of professional services. And, Members who engage in such activity even after two years following ending of treatment bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since treatment ended, (2) the nature and duration of the treatment, (3) the circumstances of termination, (4) the client's personal history, (5) the client's current mental status, (6) the likelihood of adverse impact on the client and others, and (7) any statements or actions made by the Member during the course of treatment suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the client.

### **2.3 Privacy and Confidentiality**

Members have a primary obligation to take reasonable precautions to protect the confidentiality rights of clients (both their clients and others' clients).

Matters of privacy and confidentiality are discussed as early in treatment as feasible. This includes discussing the limits of confidentiality, the use of supervision, and permission for electronic recording of interviews.

Clients have the right to confidentiality except where there is a clear threat or intent to do serious bodily harm to themselves or other people or when there is reason to suspect child or elder abuse.

When a client makes a formal complaint about a Member's ethical or treatment actions, they may be compromising their claims to confidentiality. (See details in Section 4).

When Members receive supervision and discuss cases anyone hearing the case presentation should also agree to protect the client's confidentiality.

### **2.4 Protection of Client's Rights**

Members inform each client about their rights or make such information easily available. Clients have the right to be treated with respect and dignity at all times. Clients have the right to be free of unfair discrimination based on ethnicity, sex, age, disability, national origin, language, religion, creed, marital status, sexual orientation, and political beliefs and affiliations.

Clients have the right to ask and be informed about the Member's qualifications including the right to be shown or have copies of relevant documents supplied when requested.

Members do not solicit testimonials from current clients or other persons who because of their particular circumstances are vulnerable to undue influence.

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, Members carefully consider the treatment issues and the potential client's welfare. The Member discusses these issues with the client, or another legally authorized person on behalf of the client, in order to minimize the risk of confusion and conflict, consults with the other service providers when appropriate, and proceeds with caution and sensitivity to the therapeutic issues.

## **2.5 Professional Competence**

Members provide only those services and use only those techniques for which they are qualified by education, training, or experience. In those areas in which recognized professional standards do not yet exist, Members exercise careful judgement and take appropriate precautions to protect the welfare of those with whom they work.

Members maintain knowledge of relevant scientific and professional information related to the services they render, and they recognize the need for ongoing education, engaging in opportunities for continuing education, training, and supervision.

Members recognize that their personal problems and conflicts may interfere with their effectiveness. Accordingly, they have an obligation to be alert to signs of and to obtain assistance for their personal problems at an early stage and to refrain from undertaking an activity when they think that their personal problems are likely to lead to harm to a client.

## **2.6 Conflicts between Ethics and Organizational Demands**

If the demands of an organization with which a Member is affiliated conflict with this Code of Ethics, the Member clarifies the nature of the conflict, makes known their commitment to the Code of Ethics, and, to the extent feasible, seeks to resolve the conflict in a way that permits the fullest adherence to the Code of Ethics.

## **2.7 General Issues**

Members comply with this Code of Ethics in public statements relating to their professional services, products, or publications or to the mental health field. Public statements include, but are not limited to: paid or unpaid advertising,

brochures, printed matter, directory listings, personal resumes or curriculum vitae, interviews or comments for use in media, statements in legal proceedings, lectures and public oral presentations, and published materials.

Members do not make public statements that are false, deceptive, misleading, or fraudulent, either because of what they state, convey, or suggest or because of what they omit, concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated. As examples (and not in limitation) of this standard, members do not make false or deceptive statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

When a member is uncertain whether a particular situation or course of action would violate this Code of Ethics, the member should consult with other members knowledgeable about ethical issues or with other appropriate authorities in order to choose a proper response.

To know of ethical violations and not take appropriate action is, in itself, an ethics violation and may warrant being expelled from IMHPJ (see details of possible appropriate actions below in Section 4).

### **3. Implementation of this Code of Ethics**

By signing this Code of Ethics each IMHPJ Member affirms that they have an obligation to remain familiar with it and to do their utmost to implement it in their professional practice. Lack of awareness or misunderstanding of an ethical standard is not itself a defense to a charge of unethical conduct.

A copy of this Code of Ethics should be made available to clients upon request.

At each yearly IMHPJ conference there will be at least one workshop or section where ethical issues and the Code of Ethics are discussed. Changes in this Code of Ethics can be made by majority vote of attending IMHPJ Clinical Members at any annual or special national IMHPJ Conference.

Members are required to cooperate fully and in a timely fashion with the ethics process. Failure to cooperate shall not prevent continuation of any proceedings and itself constitutes a violation of the Code of Ethics that may warrant being expelled from IMHPJ. Conduct is subject to the Code of Ethics in effect at the time the conduct occurred. If a course of conduct continued over a period of time

during which more than one Code of Ethics was in effect, each Code of Ethics will be applicable to conduct that occurred during the time period it was in effect.

## **4. Resolving Ethical Issues**

### **4.1 Informal resolution vs. filing a formal ethical complaint**

When a Member believes that there may have been an ethical violation by another Member, they attempt to resolve the issue by bringing it to the attention of that individual if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved.

If an apparent ethical violation is too serious for informal resolution or is not resolved properly in that fashion, Members take further action appropriate to the situation, unless such action conflicts with confidentiality rights in ways that cannot be resolved. Such action might include making a formal ethical complaint under these provisions of the IMHPJ Code of Ethics. To know of ethical violations and not take appropriate action is, in itself, an ethics violation and may warrant being expelled from IMHPJ. Complaints must be filed in a timely manner, generally defined as within a year after the alleged conduct either occurred or was discovered by the complainant (person making the filing). Exceptions allowing the consideration of complaints filed after this time limit can be made at the discretion of the IMHPJ Ethics Representative, ("ER"/a member of the Board of Directors of IMHPJ), with concurrence of the Ethics Panel convened to review the case.

### **4.2 Filing a formal complaint**

An ethics complaint can be filed by anyone with knowledge of the alleged violation. Members do not file or encourage the filing of ethics complaints that are frivolous and are intended to harm the respondent (alleged violator) rather than to protect the public.

A complaint is considered filed when a letter describing the alleged ethics violation and identifying both the alleged violator, or "respondent" and signed by the person making the complaint, or "complainant," is received by the ER.

The ER will contact the complainant, describe the procedures to be followed and send them the necessary releases of confidentiality.

### **4.3 Establishing an ethics panel**

On receipt of the signed releases of confidentiality from the complainant the process of investigating the complaint will begin. First, the ER will decide whether

there is sufficient cause for a full ethical ruling. If the ER feels that the issues raised in the complaint are not serious enough to possibly lead to expulsion from IMHPJ if found to be true and if they can successfully resolve the issues raised by discussing them with the respondent they can choose to do so. Even if the case is not serious enough to possibly lead to expulsion, the ER can choose to form an ethics panel to provide a full ethical ruling.

For a full ethical ruling the ER will appoint a Chair and two Members to serve as an Ethics Panel to investigate and rule on the complaint. All three people on the Ethics Panel shall be Clinical Members and at least one shall be a member of the Board. This panel, in conjunction with these policies and with the advice of the ER, will have the power to decide how best to investigate the complaint and after coming to a decision will specify what actions or directives to impose on the respondent if they are found to have committed an ethical violation. They can ask for and review the relevant materials, interview the people involved, and/or ask the respondent and/or complainant to answer questions in writing.

#### **4.4 Notification of the Respondent**

If a formal complaint is received, the ER shall so inform the respondent in a charge letter. The charge letter shall contain a concise description of the alleged behaviors at issue and identify the specific section(s) of the Code of Ethics that the respondent is alleged to have violated. The ER shall enclose a copy of the IMHPJ Code of Ethics; a statement that information submitted by the respondent shall become a part of the record, and can be used if further proceedings ensue; and a statement barring resignation (by letter of resignation, by nonpayment of dues, or otherwise) from IMHPJ while the Ethics Panel is investigating the complaint.

Unless to do so would put the complainant or other clients at risk of retaliation, a copy of any materials submitted to date by the complainant or on the complainant's behalf that will be considered (after removing/hiding references which might violate other client's confidentiality) should also be sent with the charge letter. If copies of these materials are not sent with the charge letter it should be made clear that copies of the materials will be made available to the respondent at their first interview with the Ethics Panel or ER.

A charge letter does not constitute or represent a finding that any unethical behavior has taken place, or that any allegations of the complaint are or are not likely to be found to be true.

At any time prior to final resolution of the formal complaint, in order to make the charges conform to the evidence developed during the investigation, the Panel Chair or E.R. may issue a new charge letter setting forth ethical standard(s)

and/or describing alleged behaviors different from or in addition to those contained in the initial charge letter.

#### **4.5 Response to a Charge Letter**

The respondent shall have 30 days after receipt of an initial charge letter to file a response; and 15 days after receipt of any additional charge letters to file a response to the new charges contained in them. Any request to extend the time for responding to a charge letter must be made in writing, within the 15 or 30-day time limits, and must show good cause for an extension.

The Chair of the Ethics Panel or the E.R. in the case of the informal resolution procedure may request the respondent to appear personally; the respondent has no automatic right to such an appearance.

#### **4.6 Personal Responses Required**

Although the respondent and the complainant have the right to consult with others concerning all phases of the ethics process, they must respond to charges, questions, and recommendations of the Ethics Panel personally and not through legal counsel, their therapists, or another third party. If the respondent shows good cause as to why he or she cannot respond personally, the ER may waive this requirement.

Both the respondent and the complainant are allowed to bring one Ethics Panel approved “advocate” with them for support during any personal appearances before the Ethics Panel. If they intend to do so they must notify the Chair of the Ethics Panel ahead of time to make sure that their advocate has been approved for attending the interview.

#### **4.7 Available Ethics Panel Actions**

On the basis of circumstances that aggravate or mitigate the culpability of the Member, including prior sanctions, directives, or educative letters from IMHPJ or local boards or similar entities, a sanction more or less severe, respectively, than would be warranted on the basis of the factors set forth below, may be appropriate. Of course, the Ethics Panel may decide that there has been no violation of the ethics policy. And two or more actions may be taken by the Ethics Panel based on different elements in the case.

A copy, signed by the members of the panel, of any decision by an Ethics Panel or E.R. in the case of an informal resolution procedure shall be provided to the respondent for their signature indicating that they have received it. This letter will include a statement about their right of appeal and that, if no appeal is made to the Board within 30 days that the decision will stand as written.

— 4.7.1 Reprimand.

Reprimand is the appropriate sanction if there has been an ethics violation but the violation was not of a kind likely to cause harm to another person or to cause substantial harm to the profession and was not otherwise of sufficient gravity as to warrant a more severe sanction.

— 4.7.2 Censure.

Censure is the appropriate sanction if there has been an ethics violation and the violation was of a kind likely to cause harm to another person, but the violation was not of a kind likely to cause substantial harm to another person or to the profession and was not otherwise of sufficient gravity as to warrant a more severe sanction.

— 4.7.3 Expulsion.

Expulsion from membership is the appropriate sanction if there has been an ethics violation and the violation was of a kind likely to cause substantial harm to another person or the profession or was otherwise of sufficient gravity as to warrant such action.

— 4.7.4 Cease and Desist Order.

Such a directive requires the respondent to cease and desist specified unethical behavior(s).

— 4.7.5 Other Corrective Actions.

The Ethics Panel may require such other corrective actions as may be necessary to remedy a violation, protect the interests of IMHPJ, or protect the public. Such a directive may not include a requirement that the respondent make a monetary payment to IMHPJ or persons injured by the conduct.

— 4.7.6 Supervision Requirement.

Such a directive requires that the respondent engage in supervision of a general or specified nature with a supervisor approved by the Ethics Panel.

— 4.7.7 Education, Training, or Tutorial Requirement.

Such a directive requires that the respondent engage in education, training, or a tutorial.

— 4.7.8 Evaluation and/or Treatment Requirement.

Such a directive requires that the respondent be evaluated to determine the possible need for treatment and/or, if dysfunction has been established, obtain treatment appropriate to that dysfunction.

— 4.7.9 Probation.

Such a directive requires monitoring of the respondent by the Panel to ensure compliance with the Ethics Panel's mandated directives during the period of those directives.



— 4.7.10 Revocation of membership for failure to follow Ethics Panel Directives

Members are expected to follow decisions and directives made by Ethics Panels, the E.R. (in the case of an informal resolution) or by the Board of Directors if an Ethics Panel or E.R. decision is appealed. Failure to follow such decisions and directives in a timely manner is in itself an ethics violation and will result in revocation of membership. This decision will be up to the Ethics Panel involved or the ER.

#### **4.8 Notification by Ethics Panel of their decisions**

When making notification of the final disposition of an ethics investigation, this notification shall include the ethical standard(s) that were judged to have been violated and the sanctions and/or directives given, if any. In show cause proceedings (see below), this notification shall describe the type of underlying action (e.g., loss of license) without reference to the underlying behavior. In matters in which membership is voided, the notification shall indicate that membership was voided because it was obtained on the basis of false or fraudulent information.

— 4.8.1 Respondent.

The Ethics Panel Chair (or ER when no Panel was formed) shall inform the respondent of the final disposition of the complaint. This notification shall include the rationale for any actions taken.

— 4.8.2 Complainant.

The Ethics Panel Chair (or ER when no Panel was formed) shall inform the complainant of the final disposition of their complaint. They may also at any time, as a matter of discretion, provide such information as is necessary to notify the complainant of the status of a case.

— 4.8.3 Membership.

The ER shall report at the Annual Meeting to the membership on the status and/or disposition of all ethics investigations or decisions made during the prior year, including the names of members (or former members) against whom ethics complaints have been made, the ethical standards involved, and the ethics actions decided upon.

— 4.8.4 Other Entities.

When the Board of Directors, the Ethics Panel, or the ER determines that further notification is necessary for the protection of IMHPJ or the public or to maintain the standards of IMHPJ, the ER shall communicate the final disposition to those groups and/or individuals so identified. Such notification may be made to similar national state and regional associations, and/or other appropriate parties.

— 4.8.5 Other Parties Informed of the Complaint.

The Ethics Panel Chair (or ER when no Panel was formed) may inform such other parties as have been informed of any matter reviewed under these Rules of the final disposition of that matter. Parties with knowledge of a matter may have been informed by the Ethics Panel, the ER, the respondent, or the complainant.

— 4.8.6 Notification of Additional Parties at the Request of Respondent.

The Ethics Panel Chair (or ER when no Panel was formed) may notify such additional parties of the final disposition as are requested by the respondent.

## 4.9 “Show Cause” Policy

— 4.9.1 Initiating a Show Cause action

If the ER verifies information that another professional organization has taken action against an IMHPJ Member, or that a Member has been convicted of a felony, the ER may send a “show cause” letter to the Member, giving them 30 days to provide evidence showing why IMHPJ should not take similar action and/or revoke their membership. The Member will also be informed that they have been barred from resigning membership while this issue is pending. The time limit for sending initiating a “show cause” action shall be within one year after the ER discovered the alleged unethical conduct and less than 10 years after the alleged conduct occurred, except this latter time limit shall be 20 years in any matter involving an offense against a minor.

— 4.9.2 Response to Show Cause Letter

- a). If the Member responds with evidence they feel shows cause that IMHPJ should not take action the ER will appoint an Ethics Panel (as described above) to rule on the member’s evidence. The process followed after this point will be the same as described above for an Ethics Panel investigation (from 4.6 on). The Ethics Panel can request further information and/or a personal interview with the Member and can decide on any of the actions described above in section 4.7.
- b). If the Member responds that there is no cause for IMHPJ not to take similar action, or that it is true that they were rightfully convicted of a felony, then the ER will choose the action listed in 4.7 above which most closely matches what the other professional organization decided, or will act to expel the member if the felony conviction was of a serious nature.
- c). If there is no response in 30 days then another notice will be sent by the ER stating that if there is no response within another 30 days then their membership in IMHPJ will be revoked.

#### **4.10 Confidentiality of Investigations**

All information concerning complaints against Members shall be confidential, except that the ER may disclose such information when compelled by a valid legal request; in response to a request from a similar national, state, or regional board or similar entity; or as otherwise provided in these procedures. Such information may also be released when the Ethics Panel and ER agree that release of that information is necessary to protect the interests of (a) the complainant or respondent; (b) other investigative or adjudicative bodies; (c) IMHPJ; or (d) members of the public, and release will not unduly interfere with IMHPJ's interest in respecting the legitimate confidentiality interests of participants in the ethics process and its interest in safeguarding the confidentiality of internal peer review deliberation.

#### **4.11 Confidentiality of Ethics Files**

Files related to investigation and adjudication of ethics cases shall be confidential, within the limitations described elsewhere in these procedures, and shall be maintained by the ER for at least five years after a matter is closed.

#### **4.12 Counter complaints**

The ER will not consider a complaint from a respondent member against a complainant member during the course of its investigation and resolution of the initial complaint. Rather, the Ethics Panel or ER, if no panel has been formed, shall study all sides of the matter leading to the first complaint and consider countercharges only after the initial complaint is finally resolved. An Ethics Panel, by unanimous vote, may waive this procedure and consider both complaints simultaneously.

#### **4.13 Anonymous Complaints**

The ER shall not act upon anonymous complaints. If material in the public domain is provided anonymously, the ER, after verification, may choose to initiate a complaint or Show Cause action themselves, but only if the respondent has been provided with a copy of the material and afforded an opportunity to respond to the material.

#### **4.14 Consecutive Complaints**

When a complaint is lodged against a Member with respect to whom a case involving similar alleged behavior was previously closed, materials in the prior case may be considered in connection with the new case and may be considered

as evidence as long as the Ethics Panel is informed of the final disposition of the original case.

#### **4.15 Simultaneous Complaints**

When more than one complaint is simultaneously pending against the same Member, the ER and/or Ethics Panel may choose to combine the cases or to keep them separate. In the event the cases are combined, the ER shall take reasonable steps to ensure that the legitimate confidentiality interests of any complainant, witness, or respondent are not compromised by combination.

#### **4.16 Appointment of Ad Hoc Ethics Representative**

##### **-4.16.1**

If the Ethics Representative is a party to a complaint or information is verified that would make them subject to a Show Cause action, then the President of IMHPJ shall appoint an Ad Hoc Ethics Representative to act as ER in dealing with this case.

##### **-4.16.2**

If, for any other reason, the ER does not believe that they can be fair in working on a particular complaint/investigation, they can, with the advice of the President of IMHPJ, appoint an Ad Hoc Ethics Representative to act as ER in dealing with that case.

##### **-4.16.3**

If the respondent to a formal ethics complaint believes that the ER or Ethics Panel Chair will not or can not be fair in dealing with their investigation the respondent may appeal to the Board of IMHPJ for appointment of an Ad Hoc Ethics Representative or a different Ethics Panel Chair to deal with their case. Decisions of the Board will be final.

#### **4.17 Appeal of Ethics Decisions**

All final decisions of the ER and any Ethics Panel may be appealed, within 30 days of the notification of the final decision, to the IMHPJ Board of Directors. The full Board will review the materials and decide the appeal by majority vote, where the ER and any Board members who were parties in the case are recused from voting. The Board may ask for additional information and/or personal interviews with the parties in the case. The Board will make its ruling within 90 days of receipt of the appeal.

## **5. Requirement for return to Membership**

Any member who has left IMHPJ within one year from the end of an ethics investigation will be barred from returning to membership until they show evidence (e.g. from clinical supervision or personal therapy) that they have dealt with and resolved any issues left from that ethics investigation. The Membership Secretary, the ER and the Board President will make this determination. Their decision can be appealed to the full Board, whose decision is final.