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Code of Ethics and Conduct

Guidance published by the Malta Psychology Professions Board¹

Introduction:

This document is intended to provide guidance and standards of professional conduct for psychologists that can be applied by the MPPB and by other bodies that choose to adopt them. The Code of Ethics and Conduct is not intended to be a basis of civil liability. Whether a psychologist has violated the Code of Ethics and Conduct standards does not by itself determine whether the psychologist is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.

In the process of making decisions regarding their professional behaviour, psychologists must consider this Code of Ethics and Conduct in addition to applicable laws and psychology board regulations. In applying the Code of Ethics and Conduct to their professional work, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organisations. If this Code of Ethics and Conduct establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists may seek the advice of the MPPB Board and/or an association that represents psychologists.

¹ This Code of Ethics and Conducted has been developed in consultation with the Malta Chamber of Psychologists. In its development reference has been made to the work published in the field by the APA and the BPS.

Part 1 Ethical Principles

Malta is a small, densely populated country located within a Mediterranean culture characterised by strong communitarian ties and lack of anonymity in intensively face to-face communities (O'Reilly Mizzi, 1994). Given Malta's small size and density of social networks (several Maltese communities have the highest population density in Europe) individuals meet regularly in everyday life and engage in multiple relationships. In Maltese villages and towns, life has a quality of intimacy that centre on family, children, Church and local community. Collective values and the resulting multiple relationships make consideration of one's reputation a matter of importance. Social visibility contributes to a strong moral community often maintained through the mechanism of gossip. This tightly knit complex social system presents its own ethical practices for the psychologist. The principles of beneficence, non-maleficence, respect, fidelity, responsibility and integrity need to be considered within this communal framework. The psychologist in Malta should primarily be a professional in the community.

Psychologists in Malta need to strive actively and creatively to maintain clear boundaries between personal and public life. They need to be conscious that in a small society they are more visible and their behaviour is far more accountable than it would otherwise be. They should strive to be persons of integrity, aware of their own fallibility, and oriented towards growth. They should foster a well-defined awareness of their own physical and mental health and its effect on their life and their work.

Psychologists are committed to fostering wellbeing. Through being fair and safeguarding the welfare and rights of those they work with, they aim to be of benefit to others and do no harm. In their communications they are accurate, honest and truthful. They act responsibly and are faithful to the trust placed in them as professionals.

Psychologists act with awareness of the influence they have as professionals in civic life. They respect the diversity, dignity and worth of all persons. They seek to promote justice, sensitivity to special populations, and political change. They dedicate themselves to enabling people. They do not knowingly participate or lend their implicit or explicit support to activities that do not adhere to these social and political responsibilities. They strive to contribute a portion of their professional time for little or no payment or personal advantage and they act on the belief that all persons are equally entitled to access and benefit from the same high quality psychological services irrespective of their resources.

Psychologists consult, refer to and cooperate with a community of professionals. They strive to create positive working atmospheres that facilitate communication and ultimately benefit persons who use their services. When conflicts with other professionals arise, they take the initiative to resolve them responsibly and beneficially.

Part 2 Ethical Standards

1. Competence

1.1 Psychologists should only work in their area of competence as defined primarily by their warrant specialization and augmented by their recognized additional education or training, supervised experience, consultation, study, or professional experience.

1.2 Psychologists should be aware of personal issues that may diminish the quality of their professional competence and refrain from engaging in professional activities until they are once again able to perform their duties in a competent manner.

1.3 Psychologists commit themselves to taking constructive action towards addressing personal issues in an empowering way, using such measures as supervision, assistance and consultation.

1.4 Psychologists should undertake ongoing efforts to develop and maintain their professional competence.

1.5 Psychologists claim credentials possessed and correct any credentials incorrectly attributed to them.

2. Interpersonal issues in practice

2.1 Psychologists should be sensitive and committed to treating all persons as equal regardless of their membership in a particular category or group.

2.2 Psychologists should be highly aware and well informed of the implications and harm that may arise from engaging in multiple relationships².

2.3 Wherever possible a psychologist's first course of action should be to avoid entering into a multiple relationship.

2.4 Failing this, psychologists are obliged to make a serious and rigorous assessment of the consequences of entering into the multiple relationships, where possible discussing these issues with the service user and their supervisor.

2.5 When a psychologist becomes aware of the existence of an unforeseen multiple relationship, they take steps to resolve the situation with consideration of the principles of beneficence and non-maleficence for all persons concerned but primarily for the service user.

² A multiple relationship is a relationship where, in addition to the professional role, the practitioner has another professional role or a personal role with the present or future service user, or someone closely related to them

2.6 A psychologist may be forced by law or otherwise to enter into a multiple relationship. When this happens they make clear with all parties concerned how far they can offer valid psychological services and the limits of confidentiality that may arise.

2.7 Psychologists may serve on boards, committees or other public procedures where a multiple role may occur. Psychologists should remove themselves for the duration of the procedure involving the person implicated in the multiple role.

2.8 In interventions involving multiple roles, psychologists take reasonable steps to clarify at the outset (i) which of the individuals are clients and (ii) the relationship the psychologist will have with each person.

2.9 In deciding whether to provide a service to a client who is already receiving a service from another psychologist, the welfare of the client is given first priority.

2.10 Psychologists make provisions for appropriate resolution of responsibility of client care when employer or contractual obligations end.

3. Maintaining Boundaries

3.1 Psychologists do not enter into a sexual or romantic relationship with those who they are providing a professional service for, or are bound to by a duty of care³.

3.2 Psychologists engaging in a therapeutic relationship have to keep in mind that they may have a continuing duty of care even after their service has formally ended.

3.3 Psychologists do not knowingly engage, collaborate or condone harassment.⁴

3.4 Psychologists regularly monitor the power relationships they have with others and ensure that they do not exploit power for personal, social, financial, and other gain.

3.5 Psychologists refrain from engaging in activities that involve a conflict of interest, if there is a situation where professional trust exists or professional objectivity would be impaired.

3.6 Psychologists terminate a service when it is no longer beneficial to the client or when it is harmful to either the client or the psychologist.

3.7 When the service is terminated, psychologists discuss termination issues and where needed discuss alternative service providers.

³ This might include: a former client, a former supervisee, a student or trainee or a junior staff member. Harassment is any behaviour that is unwelcome to the recipient, or taking advantage of client compliance, or withholding or threatening to withhold client rights and service needs unless client complies.

4. Informed Consent

4.1 Psychologists ensure that both clients and research participants, particularly vulnerable ones understand the nature, purpose, and anticipated consequences of any professional services or research participation, so that they may give informed consent.

4.2 Psychologists seek to obtain the informed consent of all persons to whom professional services or research participation are offered and keep adequate records of when, how and from whom consent was obtained.

4.3 Psychologists recognise that some people for whom professional services or research participation are contemplated may lack the legal capacity for informed consent and consequently seek informed consent from a legal guardian.

4.4 When informed consent cannot be obtained from clients or a guardian but there is a pressing need for the provision of professional services, psychologists consult a person able to evaluate the potential reactions of clients (such as a family member, or current or recent provider of care or services), for assistance in determining what may be in their best interests.

4.5 Psychologists exercise caution when seeking the informed consent of detained persons, in the light of the recognition that their circumstances may impact their ability to consent freely.

4.6 When professional services or research occur over an extended period of time, or when there is significant change in the nature or focus of such activities psychologists obtain informed consent over time.

4.7 Psychologists withhold information from clients only in exceptional circumstances when necessary to preserve the integrity of research or the efficacy of professional services, or in the public interest and specifically consider any additional safeguards required for the preservation of client welfare.

4.8 Psychologists avoid intentional deception of clients unless deception is necessary in exceptional circumstances to preserve the integrity of research or the efficacy of professional services. Clients are subsequently debriefed.

4.9 When the specific nature of contemplated professional services or research participation precludes obtaining informed consent from clients or their duly authorised representatives, psychologists obtain specific approval from appropriate institutional ethics authorities before proceeding. Where no institutional ethics authority exists, peers and colleagues should be consulted.

5. Working within organisations

5.1 Psychologists providing services through an organisation inform clients of relevant policies that may affect the nature of their work, the use of information given, and the direction and extent of accountability.

5.2 Where service needs to be interrupted owing to organisational factors, steps need to be taken so that the work can be continued with the least disruption possible.

6. Working with issues of sexual Diversity

6.1 MPPB opposes any psychological, psychotherapeutic or counselling treatments or interventions (often referred to as ‘reparative’ or ‘conversion’ therapies) that view same-sex sexual orientations (including lesbian, gay, bisexual and all other non-heterosexual orientations) as pathological. The Board honours and respects sexual diversity and thus categorically refutes the position of sexual diversity as pathological. In this regard conversion therapy and /or reparative therapies are not ethical.

7. Confidentiality Issues

7.1 Psychologists are duty bound to protect information obtained in a confidential setting.

7.2 Psychologists should discuss with their clients the limitations of confidentiality in the interests of safety and compliance with the law.

7.3 At the outset and later on when needed, psychologists discuss with their clients (individual or group) how confidentiality can be maintained, cognizant of the legal, institutional, organisation aspect in this regard (including prescription by the Professional Secrecy Act (Chapter 377) and the Data Protection Act (Chapter 440)). Psychologists will also discuss with clients the uses that will be made of information given and recorded.

7.4 Psychologists restrict breaches of confidentiality to those exceptional circumstances, under which there appears sufficient evidence to raise serious concern about: (i) the safety of clients; (ii) the safety of other persons who may be endangered by the client’s behaviour; or (iii) the health, welfare or safety of children or vulnerable adults. They should ordinarily seek supervision when contemplating a breach of confidentiality, unless the delay occasioned by seeking such supervision is rendered impractical by the immediacy of the need for disclosure.

7.5 If the need arises for disclosure, psychologists where possible try to obtain informed consent. When consent is given, psychologist must use discretion as to the necessity and appropriateness, with regards to whom to reveal and the amount of information to reveal. Where, *in extremis*, disclosure occurs without informed consent psychologists attempt to do this in the least harmful way possible.

7.6 Psychologists take all reasonable measures to maintain physical, social and psychological privacy.

7.7 Psychologists who offer services, products, or information via electronic transmission inform clients of risks to privacy and confidentiality.

7.8 In consultation and supervision, psychologists take reasonable precautions to ensure that the client is not identified, and to disclose information only as absolutely necessary.

7.9 Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless (i) they take reasonable steps to disguise the person or organization, (ii) the person or organization has consented in writing, or (iii) there is legal authorization for doing so.

8. Media Issues

8.1 Psychologists do not knowingly make any public statements about their professional activities that are false, defective or fraudulent, especially but not exclusively with regards to academic qualifications, experience, and areas of competence.

8.2 Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item.

8.3 Warranted psychologists advertising their services must be identified or clearly recognizable by giving their warrant number.

8.4 When advertising activities such as seminars, workshops or other courses, psychologists ensure that the information they give, including competencies granted by the course are accurate.

8.5 When psychologists provide public advice or comment via print, internet, or other electronic transmission, they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accordance with appropriate psychological literature and practice; (2) are otherwise consistent with this Code of Ethics and Conduct; and (3) do not indicate that a professional relationship has been established with the recipient.

8.6 Psychologists are responsible to recognise their competencies and limitations in their comments and provision of information to the public and to distinguish between their personal opinions and expert opinions based on recognized evidence-based research.

9. Record-keeping

9.1 Psychologists keep regular record of their work. In this activity they take reasonable steps to preserve anonymity. This includes but is not limited to keeping their record in a safe place, establishing an appropriate time limit for record keeping⁵ and taking provisions for the disposal of their records if the need arises.

9.2 Psychologists keep records to ensure good continuity of care and organisational accountability. Records should be kept with sensitivity and respect for clients' well-being, privacy and needs. Furthermore, in this age of litigation, it is also in the best interests of the psychologist to adequately document their professional services, in order to protect against allegations of unethical or harmful treatment of clients.

9.3 Information in reports to third parties other than the client which are based on kept records should be limited to the expressed need for the report and should be in line with precepts set forth in section 6.

10. Training Provision

10.1 Psychologists involved in teaching do so in areas where they are competent and well-prepared, ensuring accuracy in what they teach, using media that are respectful and appropriate.

10.2 Psychologists maintain appropriate boundaries with students while making themselves accessible for consultation. They do not force personal disclosures from students and make sure that their assessment is fair and valid.

10.3 In the case of mandatory psychotherapy students should be given the option of seeking this service from professionals who are not part of the teaching staff in their programme.

11. Research and Dissemination

11.1 In conducting research, psychologists comply with ethical prescriptions of the institutions, if they exist, within which they conduct research.

11.2 Psychologists pay attention to informed consent highlighted in section 4 that are applicable to the research context.

11.3 Psychologists are attentive to pressures exerted that may lead to subtle coercion to participate in research.

11.4 Psychologists do not take credit for research or publications that are not the result of their work.

11.5 Psychologists ensure that research participants (human or otherwise) are not subjected to serious or unnecessary harm and where there is potential of harm adequate safeguards are taken.

11.6 Researchers should be sensitive to the ramifications of the formulation of research agendas and of vested interest by stakeholders in the research.

11.7 Psychologists should ensure that data is not manipulated.

11.8 Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation or affect the data gathered.

12. Assessment and Expert Opinion

12.1 Psychologists ensure that assessment and expert opinion are based on sufficient and adequate data collection.

12.2 Assessment and expert opinion should be carried out for a perceived benefit.

12.3 Psychologists obtain informed consent for assessments, evaluations or diagnostic services except when (i) testing is mandated by law or government regulations, (ii) Informed consent is implied because testing is conducted as a routine procedure, or (iii) one purpose of the testing is to evaluate decisional capacity.

12.4 Psychologists dedicate time and attention to obtaining informed consent prior to carrying out assessment, and where guardian consent is required, the consent of the active participant is also sought if possible. Attention is given so that participants in an assessment are not coerced into participation, subject to the provisions in 12.3 above.

12.5 Psychologists should be alerted to and attempt to minimise adverse consequences as a result of assessment.

12.6 Psychologists should select carefully what method of assessment is most appropriate.

12.7 When using assessment instruments not developed in Malta, psychologists should prefer instruments that have been adapted to the local culture. Failing this, they should identify and make explicit all possible biases and limitations that there could be.

12.8 Psychologists should communicate the results of an assessment to the client in as clear and understandable a way as possible.

12.9 Psychologists should use care to ensure that tests are not used to provide harmful labels.

12.10 Psychologists should explain the nature and purpose of the assessment, fees, involvement of third parties, limits of confidentiality and provide sufficient opportunity for the client to ask questions and receive answers.

12.11 Psychologists engaging in test construction should use appropriate procedures and professional knowledge for optimal test design.

12.12 When interpreting assessments, psychologists should take into account the purpose of the assessment as well as personal, cultural, linguistic and situational characteristics that may affect interpretation.

12.13 Psychologists should recognise the limits of their competence and perform only those tests and assessment services for which they have been adequately trained.

12.14 Psychologists retain responsibility for the appropriate application, interpretation and use of all assessment instruments used.

12.15 Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques.

12.16 Psychologists are often approached to provide expert opinion regarding individuals. Consequently:

12.16.1 Psychologists should base their opinions, recommendations, reports, diagnostic or evaluative statements on evidence-based information and assessment techniques sufficient to substantiate their conclusions.

12.16.2 Psychologists provide expert opinions (as distinct from record reviews) of individuals

i) within the limits of their competence and expertise and

ii) only after they have conducted a face-to-face assessment of the individuals adequate to support their statements, conclusions or recommendations.

It is unethical to provide an opinion or assessment on an individual who has not been interviewed face to face.

12.17 A record review carried out in the justified absence of direct client contact, and based solely on documentation made by other mental health professionals - who have themselves had face-to-face contact with the individuals - is not considered an expert opinion or assessment. In such cases the professional validity of the record review is proportionate to the quality of the documentation at the psychologist's disposal and this should be clearly documented in the psychologist's review. The psychologist shall provide the following disclaimer: *This document is NOT a psychological opinion or assessment but a review of records. The next step for me to form any kind of opinion on Mr/Ms X is to carry out a face-to-face assessment.*

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