2012 Revised Ethical Guidelines

December 7, 2012

II. Ethical Guidelines: Client's Rights
The psychiatric Advanced Practice Nursing (APN) is expected to respect client's rights.

Guidelines for this principle include:

1. The right to informed self-determination, when the client is rational;
2. The right to protection of self from his/her own limitations of reasoning and judgment when the client is unable to reason or exercise judgment.
3. The right to treatment, including equity in the quality of treatment relative to all other clients;
4. The right to attain and maintain a sense of human worth;
5. The right to privacy in terms of the body and in regard to the emotional, intellectual and spiritual dimensions of self;
6. The right to protection from physical and verbal abuse or misuse, including abusive behavior which carries sexual and/or emotional implications;
7. The right to expect competent psychiatric nursing care, even when the client is incompetent to assess the nursing care; and The right to expect that nursing care will be focused on each particular client's welfare to the greatest extent possible.

III. Narrative Description of Client Right's Guidelines

- Each client has the right to be informed about his/her emotional/psychological state, according to the psychiatric APN assessment based on the information available at the time. The APN acknowledges this right by communicating his/her assessment in words which are likely to be understood by the client.
- The client has the right to be informed about and engage in a discussion of possible therapeutic objectives and approaches to those objectives. The client then has the right to decide whether or not she/he will invest in the proposed therapeutic work (therapy and/or use of medication).
- The client who is unable to reason or exercise judgment has the right to expect professional judgment which centers on his/her emotional and psychological welfare. This right includes protection of the client from taking actions which, in the professional judgment of the APN, are likely to be disadvantageous to the client. Another aspect of this right is protection of the client from persons who might take advantage of the client during periods of vulnerability, (i.e., emotional interferences with the client's ability to think rationally and/or to function cognitively to make informed and knowledgeable self-determinations).
- Each client has the right to an opportunity for treatment which is congruent with his/her objectives and emotional condition and progress. The APN is expected to make an opportunity for treatment available to

the client directly or indirectly, by providing treatment or referring the client to another professionally qualified clinician.

- This right includes equity relative to all other clients, in terms of the quality of therapeutic interventions used by the psychiatric APN. An implication of this right for each client to be treated equitably is that the psychiatric APN evidence no bias regarding the client. A client's personal attributes, social/cultural background, religious preference, sexual orientation, political point of view, lifestyle, or source of payment may arouse negative reactions in the APN, such as distaste, disgust, arrogance, anger, and aversion. Even so, the APN is expected to control his/her behavior and not reflect the negative reaction.
- As a human being, each client has the right to attain and maintain a sense of human worth. Factors which enhance one's sense of worth include perceptions that one is valued by other persons, respected, cared for, and considered important; and conversely that one is not discounted, ignored, devalued, ridiculed, "put down," or pushed toward a powerless position.
- The APN is expected to behave in ways which support and enhance a client's sense of human self-worth. Demonstration of such behaviors may require that the APN overcome aversion or fearful reactions to the nature of the client's illness. Psychiatric problems such as extreme dependence, extreme self-depreciation, and self-destructive behaviors, may arouse negative reactions in the APN. Similarly, psychological diseases or changes including socially stigmatized diseases, addictive states, and phobic conditions with physiological effects, may evoke fear, anger, or disgust in the nurse. Despite these reactions, the APN is expected to recognize and relate to the client's humanity.
- An emotionally disturbed client, especially if unable to reason or exercise judgment, may behave in ways which interfere with his/her maintenance of personal privacy; or the client may exhibit a lack of awareness of, or indifference to other persons. For example, in a situation wherein our cultural norms would dictate that a person wears clothing, the client may be undressed or dressed inappropriately. The client's right to privacy might be demonstrated by the APN's provision of clothing or covering, or by making available a screened area or room. Similarly, the emotionally disturbed client psychotic client may be unaware that his/her clothing is soiled or may be indifferent to personal hygiene. Vigilance on the part of the psychiatric APN with respect to the above-mentioned physical states, as well as ongoing observational assessments of all physical dimensions, is expected. In addition, the APN is expected to initiate nursing interventions to alleviate a condition or protect the privacy of the client.
- The client's right to privacy extends beyond his/her communications. For example, a client might demonstrate a tendency to reveal very personal and intimate thought or events indiscriminately. The APN is expected to intervene with the client, wherever possible, to attempt to protect the client's privacy of communication and/or help the client to be selective and make appropriate choices of persons to whom he/she may reveal vulnerabilities.
- Other situations in which the client's behavior merits protection of privacy involve inappropriate interactions on the part of the client. When behavior inconsistent with the client's own value system becomes known to the APN, intervention is indicated and may in some instances entail hospitalization.
- Each client has the right to protection from physical and verbal abuse and misuse. When physical abuse including sexual abuses occurs, the consequences are detrimental. Verbal abuses, including those with emotional and sexual connotations, may be less obvious than physical abuses. However, the verbal abuse

constitutes a concern to the client and APN. Protection of a client from further physical and verbal abuse is a responsibility of the APN.

- This protection may be attempted with suggested alternatives to the client's current living environment, such as hospitalization or assistance to the client in making a move to a different living situation. Examples of assistance include emotional support, information about financial resources, guidance regarding procedural steps, assistance with the problem solving process and therapeutic interventions to foster attitudinal changes.
- Each client has the right to expect the psychiatric APN to provide a high quality of psychiatric nursing care. For example, the client might expect the APN to discourage unnecessary dependence of the client. Furthermore, the APN is expected to attend knowledgeably and conscientiously to the client's verbal and nonverbal behaviors, then to use this information in therapy with the client.
- Nursing care will be focused on each particular client's welfare **to** the greatest extent possible. At the time of the nursing care, the best interest of the client might be in conflict with the best interest of a group of clients or of a client's family or of society. This situation creates many complex dilemmas for the APN which require skills to manage.

III. Ethical Guidelines: Confidentiality

The psychiatric APN is expected to safeguard the client's confidentiality.

The guidelines for this principle include the following:

1. Keep all client records secure;
2. Consider carefully the content to be entered into the record;
3. Release information only with written consent and full discussion of the information to be shared, expect when release is required by law;
4. Use professional judgment regarding confidentiality when the client is a danger to self or others;
5. Use professional judgment deliberately when deciding how to maintain the confidentiality of a minor. The rights of the parent/guardian must also be considered.
6. Redact or "scrub" clinical material when using professionally for teaching and writing;
7. Maintain confidentiality in consultation and peer review situations;
8. Maintain anonymity of research subjects; and
9. Safeguard the confidentiality of the student in teaching/learning situations.

Narrative Description of Confidentiality Guidelines

The sensitive and private nature of the material shared within the APN-client relationship requires the APN's strict adherence to the client's right to privacy regardless of the APN's area of practice. The APN-client relationship is built on trust and can be jeopardized by unauthorized disclosure of information. The APN initially should discuss confidentiality with the client. The client may at various times during the realtionship need to be assured that confidentiality is being maintained. Simple acknowledgement that a person is your client is a breach of confidentiality.

Some situations create overlapping social and professional relationships between the APN and client. These situations can complicate confidentiality. For example, in a small community or rural setting it may be necessary for the APN and client to be in a social or business situation together. In an urban setting, overlapping relationships are more likely to occur when the APN and client are a part of the same professional organization or learning situation. The APN responsibility is to define clearly and maintain the parameters of each relationship in a manner which protects confidentiality. The APN may need to withdraw from or avoid a situation entirely. The APN should avoid utilization of client's business or service whenever possible.

1. Record keeping is indicated for a variety of reasons. Theses reasons include documentation of the treatment process and progress, storage of important data and communication among professionals for continuity of care.
2. The APN is also obligated to have previously agreed upon the plan with a colleague for the disposal or protection of records in case of an emergency, prolonged illness, or death of the APN. In some institutions, the security of records is not always maintained. In such a case, the APN is expected to be aware of the need to improve the security of the records.
3. In situations where a chart or record is available to many people, the APN should be especially cautious about information that is included. Only information pertinent to client's treatment should be entered into the formal record. Exclusion of graphic details of fantasy material may be indicated and speculation should be avoided.
4. When the psychiatric APN receives a request for information, written consent must be obtained prior to the release of information, and should be kept on file. Clinical information is to be shared judiciously with consideration of the way the information will be used. Clients should be informed that, at times, other clinicians may cover for the APN and may need access to client information. For utilization review purposes, third party payers are asking for increasing amounts of client information in the areas of treatment plan and progress. Computerization of this information and multiple user access to computer information require the APN to be especially cautious about the information provided. Ideally, the client will be included in a full discussion of what will be shared and advised of possible harmful effects of providing certain information.
5. The APN must be familiar with both federal and state law regarding disclosure of patient records. This familiarity includes knowing when it is acceptable to refuse to provide information within the law and when it is appropriate to raise the question of adequate and need for disclosure.
6. Coloradolaw states that a registered professional nurse "shall not be examined without the consent of his patient as to any information required in attending the patient which was necessary to enable him to prescribe or act for the patient."[4] In Colorado, confidentiality may be breached when there has been a criminal act; when information is made an issue in a court action; when information is obtained for the purpose of an expert's report to a lawyer; when the APN is acting in a court appointed capacity; when the client is under 16 and has been the victim of a crime, and disclosures would be in the client's best interest; and when issues of child and elder abuse and neglect are involved.
7. When a client is a danger to self or others, the APN should initially try to persuade the client to share this information with the appropriate family member, treatment facility, or the legal system. If this effort fails,

the APN must reveal the confidential information disclosed by the patient. In Colorado, if the client communicates a serious threat of imminent physical violence against a specific person or persons, the APN has a "duty to warn" (i.e., is legally bound to do so). The duty shall be discharged by making reasonable and timely efforts to notify any person or persons specifically threatened, to notify an appropriate law enforcement agency, or take other action including, but not limited to, hospitilization.[5]

8. When the client is a minor, the client should be guaranteed that the specific details of treatment will not be disclosed without permission. Exceptions would occur when the APN believes the client to be a danger to self or others, or when abuse or neglect is suspected. The parent/guardian of the minor client has the right to be informed of the general issues of treatment, the treatment plan, and the minor's progress. Confidentiality in this situation is complex and requires continuous professional judgment and action.
9. Clinical examples are often for the purpose of teaching and publication and should be redacted or "scrubbed" to ensure the client described remains anonymous. A guide in redacting or "scrubbing" case content is that it is not recognizable to friends or family, thereby assuring that it should not be recognizable to others. The redacting or "scrubbing" of clinical examples may require the examples be changed to the extent that the meaning of the case is changed. In some cases, the APN may choose to inform the client of the presentation and seek the client's consent.
10. Consultation in a one-to-one situation or group setting (i.e., peer review) requires maintenance of confidentiality. This principle should be discussed openly within the consultation setting. Establishment of guidelines may be indicated, especially in a group situation. The APN may ask the client to sign a consent form indicating that they understand that the APN may need to consult with other health care providers about them from time to time. APNs may need to remind colleagues of their duty to maintain confidentiality.
11. The APN involved in research is expected to safeguard the privacy of client by maintaining the confidentiality and anonymity of his/her research subjects. For example, subjects may be asked to share specific information about themselves that they may not choose to divulge to others in a different context. Clients must receive assurance that their anonymity will be protected. Specific consent must be obtained when the plan of study or the report of findings will sacrifice subject anonymity or confidentiality.[6]
12. The APN who carries primary responsibility for a course or chairs a student's research committee is responsible for protecting the student's original idea and intervening in any attempt by faculty or non-faculty colleagues to exploit the student. The APN in the role of clinical educator often acquires knowledge of a student's personal history and experience. Personal information about the student is confidential and the APN is responsible for protecting this information.

IV. Ethical Guidelines: Accountability

The psychiatric APN is expected to be accountable for all aspects of his/her professional actions.

Guidelines for this principle include the specialist responsibility to:

1. Develop and maintain an appropriate treatment plan for the client;
2. Maintain accurate records of work with the client;

3. Take the steps necessary to ensure both personal and client safety when the client is dangerous to himself or others.
4. Control the setting in which the therapeutic process takes place;
5. Identify and avoid participation in situations involving conflict of interest;
6. Do not accept gifts or incentives from pharmaceutical companies.
7. Maintain boundaries between social and therapeutic relationships;
8. Maintain an ongoing professional review process that involves supervision, consultation, or other means of professional review;
9. Recognize personal limitations and seek appropriate supervision, consultation, and professional review; and refer the client to appropriate alternative resources if indicated; and
10. Remain available to the client throughout the treatment process and arrange continuity of care for the client in the event of the APN's absense, prolonged illness, or death.

Narrative Desciption of Accountability Guidelines

These ethical guidelines respond to the specific principle of accountability or actions for which the APN is responsible when engaging in psychotherapy. These actions constitute the operational segment of the psychotherapeutic process, and have been singled out and emphasized in these guidelines. The accountability of the psychiatric APN in psychotherapy is to self, clients, the public, and his/her profession.

1. In the nursing profession, the treatment plan has been called the nursing care plan. The nursing care plan is the result of a careful evaluation of the client's needs, known as assessment data collection. The APN is expected to inform the client when an evaluation period is underway, during which time the APN will determine whether he/she can provide services which will meet the client's needs. During this period, the client will determine if he/she can work in a therapeutic relationship with the APN.

   During the evaluation period, mutual goal setting occurs. A direction, or plan for treatment, is also mutually agreed upon. The plan may involve pursual of a psychotherapeutic relationship or other alternatives. If the APN determines that referral to another practitioner is more appropriate or if psychotherapy is not the treatment of choice, the APN must present these findings to the client following the evaluation. If the APN and the client determine mutually to pursue a psychotherapeutic relationship, then the actual plan of care is to be overt and agreed upon.

2. The psychiatric APN is expected to maintain accurate and complete records of his/her psychotherapeutic work with clients. The records may be considered an outgrowth of the treatment-planning phase of the therapeutic process. Regardless of the setting or the format, the record is to include a summary of the evaluation data about a client, a summary of the plan of care, mutually agreed upon goals, dates of service, types of services, significant actions taken, and a summary of the outcome at termination.

3. The psychiatric APN is expected to ensure the client's safety in circumstances in which the client may be dangerous to self or others. The APN must carefully evaluate the client's level of dangerousness at the time of the initial evaluation and throughout the treatment process. If dangerousness to self or others is determined, appropriate intervention is required. If the APN determines that hospitalization is required, the necessary steps to hospitalize the client or refer the client to a practitioner who will hospitalize must be taken. If the client will not agree to voluntary hospitalization the specialist must file a 72-hour Hold and Treat and hospitalize the client, or refer the client to a practitioner who will hospitalize the client involuntarily.

   In certain instances, ensuring the client's safety, when the client is dangerous to self or others may involve a breach of confidentiality. The APN must share with the client what information is required by law to be shared and with whom the APN plans to share this information.

   When working with clients who unexpectedly become dangerous or threatening, the APN must take steps to ensure his/her own safety. A readily available telephone and an easily accessible exit from the office are necessary precautions. When danger is expected, the APN should select a location to meet the client where assistance is immediately available.

4. The APN is also expected to choose and maintain an environment and setting which is optimal to the work of the therapeutic process. A waiting area for clients with some degree of privacy is recommended and a consultation room that is reasonably soundproof and provides privacy is expected. In the case of home visits, or in settings such as in-patient units which are not fully controlled by the APN, any efforts to minimize distractions to the therapeutic process should be taken. These efforts may include unplugging telephones, turning off a television or radio, or having children play in non-clinical areas.

5. The psychiatric APN is expected to identify and avoid participation in situations which involve a conflict of interest. The client's interest and welfare are the primary focus and must be maintained. The APN must be continually alert to the potential for placing his/her own needs and interest before those of the client. Instances where the APN's goals or values are in conflict with those of the client are potentially problematic situations, and must be resolved. For example, to counsel a client not to have an abortion based on the APN's values may be in direct conflict with the physical and emotional best interest of the client.

6. Pharmaceutical companies often are very active in marketing medication to prescribing APNs. Federal and state regulations prohibit accepting gifts from pharmaceutical companies. Decisions about medications prescribed need to be based on sound clinical judgment rather than marketing pressure. It is recognized that the pharmaceutical companies have a right to free enterprise, thus, marketing is an important aspect of sales. At the same time, clinicians should recognize that although these incentives are nice to receive, the costs for these

promotions must be recovered in the price that is passed on to the consumer. In light of these competing factors, the following guiding principles are posed for psychiatric APNs.

Principles are posed for psychiatric APNs:

- Given the level of federal and state regulatory oversight regarding pharmaceutical marketing, APNs should not accept gifts from pharmaceutical companies;
- The APN is encouraged to seek counsel on these and other regulatory issues to understand the potential negative implications for accepting gifts from pharmaceutical companies.
- Presentations that are educational in nature are preferable to those that are purely advertisement.
- The APN should attend educational presentations for professional learning rather than for the marketing incentives

Any form of exploitation of a client is unacceptable.

Involvement in dual relationships is problematic, unacceptable, and, at times, illegal. Engaging in a sexual relationship with a client is considered exploitative and is illegal. The development of a social relationship between APN and client alters the therapeutic process and is in conflict with client's best interest.

In rural settings, the psychiatric APN may be involved with the client in circumstances other than the therapeutic relationships. For example, the client may be a shopkeeper or clerk in a store the specialist patronizes. The APN must use carefully considered professional judgment in dealings with the client outside the professional area. The therapeutic relationship should not be used to receive extra gains for the APN.

The psychiatric APN is expected to maintain boundaries between the social and the therapeutic relationships. A social relationship involves a mutual give and take, whereas a client centered relationship is focused on meeting the psychotherapeutic needs of the client. In many instances, a client seeking a psychotherapeutic relationship does not know the APN prior to the beginning of the treatment relationship. In these circumstances, the APN is able to determine a clear-cut therapeutic relationship. Under no circumstances, should the APN promote a sexual or social relationship.

At times the APN may unknowingly become involved in a therapeutic relationship with someone who also has social ties to the APN. As this may become problematic, the APN should consider disengaging from this relationship. If the APN judges that disengagement from the relationship would be detrimental, he/she should seek consultation to decide an appropriate course of action.

Often in rural settings there may be an overlap of social and therapeutic relationships. The APN may find himself/herself at parties or local settings in the company of clients. The APN must use his/her professional judgment to maintain a therapeutic focus despite the social and therapeutic overlap. The APN must also be aware of the implication of his/her behavior in circumstances where the acquaintances of clients are his/her social peers.

- Due to the nature of the psychotherapeutic relations and psychotherapy process, objectivity is not always easily maintained. Through participation in regularly scheduled supervision, consultation, or professional review, the APN increases the opportunity for recognition and correction of problems occurring in the treatment process of which he/she has been unaware.
- When the APN is aware of a problematic issue, he/she should seek specific supervision, consultation, or professional review to help solve the problem. When resolution of the problem is not possible within the context of the current treatment situation, the client should be referred to appropriate resource persons.
- The APN is also expected to recognize his/her own limitations and seek appropriate supervision, consultation, or professional review, or refer the client to appropriate resources. During the course of psychotherapeutic treatment, the APN may find problematic issues arise as a result of his/her own limitations due to the lack of knowledge or supplemental personal experience in dealing with problematic issues. The APN may also be faced with limitations due to issues which are not within the scope of his/her practice. In circumstance in which the limitation continues, the nurse is expected to refer the client to an appropriate resource.
- The psychiatric APN is accountable for providing continuity of care for the client once both have agreed to engage in a therapeutic relationship. There may be instances when the APN is not available to the client once the treatment process has begun, such as during a prolonged illness or maternity leave, a vacation, or the specialist may not able to complete the relationship in case of his/her death. Specific steps must be taken during these times to provide the continuity of care. In the case of a time-limited absence, the APN must provide emergency coverage for his/her clients. For a prolonged absence, the APN should discuss with the client not only the availability of another treatment provider in emergencies but actual planned visits with the covering clinician while the APN is absent.

The APN is accountable for providing continuity of care for the client should the client's financial situation change. In the event, the APN is unable to continue treating the client, an expeditious and appropriate referral shall be made with however much assistance provided as is necessary.

In the case where a third party payer (such as a managed care company) denies continued service to a client who, in the judgment of the APN, is in need of further help, the APN is obligated to take steps to remedy the situation. The APN should provide documentation to the clinical manager of the managed care company stating the clinical concerns and rationale for the request to continue services. In addition, the APN should state what is needed and what results can be expected if the request is approved. If the managed care company denies this request, the APN should make arrangements with the client to ensure that necessary care is provided. The arrangements may include seeing the client outside their insurance and discounting the fee as needed, or making an appropriate referral to a mental health center or agency.

The APN also is expected to provide for continuity of care in the case of his/her unexpected death. A plan for disposal of his/her records needs to be develop and ready to be set in motion should his/her death occur. This plan must include provision for notification of clients, along with a plan for referral to other qualified health care providers when this is appropriate. If the APN becomes aware of his/her

impending death due to terminal illness, the specialist should inform clients of the situation and discuss referral in order to provide continuity of care when this becomes necessary.

Ethical Guidelines: Competence

The psychiatric APN is expected to practice competently.

The APN is expected to follow these guidelines:

- Acquire accepted professional credentials in the selected area of practice;
- Provide services only within the recognized boundaries of knowledge, training and skill;
- Inform new clients of specific area of professional competence and the parameters of the APN's practice;
- Base the practice of psychotherapy on a body of knowledge that is scientifically founded and regularly updated through recognized avenues of continuing education and self-directed learning;
- For psychiatric APNs who have obtained prescriptive authority, maintain competency specific to the practice of prescribing medication;
- Participation in ongoing professional review process;
- Seek consultation or supervision from recognized professional colleagues;
- Make referrals to recognized professionals when indicated by the needs of the client;
- Ensure that each consultee or supervisee has the accepted professional credentials and is competent to carry out the task(s) required;
- Engage in ongoing self-examinations to assure the therapeutic use of the self in his/her practice;
- Avoid practicing when professional ability is impaired by alcohol, drugs, or physical or psychological disability; and
- Participate in the adoption of standards of practice for the professional society that will raise the level of competency of psychiatric APNs.

Narrative Description of Competence Guidelines

- The variety of areas in which psychiatric APNs practice demands different academic and professional credentials. The psychiatric APN who functions as an educator, administrator, researcher, or consultant has specific academics and experience requirements depending on the situation and capacity in which he/she practices. An APN in the private practice of psychotherapy has the expectation of acquiring both the academic degree and the professional certification required by his/her practice area by theAmericanNursesCredentialingCenterand is considered unethical. These credentials are to be displayed or readily available for client to see.
- The APN is expected to define the boundaries of practice according to the areas of his/her training and acquired knowledge and skill. The APN should avoid practicing without appropriate supervision in areas where he/she has not received sufficient training or acquired adequate knowledge and skills.

- Clients often come into the APN's practice knowing relatively little about what is reasonable to expect from the professional and what limitations might be anticipated, both from the APN and from the work itself. Because of the nature of the illness presented and highly emotional and confidential nature of the treatment relationship, the APN is expected to discuss that area of her competence, the specific parameters of his/her practice and the nature of his/her credentials and professional standing at the outset of the therapeutic work.
- The APN is expected to provide services that are based on the knowledge and techniques that are scientifically founded and in which he/she has received adequate training. The APN also is required to maintain and update her knowledge and skill by participating in regular continuing education programs or self-directed study programs that meet the criteria for acceptable continuing education credits of the American Nurses Association.
- The APN with prescriptive authority maintains a strong current knowledge base of the biological bases for mental disorders and the indicated usage of psychotropic medications to treat these disorders. Competency also is maintained in managing drug interactions and effects of medications on all body systems.
- The APN obtains ongoing consultation and education relative to the practice of prescribing medications. Referrals are made to appropriate colleagues when the client's condition is outside the competency level of the APN. Additionally, safe procedures are followed in the storage and handling of medication and prescriptions.
- The APN needs to participate in peer review process. Peer review is an ongoing process involving reporting and reviewing of personal clinical practices and the practices of other practitioners for purpose of education, evaluation, and correction. This process may involve only other specialists or may include other professionals, supervisors, or consultants. Through professional review, the quality of the APN's practice can be maintained and the client assured of excellence in care. Various guidelines for evaluating the quality of care should be utilized including the Standards of Nursing Practice, the current Colorado Nurse Practice Act, these Ethical Guidelines, and other quality assurance mechanisms.
- Client's needs are frequently not fully known nor can they be totally anticipated at the outset for the relationship. It is therefore necessary that the APN be prepared to seek consultation or supervision when the needs of client exceed his/her current fund of knowledge or skill, but which still fall within the realm of the practice boundaries.
- Consultation should be viewed as: the active seeking of advice or information by one professional from another professional. Consultation requests between professionals may occur in relation to assessment and diagnosis, case management, service delivery or evaluation. The professional seeking consultation retains primary responsibility, which should be clearly defined in the context for the relationship. Consultation should be regulated, received and provided in a manner consistent with professional ethics and standards.[7]
- The term "supervision," by contrast, has been used to describe a vast variety of professional relationships and requirements including those requirements put forth by various insurance carriers for third party reimbursement. For these guidelines, however, "supervision" is: "restricted to those relationships involving education, training, and credentialing. Specific functions that may be supervised range from clinical practice to any aspect of professional functioning as set forth in a particular supervisor/supervisee

relationship. Supervisory relationships may be established for teaching, training, or credentialing purposes or across disciplines. The authority of the supervisor is determined by licensing and other regulatory sanctions, by agency/institutional policy, by professional standards, by ethical considerations and by his or her qualifications."[8]

- Whether consultation or supervision is desired by the APN, it is recommended that such assistance be obtained from professionals of recognized abilities in the areas of the client's needs. Seeking such assistance from qualified members of the psychiatric nursing profession is recommended, because APNs are in a better position to provide assistance consistent with the practice of nursing than are other mental health professionals.
- When the needs of clients fall outside the areas of the APN's practice, the clinician should have access to qualified professionals in a variety of fields to whom referrals may be made. In the referral process the client would be given free ad informed choice.
- Psychiatric APNs also provide consultation and supervision to members of their own profession and to other professionals. The needs of the client must remain the primary focus in these relationships; therefore, it is incumbent on the APN to ensure that her or his consultee or supervisee is academically and professionally qualified and capable of using the educative relationship in an appropriate and helpful way with the client. When it becomes apparent that the supervisee/consultee currently is unable to perform appropriately, the APN is required to intervene and assist the consultee/supervisee in referring his/her client to appropriate help elsewhere.
- However, it is also essential that the APN assist the supervisee/consultee in developing his/her professional abilities. The APN is expected to assume the obligation of providing constructive direction, experiential opportunities and regular and timely evaluations that will enable the supervisee/consultee to advance in his/her professional development.
- The psychiatric APN has entered into a lifetime of self-examination and self-exploration both as a commitment to his/her own development and to enhance the therapeutic use of the self implies the expectation that those areas of the self that are problematic for the specialist be sufficiently understood and controlled that they do not interfere with the work of the client. There are a variety of ways that the APN can acquire self-knowledge and enhance the development of the use of the self, and, while personal psychotherapy is not required as a part of the specialist's credentialing, it is highly recommended.
- Seeking professional assistance is required when his/her abilities are impaired by drug or alcohol abuse or when physical or psychological difficulties interfere with competent functioning. Colleagues are expected to intercede with one another when such disabilities become apparent and the individual afflicted is not able or motivated to act to remedy the situation.
- The development and implementation of ethical guidelines serve to ensure the welfare of the client and advance the profession of Psychiatric Nursing. It is expected that the APN will participate in the development, implementation, and revision of these guidelines. It is also expected that he/she will utilize these guidelines in his/her practice.

Footnotes

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- Ibid, 5.

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Grievance Procedure

The purpose of this grievance procedure is to provide a structure that allows for a balanced review when a complaint is raised about one of the CAPPN members.

Receipt of a Complaint

1. When a complaint is received, the Chair of Ethics Committee will send a letter and guidelines to the person making the complaint. The letter will include the following:
2. Tell them how to file a complaint.
3. Give them guidelines by which to draft their complaint.
4. Inform then of the process the complaint will take.
5. Complaint must be received by the Ethics Committee in written form and signed by the complaintant.
6. The committee will notify the respondent member by certified mail of the details of the complaint and will include the grievance procedure.
7. The respondent will be asked to reply in writing within 15 days of receipt of the certified letter.

Confidentiality

1. All information concerning complaints and resulting transactions is confidential. All correspondence should be mailed in an envelope marked “CONFIDENTIAL”.
2. Committee records will be maintained in a manner which ensures confidentiality.
3. The CAPPN Board, if it becomes involved in the grievance process, is bound to maintain the same confidentiality as the Ethics Committee and may, at its discretion, report pertinent information to other appropriate bodies, such as the State Board of Nursing.

Investigation of the Complaint

1. Separate members of the committee will be assigned to gather all information from the complaintant and the respondent.
2. The Ethics Committee as a whole will review and discuss the information gathered.
3. A decision will be made at this point to investigate further or to proceed to a recommendation.

Recommendation for Action

1. Following complete review and discussion the committee will decide and initiate the following possible actions:
2. Dismiss the complaint as unfounded.
3. Respondent to be counseled privately.
4. Respondent to be placed on probation privately.
5. Respondent to be permitted to resign with stipulations for reapplying.
6. Respondent to be suspended.
7. Respondent to be dismissed CAPPN.

Notification of CSCSPN Board

1. If the recommendation is for probation, resignation, suspension, dismissal or reporting (IV. A.3-7 above), the Ethics Committee will request that the CAPPN Board accept the recommendation and notify the respondent and complaintant accordingly.
2. The CAPPN Board will decide whether to accept the Ethics Committee recommendation or take other action.

Process of Appeal

1. Respondent may appeal to the CAPPN Board for a review of the Ethics Committee recommendation and CAPPN Board action.
2. The CAPPN Board will appoint an ad hoc committee for such review. When possible, this group should include former Ethics Committee members.
3. After review and further investigation, if necessary, the as hoc committee will recommend to the CAPPN Board whether or not the Ethics Committee's recommendation and/or Board action will stand.
4. The CAPPN Board will make the final decision.