



The American & International Boards of Psychoneurology



The American & International Board of Psychoneurology

Ethical Principles of Psychoneurologists & Code of Conduct

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The mission of the American and International Boards of Psychoneurology is to enhance the quality of life on a global scale by promoting the development of professional psychoneurologists, advancing the psychoneurology profession, and using the profession and practice of psychoneurology to promote thriving through the integration of new resources or learnings.

INTRODUCTION AND APPLICABILITY

The American and International Boards of Psychoneurology's (ABPN/IBPN) Ethical Principles of Psychoneurologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble and various Ethical Standards. The Introduction discusses the intent, organization, procedural considerations and scope of application of the Ethics Code. The Preamble is aspirational goals to guide psychoneurologists toward the highest ideals of psychoneurology. Although the Preamble is not itself an enforceable rule, it should be considered by psychoneurologists in arriving at an ethical course of action. The Ethical Standards set forth enforceable rules for conduct as psychoneurologists. Most of the Ethical Standards are written broadly, in order to apply to psychoneurologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that an Ethical Standard does not specifically address a given conduct does not mean that it is necessarily either ethical or unethical.

This Ethics Code applies to psychoneurologists' activities across a variety of contexts, such as in person, postal, telephone, internet and other electronic transmissions. These activities shall be distinguished from the purely private conduct of psychoneurologists, which is not within the purview of the Ethics Code.

Only practitioners, doctors, professors and students of psychoneurology that are credentialed by, or are/were enrolled in, an authorized educational program, as qualified by the ABPN/IBPN, are recognized as legitimate psychoneurologists. Membership in the ABPN/IBPN commits members and student affiliates to comply with the standards of the Ethics Code and to the rules and procedures



used to enforce them. Lack of awareness or misunderstanding of an Ethical Standard is not itself a defense to a charge of unethical conduct.

The ABPN/IBPN may impose sanctions on its members for violations of the standards of the Ethics Code, charges of slander against the field of Psychoneurology, its founder, associations, practitioners, and educators, or the ABPN/IBPN; including termination of ABPN/IBPN membership, loss of active status as a psychoneurologist and may notify other bodies and individuals of its actions.

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

In applying the Ethics Code to their professional work, psychoneurologists may consider other materials and guidelines that have been adopted or endorsed by psychoneurological organizations and the dictates of their own conscience, as well as consult with others within the field. If this Ethics Code establishes a higher standard of conduct than is required by law, then psychoneurologists must meet the higher ethical standard. If psychoneurologists' ethical responsibilities conflict with law, regulations or other governing legal authority, psychoneurologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner in keeping with basic principles of human rights.



PREAMBLE

The American and International Boards of Psychoneurology are educational, scientific, spiritual and professional organizations whose members work in a variety of settings and serve in multiple capacities. ABPN/IBPN members are dedicated to the enhancement of human development to the level of thriving throughout the life span. ABPN/IBPN members recognize diversity and embrace an integrative approach, honoring and bridging ancient wisdom with leading edge technology, in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts.

The ABPN/IBPN believes that professional values are an important way of living out an ethical commitment. Values inform principles. Inherently held values that guide our behaviors or exceed prescribed behaviors are deeply ingrained in psychoneurologists and developed out of personal dedication, rather than the mandatory requirement of an external organization.

Accordingly, psychoneurologists believe in the dignity, worth and unlimited potential of the individual. They are committed to increasing knowledge of human behavior and understanding of themselves and others. Psychoneurologists recognize that their true seeds of excellence lie in their individual ability to access and follow their internal, often intangible, guidance. Psychoneurologists believe that this synthesis of external objectives of the profession with internal instincts can yield extraordinary results for thriving on an individual, societal and global level. While pursuing these endeavors, they make every reasonable effort to protect the welfare of those who seek their services, or of any subject that may be the object of study. They use their skills only for purposes consistent with these values and do not knowingly permit their misuse by others. While demanding for themselves freedom of inquiry and community, psychoneurologists accept the responsibility this freedom confers: competence born of both objective and subjective elements of their experience and service in the best interest of clients, colleagues, and society in general.



ETHICAL STANDARDS

Article I. The Psychoneurology Relationship

Introduction

Psychoneurologists encourage client growth and development in ways that foster the interest and welfare of clients and promote formation of healthy relationships. Psychoneurologists actively attempt to understand the diverse cultural backgrounds of the clients they serve. Psychoneurologists also explore their own cultural identities and how these affect their values and beliefs about the psychoneurology process.

Psychoneurologists are encouraged to contribute to society by devoting a portion of their professional activity to services for which there is little or no financial return (*pro bono publico*).

Section 1.01 Welfare of Those Served by Psychoneurologists

- (a) Primary Responsibility - The primary responsibility of psychoneurologists is to promote thriving through the integration of new resources or learnings.
- (b) Records - Psychoneurologists maintain records necessary for rendering professional services to their clients and as required by laws, regulations, or agency or institution procedures.

Psychoneurologists include sufficient and timely documentation in their client records to facilitate the delivery and continuity of needed services. Psychoneurologists take reasonable steps to ensure that documentation in records accurately reflects client progress and services provided. If errors are made in client records, psychoneurologists take steps to properly note the correction of such errors according to agency or institutional policies.

- (c) Psychoneurology Plans - Psychoneurologists and their clients work jointly in devising integrated psychoneurology plans that offer reasonable promise of success and are consistent with abilities and circumstances of clients. Psychoneurologists and clients regularly review psychoneurology plans to assess their continued viability and effectiveness, respecting the freedom of choice of clients.
- (d) Support Network Involvement - Psychoneurologists recognize that support networks hold various meanings in the lives of clients and consider enlisting the support, understanding, and involvement of others (e.g., religious / spiritual / community leaders, family members,



friends) as positive resources, when appropriate, with client consent.

(e) Employment Needs -

Psychoneurologists work with their clients considering employment in jobs that are consistent with the overall abilities, vocational limitations, physical restrictions, general temperament, interest and aptitude patterns, social skills, education, general qualifications, and other relevant characteristics and needs of clients. When appropriate, psychoneurologists appropriately trained in career development will assist in the placement of clients in positions that are consistent with the interest, culture, and the welfare of clients, employers, and/or the public.

Section 1.02 Informed Consent in the Psychoneurology Relationship

(a) Informed Consent - Clients have the freedom to choose whether to enter into or remain in a psychoneurology relationship and need adequate information about the psychoneurology process and the psychoneurologist. Psychoneurologists have an obligation to review in writing and verbally with clients the rights and responsibilities of both the psychoneurologist and the client. Informed consent is a part of the psychoneurology process, and psychoneurologists appropriately

document discussions of informed consent at the onset of the psychoneurology relationship.

(b) Types of Information Needed -

Psychoneurologists explicitly explain to clients the nature of all services provided. They inform clients about issues such as, but not limited to, the following: the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services; the psychoneurologist's qualifications, credentials, and relevant experience; continuation of services upon the incapacitation or death of a psychoneurologist; and other pertinent information. Psychoneurologists take steps to ensure that clients understand the intended use of calibration, reports, fees, and billing arrangements.

Clients have the right to confidentiality and to be provided with an explanation of its limitations (including how educators and/or treatment team professionals are involved); to participate in the ongoing psychoneurology plans; and to refuse any services or modality change and to be advised of the consequences of such refusal.

(c) Developmental and Cultural Sensitivity

- Psychoneurologists communicate information in ways that are both developmentally and culturally



appropriate. Psychoneurologists use clear and understandable language when discussing issues related to informed consent. When clients have difficulty understanding the language used by psychoneurologists, they provide necessary services (e.g., arranging for a qualified interpreter or translator) to ensure comprehension by clients. In collaboration with clients, psychoneurologists consider cultural implications of informed consent procedures and, where possible, psychoneurologists adjust their practices accordingly.

- (d) Inability to Give Consent - When counseling minors or persons unable to give voluntary consent, psychoneurologists seek the assent of clients to services, and include them in decision making as appropriate. Psychoneurologists recognize the need to balance the ethical rights of clients to make choices, their capacity to give consent or assent to receive services, and parental or familial legal rights and responsibilities to protect these clients and make decisions on their behalf.

Section 1.03 Clients Served by Others - When psychoneurologists learn that their clients are in a professional relationship with another mental health professional, they request release from clients to inform the other professionals and strive

to establish positive and collaborative professional relationships.

Section 1.04 Avoiding Harm and Imposing Values

- (a) Avoiding Harm - Psychoneurologists act to avoid harming their profession, colleagues, clients, trainees, and research participants and to minimize or to remedy unavoidable or unanticipated harm.
- (b) Personal Values - Psychoneurologists are aware of their own values, attitudes, beliefs, and behaviors and avoid imposing values that are inconsistent with psychoneurology goals. Psychoneurologists respect the diversity of clients, trainees, and research participants.

Section 1.05 Roles and Relationships at Individual, Group, Institutional, and Societal Levels

- (a) Advocacy - When appropriate, psychoneurologists advocate at individual, group, institutional, and societal levels to examine potential barriers and obstacles that inhibit access and/or the growth and development of clients.
- (b) Confidentiality and Advocacy - Psychoneurologists obtain client consent prior to engaging in advocacy efforts on behalf of an identifiable



client to improve the provision of services and to work toward removal of systemic barriers or obstacles that inhibit client access, growth, and development.

Section 1.06 Multiple Clients - When a psychoneurologist agrees to provide psychoneurology services to two or more persons who have a relationship, the psychoneurologist clarifies at the outset which person or persons are clients and the nature of the relationships the psychoneurologist will have with each involved person. If it becomes apparent that the psychoneurologist may be called upon to perform potentially conflicting roles, the psychoneurologist will clarify, adjust, or withdraw from roles appropriately.

Section 1.07 Group Work

- (a) **Screening** - Psychoneurologists screen prospective group psychoneurology/therapy participants. To the extent possible, psychoneurologists select members whose needs and goals are compatible with goals of the group, who will not impede the group process, and whose well-being will not be jeopardized by the group experience.
- (b) **Protecting Clients** - In a group setting, psychoneurologists take reasonable precautions to protect clients from

physical, emotional, or psychological trauma.

Section 1.08 End-of-Life Care for Terminally Ill Clients

- (a) **Quality of Care** - Psychoneurologists strive to take measures that enable clients
 - (i) to obtain high quality end-of-life care for their physical, emotional, social, and spiritual needs;
 - (ii) to exercise the highest degree of self-determination possible;
 - (iii) to be given every opportunity possible to engage in informed decision making regarding their end-of-life care; and
 - (iv) to receive complete and adequate calibration regarding their ability to make competent, rational decisions on their own behalf from a mental health professional who is experienced in end-of-life care practice.
- (b) **Psychoneurologist Competence, Choice, and Referral** - Recognizing the personal, moral, and competence issues related to end-of-life decisions, psychoneurologists may choose to work or not work with terminally ill clients who wish to explore their end-of-life options. Psychoneurologists



provide appropriate referral information to ensure that clients receive the necessary help.

- (c) Confidentiality - Psychoneurologists who provide services to terminally ill individuals who are considering hastening their own deaths have the option of breaking or not breaking confidentiality, depending on applicable laws and the specific circumstances of the situation and after seeking consultation or supervision from appropriate professional and legal parties.

Section 1.09 Fees and Bartering

- (a) Accepting Fees From Agency Clients - Psychoneurologists refuse a private fee or other remuneration for rendering services to persons who are entitled to such services through the psychoneurologist's employing agency or institution. The policies of a particular agency may make explicit provisions for agency clients to receive psychoneurology services from members of its staff in private practice. In such instances, the clients must be informed of other options open to them should they seek private psychoneurology services.
- (b) Establishing Fees - In establishing fees for professional psychoneurology services, psychoneurologists consider the financial status of clients and locality. In the event that the established fee structure is inappropriate for a client, psychoneurologists assist clients in attempting to find comparable services of acceptable cost.
- (c) Nonpayment of Fees - If psychoneurologists intend to use collection agencies or take legal measures to collect fees from clients who do not pay for services as agreed upon, they first inform clients of intended actions and offer clients the opportunity to make payment.
- (d) Bartering - Although it is not encouraged, psychoneurologists may barter only if the relationship is not exploitive or harmful and does not place the psychoneurologist in an unfair advantage, if the client requests it, and if such arrangements are an accepted practice among professionals in the community. Psychoneurologists consider the cultural implications of bartering and discuss relevant concerns with clients and document such agreements in a clear written contract.
- (e) Receiving Gifts - Psychoneurologists understand the challenges of accepting gifts from clients and recognize that in some cultures, small gifts are a token of respect and showing gratitude. When



determining whether or not to accept a gift from clients, psychoneurologists take into account the therapeutic relationship, the monetary value of the gift, a client's motivation for giving the gift, and the psychoneurologist's motivation for wanting or declining the gift.

Section 1.10 Termination and Referral

- (a) Abandonment Prohibited - Psychoneurologists do not abandon or neglect clients in psychoneurology. Psychoneurologists assist in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions such as vacations, illness, and following termination.
- (b) Inability to Assist Clients - If psychoneurologists determine an inability to be of professional assistance to clients, they avoid entering or continuing psychoneurology relationships. Psychoneurologists are knowledgeable about culturally and clinically appropriate referral resources and suggest these alternatives. If clients decline the suggested referrals, psychoneurologists should discontinue the relationship.
- (c) Appropriate Termination - Psychoneurologists terminate a

psychoneurology relationship when it becomes reasonably apparent that the client no longer needs assistance, is not likely to benefit, or is being harmed by continued psychoneurology. Psychoneurologists may terminate psychoneurology when in jeopardy of harm by the client, or another person with whom the client has a relationship, or when clients do not pay fees as agreed upon. Psychoneurologists provide pre-termination psychoneurology and recommend other service providers when necessary.

- (d) Appropriate Transfer of Services - When psychoneurologists transfer or refer clients to other practitioners, they ensure that appropriate clinical and administrative processes are completed and open communication is maintained with both clients and practitioners.

Section 1.11 Technology Applications

- (a) Benefits and Limitations - Psychoneurologists inform clients of the benefits and limitations of using information technology applications in the psychoneurology process and in business/ billing procedures. Such technologies include but are not limited to computer hardware and software, telephones, the World Wide



Web, the Internet, online calibration instruments and other communication devices.

- (b) Technology-Assisted Services - When providing technology-assisted distance psychoneurology services, psychoneurologists determine that clients are intellectually, emotionally, and physically capable of using the application and that the application is appropriate for the needs of clients.
- (c) Inappropriate Services - When the psychoneurologist or client deems technology-assisted distance psychoneurology services inappropriate, psychoneurologists consider delivering services face to face.
- (d) Access - Psychoneurologists provide reasonable access to computer applications when providing technology-assisted distance psychoneurology services.
- (e) Laws and Statutes - Psychoneurologists ensure that the use of technology does not violate the laws of any local, state, national, or international entity and observe all relevant statutes.
- (f) Assistance - Psychoneurologists seek business, legal, and technical assistance when using technology applications, particularly when the use of such applications crosses state or national boundaries.
- (g) Technology and Informed Consent - As part of the process of establishing informed consent, psychoneurologists do the following:
 - (i) Address issues related to the difficulty of maintaining the confidentiality of electronically transmitted communications.
 - (ii) Inform clients of all colleagues, educators, and employees, such as Informational Technology (IT) administrators, who might have authorized or unauthorized access to electronic transmissions.
 - (iii) Urge clients to be aware of all authorized or unauthorized users including family members and fellow employees who have access to any technology clients may use in the psychoneurology process.
 - (iv) Inform clients of pertinent legal rights and limitations governing the practice of a profession over state lines or international boundaries.
 - (v) Use encrypted Web sites and email communications to help ensure confidentiality when possible.
 - (vi) When the use of encryption is not possible, psychoneurologists notify



clients of this fact and limit electronic transmissions to general communications that are not client specific.

- (vii) Inform clients if and for how long archival storage of transaction records is maintained.
- (viii) Discuss the possibility of technology failure and alternate methods of service delivery.
- (ix) Inform clients of emergency procedures, such as calling 911 or a local crisis hotline, when the psychoneurologist is not available.
- (x) Discuss time zone differences, local customs, and cultural or language differences that might impact service delivery.
- (xi) Inform clients when technology-assisted distance psychoneurology services are not covered by insurance.
- (h) Sites on the World Wide Web - Psychoneurologists maintaining sites on the World Wide Web (the Internet) do the following:
 - (i) Regularly check that electronic links are working and professionally appropriate.
 - (ii) Establish ways clients can contact

the psychoneurologist in case of technology failure.

- (iii) Provide electronic links to relevant state licensure and professional certification boards to protect consumer rights and facilitate addressing ethical concerns.
- (iv) Establish a method for verifying client identity.
- (v) Obtain the written consent of the legal guardian or other authorized legal representative prior to rendering services in the event the client is a minor child, an adult who is legally incompetent, or an adult incapable of giving informed consent.
- (vi) Strive to provide a site that is accessible to persons with disabilities.
- (vii) Strive to provide translation capabilities for clients who have a different primary language while also addressing the imperfect nature of such translations.
- (viii) Assist clients in determining the validity and reliability of information found on the World Wide Web and other technology applications.



Article II. Professional Responsibility

Introduction

Psychoneurologists aspire to open, honest, and accurate communication in dealing with the public and other professionals. They practice in a non-discriminatory manner within the boundaries of professional and personal competence and have a responsibility to abide by the *Ethics Code*. Psychoneurologists actively participate in local, state, and national associations that foster the development and improvement of psychoneurology. Psychoneurologists advocate to promote change at the individual, group, institutional, and societal levels that improve the quality of life for individuals and groups and remove potential barriers to the provision or access of appropriate services being offered. Psychoneurologists have a responsibility to the public to engage in psychoneurology practices that are based on the core dictates of psychoneurology, to identify the relevant resources that best serve their clients and to support them in the integration of those resources in the service of Psychoneurology's imperative to engender thriving. Psychoneurologists do not seek to identify how the client is "broken", "what is wrong with them", or "what their problem is" nor label them in any way. Psychoneurologists heed the evidence that

shows labeling to be harmful to the client. In addition, psychoneurologists engage in self-care activities to maintain and promote their emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities.

Section 2.01 Knowledge of Standards - Psychoneurologists have a responsibility to read, understand, and follow the *Ethics Code* and adhere to applicable laws and regulations.

Section 2.02 Psychoneurology Ambassador – As practitioners of psychoneurology, psychoneurologists have a responsibility to represent the field with integrity and respect and conduct themselves in accordance to the authority of the ABPN/IBPN. Psychoneurologists are vigilant in upholding the integrity of the psychoneurology and will report any instances of liable slander against or misrepresentations of the field of Psychoneurology, its founder, associations, practitioners, educators, or the ABPN/IBPN.

Section 2.03 Professional Competence

(a) Boundaries of Competence - Psychoneurologists practice only within the boundaries of their competence, based on their education, training, supervised experience, professional credentials, and appropriate professional experience.



Psychoneurologists gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population.

- (b) **New Specialty Areas of Practice -** Psychoneurologists practice in specialty areas new to them only after appropriate education, training, and supervised experience. While developing skills in new specialty areas, psychoneurologists take steps to ensure the competence of their work and to protect others from possible harm.
- (c) **Qualified for Employment -** Psychoneurologists accept employment only for positions for which they are qualified by education, training, professional credentials, and appropriate professional experience. Psychoneurologists hire for professional psychoneurology positions only individuals who are qualified and competent for those positions.
- (d) **Monitor Effectiveness -** Psychoneurologists continually monitor their effectiveness as professionals and take steps to improve when necessary. Psychoneurologists in private practice take reasonable steps to seek peer supervision as needed to evaluate their efficacy as psychoneurologists.
- (e) **Consultation on Ethical Obligations -**

Psychoneurologists take reasonable steps to consult with other psychoneurologists or related professionals when they have questions regarding their ethical obligations or professional practice.

- (f) **Continuing Education -** Psychoneurologists recognize the need for continuing education to acquire and maintain a reasonable level of awareness of current scientific and professional information in their fields of activity. Period evaluation of continued competence by the ABPN/IBPN is required to maintain their certifications and psychoneurologists take steps to maintain competence in the skills they use, are open to new protocols, and keep current with the diverse populations and specific populations with whom they work.
- (g) **Impairment -** Psychoneurologists are alert to the signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when such impairment is likely to harm a client or others. They seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until such time it is



determined that they may safely resume their work. Psychoneurologists assist colleagues or educators in recognizing their own professional impairment and provide consultation and assistance when warranted with colleagues or educators showing signs of impairment and intervene as appropriate to prevent imminent harm to clients.

- (h) Psychoneurologist Incapacitation or Termination of Practice - When psychoneurologists leave a practice, they follow a prepared plan for transfer of clients and files. Psychoneurologists prepare and disseminate to an identified colleague or “records custodian” a plan for the transfer of clients and files in the case of their incapacitation, death, or termination of practice.

Section 2.04 Advertising and Soliciting Clients

- (a) Accurate Advertising - When advertising or otherwise representing their services to the public, psychoneurologists identify their credentials as psychoneurologist in an accurate manner that is not false, misleading, deceptive, or fraudulent; nor misleads or in any way represents any other profession in which they are not trained, certified or licensed.

- (b) Statements by Others -

Psychoneurologists make reasonable efforts to ensure that statements made by others about them or the profession of psychoneurology are accurate.

- (c) Products and Training Advertisements -

Psychoneurologists who develop products related to their profession or conduct workshops or training events ensure that the advertisements concerning these products or events are accurate and disclose adequate information for consumers to make informed choices.

- (d) Promoting to Those Served -

Psychoneurologists do not use psychoneurology, teaching, training, or supervisory relationships to promote their products or training events in a manner that is deceptive or would exert undue influence on individuals who may be vulnerable. However, psychoneurologist educators may adopt textbooks they have authored for instructional purposes.

Section 2.05 Professional Qualifications

- (a) Accurate Representation -

Psychoneurologists claim or imply only professional qualifications actually completed and correct any known misrepresentations of their qualifications by others.

Psychoneurologists truthfully represent



the qualifications of their professional colleagues.

- (b) **Credentials** - Psychoneurologists claim only credentials or certifications conferred by authorized organizations that are current and in good standing.
- (c) **Educational Degrees** - Psychoneurologists clearly differentiate between earned and honorary degrees.
- (d) **Implying PhD-Level Competence** - Psychoneurologists clearly state their highest earned credential in psychoneurology. Psychoneurologists do not imply PhD-level competence when only possessing a Doctor of Psychoneurology degree or Psychoneurology Practitioner certification.
- (e) **Professional Membership** - Psychoneurologists clearly differentiate between current, active memberships and former memberships in associations. Members of the American Board of Psychoneurology must clearly differentiate between professional membership, which implies the possession of at least a master's degree in psychoneurology, and regular membership, which is open to individuals whose interests and activities are consistent with those of ABPN/IBPN but are not qualified for

professional membership.

Section 2.06 Nondiscrimination -

Psychoneurologists do not condone or engage in discrimination based on age, culture, disability, ethnicity, race, religion/ spirituality, gender, gender identity, sexual orientation, marital status/ partnership, language preference, socioeconomic status, or any basis proscribed by law. Psychoneurologists do not discriminate against clients, students, employees, or research participants in a manner that has a negative impact on these persons.

Section 2.07 Public Responsibility

(a) Sexual Harassment -

Psychoneurologists do not engage in or condone sexual harassment. Sexual harassment is defined as sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with professional activities or roles, and that either

- (i) is unwelcome, is offensive, or creates a hostile workplace or learning environment, and psychoneurologists know or are told this; or
- (ii) is sufficiently severe or intense to be perceived as harassment to a reasonable person in the context in



which the behavior occurred.

Sexual harassment can consist of a single intense or severe act or multiple persistent or pervasive acts.

- (b) Reports to Third Parties - Psychoneurologists are accurate, honest, and objective in reporting their professional activities and judgments to appropriate third parties, including courts, health insurance companies, those who are the recipients of evaluation reports, and others.
- (c) Media Presentations - When psychoneurologists provide advice or comment by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, technology-based applications, printed articles, mailed material, or other media, they take reasonable precautions to ensure that
 - (i) the statements are based on appropriate professional psychoneurology literature and practice,
 - (ii) the statements are otherwise consistent with the Ethics Code, and
 - (iii) the recipients of the information are not encouraged to infer that a professional psychoneurology relationship has been established.

- (d) Exploitation of Others - Psychoneurologists do not exploit others in their professional relationships.

Section 2.08 Responsibility to Other Professionals

- (a) Personal Public Statements - When making personal statements in a public context, psychoneurologists clarify that they are speaking from their personal perspectives and that they are not speaking on behalf of all psychoneurologists or the profession.

Article III. Resolving Ethical Issues

Introduction

Psychoneurologists behave in a legal, ethical, and moral manner in the conduct of their professional work. They are aware that client protection and trust in the profession depend on a high level of professional conduct. They hold other psychoneurologists to the same standards and are willing to take appropriate action to ensure that these standards are upheld.

Psychoneurologists strive to resolve ethical dilemmas with direct and open communication among all parties involved and seek consultation with colleagues and supervisors when necessary.

Psychoneurologists incorporate ethical practice into their daily professional work. They engage in ongoing professional



development regarding current topics in ethical and legal issues in psychoneurology.

Section 3.01 Resolution of Ethical

Problems - The ABPN/IBPN and its Board of Directors investigate or adjudicate ethical complaints. Violation of the Ethics Code is grounds for removal of status as a Psychoneurology Practitioner, Doctor of Psychoneurology or PhD in Psychoneurology. Additionally, in the event a member has his or her psychoneurology status suspended or revoked due to ethical issues by the IBPN or ABPN/IBPN board, they may then act in accordance to suspend or revoke his or her membership with the ABPN/IBPN. Any member so suspended may apply for reinstatement upon the resolution or compliance.

Section 3.02 Knowledge -

Psychoneurologists understand the Ethics Code and other applicable ethics codes from other professional organizations or from certification and licensure bodies of which they are members. Lack of knowledge or misunderstanding of an ethical responsibility is not a defense against a charge of unethical conduct.

Section 3.03 Misuse of Psychoneurologists'

Work - If psychoneurologists learn of misuse or misrepresentation of their work, they take reasonable steps to

correct or minimize the misuse or misrepresentation. Psychoneurologists expect colleagues to adhere to the Ethics Code. When psychoneurologists possess knowledge that raises doubts as to whether another psychoneurologist is acting in an ethical manner, they take appropriate action.

Section 3.04 Conflicts Between Ethics and

Law, Regulations, or Other Governing Legal Authority - If psychoneurologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychoneurologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

Section 3.05 Conflicts Between Ethics and

Organizational Demands - If the demands of an organization with which psychoneurologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychoneurologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no



circumstances may this standard be used to justify or defend violating human rights.

Section 3.06 Informal Resolution of Ethical Violations - When psychoneurologists believe that there may have been an ethical violation by another psychoneurologist, they attempt to resolve the issue by bringing it to the attention of that individual informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved.

Section 3.07 Consultation - When uncertain as to whether a particular situation or course of action may be in violation of the Ethics Code, psychoneurologists consult with other psychoneurologists who are knowledgeable about ethics and the Ethics Code, with colleagues, or with appropriate authorities.

Section 3.08 Improper Complaints - Psychoneurologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

Section 3.09 Unfair Discrimination Against Complainants and Respondents - Psychoneurologists do not deny persons' employment, advancement, admissions

to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

Article IV. Evaluation, Calibration and Interpretation

Introduction

Psychoneurologists use calibration instruments as one component of the psychoneurology process, taking into account the client personal and cultural context. Psychoneurologists promote the well-being of individual clients or groups of clients by providing and using appropriate resources.

Section 4.01 General

- (a) **Calibration** - The primary purpose of a psychoneurological calibration is to provide measurements that are valid and reliable in either comparative or absolute terms. These include, but are not limited to, measurements of ability, personality, interest, intelligence, achievement, and performance. Psychoneurologists recognize the need to interpret the statements in this section as applying to both quantitative and qualitative calibrations.



- (b) Client Welfare - Psychoneurologists do not misuse calibration results and interpretations, and they take reasonable steps to prevent others from misusing the information these techniques provide. They respect the client's right to know the results, the interpretations made, and the bases for psychoneurologists' conclusions and recommendations.

Section 4.02 Competence to Use and Interpret Calibration Instruments

- (a) Limits of Competence - Psychoneurologists utilize only those testing and calibration services for which they have been trained and are competent. Psychoneurologists using technology assisted test interpretations are trained in the construct being measured and the specific instrument being used prior to using its technology based application. Psychoneurologists take reasonable measures to ensure the proper use of calibration techniques by persons under their supervision.
- (b) Appropriate Use - Psychoneurologists are responsible for the appropriate application, scoring, interpretation, and use of calibration instruments relevant to the needs of the client, whether they score and interpret such calibrations themselves or use technology or other

services.

Section 4.03 Informed Consent in Calibration

- (a) Explanation to Clients - Prior to calibration, psychoneurologists explain the nature and purposes of calibration and the specific use of results by potential recipients. The explanation will be given in the language of the client (or other legally authorized person on behalf of the client), unless an explicit exception has been agreed upon in advance. Psychoneurologists consider the client's personal or cultural context, the level of the client's understanding of the results, and the impact of the results on the client.
- (b) Recipients of Results - Psychoneurologists consider the examinee's welfare, explicit understandings, and prior agreements in determining who receives the calibration results. Psychoneurologists include accurate and appropriate interpretations with any release of individual or group calibration results.

Section 4.04 Release of Data to Qualified Professionals - Psychoneurologists release calibration data in which the client is identified only with the consent of the client or the client's legal representative. Such data are released only to persons recognized by



psychoneurologists as qualified to interpret the data.

Section 4.05 Labeling and Diagnosis –

Psychoneurology's approach to creating wellness and thriving does not require a diagnosis or labeling of the patient. Psychoneurologists believe that each individual human being is already perfect and whole as opposed to broken or diseased and psychoneurology helps the patient develop new resources or learnings that will help enhance their lives in the service of reaching the highest level of thriving.

- (a) Cultural Sensitivity - Psychoneurologists recognize that culture affects the manner in which clients' problems are defined. Clients' socioeconomic and cultural experiences are considered when discussing labeling and diagnosis.
- (b) Historical and Social Prejudices in the Diagnosis of Pathology - Psychoneurologists recognize historical and social prejudices in the misdiagnosis and pathologizing of certain individuals and groups and the role of mental health professionals in perpetuating these prejudices through diagnosis and treatment.
- (c) Refraining From Diagnosis - Psychoneurologists refrain from making a diagnosis or labeling because such

has been shown to cause harm to clients or others.

Section 4.06 Multicultural Issues/ Diversity

in Calibration - Psychoneurologists use with caution calibration techniques that were normed on populations other than that of the client. Psychoneurologists recognize the effects of age, color, culture, disability, ethnic group, gender, race, language preference, religion, spirituality, sexual orientation, and socioeconomic status or relevant factors and consider such in understanding the client's world view and situation.

Section 4.07 Calibration Security -

Psychoneurologists maintain the integrity and security of tests and other calibration techniques consistent with legal and contractual obligations.

Section 4.08 Obsolete Calibrations and

Outdated Results - Psychoneurologists do not use data or results from calibrations that are obsolete or outdated for the current purpose. Psychoneurologists make every effort to prevent the misuse of obsolete measures and calibration data by others and look at each individual specifically.

Section 4.09 Forensic Evaluation/

Evaluation for Legal Proceedings – Psychoneurologist do not conduct forensic evaluation or evaluations for legal proceedings.



Article V. Confidentiality, Privileged Communication, and Privacy

Introduction

Psychoneurologists recognize that trust is a cornerstone of the psychoneurology relationship. Psychoneurologists aspire to earn the trust of clients by creating an ongoing partnership, establishing and upholding appropriate boundaries, and maintaining confidentiality.

Psychoneurologists communicate the parameters of confidentiality in a culturally competent manner.

Section 5.01 Respecting Client Rights

- (a) **Multicultural/Diversity Considerations -** Psychoneurologists maintain awareness and sensitivity regarding cultural meanings of confidentiality and privacy. Psychoneurologists respect differing views toward disclosure of information. Psychoneurologists hold ongoing discussions with clients as to how, when, and with whom information is to be shared.
- (b) **Respect for Privacy -** Psychoneurologists respect client rights to privacy. Psychoneurologists solicit private information from clients only when it is beneficial to the psychoneurology process.
- (c) **Respect for Confidentiality -**

Psychoneurologists do not share confidential information without client consent or without sound legal or ethical justification.

- (d) **Explanation of Limitations -** At initiation and throughout the psychoneurology process, psychoneurologists inform clients of the limitations of confidentiality and seek to identify foreseeable situations in which confidentiality must be breached.

Section 5.02 Exceptions

- (a) **Danger and Legal Requirements -** The general requirement that psychoneurologists keep information confidential does not apply when disclosure is required to protect clients or identified others from serious and foreseeable harm or when legal requirements demand that confidential information must be revealed. Psychoneurologists consult with other professionals when in doubt as to the validity of an exception. Additional considerations apply when addressing end-of-life issues.
- (b) **Contagious, Life-Threatening Diseases -** When clients disclose that they have a disease commonly known to be both communicable and life threatening, psychoneurologists may be justified in disclosing information to identifiable third parties, if they are known to be at



demonstrable and high risk of contracting the disease. Prior to making a disclosure, psychoneurologists confirm that there is such a diagnosis and assess the intent of clients to inform the third parties about their disease or to engage in any behaviors that may be harmful to an identifiable third party.

- (c) Court-Ordered Disclosure - When subpoenaed to release confidential or privileged information without a client's permission, psychoneurologists obtain written, informed consent from the client or take steps to prohibit the disclosure or have it limited as narrowly as possible due to potential harm to the client or psychoneurology relationship.
- (d) Minimal Disclosure - To the extent possible, clients are informed before confidential information is disclosed and are involved in the disclosure decision-making process. When circumstances require the disclosure of confidential information, only essential information is revealed.

Section 5.03 Information Shared With Others

- (a) Subordinates - Psychoneurologists make every effort to ensure that privacy and confidentiality of clients are maintained by subordinates, including

employees, supervisees, students, clerical assistants, and volunteers.

- (b) Confidential Settings - Psychoneurologists discuss confidential information only in settings in which they can reasonably ensure client privacy.
- (c) Third-Party Payers - Psychoneurologists disclose information to third-party payers only when clients have authorized such disclosure.
- (d) Transmitting Confidential Information - Psychoneurologists take precautions to ensure the confidentiality of information transmitted through the use of computers, electronic mail, facsimile machines, telephones, voicemail, answering machines, and other electronic or computer technology.
- (e) Deceased Clients - Psychoneurologists protect the confidentiality of deceased clients, consistent with legal requirements and agency or setting policies.

Section 5.04 Groups and Families

- (a) Group Work - In group work, psychoneurologists clearly explain the importance and parameters of confidentiality for the specific group being entered.



- (b) Couples and Family Psychoneurology - In couples and family counseling, psychoneurologists clearly define who is considered “the client” and discuss expectations and limitations of confidentiality. Psychoneurologists seek agreement and document in writing such agreement among all involved parties having capacity to give consent concerning each individual’s right to confidentiality and any obligation to preserve the confidentiality of information known.

Section 5.05 Clients Lacking Capacity to Give Informed Consent

- (a) Responsibility to Clients - When counseling minor clients or adult clients who lack the capacity to give voluntary, informed consent, psychoneurologists protect the confidentiality of information received in the psychoneurology relationship as specified by federal and state laws, written policies, and applicable ethical standards.
- (b) Responsibility to Parents and Legal Guardians - Psychoneurologists inform parents and legal guardians about the role of psychoneurologists and the confidential nature of the psychoneurology relationship. Psychoneurologists are sensitive to the cultural diversity of families and respect

the inherent rights and responsibilities of parents/guardians over the welfare of their children/charges according to law. Psychoneurologists work to establish, as appropriate, collaborative relationships with parents/guardians to best serve clients.

- (c) Release of Confidential Information - When counseling minor clients or adult clients who lack the capacity to give voluntary consent to release confidential information, psychoneurologists seek permission from an appropriate third party to disclose information. In such instances, psychoneurologists inform clients consistent with their level of understanding and take culturally appropriate measures to safeguard client confidentiality.

Section 5.06 Records

- (a) Confidentiality of Records - Psychoneurologists ensure that records are kept in a secure location and that only authorized persons have access to records.
- (b) Permission to Record - Psychoneurologists obtain permission from clients prior to recording sessions through electronic or other means.
- (c) Permission to Observe - Psychoneurologists obtain permission



from clients prior to observing psychoneurology sessions, reviewing session transcripts, or viewing recordings of sessions with educators, faculty, peers, or others within the training environment.

Section 5.07 Consultation

- (a) **Agreements** - When acting as consultants, psychoneurologists seek agreements among all parties involved concerning each individual's rights to confidentiality, the obligation of each individual to preserve confidential information, and the limits of confidentiality of information shared by others.
- (b) **Respect for Privacy** - Information obtained in a consulting relationship is discussed for professional purposes only with persons directly involved with the case. Written and oral reports present only information germane to the purposes of the consultation, and every effort is made to protect client identity and to avoid undue invasion of privacy.
- (c) **Disclosure of Confidential Information** - When consulting with colleagues, psychoneurologists do not disclose confidential information that reasonably could lead to the identification of a client or other person or organization with whom they have a

confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided. They disclose information only to the extent necessary to achieve the purposes of the consultation.

Article VI. Education and Teaching

Introduction

Psychoneurologists aspire to foster meaningful and respectful professional relationships and to maintain appropriate boundaries with students.

Psychoneurologists have theoretical and pedagogical foundations for their work and aim to be fair, accurate, and honest in their calibrations of psychoneurologists-in-training.

Section 6.01 Teaching Standards and Relationships

- (a) **Psychoneurologist Credentials** – The ABPN/IBPN provides current listings of psychoneurologists and their credentials to ensure that students and the public are aware of the qualifications of the psychoneurologist offering trainings and courses.
 - (i) A psychoneurologist must have explicit written permission from the ABPN/IBPN to offer training and courses in psychoneurology.



- (ii) The psychoneurologist must be previously credentialed to teach, profess or train others in the specific module or modality in which they offer.
 - (b) Multicultural Issues/Diversity in Education - Psychoneurology educators are aware of and address the role of multiculturalism/diversity in the educational relationship.
 - (c) Relationship Boundaries With Educators - Psychoneurology educators maintain ethical professional, personal, and social relationships with their students. Psychoneurology educators avoid nonprofessional relationships with current students that may compromise the educational relationship.
 - (d) Student disclosure of Personal information - Psychoneurologists do not require students or supervisees to disclose personal information in course, or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training or professionally related activities in a competent manner or posing a threat to the students or others.
 - (e) Sexual Harassment - Psychoneurology educators do not condone or subject students to sexual harassment.
- Section 6.02 Education Programs
- (a) Design of Education and Training Programs - Psychoneurologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for certification, or other goals for which claims are made by the program.
 - (i) Psychoneurologist may not create or design an original or supplemental psychoneurology course or training or offer psychoneurology credentialing of any kind without explicit written permission from the ABPN/IBPN.
 - (b) Descriptions of Education and training Programs - Psychoneurologists responsible for education and training



programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychoneurology, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program.

- (c) Accuracy in teaching - Psychoneurologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements.

Article VII. Research and Publication

Introduction

Psychoneurologists who conduct research are encouraged to contribute to the knowledge base of the profession and

promote a clearer understanding of the conditions that lead to the highest level of thriving possible that engenders collective thriving on a societal level.

Psychoneurologists support expansion of the field through continued education, perpetual development and innovation of protocols and processes they regularly share with their colleagues at the BPN. Psychoneurologists minimize bias and respect diversity in designing and implementing research programs.

Section 7.01 Research Responsibilities -

The ultimate responsibility for ethical research practice lies with the principal researcher. All others involved in the research activities share ethical obligations and responsibility for their own actions.

Section 7.02 Rights of Research Participants

- (a) Informed Consent in Research - Individuals have the right to consent to become research participants. In seeking consent, psychoneurologists use language that
- (i) accurately explains the purpose and procedures to be followed,
 - (ii) identifies any procedures that are experimental or relatively untried,
 - (iii) describes any attendant discomforts and risks,



- (iv) describes any benefits or changes in individuals or organizations that might be reasonably expected,
 - (v) discloses appropriate alternative procedures that would be advantageous for participants,
 - (vi) offers to answer any inquiries concerning the procedures,
 - (vii) describes any limitations on confidentiality,
 - (viii) describes the format and potential target audiences for the dissemination of research findings, and
 - (ix) instructs participants that they are free to withdraw their consent and to discontinue participation in the project at any time without penalty.
- (b) Deception - Psychoneurologists do not conduct research involving deception unless alternative procedures are not feasible and the prospective value of the research justifies the deception. If such deception has the potential to cause physical or emotional harm to research participants, the research is not conducted, regardless of prospective value. When the methodological requirements of a study necessitate concealment or deception, the investigator explains the reasons for this action as soon as possible during the debriefing.
- (c) Client Participation - Psychoneurologists conducting research involving clients make clear in the informed consent process that clients are free to choose whether or not to participate in research activities. Psychoneurologists take necessary precautions to protect clients from adverse consequences of declining or withdrawing from participation.
- (d) Confidentiality of Information - Information obtained about research participants during the course of an investigation is confidential. When the possibility exists that others may obtain access to such information, ethical research practice requires that the possibility, together with the plans for protecting confidentiality, be explained to participants as a part of the procedure for obtaining informed consent.
- (e) Persons Not Capable of Giving Informed Consent - When a person is not capable of giving informed consent, psychoneurologists provide an appropriate explanation to, obtain agreement for participation from, and obtain the appropriate consent of a legally authorized person.
- (f) Explanations After Data Collection - After data are collected,



psychoneurologists provide participants with full clarification of the nature of the study to remove any misconceptions participants might have regarding the research. Where scientific or human values justify delaying or withholding information, psychoneurologists take reasonable measures to avoid causing harm.

- (g) Disposal of Research Documents and Records - Within a reasonable period of time following the completion of a research project or study, psychoneurologists take steps to destroy records or documents (audio, video, digital, and written) containing confidential data or information that identifies research participants. When records are of an artistic nature,

researchers obtain participant consent with regard to handling of such records or documents.

Section 7.03 Relationships With Research Participants (When Research Involves Intensive or Extended Interactions)

- (a) Relationships With Research Participants - Sexual or romantic psychoneurologist–research participant interactions or relationships with current research participants are prohibited.
- (b) Sexual Harassment and Research Participants - Researchers do not condone or subject research participants to sexual harassment.



The American and International Boards of Psychoneurology
Ethical Principles of Psychoneurologists & Code of Conduct
Adopted November 1, 2013
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