

Diagnostic Code for Psychologists

Part II of the Code of Ethics of the Polish Psychological Association

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ABSTRACT

The aim of this article was to present the Diagnostic Code for Psychologists developed by a team of experts on 1 October 2020. As of 2018, the Code of Ethics of the Polish Psychological Association (PPA) consists of three distinct parts, and the diagnostic code constitutes the second part. Detailed ethical guidelines for mental health assessments have been developed by a team of experts from different fields of psychology and reviewed by the members of the professional community. All comments were taken into consideration in the revision process, and the developed principles were modified. The diagnostic code was submitted to the Management Board of the PPA on 27 October 2020, and approved by the Extraordinary General Assembly of PPA Delegates.

The ethical principles for mental health assessments included in 21 articles are in force with the Code of Ethics of a Psychologist (PPA, 2018) and the “Standards of Psychological Diagnosis” (PTP, 2020), together forming a three-tier structure of the code in the field of psychological assessment. The diagnostic code applies mainly to mental health assessments. It can be also used to make clinical diagnoses during the therapeutic process based on the specific requirements of this therapeutic modality.

The PPA has implemented a three-tier model of ethical principles in mental health diagnosis. These regulations provide psychologists with significant support in daily practice, in particular psychologists who make formal diagnoses that carry legal consequences for health care, social policy, education, and legal proceedings. The text presented in this paper is an official PPA document and can encourage practitioners and professional ethics lecturers to reflect on the dilemmas associated with diagnoses and mental health assessments.

Keywords: psychological diagnosis, ethical principles for psychologists, code of ethics

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Introduction

Detailed ethical principles in the Diagnostic Code for Psychologists, which constitutes the second part of the Code of Ethics of the Polish Psychological Association (PPA), have been developed by a national team of psychologists¹ who perform mental health assessments in daily therapeutic practice and in research. The diagnostic code represents the second level of ethics regulations. It combines the overriding principles of the Code of Ethics for Psychologists (PPA, 2018) with the Diagnostic Standards in Psychology (APA, 2020)². The diagnostic code links the Meta-Code with diagnostic standards and constitutes a three-tier structure of ethics regulations in psychological diagnosis. All three documents form mutually complementary whole. Their provisions apply to mental health assessments, expert opinions, and formal diagnoses which carry legal consequences (in health care, social policy, education, and legal proceedings). They can assist mental health practitioners in making clinical diagnoses during the therapeutic process based on the specific requirements of this therapeutic modality. A three-tier system of ethics regulations is a valuable source of guidelines for conducting the diagnostic process in a manner that ensures the highest quality of the provided services.

As of 30 November 2018, the ethics regulations of the PPA have a three-tier structure, including:

- Level I: Code of Ethics for Psychologists (PPA, 2018) which is formally similar to the provisions of the Meta-code of the European Federation of Psychologists Associations (EFPA). The code overrides the remaining ethics regulations. It was developed by a team of experts³ of the Cracow Branch of the PPA and adopted by the PPA on 2 December 2018. The Code of Ethics and Professional Conduct of Psychologists⁴, which had remained in force for 47 years, was thus repealed;
- Level II: detailed codes that address different areas of psychological practice (diagnosis, research, therapy, and other);
- Level III: standards in different areas of psychological practice which provide practical guidelines for implementing level I and level II ethics regulations. Standards are created and implemented in various areas of psychological practice.

The Diagnostic Code for Psychologists was completed in 2020 and submitted to a peer review. The opinions expressed by mental health experts were taken into consideration in the revision process, and 21 articles were ultimately adopted.

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² The Diagnostic Standards in Psychology developed by the National Division of Psychological Diagnosis of the PPA (2018) were officially approved by the Management Board of the PPA on 9 December 2020.

³ Team members: Anna Bogatyńska-Kucharska, Katarzyna Sikora, Małgorzata Steć, Marcin Szafrąński.

⁴ Developed in 1971 and amended twice in 1988 and 1991.

The diagnostic code was submitted to the Management Board of the PPA on 27 October 2020, which was finally approved by General Assembly of PPA Delegates.

The Diagnostic Code for Psychologists is disseminated to practitioners, researchers, and psychology students. It is presented in various diagnostic contexts during national conferences and local training programs organized by the Clinical Psychologists' Group of the Cracow Branch of the PPA. The text presented in this paper is an official PPA document. The Diagnostic Code for Psychologists can guide ethical decision-making and conduct in daily diagnostic practice.

Diagnostic Code for Psychologists – Part II of the Code of Ethics of the Polish Psychological Association

Article 1

A psychological diagnosis is a process during which a psychologist relies on reliable sources of data to gather and process information about the diagnosed subject to describe his or her ability to function in everyday life. The diagnosis may not be judgmental or labeling (stigmatizing). The diagnosis should be unbiased, and the subject's rights must be respected in the diagnostic process (in a positive and negative sense).

Article 2

A psychologist should remain objective in the diagnostic process; he or she should not be guided by prejudice, should always consider the cultural and environmental context, and should respect the subject's right to express autonomous judgments and attitudes.

Article 3

A psychologist should make a diagnosis only if he or she has the required competencies to resolve the examined problems, including competencies that have been acquired during specialist training and diagnostic practice in a given area. A psychologist should have sufficient knowledge and skills, in particular knowledge about diagnostic procedures and psychological theories applicable to human behavior in a given area.

Article 4

A psychologist conducts a diagnostic assessment according to the currently valid diagnostic standards developed by the professional community in a given area of psychological diagnosis, including standards applicable to the applied procedures and methods.

Article 5

A psychologist should remain impartial in the diagnostic process and should refrain from entering into multiple relationships with the diagnosed subject.

A psychologist should refrain from making a diagnosis if his or her previous professional and/or non-professional relationship with the subject could give rise to a conflict of responsibility or a conflict of interest.

Article 6

During the diagnostic procedure, a psychologist should respect the subject's well-being; he or she should avoid deception, and should respect the subject's rights and dignity. A psychologist should ensure that any discomfort experienced by the subject during the diagnostic process does not have negative consequences for the subject.

Article 7

The diagnostic process may, to a certain extent, compromise the subject's well-being and personal rights, which is why a psychologist should make every effort to minimize the negative consequences of the diagnostic process. The extent to which the subject's well-being and rights may be compromised is determined by the aim of the diagnosis and the diagnostic agreement. The information collected during the diagnosis should be limited to information that is critical for achieving the goal of the psychological assessment, as stated in the diagnostic agreement.

Article 8

A psychologist conducts the diagnostic process solely upon the subject's voluntary and informed consent, and the subject has the right to informed refusal at any time during the diagnostic process. If a diagnostic procedure is conducted upon the request of a third party or an institution, a psychologist should inform the subject that the formulated diagnosis will be forwarded to the requesting party. A psychologist should not attempt to make a diagnosis or should seek the assistance of a legal guardian if the subject's condition or legal status prevents his or her from giving informed consent to the diagnostic process.

Article 9

The information about the aim of the diagnosis, diagnostic tools and procedures, and the course of the diagnostic process should be communicated to the subject in a manner that is best suited to his or her cognitive capacity. A psychologist should ensure that the communicated information about the purpose and the nature of the provided services is comprehensible for the subject. In particular, a psychologist should respect the rights of children and subjects with a limited capacity to make autonomous decisions.

Article 10

If the diagnostic process involves children and subjects with a limited capacity to make autonomous decisions, the formulated diagnosis is also communicated to the subject's legal guardian. A psychologist should discuss the aim of the diagnosis with the guardian, should conclude a diagnostic agreement with the guardian, and should respect the subject's identity and dignity.

Article 11

A psychologist should consider other factors (including medical factors) that could contribute to the symptoms observed in the diagnosed subject, and he or she should inform the person participating in the diagnostic process and/or the party or institution requesting the diagnosis that a consultation with another specialist is required. The relevant information should be considered by a psychologist when formulating a diagnosis.

Article 12

A psychologist has an obligation to provide the diagnosed subject with feedback, unless the diagnostic agreement states otherwise. In particular, the provided feedback should include the conclusions and recommendations stemming from the diagnostic process; it should be delivered in a manner that is best suited to the subject's cognitive capacity and readiness to acknowledge the feedback. The provided feedback should describe the formulated conclusions in a clear and logical manner, and it should build trust in the offered diagnosis. Categorical statements should be avoided if an unambiguous diagnosis cannot be formulated in a given case.

Article 13

A psychologist should ensure that the data gathered during the diagnostic process are protected according to professional secrecy standards. The obligation to protect confidential information is not limited in time.

Article 14

A psychologist should obtain the diagnosed subject's consent before forwarding raw test data to another psychologist or to third parties/institutions that requested a psychological evaluation.

Article 15

Diagnostic data should be disclosed in a manner that protects diagnostic tools, does not compromise the diagnostic value of the applied methods, and does not violate copyrights. A psychologist should refrain from any actions that could lead to the public disclosure of diagnostic responses.

Article 16

If a psychologist suspects that the diagnosed subject's life or health is seriously endangered, the psychologist will make every effort to protect the well-being and personal rights of the evaluated subject and other endangered parties. The measures undertaken by the psychologist for that purpose do not require the consent of the diagnosed subject and/or his or her legal guardian, and may require disclosure of confidential information.

Article 17

The diagnosed subject may authorize a psychologist to disclose the confidential information acquired during the diagnostic process, provided that such

information does not concern a third party. The circumstances under which confidential information may be disclosed to a third party/institution must be detailed in the relevant documentation. The diagnosed subject should be informed about the potential consequences of such disclosure.

Article 18

A psychologist should assume responsibility for the formulated diagnosis and perform diagnostic tasks in an interdisciplinary team. Above all, a psychologist should observe professional standards in a given area of a psychological diagnosis and should consider the results of the evaluation in the final interdisciplinary diagnosis.

Article 19

A psychologist should not undermine the diagnoses made by other specialists and should not comment on psychological diagnoses made in fields where he or she lacks the necessary competencies.

Article 20

A psychologist should consult his or her diagnostic activities with professional supervisors or peers. This obligation does not release the psychologist from personal responsibility for the undertaken diagnostic activities.

Article 21

If requested, a psychologist has an ethical obligation to provide other psychologists with professional support, and if such support cannot be provided, he or she will suggest other types of support.

Glossary of Terms

Child

A child is an individual below the age of 18 years who remains in the care of a legal guardian.

Subject participating in a diagnostic test

A person who directly participates in the diagnostic process (adult, child, person with a limited capacity to make autonomous decisions). The term “subject” is synonymous with the term “diagnosed person”.

Informed consent

Consent provided by a person who has the psychological capacity to understand and convey information, to make decisions concerning his or her voluntary participation in the diagnostic process based on sufficient and comprehensible information about the purpose, manner, and course of a psychological evaluation, as well as potential discomfort caused by the diagnostic process.

Raw data

Data pertaining to the conducted diagnosis: recordings and transcripts of the subject's statements, questionnaires filled in by the subject, materials and valid and/or archival personal documents provided by the subject (primary data).

Feedback

Oral or written information about diagnostic outcomes relating to the specific aspects of the subject's behavior which is provided to the recipient in the form stipulated in the diagnostic agreement.

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