



ASSOCIATION OF BODYDYNAMIC PSYCHOLOGY

Statement of Ethical Principles

(§2.5 in ABP statutes)

ETHICAL PRINCIPLES, STANDARDS, AND PROCEDURES

Contents:

1. Preamble
2. General Principles
3. Ethical Standards
4. Procedures

1. Preamble

1. Ethics are a body of rules, procedures, and guidelines which govern relationships with clients, students, colleagues, the Association of Bodydynamic Psychology, the public and other professions.
2. Ethics help us to be aware of our responsibilities and guide our behavior. In Bodydynamic we recognize and support the human rights and the dignity of human beings. We are aware that therapeutic relationships are by their nature asymmetrical. We are carrying the responsibility for that in our therapy, public presentation, supervision and teaching.
3. In our professional relationships we express this with consideration for the experience of others, and with respect and tolerance for diversity of perspective. This includes our awareness of our professional competences, state laws, our need for continuing education and supervision.
4. The following principles are meant to provide clarity about the basic contours of ethical behavior but do not serve as an exhaustive or comprehensive discussion of the ethical obligations of Association member and Bodydynamic Members.

2. General Principles:

- A. Responsibility
- B. Competence
- C. Integrity
- D. Beneficence and Nonmaleficence
- E. Respect For People's Rights And Dignity

A. Responsibility

Due to the asymmetrical knowledge and power relationship between the practitioner and the client/student, Bodydynamic practitioner and instructors assume special responsibility for their acts and have an awareness that their personal condition may have an effect, whether intended or not, on the the relationship with the client/student.



B. Competence

Awareness, acceptance, and active expression of the limit of our competence is central to a life-long commitment to growth and improvement practitioners' competency.

C. Integrity

ABP Members strive for an accurate, honest, transparent relationship with students and clients. If countervailing personal or financial interests, or professional commitments conflict with the transparency of the relationship, they should be addressed in the relationship with the student or client by the practitioner as soon as the practitioner becomes aware of the conflict and independently of any prompting by the client or student.

D. Beneficence and Nonmaleficence

ABP Members strive to benefit those with whom they work. This includes careful attention to transference and counter-transference processes and open and transparent discussion of the same.

E. Respect For People's Rights And Dignity

Respect for dignity includes human rights, privacy, confidentiality, freedom, and the right to self-determination. Special attention is given to the practitioner's responsibility to protect boundaries when working with body contact.

3. Ethical Standards

Ethical standards denote different fields of professional activity where ethical attitudes and behaviour come into question.

Section 1. Moral and Legal Standards

Section 2. Confidentiality

Section 3. Welfare of Others

Section 4. Body Techniques

Section 5. Collegial Relationships

Section 6. Public Relations

Section 7. Education and training (professional development)

Section 8. Assessment Techniques

Section 9. Research

Section 1. Moral and Legal Standards

1.1. Adherence to Law

ABP Members act in accord with the principles of ABP, other relevant their institution or association standards and general guidelines related to practice. Practitioners are also



expected to adhere to relevant governmental laws and regulations. When European, American national, provincial, organisational, or institutional laws, regulations, or practices conflict with ABP's standards and guidelines, psychotherapists make known their commitment to ABP's, their institute's or association's standards and guidelines and, wherever possible, work toward a resolution of the conflict. As ABP Members, ABP members are concerned with the development of such legal and quasi-legal regulations that best serve the public interest, and they work toward changing existing regulations that are not beneficial to the public interest.

1.2. Illegal actions

ABP Members do not engage in or condone any practices that are inhumane or that result in illegal or unjustifiable actions. Such practices include, but are not limited to, those based on considerations of discrimination against any individual based upon race, handicap, age, gender, sexual preference, religion, or national origin in practice, hiring, promotion, or training.

1.3. Personal values

ABP Members are aware of the fact that their personal values may affect their communication, the use of techniques, selection and presentation of views or materials and the nature or implementation of research. Practitioners recognise and respect the diverse attitudes and individual sensitivities that clients, students, trainees or subjects may have towards such matters.

Section 2. Confidentiality

2.1. Maintaining confidentiality

ABP Members have a primary obligation and responsibility to take precautions to respect the confidentiality of those with whom they work or consult. Confidential information includes all information obtained in the context of the professional relationship. Practitioners must strictly maintain the confidentiality of clients, former clients, students and supervisees. ABP Members must take appropriate steps to protect their confidential information and to limit access by others to confidential information.

ABP Members must take appropriate steps to ensure, as far as possible, that employees, supervisees, assistants, students and volunteers maintain the confidentiality of clients. Practitioners must take appropriate steps to protect the client's identity or to obtain prior, written authorization for the use of any identifying clinical materials in teaching, writing and public presentations.

ABP Members must obtain written/oral consent from clients/students before taping or filming any session, such consent to include the intended use of the material and the limits of confidentiality.

2.2. Disclosure of confidential information



ABP Members may disclose confidential information with the appropriate consent of the patient or the individual or organizational client (or of another legally authorized person on behalf of the patient or client) unless prohibited by law.

ABP Members disclose confidential information without the consent of the client only as mandated by law, or where permitted by law. Such situations include, but may not be limited to: providing essential professional services to the client, obtaining appropriate professional consultation, or protecting the client or others from harm.

2.3. Involvement of third parties

Unless unfeasible or contraindicated, the discussion of confidentiality and its limits occurs at the beginning of the professional relationship and thereafter as circumstances may warrant. When appropriate, ABP Members clarify at the beginning of treatment issues related to the involvement of third parties.

2.4. Providing services to several persons

When agreeing to provide services to several persons who have a relationship (such as partners or parents and children), ABP Members attempt to clarify at the outset 1) which of the individuals are clients and 2) the relationship body psychotherapy will have with each person. This clarification includes the role of the ABP Members and the probable uses of the services provided or the information obtained.

2.5. Records

ABP Members maintain and retain appropriate records as necessary to render competent care and as required by law or regulation.

ABP Members take steps to protect the confidentiality of client records in their storage, transfer, and disposal. They conform to applicable state laws governing the length of storage and procedures for disposal.

Section 3. Welfare of others

3.1. Attitude

ABP Members respect the integrity and protect the welfare of the people and groups with whom they work. They avoid exploiting the trust and dependency of such persons. They seek appropriate consultation and/or supervision for any circumstance in which the ethics of their behavior comes into question.

3.2. Informed consent

ABP Members fully inform clients as to the purpose and nature of any evaluative, treatment, educational, or training procedure, and they openly acknowledge that clients, students,



trainees, or participants in research have freedom of choice with regard to participation. Coercion of people to participate or to remain in receipt of services is unethical.

3.3. Avoiding harm

ABP Members avoid engaging in any activities which are harmful or exploitative or which could reasonably be expected to be harmful or exploitative.

ABP Members refrain from engaging in any behavior which could reasonably be interpreted as harassment, sexual or non-sexual. Sexual harassment is defined as deliberate or repeated comments, gestures, or physical contacts of a sexual nature that are unwanted by the recipient.

ABP Members actively monitor their therapeutic relationships to ascertain if clients perceive any harassment and address that concern promptly.

In their professional roles, ABP Members avoid any action that will violate or diminish the human, legal and civil rights of clients or others who may be affected.

If it appears that a client has been abused in a former or concurrent professional relationship, body psychotherapists inform the client how to seek appropriate recourse.

3.4. Dual or multiple relationships

ABP Members make every effort to avoid dual or multiple exploitative relationships that could impair their professional judgment, cause damage and undermine the purpose of the therapy.

Considerations about potential exploitation include the: nature and intensity of the professional relationship and of the secondary relationship, the stage of the therapy, the level of transference, the degree of conflict in the therapeutic role, the level of client communication skills, and the existence of an evaluative role in the client.

A dual relationship occurs when a Bodydynamic practitioner is in a psychotherapeutic relationship with a person and is at the same time, or sequentially, in another relationship (sexual, close personal or financial) with the same person or family or relatives of such persons.

ABP Members make a distinction between normally occurring community interactions and multiple relationships.

In some situations, for example, in small geographic communities, a multiple relationship that is non-exploitive may be unavoidable. Under these circumstances, the Bodydynamic practitioner takes precautions to protect the client from exploitation and damage. Such precautions may include, but are not limited to, acknowledgment of the multiple relationship and its inherent risk to the client, ongoing dialogue, informed consent, documentation, and case consultation and/or supervision.

ABP Members acknowledge that their relationships with students and/or supervisees include factors which often make avoiding multiple relationships difficult. They monitor their teaching and supervision relationships to ensure that they do not become exploitive and/or damaging.

3.5. Sexual relationships



ABP Members do not have sexual relations with clients, students, supervisees, trainees and do not subject them to sexual harassment.

Sexual relationships between ABP Members and their clients are prohibited during the therapeutic relationship and for a minimum of 2 years following the termination of that professional relationship. A Bodydynamic practitioner who considers engaging in sexual intimacy with a former client after the 2 years following cessation or termination of treatment bears the burden of demonstrating that there has been no exploitation in light of all relevant factors that would influence the client's ability to freely enter such a relationship.

ABP Members do not engage in sexual intimacies with individuals they know to be the parents, guardians, spouses, partners, offspring, or siblings of current clients. Body psychotherapists do not terminate therapy to circumvent this rule.

ABP Members do not accept as therapy clients persons with whom they have engaged in sexual intimacies.

3.6. Providing services to several persons who have a pre-existing relationship

In the event that a Bodydynamic practitioner is providing services, either simultaneously or sequentially, to several persons who have a relationship (partners, parents and children, siblings, families) the therapist attempts to clarify at the onset of the therapy, the relationship they will have with each individual. At any time, if it becomes apparent that the Bodydynamic practitioner is in multiple relationships which compromise the treatment situation or threaten to impair the objectivity or judgment of the therapist in any way, they clarify, adjust or withdraw from conflicting roles.

3.7. Framework of the agreement

ABP Members are professional in attitude and conduct, reliable about agreements and appointments. They are clear about their policies regarding cancellations and work within the framework of that agreement in good faith with their clients.

3.8. Barter

Barter is the acceptance of goods or services from clients in return for psychological services. ABP Members do not barter (including work exchange) unless the bartering arrangements are appropriate in the context of the therapeutic relationship, indicated by the needs of the client and for the welfare of the client. Where bartering is used, the therapist and client make agreements in writing related to the exchange of goods or services to ensure that both understand the scope and limitations of the agreement. ABP Members consult or obtain supervision to ensure that the bartering arrangement is not harmful to the client, that the client is being given fair value in the exchange, and that no exploitation of and/or damage to the client is involved.

3.9. Termination of clinical or consulting relationship



ABP Members make reasonable efforts to ensure continuity of treatment. When services must be terminated for a legitimate reason, the therapist makes every reasonable effort to ensure that appropriate referrals are made for the ongoing needs of the client prior to termination and makes reasonable efforts to terminate the relationship satisfactorily.

Should a client desire to terminate the therapeutic relationship, ABP Members provide professional insights into the benefits and consequences of this course of action without explicit or implicit coercion to maintain the relationship against the client's wishes. At all times they make clear the client's right to terminate when he/she chooses.

ABP Members terminate a clinical or consulting relationship as soon as it is reasonably clear that the client is not benefiting from it, or whenever the client requires. They offer to help the client locate alternative sources of assistance.

Section 4. Body Techniques

4.1. The purpose

An essential dimension of Bodydynamic is the use of body techniques.

Examples of body techniques are touch, breathing exercises, tension/relaxation exercises, body scan and so on.

The use of body techniques has a legitimate and valuable role as a body-oriented mode of diagnostic and intervention for benefit of a client. They should be used skillfully and with clear boundaries, ethical awareness, sensitive application and good clinical judgment.

4.2. Appropriateness

ABP Members evaluate the appropriateness of the use of touch for each client. They consider a number of factors such as the capacity of the client for genuine informed consent, the client's developmental capacity and diagnosis, the transference potential of the client's personal history in relation to touch, the client's ability to usefully integrate touch experiences, and the interaction of the practitioner's particular style of touch work with the client's. They can record their evaluations and consultation in the client's record.

Because use of touch may make clients especially vulnerable, ABP Members pay particular attention to the potential for dependent, infantile or erotic transference and seek healthy containment rather than therapeutically inappropriate accentuation of these states.

4.3. Informed consent

ABP Members obtain informed consent prior to using touch-related techniques in the therapeutic relationship. They make every attempt to ensure that consent for the use of touch is genuine and that the client adequately understands the nature and purposes of its use. As with all informed consent, written documentation of the consent is strongly recommended.



ABP Members recognize and respect the right of the client to refuse or terminate any touch on the part of the therapist at any point, and they must adequately inform the client of this right.

4.4. Sexual boundaries

ABP Members do not engage in genital or other sexual touching nor do they knowingly use touch to sexually stimulate a client. They are responsible to maintain clear sexual boundaries in terms of their own behavior and to set limits on the client's behavior towards them which prohibits any sexual touching. Information about the therapeutic value of clear sexual boundaries in the use of touch is conveyed to the client prior to and during the use of touch in a manner that is not shaming or derogatory.

4.5. Supervision

The application of touch techniques requires a high degree of internal clarity and integration on the part of the therapist. ABP Members prepare themselves for the use of therapeutic touch through training and supervision in the use of touch, receiving therapy that includes touch, and appropriate supervision or consultation should any issues arise in the course of treatment.

Section 5. Collegial relationships

5.1. General attitude

ABP Members act with due regard for the needs, special competencies, and obligations of their colleagues in psychotherapy, psychology, medicine and other professions. They respect the prerogatives and obligations of the institutions or organizations with which these other colleagues are associated.

5.2. Related professions

ABP Members understand the areas of competence of related professions. They make relevant use of all the professional, technical, and administrative resources that serve the best interests of consumers. The absence of formal relationships with other professional workers does not relieve ABP Members of the responsibility for securing for their clients the best possible professional service; nor does it relieve them of the obligation to exercise foresight, diligence, and tact in obtaining the complementary or alternative assistance needed.

5.3. Ethical violation by a colleague

When ABP Members know of an ethical violation by another psychotherapist, and it seems appropriate, they informally attempt to resolve the issue by bringing the behaviour to the attention of the psychotherapist. If the misconduct is of a minor nature and/or appears to be due to lack of sensitivity, knowledge, or experience, such an informal solution is usually appropriate. Such informal corrective efforts are made with sensitivity to any rights to confidentiality involved. If the violation does not seem amenable to an informal solution, or is of a more serious nature, ABP Members bring it to the attention of the appropriate institution, association or committee on professional ethics and conduct.



5.4. Employment and supervision

ABP Members who employ or supervise other professionals or professionals in training accept the obligation to facilitate the further professional development of these individuals and take action to ensure their competence. They provide appropriate working conditions, timely evaluations, constructive consultation, and experience opportunities.

5.5. Publication

Publication credit is assigned to those who have contributed to a publication in proportion to their professional contributions. Major contributions of a professional character made by several persons to a common project are recognised by joint authorship with the individual who made the principle contribution listed first. Minor contributions of a professional character and extensive clerical or similar nonprofessional assistance may be acknowledged in footnotes or in an introductory statement. Acknowledgement through specific citations is made for unpublished as well as published material that has directly influenced the research or writing. ABP Members who compile and edit material of others for publication publish the material in the name of the originating group, if appropriate, with their own name appearing as chairperson or editor. All contributors are acknowledged and named.

5.6. Research

In conducting research within institutions or organisations, ABP Members secure appropriate authorisation to conduct such research. They are aware of their obligation to future research workers and ensure that host institutions receive adequate information about the research and proper acknowledgements of their contributions.

5.7. Personal information from colleague

Members of ABP avoid any alliances and spreading unfounded gossip about other members. They try to keep confidential any personal information obtained from a colleague no matter whether considered confidential or not.

Section 6. Public Relations

6.1. Public statements

Public statements, announcements of services, advertising, and promotional activities of psychotherapists serve the purpose of helping the public make informed judgments and choices.

6.2. Representation

ABP Members represent accurately and objectively their professional qualifications, affiliations, and functions, as well as those of the institutions or organisations with which they or the statements may be associated.



In public statements providing psychotherapeutical information or professional opinions or providing information about the availability of techniques, products, publications, and services, ABP Members base their statements on generally acceptable findings and techniques with full recognition of the limits and uncertainties of such evidence.

6.3. Advertisement

Announcements or advertisements of “personal growth groups,” special interest group sessions, courses, clinics, books, e-learning, seminars, webinars, trainings and agencies give a clear statement of purpose and a clear description of the experiences or training to be provided. The education, training, and experience of the staff members are appropriately specified and available prior to the commencement of the group, training course or services. A clear statement of fees and any contractual implications is available before participation.

6.4. Professional standards

Products that are described or presented by means of public lectures or demonstrations, newspaper or magazine articles, radio or television programs, e-learning, mail, or similar media meet the same recognised standards as exist for products used in the context of a professional relationship.

Section 7. Education and training (professional development)

7.1. Design of education and training programs

Bodydynamic practitioners 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 licensure, certification, or other goals offered by the program.

7.2. Description of education and training programs

Bodydynamic practitioners 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, psychotherapy, 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. This information must be made readily available to all interested parties.

7.3. Accuracy in teaching

Bodydynamic practitioners 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. When engaged in teaching or training, Bodydynamic practitioners present psychological information accurately.

7.4. Student disclosure of personal information

Bodydynamic practitioners 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 the program or training facility has clearly identified this requirement in its admissions and program materials or 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 which pose a threat to the students or others.

7.5. Mandatory individual or group therapy

When individual or group therapy is a program or course requirement, Bodydynamic practitioners responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program.

7.6. Assessing student and supervisee performance

In academic and supervisory relationships, Bodydynamic practitioners establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision. Bodydynamic practitioners evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.7. Sexual relationships with students and supervisees

Bodydynamic practitioners never engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority.

7.8. Duty to respect intellectual property of Bodydynamic International, Aps.

The teacher or co-teacher or Bodydynamic therapist cannot create his/her own trainings by using any of Bodydynamic's copyrighted material. The teacher or co-teacher or Bodydynamic therapist could use elements or concepts of Bodydynamic's training only in trainings that she/he is certified teacher and only with a reference to the source.

All practitioners engaged in the use of copyrighted materials in furtherance of a commercial or promotional purpose must execute a license agreement with Bodydynamic International, Aps. Failure to present a license agreement signed by the practitioner and Bodydynamic International, Aps. will be deemed an unauthorized or illegal use of copyrighted material in violation of this provision and will subject the practitioner to exclusion from further affiliation with Bodydynamic and ABP.



Section 8. Assessment techniques

8.1. Welfare of the client

In the development, publication, and utilisation of psychotherapeutic or psychological assessment techniques, Bodydynamic practitioners make every effort to promote the welfare and best interests of the client.

8.2. Use of assessment techniques

Bodydynamic practitioners strive to ensure the appropriate use of assessment techniques. In using assessment techniques, Bodydynamic practitioners respect the right of clients to have full explanations of the nature and purpose of the techniques in language the clients can understand, unless an explicit exception to this right has been agreed upon in advance.

Bodydynamic practitioners responsible for the development and standardisation of psychological tests and other assessment techniques utilise established scientific procedures and observe the relevant ABP, national, and institutional or organisational standards.

Bodydynamic practitioners make every effort to avoid and prevent the misuse of obsolete measures or incomplete assessments. Bodydynamic practitioners do not encourage or promote the use of psychotherapeutic or psychological assessment techniques by inappropriately trained or otherwise unqualified persons through teaching, sponsorship, or supervision.

8.3. Security

Bodydynamic practitioners make every effort to maintain the security of tests and other assessment techniques within the limits of legal mandates.

8.4. Results

Bodydynamic practitioners respect the client's right to know the results, the interpretations made, and the bases for their conclusions and recommendations. They make every effort to avoid misuse of assessment reports.

Section 9. Research

9.1. Institutional approval

When institutional approval is required, ABP Members provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

9.2. Informed consent to research

When obtaining informed consent ABP Members inform participants about (1) the purpose of the research, expected duration, and procedures; (2) their right to decline to participate and to



withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers.

ABP Members conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought.

9.3. Informed consent for recording voices and images in research

ABP Members obtain informed consent from research participants prior to recording their voices or images for data collection unless the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, or the research design includes deception, and consent for the use of the recording is obtained during debriefing.

9.4. Client/patient, student, and subordinate research participants

When ABP Members conduct research with clients/patients, students, or subordinates as participants, they take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

9.5. Dispensing with informed consent for research

ABP Members may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves

(a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings;

(b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or

(c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability and confidentiality is protected, or (2) where otherwise permitted by law or federal or institutional regulations.

9.6. Offering inducements for research participation



ABP Members make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.

When offering professional services as an inducement for research participation, ABP Members clarify the nature of the services, as well as the risks, obligations, and limitations.

9.7. Deception in research

ABP Members do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.

ABP Members do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.

ABP Members explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data.

9.8. Debriefing

ABP Members provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.

If scientific or humane values justify delaying or withholding this information, ABP Members take reasonable measures to reduce the risk of harm.

When ABP Members become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

9.9. Reporting research results

ABP Members do not fabricate data. If they discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

4. Procedures

The ABP Ethics Committee consists of three people, two selected by the General Assembly and one member of the Board. The goal is to assist and educate members concerning ethics and to avoid harm to all parties.



Cases alleging violation of ethical principles, guidelines, or standards must be brought to the attention of the Ethics Committee in written form and should not date back longer than 5 years from the date the alleged violation occurred.

The complaining party can be inside or outside of the ABP; the responding party must be a member of ABP for the Ethics Committee to hear review the complaint.

Two persons of the Ethics Committee will confidentially review the complaint and determine:

- a) whether the complaint makes a colorable allegation of an ethics violation;
- b) whether the ethical complaint can be resolved by mediation between the parties;
- c) if mediation is not suitable, if sanctions should be applied.

If a complaint is referred to mediation, both parties must agree on a mediator and agree to equally share the costs of the mediation. In the event that mediation is not recommended, potential sanctions that may be imposed by the Ethics Committee include, without limitation:

- (1) formal reprimand and recommended change in behavior,
- (2) an obligation for further training or supervision,
- (3) a recommendation of temporary suspension,
- (4) a recommend-dation of permanent exclusion.

Alternatively, the Ethics Committee can determine that a complaint, while valid on its face, does not contain sufficient evidence of an ethics violation or is contradicted by evidence which shows no violation and thereby recommend dismissal of the complaint with no mediation, sanctions, or further action.

The decision of the Ethics Committee will be brought immediately to the Board of ABP.

If all parties accept the decision, the complaint is considered resolved. Otherwise they have 30 days for a written appeal to the Board.

Approved at General Assembly September 2. 2020